

POSITIVE PARENTING INTERVENTION: AS PREVENTION
TO CHILD MALTREATMENT

By

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Presented to the Faculty of the Graduate School of
The University of Texas at Arlington in Partial Fulfillment
of the Requirements
for the Degree of

MASTER OF SCIENCE IN SOCIAL WORK

THE UNIVERSITY OF TEXAS AT ARLINGTON
DECEMBER 2012

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ACKNOWLEDGEMENTS

First and for most I want to thank Allah for blessing me with His everlasting wisdom, illuminating me with his light and guiding me through my educational endeavors. I could not have succeeded in any action that I have taken in life without Allah – I am thankful. I would like to thank and recognize Dr. Smith-Osborne for giving me the opportunity to write this thesis and believing in me. Without her advice, guidance, patience and support, accomplishing this project would not be possible. I would like to thank my thesis committee members, Dr. Jan Finch for her encouragement; kindness and guiding me with her valuable knowledge of family and children's policy and child welfare system. Also, I want to thank Dr. Larry Watson for his valuable suggestions and input to complete this thesis. In addition, I would like to show my appreciation to Nivisha Shah, a fellow graduate student and intern at the Center for Clinical Social Work for her support and being there for me as a friend.

I would like to thank the most important person in my life, my husband Mohamud Dahir for loving me and encouraging me. I would like to thank my mother for her love; prayers and encouraging me to stay faithful to myself and to Allah. Last but not least I want to thank my dearest sister Kamil Abdulle (Nasra) who has been my rock, my sounding board and my best friend, since we were toddlers. I thank her for her constant strength and support...

November 20, 2012

ABSTRACT

PARENTING INTERVENTION: AS PREVENTION TO CHILD MALTREATMENT

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One of the biggest social problems in the United States today is child maltreatment. Extensive literature has been written about the problem and many researchers, child welfare workers, and policy makers believe that the astounding numbers of child abuse and neglect is directly associated to poverty and stress among single parents, parental substance abuse, and low self-efficacy and ineffective parenting. Studies have proven that there is a strong relationship between child maltreatment (abuse and neglect) and low self-efficacy, substance abuse and poverty. Many studies have suggested that prevention and intervention educational programs can help parents learn positive parenting skills and subsequently lower the number of substantiated and unsubstantiated of child maltreatments. The present study have examined the impact that parent training program intervention has on parents' self-efficacy and discussed other variables (i.e., stress, socioeconomic and substance abuse) that contribute to parents' likelihood to neglect or physically abuse their children.

The study utilized secondary data analysis from previous data that were collected from the participants of *Positive Parenting Intervention Program*. Pretest & Posttest design was used with sample of sixteen Child Protective Service (CPS) referred parents. Analyses results of *t*-test revealed statistically significant difference in the TOPSE instrument domains of discipline & boundary setting, control, empathy & understanding, as well as learning and knowledge. Analysis result of mean difference and of the TOPSE domains from pretest to posttest have shown an increase in all domains. Also the total score of the TOPSE pretest and posttest have shown that parents have increased their knowledge and skills of positive parenting. *T*-test results have revealed statistically significant difference of the total scores of the TOPSE pretest and posttest. Social work implications of findings for practice, education, policy, further research, and recommendations are also discussed.

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CHAPTER 1

INTRODUCTION

It is shocking and undeniable to see the statistics of child maltreatment incidents in the United States. Today as the numbers indicate the need for safe homes for the children and parenting education to prevent parental abuse and neglect is very high. This thesis will provide comprehensive knowledge and history of child maltreatment and Child Welfare legislations that were passed over the years to prevent and alleviate the problems of child abuse and neglect. Extensive literature review about prevalence of the problem, contributing factors of child maltreatment, characteristics of the victims and the perpetrators are also discussed. Then the thesis will discuss evidence based parenting education programs used as prevention and intervention. The purpose of this thesis is to examine the impact that parent training program intervention has on parents' self-efficacy and discuss other variables (i.e., stress, socioeconomic and substance abuse) that contribute to parents' likelihood to neglect or physically abuse their children.

