

Parent Education to Strengthen Families and Reduce the Risk of Maltreatment

Parent education can promote well-being and strengthen families and communities to prevent child abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA), as reauthorized in 2010, identifies parent education as a core prevention service. A significant number of the Federal Children's Bureau's Community-Based Child Abuse and Neglect Prevention (CBCAP) grants fund parent education programs as stand-alone efforts or as part of more comprehensive prevention strategies.

What's Inside:

- What the research shows
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Parent education can be defined as any training, program, or other intervention that helps parents acquire skills to improve their parenting of and communication with their children in order to reduce the risk of child maltreatment and/or reduce children's disruptive behaviors. Parent education may be delivered individually or in a group in the home, classroom, or other setting; it may be face-to-face or online; and it may include direct instruction, discussion, videos, modeling, or other formats (California Evidence-Based Clearinghouse [CEBC], n.d. & Centers for Disease Control and Prevention [CDC], 2009).

Successful parent education programs help parents acquire and internalize parenting and problem-solving skills necessary to build a healthy family. Research shows that effective parent training and family interventions can change parents' attitudes and behaviors, promote protective factors, and lead to positive outcomes for both parents and children (Lundahl & Harris, 2006). Protective factors include nurturing and attachment, knowledge of parenting and of child and youth development, parenting competencies, parental resilience, social connections (especially caring adults and positive peers), concrete supports for parents, social and emotional competence of children, involvement in positive activities, and other individual skills such as self-regulation and problem solving and relational skills (Child Welfare Information Gateway et al., 2013; Development Services Group, Inc., 2013).

This issue brief provides an overview of research regarding some key characteristics and training strategies of successful parent education programs for strengthening families and preventing child maltreatment.

Information about selected evidence-based and evidence-informed parent education programs, including a list of registries that evaluate programs, also is provided.

What the Research Shows

Practitioners will want to consider both program characteristics and specific training strategies when selecting a parent education program. Program characteristics refer to broader aspects of a program, such as theoretical grounding or how the program is structured, staffed, and evaluated. Training strategies refer to specific teaching methods that have been found to be effective in working directly with parents.

Key Program Characteristics

The following characteristics have been found to be strong predictors of program effectiveness:

Strength-based focus. A large body of research supports the emphasis on family interventions and education programs that focus on family strengths and resilience instead of family weaknesses and problems. This approach reinforces existing protective factors to prevent the occurrence or recurrence of child abuse and neglect (Center for the Study of Social Policy [CSSP], 2003).

Family-centered practice. Family-centered parent training programs focus on family skills training and family activities to help children and parents communicate effectively and take advantage of concrete social supports. Family-centered programs respect the traditions and values of the family and reflect the parents' learning styles, preferences, and cultural

beliefs (Early Childhood Technical Assistance Center Workgroup, 2008).

Individual and group approaches. A variety of factors—including costs, staffing, and program goals—may determine whether parent education is delivered through a home-based program or in a group setting. Individualized programs have been shown to be more effective than group programs with parents at high risk for child abuse and neglect; however, evidence suggests that a combination of individual and group training may be the most effective approach to changing parents' attitudes about childrearing (e.g., use of corporal punishment, expectations about children's competencies, beliefs about children's responsibilities, etc.) (Lundahl, Nimer, & Parsons, 2012).

Qualified staff. Program success is in large part dependent on qualified staff. Program staff should have a sound theoretical grounding as well as hands-on experience in the classroom or working with families and groups in different settings. Staff also should be able to provide culturally competent services consistent with the values of the family and the community.

Targeted service groups. Learning is enhanced when the participants include a clearly defined group of people with common needs or identifying characteristics (Colosi & Dunifon, 2003). Identifying the special needs, traditions, and backgrounds of participants is key to developing and implementing an effective program that uses materials and a format matched to the families being served (Samuelson, 2010).

An ecological approach. Programs that consider the multiple influences that impact a family—such as community, school, extended

family, work, finances, and more—have been shown to have more success (Samuelson, 2010). This approach ties in with targeting the service group to best meet the needs of the family.

