



Will Parent Training Reduce Abuse, Enhance Development, and Save Money? Let's Find Out

Richard P. Barth and Ron Haskins

Three decades of research has shown that parent training can improve developmental outcomes for children. Recent research suggests that parent training can also reduce child abuse and neglect, especially when the training is embedded in a broader community campaign. Parent training and community campaigns warrant further rigorous experimental evaluation to determine cost-effectiveness. This policy brief presents a strategy for testing community-developed parent training initiatives. Such a test will generate knowledge of the feasibility of different approaches to reducing child maltreatment and promoting child development.

More than 3 million American children are investigated for child maltreatment each year, and 800,000 children—about one in every hundred—are identified by state agencies as having been abused or neglected. More than 1,500 children die as a result of this maltreatment. The damage to children is most often inflicted by their parents—many, if not most, of whom are overwhelmed by a sense of parental frustration and failure. Indeed, the problem of difficult

relationships between parents and children extends far beyond the millions of parents and children who come to the attention of child protection officials each year. Child maltreatment, the most extreme outcome of poor parenting, seriously impairs the mental health and disrupts the development of children. But research shows that parenting that is problematic without reaching the level of maltreatment can also lead to seriously negative educational and mental health outcomes for children.

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For the full report on Preventing Child Maltreatment, edited by Christina Paxson and Ron Haskins, go to www.futureofchildren.org.

As one of the authors (Barth) discusses in detail in an article in the latest volume of *The Future of Children*, developmental scientists have put together conclusive evidence that parenting plays a pivotal role in children's social, emotional, health, and intellectual development. If U.S. parents had access to services that improve parenting, the nation would witness not only a decline in abuse and neglect—as welcome as that would be—but also a boost in child development for a broad range of children as manifested in higher

school achievement, less delinquency, fewer teen pregnancies, reduced child mental illness, and a host of other positive outcomes. Moreover, improved parenting could enhance the lives of parents themselves by reducing the incidence of depression and, especially for low-income parents, upgrading employment prospects.

Social science has accumulated a great deal of evidence about how to improve parenting. Indeed, it is now possible to make a strong case that parent education programs can lead to better parenting all along the continuum of caretaking effectiveness, thereby achieving widespread gains in child development long sought by researchers and policy makers. Our purpose here is to explain why these gains are now within reach and to propose an initial national strategy to move the nation toward community-wide programs that can improve parenting, thus reducing child maltreatment and enhancing child development.

The evidence leads us to believe that parenting programs can not only reduce the incidence of child maltreatment, but also produce much broader benefits by improving the parenting of all who participate.

Evidence on Parenting

Three related programs have been repeatedly tested, mostly in small-scale studies, and found to improve parenting and child outcomes. The first, Parent Management Training (PMT), a science-informed approach to successful parenting of young children, has now been developed in multiple sites for more than thirty years. Although PMT has most often been used to help parents with children engaged in seriously disobedient or destructive behavior, the approach has also helped many families struggling with child abuse and neglect. PMT has been used with many

populations and adapted in many ways. Recently, a nine-year follow-up of a randomized clinical trial, directed by Marion Forgatch, Gerald Patterson, and David DeGarmo, involving divorced mothers and their sons, showed that PMT significantly reduced teacher-reported delinquency and police arrests for boys whose mothers received training. As predicted, the training resulted in better parenting practices and fewer contacts with deviant peers which, in turn, were the mechanisms for reducing rates of adolescent delinquency.

The second program, Parent-Child Interaction Therapy (PCIT), was derived from PMT and has been successfully tested with children and families involved with child welfare services. Mark Chaffin and his colleagues at the University of Oklahoma found that PCIT significantly reduced the recurrence of child maltreatment and related service costs among physically abusive families of elementary school children. PCIT provides very explicit coaching to parents—often by having observers communicate with parents over a headset—about how to use a variety of parenting skills. PCIT may be the only parenting intervention that requires families to show competency in using a range of effective parenting skills before completing the program (for most parenting programs, completion is based on attendance, not performance). Chaffin and his colleagues estimated that implementing PCIT—thus saving money that would otherwise be spent for subsequent maltreatment reinvestigations and re-opened cases and other services—resulted in a saving of \$3,427 per family, not counting further saving in developmental and health services attendant on higher rates of recurrent abuse. A recent analysis by Matthew Goldfine and his colleagues of the cost-effectiveness of PCIT in reducing child conduct and mental health problems found that PCIT was an effective and financially viable form of treatment for child disruptive behavior disorders.