1.1 History of Child Maltreatment

Child maltreatment existed in our communities for a very long time. Child maltreatment affects millions of children in all walks of life. In the past, children did not have individual rights and were perceived as possessions of their parents (Crosson-Tower, C., 2008). In the early years children provided labor, were exploited, and indentured at very young age as servants (Crosson-Tower, 2008). However, over the years the meaning and the definition of child maltreatment has changed. One of the first noteworthy cases of child abuse and neglect in the United States was reported in 1874, and it was the case of Mary Ellen Wilson (Crosson-Tower, 2008). Mary Connolly and her husband Francis Connolly physically abused and neglected eight year old Mary Ellen. On numerous occasions the neighbor witnessed that the eight year old was

locked out from home and sitting outside shivering. The neighbor reported the incidents that she witnessed to a church worker named Etta Wheeler. Since there were no laws that defended children's rights, the worker discussed the issue with Henry Bergh who was the leader of the Society for the Prevention of Cruelty to Animals (SPCA). He intervened and removed Marry Ellen from the home and placed her into a safe home. The court found Mrs. Connolly and her husband guilty of child maltreatment and they were sent to prison (Crosson-Tower, 2008). This case made it possible the New York Society for the Prevention of Cruelty to Children (SPCC) to be established. In the late 18th and early 19th century the crusade to rescue and save the children from maltreatment became popular and different SPCC chapters were developed. As a result, the SPCC became the first agency that investigated child abuse cases, advocated for the children, and encouraged the courts to persecute the perpetrators (tenBensel et al., 1997).

The crusade of helping children to be safe continued and was part of the discussion of the White House Conference on Dependence Children in 1909. This conference reinforced strategies of child welfare and safety, which later led to the development of the Children's Bureau. As result, social services professionals and agencies took over the services provided by the SPCC (Crosson-Tower, 2008). The role of the federal government in the Child Welfare field has increased, and Congress passed the Social Security Act of 1935 (P.L. 74-271).

This act authorized the low income, poor and single mothers to receive cash assistance to take care of their children. Through this Act the federal government offered funds to the states to assist children and families, and keep children with their parents (Schene, P., 1998). Even though the Social Security Act of 1935 was passed, the social service workers and the medical community could not detect the complexity of child maltreatment. John Caffey a radiology professor from Columbia University identified several mysterious fractures and head injuries on children, which raised suspicions of child maltreatment. He hypothesized that the injuries on the children were caused by the parents (Crosson-Tower, 2008). Caffey's suspicions

and theory about child maltreatment resulted in many health care providers to study the child maltreatment phenomenon.

In the early 1960s, the issue of child maltreatment was recharged by the publication of “The Battered Child Syndrome” article, which was written by Dr. Henry Kempe and his colleagues. These doctors have confirmed the suspicious reports of abuse from 1940s. Dr. Kempe and his colleagues identified many children who suffered broken bones and sudden and unexplained death manner. They reported that the injuries and the death of the children were inflicted by the parents (Crosson-Tower, 2008). Therefore, to identify that maltreatment has taken a place, Dr. Kempe and his colleagues recommended to the health care providers to look for the difference between health history provided by the parents at the time of assessment and what the health care provider finds as the cause of injury (ten Bense, Radbill, Rheinberger., 1997). “The Battered Child Syndrome” article triggered public upheaval. The medical professionals begin to keep track of the victims and the perpetrators, as well as conducting studies to identify the cause of the shocking incidents of maltreatment. Hundreds of children have been reported to be dead or suffered brain injuries due to physical abuse (Crosson-Tower, 2008).

Through increased professional awareness and developing interventions, society accepted the need to protect the children. The issue of child abuse became significant to the American Society and to the medical professionals. As result, the federal government began to play a major role in identifying child abuse as a problem and a crime against children (Crosson-Tower, 2008).

1.2 Statement of Problem

Today, we are recognizing child maltreatment in different lenses because of its high prevalence among the American society. According to the National Child Abuse and Neglect Data System (NCANDS), in 2010 approximately six million children were reported as the victims of maltreatment (NCANDS, 2010). More than half of the six million were referred to be abused and neglected to the Child Protective Services (CPS) throughout the United States (NCANDS, 2010). The data indicated that more than three quarter of the mistreated children experienced neglect, where more than fifteen percent suffered physical abuse and approximately ten percent were sexually abused (NCANDS, 2010). In the same year about 1,560 child fatalities were connected to neglect and abuse, and over forty percent of the cases were a combination of other maltreatment types (U.S. Department of Health and Human Services, 2010). In 2010, the ill-treatment of children in the age group of zero to one year old had shown an increase rate of maltreatment and was reported at 20.6 per 1000 (NCANDS, 2010). More than two thousand children are the victims of abuse each day (U.S. Department of Health and Human Services, 2010).