Parent partnership. Studies of larger, group-based parent education efforts show the effectiveness of parent partnership and shared leadership in fostering the protective factors (Pion-Berlin, Williams, Polinsky, & Pickens, 2013). In such programs, parent leaders are active in partnering with parents, modeling relationships and behaviors, and creating opportunities for parents to identify and use the protective factors in their families (CSSP, 2012).

Clear program goals and continuous evaluation. Successful programs maintain individualized and group plans developed in partnership with participants. Progress toward program goals is routinely and effectively evaluated by aggregate analyses using both quantitative and qualitative research methods consistent with the services offered. In addition, these programs have an effective process for gathering consumer feedback and use this information, along with outcome-based evaluation efforts, for continuous quality improvement.

Parent Training Strategies

The following parent training strategies may be employed in a variety of service settings and with multiple target populations. These strategies reinforce protective factors and can be adapted as appropriate to fit program and participant needs.

Promote positive family interaction.

Promoting already present positive parent-child interactions and strengthening those

interactions—along with decreasing parental directives and commands—have been identified as key components of successful parent education programs (Barth, 2009).

Involve fathers. Research indicates that father involvement in parent training leads to better outcomes and promotes family cooperation and cohesion. Excluding fathers from parent training programs decreases the likelihood of success (Lundahl, Tollefson, Risser, & Lovejoy, 2007).

Use interactive training techniques.

Research has consistently shown that active learning approaches have greater success than passive approaches (CDC, 2009). Interactive methods include activities such as group discussion, role playing, active modeling, homework exercises, and reviewing videos of effective parenting approaches (Brown, 2005). At least one study has indicated that interactive technology can be an effective way to provide parent education to parents with intellectual disabilities (Gaskin, 2011).

Provide opportunities to practice new skills.

Offering time for parents to practice new skills with their children during parent training sessions is consistently associated with greater effectiveness of parent education programs (CDC, 2009). Specific skills associated with larger effects on parent and child behavior include emotional communication skills, the use of time-out, and parenting consistency. These were found to be more effective than other common strategies, such as teaching problem-solving skills or ways to promote children's cognitive, academic, or social skills (Kaminski, Valle, Filene, & Boyle, 2008; Lundahl & Harris, 2006).

Teach emotional communication skills.

Programs that teach parents ways to use relationship-building communication skills, such as active listening or self-reflection for children to recognize their own feelings and emotions, have been found to be more successful than those that do not. Emotional communication skills can improve communication patterns among families by reducing negative comments and allowing children to feel they are included in the communication process (CDC, 2009).

Encourage peer support. Programs that offer opportunities for parental peer support have a positive impact on children's cognitive outcomes. Peer support also strengthens family bonds and gives parents an opportunity to share their experiences in constructive settings (Layzer, Goodson, Bernstein, & Price, 2001). One recent innovation is the use of Parent Cafés and Community Cafés led by trained parent leaders in parent-friendly environments. The cafés provide a forum for parents, caregivers, and others to engage in conversations about ways to incorporate protective factors into parenting, child development, and self-care (Strengthening Families Illinois, 2008; National Alliance of Children's Trust and Prevention Funds, 2013).

PARENT EDUCATION CAN DEVELOP PARENT LEADERS

Parent education that involves partnering with parents can provide parents with new opportunities to develop and build leadership skills. For instance, the opportunity to colead a small group or to speak at a local event may give a parent the experience, confidence, and exposure to move on to larger gatherings and State or national events and leadership positions. In this way, parent education has a ripple effect that can resonate far beyond its original small group, helping parents to develop into the next group of leaders in parent education.

Considerations for Implementation

Agencies seeking to implement parent education programs have many options. The following are some points to consider when choosing a program:

- Is it evidence-based or evidence-informed (see below)?
- Will it fit the agency's target audience, or will it need to be adapted in order to be culturally competent?
- Are there specific program components that are important for what the program needs to achieve (see, for example, CDC, 2009)?
- What kind of training, staffing qualifications, and skills will be necessary?
- What are the costs involved?
- How will the agency roll out the program?