The third program—and the most ambitious expansion of PMT-based parent education—is the Triple P-Positive Parenting Program, a parenting campaign that has been under development for two decades in Australia and that has just completed a successful

trial in South Carolina. Conducted by Ron Prinz of the University of South Carolina, this first large-scale American trial of Triple P directly addressed, and affirmed, the success of the program in reducing substantiated child maltreatment, out-of-home placements of maltreated children, and maltreatment injuries. Triple P, following the classic model of a public health campaign, begins with a broad information program aimed at the general public about basic tenets of positive and successful parenting. The public campaign invites concerned and interested parents to get more information by attending parenting events, discussions, and conferences; offers group-based interventions for parents with specific interests and concerns; and provides in-depth treatment for parents who have children with serious conduct problems or who have serious problems of their own. The Triple P approach is community-oriented and engages professionals from multiple disciplines and service sectors and offers a common understanding, vocabulary, and treatment approach. As a result, parents and children receive more consistent and uniform services than would otherwise be available. Although a comprehensive cost-effectiveness analysis is not yet available, the costs of the universal media and communication component totaled less than \$1.00 per child in the South Carolina trial. The costs of training service providers to deliver Triple P were also quite modest (\$11.74 on a per child basis).

Other PMT-derived programs—for example, Project SafeCare in Oklahoma—have also shown significant promise for reducing child maltreatment in randomized clinical trials at the state and local level. With states and counties showing increased interest in adopting evidence-based methods for preventing or reducing child maltreatment and for parent training of families involved with child welfare services, it is now time to test this array of science-informed and promising parent training programs and program components on a national scale. The tests should consist of random-assignment demonstrations that measure the effects either of whole programs, such as Triple P, or of composite programs made up of elements that previous research has proved successful. Although researchers have not yet compared a continuum of

science-informed parenting programs with treatment as usual or with Triple P, it is worth testing composite programs made up of selected elements known to be important to parent training. Agencies of various sizes and resource bases need scalable options for improving parent training. Finding ways to combine the elements of effective programs to address specific community needs and build on what local service providers are already doing could lead to better services at a reasonable cost without requiring communities to adopt entirely new programs.

Community-Wide Parent Training: A Test

The field of parent training has now progressed to the point, based largely on successful small-scale studies, that large-scale demonstrations are in order. The evidence leads us to believe that parenting programs can not only reduce the incidence of child maltreatment, but also produce much broader benefits by improving the parenting of all who participate. We know from experience that the results of small-scale studies do not always generalize when programs are implemented on a broader scale. As we have seen, however, the relatively large-scale implementation of Triple P in South Carolina seems to indicate that community-wide implementation of a multi-stage parenting program addressed to the broad public can at minimum reduce child maltreatment and injuries to children. The field should now build on this important experiment and conduct field trials of Triple P or similar long-term multifaceted initiatives, like the Durham Family Initiative described by Deborah Daro and Kenneth Dodge in the latest volume of *The Future of Children*, in selected states throughout the country. Here's one way to take this next step.

The federal government should initiate a competitive grant program to test various community-wide approaches to helping parents improve their parenting skills, avoid harsh punishment, and address their own serious problems when necessary. To qualify for federal support, applicants would have to design a program that has at least four levels. The first would be a universal stage, based on a media campaign and involving local nonprofit organizations, that offers all parents the chance to learn to improve their parenting

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skills and provides them with information about how to do so. The second stage would be a set of programs, offered through local nonprofit organizations or businesses, that provide training in routine topics of parenthood including, but not limited to, toilet training, language development, discipline, homework, teen sexual behavior, kids and the media, and nutrition. The third stage would include options for more structured and intense interventions offered to parents who feel they are having problems with their children. These interventions would be offered by professionals and would be available to self-selected parents and to parents referred by local departments of social services. The programs would be available through seminars, individual meetings with therapists, group therapy sessions, or phone contacts and would involve multiple sessions; upon conclusion, the interventions would be evaluated for their success in changing parent and child behavior. The fourth and final stage would include options for intervention with parents who have serious problems with their children and who themselves have dysfunctional behavior, including family violence, addictions, mental health problems, or long-term poverty. The fourth-stage interventions would resemble those in the third stage for parents having problems with their children but would add specific elements to address the parental dysfunctions.