1.2.1 Types of Maltreatment

There are different types of maltreatments and most of them don't have clear signs and symptoms to recognize them so they are not investigated fully by the child protective service workers.

1.2.1.1 Neglect

The most ignored type of child maltreatment is neglect because it is not easy to identify as physical injuries; however, children are neglected by their care takers in many ways that include physical, emotional, medical, and educational. Those children who are the victims of physical neglect are usually abandoned and lack supervision (Crosson-Tower, 2008). Neglect is defined simply as not meeting the needs of a child and an error often related to parental

discrepancies (Shireman, 2003, Crosson-Tower, 2008). When a care taker fails to be attentive to a child's emotional needs and refuses to tend to the child's behavioral disorder the child is emotionally and mentally neglected.

Medical neglect is similar to emotional and mental neglect because parents fail to tend to a child's medical needs. Some parents commit medical neglect by following their faith, which may dictate against receiving medical treatments (Shireman, 2003). Educational neglect is to refuse to let a child to attend school and allowing the child to be absent from school with no reason and not enrolling child with special needs to the appropriate program to learn (Crosson-Tower, 2008). Neglect accounts for more than three quarter of child maltreatment cases reported in the United States and it poses the greatest danger to both a child's health and well-being (U.S. Department of Health & Human Services, 2010).

1.2.1.2 Physical Abuse

As the name suggests, Shireman (2003) defined physical abuse as a deliberate physical injury to a child. It is the most obvious and children who are abused show bruises and burns on their body, some show signs of broken bones and internal injuries due to physical abuse. Historically, it has been recognized as the main cause of injury and death of children and today it is agreed physical abuse as non-accidental injury that is inflicted by a caregiver (Crosson-Tower, 2008).

1.2.1.3 Sexual Abuse

This type of maltreatment is not new to our culture, but many communities choose to not talk about it. The reason being the perpetrator is usually someone the child knows and is related or part of the family. Sexual abuse is defined as engaging inappropriate sexual behavior such as rape, incest, intercourse, sexual exploitation, etc. to a child (U.S. Department of Health and Human Services, 2010). Although child abuse was defined in Child Abuse Prevention and Treatment Act of 1974 (CAPTA) Congress passed an amendment of CAPTA in 1984, which

defined the term sexual abuse as “employment, use of persuasion, inducement, enticement, or coercion of any child to engage in any sexually explicit conduct...the rape, molestation, prostitution or other form of sexual exploitation of children, or incest with children, under circumstances which indicate the child’s health or welfare is harmed or threatened thereby”(CAPTA 1984, P.L.98-457).

1.2.1.4 Psychological Abuse

It has been very hard to identify this type of maltreatment because it has been part of everyday life in some families, as some parents belittle their children, yelling and threatening or telling their children that they are weak and amount to nothing. However, today many child health experts are recognizing psychological abuse as a component of child maltreatment. According to Crosson-Tower (2008), psychological abuse is defined as the attempt and the act of verbally threatening to harm, assault, and create a hostile and unsafe environment.