- How will the agency evaluate the outcomes?

Good implementation practice is crucial to achieving positive outcomes with a parenting program. Child Welfare Information Gateway links to implementation resources from its website: https://www.childwelfare.gov/management/practice_improvement/evidence/implementing.cfm

Evidence-Based and Evidence-Informed Programs

There are many parent education programs that aim to strengthen families and help prevent child abuse and neglect. Many of these programs and their outcomes have been evaluated and rated for their scientific basis. Funding sources often require agencies to use programs that are evidence-based or evidence-informed. However, making that determination can be difficult. The Children's Bureau's Office on Child Abuse and Neglect, in working with its CBCAP grantees, developed definitions for evaluating outcomes by adapting definitions from the California Evidence-Based Clearinghouse for Child Welfare. The four resulting definitions reflect an increasing requirement for scientific evidence (Children's Bureau, 2007):

1. Emerging and evidence-informed

programs and practices have a strong theoretical foundation and are considered generally accepted practice for preventing abuse or neglect. They may have been evaluated using less rigorous evaluation designs.

2. Promising programs and practices have had at least one study using some type of control or comparison group and were found to be effective in promoting positive outcomes to prevent abuse or neglect.

3. Supported and efficacious programs or practices are supported by at least two rigorous randomized control trials (or other comparable methodology).

4. Effective or evidence-based programs or practices are supported by at least two rigorous randomized control trials (or other comparable methodology) and have been replicated in multiple sites.

This section lists selected parent education curricula that have been included on various registries of programs with varying degrees of evidence. Each focuses on specific risk and protective factors. Curriculum availability will vary, and some programs require specific training for group facilitators.

The following list is by no means all-inclusive. It does not constitute an endorsement of any particular program and is provided only as a descriptive tool. For more information about these programs and the criteria used to evaluate them, visit the program website.

1-2-3 Magic

Program objectives: Help parents learn effective methods of controlling negative behavior, encouraging good behavior, and strengthening the child-parent relationship. The program seeks to encourage gentle but firm discipline without arguing, yelling, or spanking.

Target population: Parents, grandparents, teachers, babysitters, and caretakers working with children.

Delivery setting and format: Conducted in adoptive homes, birth family homes, community agencies, foster homes, hospitals, outpatient clinics, residential care facilities, and schools for groups of 6–25 parents of children approximately 2–12 years of age.

Duration: Recommended for 1.5 hours per session for 4–8 weeks.

Training resources: Training manual available, along with a number of other resources for trainers, parents of young children, parents of teens, and teachers.

Website: <http://www.123magic.com/>

Registries that cite this program: California Evidence-Based Clearinghouse for Child Welfare

Circle of Security

Program objectives: Enhance attachment security between parents and children through early intervention. Over the course of eight sessions, the focus of the intervention moves from discussing secure attachment and children's needs to the more vulnerable process of parents reflecting on themselves and the defensive behaviors that maintain insecure and disorganized attachment.

Target population: Parents of children birth–5, especially high-risk parents (enrolled in Head Start or Early Head Start).

Delivery setting and format: Eight-session video and discussion protocol led by a trainer.

Duration: 4 weeks.

Training resources: Learn about opportunities for trainers: <http://circleofsecurity.net/seminars/>

Website: <http://circleofsecurity.net/>

Registries that cite this program: California Evidence-Based Clearinghouse for Child Welfare

Common Sense Parenting®

Program objectives: Teach practical skills to parents that address issues of communication, discipline, decision-making, relationships, self-control, and school success. The proactive skills and techniques help parents from diverse backgrounds create healthy family relationships that foster safety and well-being at home, in school, and in the community.

Target population: Parents of children ages 6–16, although they also offer resources for parenting younger children.

Delivery setting and format: Parents attend weekly, 2-hour classes led by a certified trainer.

Duration: 6 weeks.