To be considered for funding, projects would have to assign participating communities randomly either to an experimental program group scheduled to receive the multi-stage program or to a control group scheduled not to receive the program. Services to families living in the control group area would be whatever is normally offered in that area (no attempt would be made to deprive any family of regularly available services). Projects applying for funds would identify how they intend to ensure that the program group and control group are similar in size, number of residents, median income, ethnic makeup, and other important variables that could contribute to the program's success. Applicants would have to identify how the experimental program would be delivered in such a way as to minimize the exposure of residents in control communities to the intervention, especially the universal stage.

At minimum, projects would have to offer the four levels of services outlined above to families with children under five years of age but would, optimally, address children up to ten years of age. Projects could offer more levels, as indeed the Triple P program does, and they could provide services for families with older children, but they would be required to make at least the four levels of information and service available to families with children younger than five and to report data on those families. Projects would have to use either curricula that have been scientifically informed and shown to produce significant effects or composite curricula made up of individual elements that have been tested and shown to be effective.

Projects would also have to explain in detail how they would ensure the availability of enough treatments at each level to meet the expected demand for services. They would describe the partnerships to be formed between the administering child welfare agency and other local or state service agencies. They would also detail their plans to train personnel from all such agencies. Training would involve, at a minimum, providing information on the levels of the overall project, on definitions of common terms, on distinctions between the types of services provided at the various

levels, and on how to refer parents and children who need additional services.

Projects would be expected to present a plan for creating a data system capable of documenting the frequency, duration, and source of each type of treatment received by parents. Projects must also have a carefully outlined plan for measuring outcomes for both parents and children. At minimum, these outcome measures should include parents' own assessment of their relationship with their children as well as parent self-reports of problem behaviors such as family violence, shouting, use of physical restraint, and other important indicators of the family relationships between parents and between parents and children. Other outcome measures should include interview data with parents and teachers and administrative records about how children are functioning at home and at school as well as data on test performance, school attendance, and school grades. Increases in protective factors—such as better understanding of child development, appropriate expectations of children, and positive social networks—could help clarify the mechanisms by which the child abuse prevention campaigns did, or did not, reduce child maltreatment.

Local social service departments must play a key role in all programs, although partnerships between social service departments, nonprofit organizations, parent training programs, and universities or other organizations capable of planning and conducting large-scale research are also encouraged. Projects must explain how their multi-stage intervention program will supplement or replace whatever parent training activities the social service departments in the program area are now using.

Identifying best approaches to parent training is going to require more than a demonstration project such as the one proposed here. Nonetheless, the research and demonstration outlined above would be an important next step. Several experts have recently estimated the national costs of child maltreatment,

conduct problems, and educational failure resulting from poor parenting. In 2002 the Urban Institute estimated that federal, state, and local direct spending for child maltreatment was \$23 billion a year. To take into account the broad impact of child maltreatment, including a range of health, mental health, and behavioral difficulties that may last into adulthood, Ching-Tung Wang and John Holton estimated that the total direct cost of child abuse and neglect in the United States could well be closer to \$33 billion a year (after including hospitalization, mental health services, and law enforcement). The indirect costs could be as high as \$70 billion dollars when lost productivity and spending on a range of health and adjustment problems are taken into account. Clearly, effective population-based child abuse prevention programs could reduce public and personal costs significantly.

Educators, parents, and public officials alike now recognize the importance of early childhood learning. The contribution of parents to promoting their children's physical well-being, cognitive development, and emotional regulation is critical. It may be possible for the nation to reduce the huge financial costs and the disruptions in development caused by child maltreatment and to lower the parallel costs of problematic school behavior and other negative outcomes when children do not receive the parenting they need. Intervention studies like the one proposed here will help determine whether these science-informed programs, implemented more broadly, can in fact reduce abuse and neglect, promote child development, and save public dollars. The U.S. Department of Health and Human Services provides support for a range of National Resource Centers and implementation centers to bolster best practices among the nation's child welfare agencies. In the case of parent training, the capacity for implementation support has outpaced development of the innovations that warrant implementation. An aggressive research agenda to identify new and effective parenting programs is timely and could result in significant savings in parent and child misery and in public dollars.