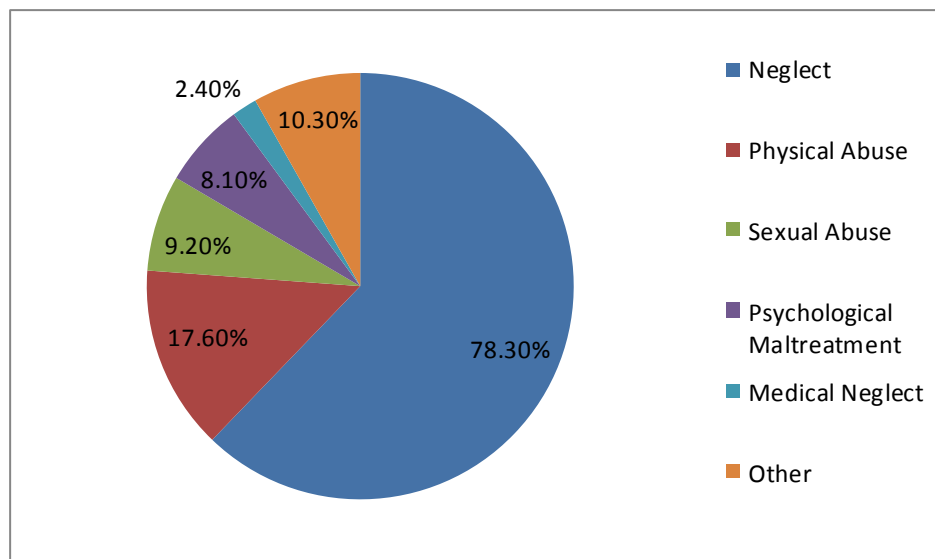


Figure 1.1 Types of Abuse
Source: Child Help (<http://www.childhelp.org/>)

These staggering statistics and the prevalence of child abuse and neglect prompted prevention programs to be implemented. Prevention measures that have been developed were different types of parent education programs. Many of these programs have been designed to

improve families who are at high risk of maltreating their children. Study have shown that parenting programs help parents develop appropriate skills and learn positive and effective parenting while decreasing the risk of child maltreatment (Hughes & Gottlieb, 2004). Understanding the impact that important factors such as having high levels of self-efficacy, knowledge and skills of parenting, and using effective discipline have success in the parental role is significant because these factors have been suggested to be related to the risk of engaging in abusive behaviors (Hughes & Gottlieb, 2004).

CHAPTER 2

INTRODUCTION

2.1 Policy

The fight to prevent child maltreatment and advocating for the wellbeing of the children has been an ongoing struggle for many years. Many laws have been passed over the years on behalf of the children and their safety. The goals of these policies were and still are to protect the most vulnerable population (i.e., children) and eliminate life threatening problems that they face every day (i.e., abuse, neglect, hunger etc.). This chapter will discuss many historic Child Welfare legislations, their purposes and goals in enhancing the child welfare system.

2.1.1 Significant Child Welfare Legislations

1974 marks the year that Congress passed and signed into a law the Child Abuse Prevention and Treatment Act (CAPTA P.L. 93-247). This is a very important piece of legislation because it is the first legislation that laid the foundation for the United States by identifying acts and/or behaviors that delineate child abuse and neglect. The first major goal of this legislation was and still is to promote child protection. This legislation defines neglect as “any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation or an act or failure to act which presents an imminent risk of serious harm” (Crosson-Tower, 2008). As part of CAPTA 1974, a mandatory reporting system that allows the professionals and the public to report for suspected child maltreatment was established. Those professionals who are mandated to report include teachers, health care providers, human service workers and law enforcement (CAPTA, 2003)

For the purpose of keeping a collection of data and services of child maltreatment, the National Center on Child Abuse and Neglect (NCCAN) was also developed (Shireman, 2003).

This act inspired the states to develop laws that would mandate and require professionals to report if they know any child maltreatment act that is being committed (Shireman, 2003). CAPTA provided federal funds to assist states and expect the states to improve intervention and prevention programs for children who have been abused and neglected (Shireman, 2003). The Child Abuse Prevention and Treatment Act of 1974 (CAPTA) was amended as the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, following amendments of 1984, 1988 and 1996. The two most recent reauthorizations were CAPTA reauthorization Act of 2003 as Keeping Children and Families Safe Act, and CAPTA reauthorization Act of 2010 P.L. 111-320 (CAPTA, 2003).

Although CAPTA of 1974 was the biggest legislation passed on behalf of protecting children and influencing services in preventing child abuse and neglect, it was not the last one. The idea of protecting the welfare and the rights of the children existed in the 1900s and it was reported that there were only two states who have not established juvenile court. However, this did not cover the need and the danger and the violation of rights that children and youth have been suffering for many years. In 1974 Congress passed and signed into a law, the Juvenile Justice and Delinquency Prevention Act (JJDPA) P.L. 93-415. Passing this act was the result of the increasing problems of Juvenile delinquency. To prevent juvenile delinquency the act provides funds to the states to develop delinquency prevention programs and improve the juvenile justice system (U.S. Department of Justice, 2012). To get on board every state to prevent child maltreatment and reduction on dependency; Congress passed Title XX of the Social Security Act of 1975, also known as the Social Services Block Grants. This act allows the states to be entitled to a block grant from the federal government each year so the states are able to have the flexibility to provide social service programs (Shireman, 2003). A significant part of this legislature was the Aid to Families with Dependent Children program (AFDC), which focused on welfare dependency, child abuse and neglect as well as community mental health.