Training resources: Include books and videos for parents: <http://www.parenting.org/common-sense-parenting/resources>

Website: <http://www.parenting.org/common-sense-parenting>

Registries that cite this program: California Evidence-Based Clearinghouse for Child Welfare

The Incredible Years®

Program objectives: Strengthen parenting competencies (monitoring, positive discipline, confidence) and support parents' involvement in children's school experiences in order to

promote children's academic, social, and emotional competencies and reduce conduct problems.

Target population: Parents of children ages birth–12, children 4–8 years old, and teachers of young children (individual curricula may be used separately or in combination).

Delivery setting and format: Conducted in a community agency, outpatient clinic, or school in groups of 12–16 parents. Training includes discussions, problem-solving, skills training, role-play, and DVD vignettes of parent-child interactions.

Duration: Varies from 6 to 20 weeks, depending on the program.

Training resources: Program manual, staff training information, and resources available through the website.

Website: <http://www.incredibleyears.com/>

Registries that cite this program: Blueprints; California Evidence-Based Clearinghouse for Child Welfare; National Registry of Effective Prevention Programs; Promising Practices Network; What Works, Wisconsin

Nurturing Parenting Programs®

Program objectives: Build nurturing parenting skills as an alternative to abusive and neglectful parenting and child-rearing practices, in order to prevent recidivism in families receiving social services, lower the rate of teenage pregnancies, reduce the rate of juvenile delinquency and alcohol abuse, and stop the intergenerational cycle of child abuse.

Target population: All families at risk for abuse and neglect with children birth to 18 years. The programs have been adapted

for special populations, including Hmong families, military families, Hispanic families, African-American families, teen parents, foster and adoptive families, families in alcohol treatment and recovery, parents with special learning needs, and families with children with health challenges. Different programs focus on primary, secondary, or tertiary prevention, or on comprehensive parenting education, depending on the needs of the group.

Delivery setting and format: Conducted in a home- or group-based setting or in a combination of settings. Children meet in a separate group.

Duration: 5–55 sessions, depending on the program.

Training resources: Training manuals, videos, information, and other materials are available at <http://www.nurturingparenting.com/training-workshops.html>.

Website: <http://www.nurturingparenting.com/>

Registries that cite this program: California Evidence-Based Clearinghouse for Child Welfare; National Registry of Effective Prevention Programs; What Works, Wisconsin

Parent-Child Interaction Therapy (PCIT)

Program objectives: Strengthen the parent-child bond, decrease harsh and ineffective discipline and control tactics, improve child social skills and cooperation, and reduce child negative or maladaptive behaviors.

Target population: Parents of children ages 2–7 with behavior problems, including those receiving child welfare services or exposed to violence, those with children on the autism spectrum, adoptive families, foster families,

and those from other countries or who speak other languages.

Delivery setting and format: Conducted in an outpatient setting with individual parent-child pairs and live coaching of the parent.

Duration: 14–20 weeks.

Training resources: Mental health professionals with at least a master's degree in psychology, social work, or a related field are eligible for PCIT training. Training involves 40 hours of direct training, with ongoing supervision and consultation for approximately 4–6 months, working with at least two PCIT cases through completion.

Website: <http://www.pcit.org> and <http://pcit.ucdavis.edu>

Registries that cite this program: Blueprints, California Evidence-Based Clearinghouse for Child Welfare, National Registry of Effective Prevention Programs

Parent Management Training: The Oregon Model / Parenting Through Change

Program objectives: Provide preventive and clinical interventions for families of children with behavioral problems in the externalizing spectrum (e.g., aggression, antisocial behavior, conduct problems, conduct disorder, oppositional defiance, delinquency, and substance use); reduce parental coercion; and improve parenting skills. This program also encourages support from the family or other support system.

Target population: Two parents, single parent, kinship caregivers, and foster parents.

Delivery setting and format: Conducted in home settings or in agency or clinic settings,

with 14 group sessions and 20–25 family sessions

Duration: Varies but typically lasts 5–6 months.