Additional Reading

Richard P. Barth, "Preventing Child Abuse and Neglect with Parent Training: Evidence and Opportunities," *The Future of Children* 19, no. 2 (2009): 95–118.

Mark Chaffin and others, "Parent-Child Interaction Therapy with Physically Abusive Parents: Efficacy for Reducing Future Abuse Reports," *Journal of Consulting and Clinical Psychology* 72 (2004): 500–10.

Deborah Daro and Kenneth Dodge, "Creating Community Responsibility for Child Protection: Opportunities and Challenges," *The Future of Children* 19, no. 2 (2009): 67–94.

Marion S. Forgatch and others, "Testing the Oregon Delinquency Model with 9-Year Follow-up of the Oregon Divorce Study," *Development and Psychopathology* 21, no. 2 (2009): 637–60.

Matthew E. Goldfine and others, "Parent-Child Interaction Therapy: An Examination of Cost Effectiveness," *Journal of Early and Intensive Behavior Intervention* 5, no. 1 (2008): 119–41.

Alan E. Kazdin, *Parent Management Training: Treatment for Oppositional, Aggressive, and Antisocial Behavior in Children and Adolescents* (Oxford University Press, 2005).

G. R. Patterson, J. B. Reid, and M. J. Eddy, "A Brief History of the Oregon Model," in *Antisocial Behavior in Children and Adolescents: A Developmental Analysis and Model for Intervention*, edited by J. B. Reid, G. R. Patterson, and J. Snyder (Washington: American Psychological Association, 2002).

Ronald J. Prinz and others, "Population-Based Prevention of Child Maltreatment: The U.S. Triple P System Population Trial," *Prevention Science* 10, no. 1 (2009): 1–12.

M. R. Sanders and others, "The Triple P-Positive Parenting Program: A Comparison of Enhanced, Standard, and Self-Directed Behavioural Family Intervention," *Journal of Consulting and Clinical Psychology* 68 (2000): 624–40.

Ching-Tung Wang and John Holton, *Total Estimated Cost of Child Abuse and Neglect in the United States: Economic Impact Study* (Chicago: Prevent Child Abuse America, 2007) www.preventchildabuse.org/about_us/media_releases/pcaa_pew_economic_impact_study_final.pdf.

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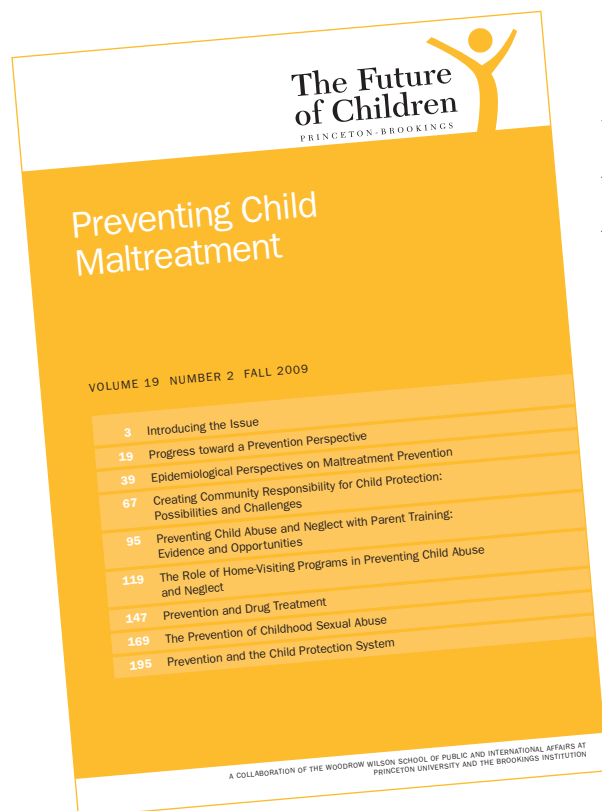
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