In the same year Congress passed the Education of all Handicapped Children Act of 1975 (PL 94-142) now codified as Individuals with Disabilities Education Act (PL 101-476) The goal of this law was and still is to ensure equality throughout the education system. This bill allocates federal funds and requires states to implement policies and programs that ensure children with disabilities gain access to free services and appropriate public education. The amendment of this act emphasized under Part B and Part C of the act addresses early intervention and comprehensive educational programs to all disabled children from birth to 21 years old (United States Department of Education, n.d).

Four years after the passing of CAPTA, Congress passed The Indian Child Welfare Act (ICWA) of 1978 (PL 95-608). This bill was one of the noteworthy adoption legislations that congress passed because it delineates the standards of removing Indian children from home and their placement. This act aims to protect Indian tribal communities by allowing children to be adopted only by tribal members (Shireman, 2003). Two years later Congress passed The Adoption Assistance and Child Welfare Act (AACWA) of 1980 (PL 96-272). The main reason for passing this bill was to prevent the removal of children from home and reduce the length of time that children remain in foster care. This act put emphasis on stability and planning to keep families together and permanency (Crosson-Tower, 2008). Congress saw the idea of adoption and adoption subsidies as a gateway to a permanent home for children and opened the possibility of many families to adopt children (Shireman, 2003).

Under President Clinton's administration the Adoption and Safe Families Act (ASFA) of 1997(PL 105-89) was passed. This act reinforces the AACWA; however, the focus of the ASFA is to find a permanent home (adoption) for children who have no possibility of reuniting their families and remain in foster care for a very long time. ASFA regulations were implemented by the states; the federal government allocates extra funding for the states to encourage the child

welfare agencies to increase their effort in finding a solution such as adoption and shorten the length of time that children stay in foster care (Shireman, 2003).

Due to the lengthy time of staying in foster care system most children become adults and are no longer eligible for foster care assistant In 1986 Congress passed the independent Living Initiative (PL 99-272). The goal of this bill was for states to develop programs that assist youth to achieve self-sufficiency through learning skills and trainings that would help them integrate into the society, and become independent (U.S Department Health and Human Services, 2010). In addition to this, in 1999 Congress enacted (P.L. 106-169) The Chafee Foster Care Independence Program (CFCIP) to enhance services and meet the need of the youth This program increased the funds provided by the federal government to the states to provide services such as providing vouchers for education, employment/vocational training, housing, financial support services to the youth who are out of the foster care system (U.S Department Health and Human Services, 2010).

In order to maintain household income and care for the underprivileged children the federal government sought ways to eliminate poverty and support qualified families with small children. In 1935 the Aid to Dependent Children (ADC) program was established for the purpose of supporting single female headed families with children. In the early 1960s ADC changed to Aid to Families with Dependent Children (AFDC) (Shireman, 2003). Both federal and state government increased the effort to help disadvantaged single female headed families to get child support from the absent parent (U.S Department Health and Human Services, 2010; Shireman, 2003). The Family Support Act of 1988 was passed for the purpose of promoting the head of household to seek employment, child care or attend job training classes since they are receiving AFDC assistance.

In 1996 the American welfare system was taken into a different direction when congress passed the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). This act ended the Aide to Families with Dependent Children program (AFDC) and replaced into Temporary Assistance for Needy Families (TANF). Through this act states receive a block grant to develop social service programs within the guidelines mandated by PRWORA. The focus of this act was to reduce welfare dependency and encourage individuals to work, participate in job training, vocational training programs or search for a job. Compared to the AFDC, the PRWORA guidelines required states to enforce time limits on families receiving cash assistance and reduction of food stamp benefits that families receive (Shireman, 2003, U.S. Department of Agriculture, 2009).