Training resources: Training requires 18 workshop days and 12 coaching sessions; for more information on training and certification, see <http://www.isii.net/2011SITEFILES/certification.html>.

Website: <http://www.isii.net/>

Registries that cite this program: California Evidence-Based Clearinghouse for Child Welfare; Coalition for Evidence-Based Policy; National Registry of Effective Prevention Programs; What Works, Wisconsin

Parents as Teachers

Program objectives: Make regular home visits to families focused on parent-child interaction, development-centered parenting, school readiness, maltreatment prevention, and family well-being. Home visitors support parents throughout pregnancy until their children enter kindergarten, providing medical and developmental screenings and connecting families to groups and to resources as needed.

Target population: At-risk new parents, including teen parents, low-income parents, and single parents.

Delivery setting and format: Conducted in the home.

Duration: 5 years on a weekly, biweekly, or monthly basis, as needed.

Training resources: Parent educators who serve as home visitors receive specific training. For information, visit <http://www.parentsasteachers.org/training>.

Website: <http://www.parentsasteachers.org>

Registries that cite this program: California Evidence-Based Clearinghouse for Child Welfare; National Registry of Effective Prevention Programs; Promising Practices Network; What Works, Wisconsin

Period of Purple Crying

Program objectives: Provide new parents and caregivers with information about normal infant crying in order to prevent infant abuse and educate parents about the dangers of shaking an infant.

Target population: New parents and other caregivers of young infants.

Delivery setting and format: The home and hospital.

Duration: Three 5–10 minute exposures, including in the hospital maternity ward, in prenatal classes or at the first pediatrician visit, and through a media campaign.

Training resources: Online training, as well as a booklet and DVD available at <http://dontshake.org/lms/index.php>.

Website: <http://purplecrying.info> and <http://dontshake.org>

Registries that cite this program: California Evidence-Based Clearinghouse for Child Welfare

SafeCare

Program objectives: Provide in-home skill training to parents in child behavior management, activity planning, home safety, and child health care to prevent child maltreatment.

Target population: Parents with a history or risk of child neglect or abuse.

Delivery setting and format: Conducted in family homes, once per week for approximately 1–2 hours per session.

Duration: 18–20 weeks.

Training resources: Training as a home visitor requires attendance at a 1-week workshop, followed by demonstrated proficiency in delivering SafeCare with a family across four sessions monitored by a SafeCare coach. Typically, it takes 2 months to be fully certified as a SafeCare home visitor.

Website: <http://publichealth.gsu.edu/968.html>

Registries that cite this program: California Evidence-Based Clearinghouse for Child Welfare, Promising Practices Network

Supporting Father Involvement

Program objectives: Strengthen fathers' involvement in the family, promote healthy child development, and prevent child abuse.

Target population: Couples or fathers of children aged birth–11 years, especially from low-income families.

Delivery setting and format: Conducted in 2-hour weekly sessions of 4–8 couples or 10–12 fathers in agencies, community centers, or other group settings.

Duration: 16 weeks.

Training resources: Training manuals for the couples group and the fathers group are available through Philip A. Cowan (email: pcowan@berkeley.edu).

Website: <http://supportingfatherinvolvement.org/>

Registries that cite this program: California Evidence-Based Clearinghouse for Child Welfare

STEP (Systematic Training for Effective Parenting)

Program objectives: Help parents learn effective ways to relate to their children, how to encourage cooperative behavior in their children, and how not to reinforce unacceptable behaviors. STEP also helps parents change dysfunctional and destructive relationships with their children by offering concrete alternatives to abusive and ineffective methods of discipline and control.

Target population: Parents of children ages birth through teenagers.

Delivery setting and format: Conducted in adoptive homes, birth family homes, community agencies, foster homes, hospitals, outpatient clinics, residential care facilities, and schools in small discussion groups to promote better interaction.

Duration: 7 weeks.

Training resources: Workshops and program manuals available. No special training is required for social workers, counselors, etc., to serve as STEP leaders.