Poverty has been the biggest enemy on the growth and development of children for a very long time. The federal government introduced the Food Stamp program in 1939. The goal was to eliminate or decrease poverty and food insecurity, and reduce agricultural surpluses. As part of war in poverty campaign, under the administration of President Lyndon B. Johnson, the Food Stamp Act of 1964 (P.L. 88-525) was passed. The goal of this program was and still is to increase the amount of food received low income households (U.S. Department of Agriculture, 2012). This program went under several amendments; however, in 1990s (P. L.101-624) established the Electronic Benefit Transfer (EBT) to improve distribution process and eliminate the use of Food Stamp program coupons (U.S. Department of Agriculture, 2012).

To improve the growth and development of children by preventing diseases Title XIX of the Social Security Act for health care, established as part of Medicaid the Early Periodic Screening Diagnosis and Treatment program (EPSDT).The purpose of this program is to provide mandatory preventative health care benefits to children from ages 0 to 21. Through EPSDT those who are eligible receive physical and mental health and dental care. The federal coverage policy report states EPSDT services are comprised any “necessary health care,

diagnostic services treatment and other measures” The goal of this program is to prevent diseases that could cause physical and mental disabilities and other major health risks and treat them as early as possible (U.S. Department of Health and Human Services, 2010). EPSDT program is necessary benefit that helps underprivileged children to have access to health care and help them to not become victims of preventable diseases and many types abuse.

CHAPTER 3

INTRODUCTION

3.1 Literature Review

This thesis used search sources to identify the appropriate literature with the topic parenting programs and child maltreatment. To avoid a high rate of false rejections, the following search terms were used: child abuse, child neglect, and parent training, parent education program intervention, parent education intervention evidence. Several social science and academic electronic databases that are available through the University of Texas at Arlington library were searched using only English language: Psych-Info, Social Work abstract, and Department of Health and Human Services webpage, reference lists of review articles of Child Abuse and Neglect, National Abuse and Neglect Data System, Journal of Child Psychology and Psychiatry, Journal of Child Development, Journal of Marriage and Family, and literature from books. Articles selected were the articles that discuss and report on parent training programs, contributing factors of child abuse and neglect, parents do not show any mental delay or child developmental delays, parental role and self-efficacy, harsh and inconsistency discipline and provide pre-test and post-test for ten or more parents.

3.1.1. Characteristics of the Perpetrators

The act of child maltreatment is horrendous and often it is committed by the victim's parent or caretaker. According to the (NCANDS, 2010), parents are responsible in 80% of maltreatment cases and about three quarters of the perpetrators are under the age of 40. Women have been identified as the primary perpetrators mainly single-parent, with limited social support, isolated and struggling multiple health problems (Dufour, Larrivee, Lavergne, and Trocme, 2008). There is a limited research that reports the risk of abuse and neglect in single father headed households.

However, one research supported the argument of more men taking part in neglecting children and identified that over 30% of biological fathers as perpetrators (Dufour, et al., 2008). As many studies in this thesis reported, there is a higher risk of child maltreatment in a single parent headed household. Parents who neglect their children most often are overwhelmed single parents who feel a sense of failure. Compared to children who live in two parent households, the rate of child maltreatment is higher in single parent headed households (Goldman, Kennedy, Salus, & Wolcott, 2003). Single parent female headed households suffer the highest stress level and endure difficult situations than single father and families with both parents, (Dufour, et al., 2008; Crosier, Butterworth, & Rodgers, 2007). For example, single female parents have little or no education, over 60% of them are unemployed and more than 30% of single female parents were maltreated as a child, and are more likely to maltreat their own children (Dufour, et al., 2008, Kaufman, Zigler, 1987). Compared to married mothers, single mothers reported having fewer social supports, chronic stress, less social involvement and contact with friends as well as experiencing difficulty childhood (Boyle, Cairney, Offord, & Racine, 2003).

One study suggested that “ maltreating mothers may tend to cope more poorly with personal distress whereas maltreating fathers tend to operate in a family climate that is both distant and rigid, while holding inappropriate expectations for children’s behavior” (Pittman and Buckley, 2006, p.481). Lack of self-efficacy compromises their ability to complete tasks and enjoy the parental role (Johnson, Leung, Ohan, 2000). Research has indicated that depression is prominent among single female parents and it diminishes parent’s ability to be effective parent (Amoto, 2000). All of these factors validate that being a single parent comes with a lot of stresses, which increases the likelihood of child abuse or neglect to occur.