Website: <http://www.steppublishers.com/>

Registries that cite this program: California Evidence-Based Clearinghouse for Child Welfare, National Registry of Effective Prevention Programs

Triple P-Positive Parenting Program

Program objectives: Prevent severe behavioral, emotional, and developmental problems in children by enhancing the

knowledge, skills, and confidence of parents. The Triple P system is a five-level system of interventions that vary by audience, intensity, length, and goal. Level 1 focuses on media messages about parenting to a community population, while Level 5 focuses on offering strategies to parents with specific risk factors (e.g., risk of child abuse) or children with moderate to severe behavior problems.

Target population: Parents and caregivers of children from birth through age 16.

Delivery setting and format: Conducted in adoptive homes, birth family homes, community agencies, foster homes, hospitals, outpatient clinics, residential care facilities, and schools in groups of 10–12 parents of children and adolescents from birth to age 16.

Duration: Varies depending on the type of intervention required.

Training resources: Training information is available at <http://www.triplep-america.com/pages/individual/index.html>.

Website: <http://www.triplep-america.com/>

Registries that cite this program: Blueprints; California Evidence-Based Clearinghouse for Child Welfare; Coalition for Evidence-Based Policy; National Registry of Effective Prevention Programs; Promising Practices Network; What Works, Wisconsin

Registry Resources

The following registries offer guidance about programs with varying degrees of evidence, and their websites include additional research and information on model parent education programs.

Blueprints for Healthy Youth Development, funded by the Annie E. Casey Foundation, identifies prevention and intervention programs that meet a strict scientific standard of program effectiveness.

<http://www.blueprintsprograms.com/>

The California Evidence-Based Clearinghouse for Child Welfare is designed to serve as an online connection for child welfare professionals, staff of public and private organizations, academic institutions, and others. It provides up-to-date information on evidence-informed child welfare practices, including parent training programs.

<http://www.cebc4cw.org/>

Coalition for Evidence-Based Policy is a nonprofit, nonpartisan organization funded by the MacArthur Foundation whose mission is to increase government effectiveness through rigorous evidence about what social programs work. <http://evidencebasedprograms.org/>

Home Visiting Evidence of Effectiveness.

The U.S. Department of Health and Human Services launched Home Visiting Evidence of Effectiveness (HomVEE) to conduct a thorough and transparent review of the home visiting research literature and provide an assessment of the evidence of effectiveness for home visiting program models that target families with pregnant women and children from birth to age 5. <http://homvee.acf.hhs.gov>

National Registry of Evidence-Based Programs and Practices (NREPP) is a

searchable online database of mental health and substance abuse interventions. NREPP is a program of the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of NREPP is to help the public learn more about available evidence-based

programs and practices and determine which of these may best meet their needs.

<http://www.nrepp.samhsa.gov/>

Promising Practices Network features descriptions of evaluated programs that improve outcomes for children.
<http://www.promisingpractices.net/programs.asp>

What Works, Wisconsin is a project of the University of Wisconsin-Madison's School of Human Ecology and the University of Wisconsin-Extension's Family Living Program. Initiated in 2004, the What Works project focuses on distilling the latest scientific knowledge on effective policies, practices, and programs, including "evidence-based programs," for youth and their families, schools, and communities.
<http://whatworks.uwex.edu/>

In addition to these registries, the Administration on Children and Families' Office of Planning, Research & Evaluation (OPRE) commissioned a literature review in 2011 to identify evidence-based home visiting programs (Paulsell, Avellar, Sama Martin, & Del Grosso, 2011). Out of that study, nine programs were identified as having an evidence base, including Parents as Teachers (discussed above). For more information, visit http://www.acf.hhs.gov/sites/default/files/opre/homvee_executivesummary_rev10_15_2011.pdf.

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Acknowledgment: This issue brief was developed in partnership with the FRIENDS National Resource Center for Community-Based Child Abuse Prevention.

Suggested Citation:

Child Welfare Information Gateway. (2013). *Parent education to strengthen families and reduce the risk of maltreatment*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.



U.S. Department of Health and Human Services
Administration for Children and Families
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Children's Bureau