3.1.2 Effects of Child Maltreatment on Children

Child abuse and neglect could lead to many problems that could affect child's life in a very long time. Those adverse consequences are included psychological disorder such as Post Traumatic Stress Disorder, physical disorders and cognitive limitations (Carnes, Kuo, Sheridan, & Springer, 2003; Allan, 2001), delayed language development and physical injuries such as delayed brain development (Glaser, 2000, Crosson-Tower, 2008; Patterson & Bolger, 2001). Neglect has greater effect on infants and they show signs of developmental delay, failure to thrive, and the inability to form attachment (Crosson-Tower, 2008). School aged children show poor impulse and behavioral problems due to the extensive emotional and developmental trauma that they have endured over the years (Shireman, 2003; Kolko, 2002).

3.1.3 Contributing Factors of Child Abuse

Understanding the contributing factors of abuse and neglect is very important because it will make easier to develop appropriate programs to intervene or prevent the problem. In this section we will discuss the relationship between the contributing factors and child maltreatment.

3.1.3.1 Poverty and Stress

The increased number of maltreatment cases that are reported to Child Protective Service agencies have engendered to more studies to be conducted, examine and hypothesize as to what causes child maltreatment and what are the risk factors that are associated to this phenomenon. Studies have shown that poverty and stress have strong association with child maltreatment; especially neglect (Drake, & Pandey, 1996). Poverty is the leading factor of why parents behave neglectful (George & Lee, 1999). Poverty stricken families are at risk for physically neglecting their children because of the level of their annual income and lack of resources make more difficult for them to meet all the needs of their children (Crosson-Tower, 2008).

It has been reported in research that young adolescent mothers who lived in high poverty community were more than ten times more likely to have substantiated cases of neglect than older mothers who live in a low poverty community (George & Lee, 1999). Moreover, adolescent mothers are less satisfied, less focused on their children, less skilled in dealing with the stress of parenting compared to the older mothers (George & Lee, 1999). One may conclude that poor people are abusive, but being poor does not mean that all poor parents neglect their children. However, it has been known that poverty exacerbates stress and depression, which could cause child neglect (Chang, Runyan & Theodore, 2007). In population sample study, Chang et al., (2007) measured the risk of physical neglect and determined that single parent households were at greater risk of physically neglecting their children by not being able to provide sufficient food and supervision and medical care. Stress could also affect the way parents discipline their children and parents who are in under a lot of stresses are prone to use harsh discipline (Bates, Dodge, Pettit, Pinderhughes, & Zelli, 2000).

3.1.3.2 Substance Abuse:

Research suggests that there is a strong relationship between substance abuse and child maltreatment (Nolan, Radel & Semidei, 2001). In addition to this, Nolan, Radel & Semidei, (2001), suggested that majority of the cases that are assisted by the child protective services involve in parental substance use. Takayama, Wolfe & Coulter, (1998) asserted, that substance abuse causes parents to be incapable to provide adequate supervision and care for their children, which increases the risk of the child to be neglected. Substance abuse effects may also increase the risk of the child to physically be abused by a parent due to their emotional disturbances and compromised decision making (Blackson & Dawes, 1999). Other factors that may cause or increase the risk of neglect and abuse are limited parent-child interaction, low self-efficacy, being a teen parent, or a single parent who lacks social support, and may have

been abused as a child, which may cause them to continue the cycle of the abuse (Johnson, Leung, & Ohan, 2000; Crosson-Tower, 2008; Dufour, et al., 2008).

3.1.4 Why Parenting Programs?

As studies have shown, many parents maltreat their children and most of them are substantiated cases of Child Protective Service agency (CPS). As result of parental involvement with CPS, thousands of families take part nationally every year in CPS referred or court mandated parent education programs (Barth, Chamberlain, Hulburt, Landsverk, Reid, Rolls, et al., 2005). As a society we assume that women have natural instinct and the ability to raise a child, but women were no strangers in asking these questions, "Am I a good parent or am I doing it right?"(Smith, Perou, Lesesne, 2002). Today the American family life style has changed due to the increasing numbers of teen parents, families moving one place to another, and the support and resources (i.e. extended families, one's own parent, and churches) that used to be available in the communities are scarce or missing today (Smith, Perou, Lesesne, 2002).

Moreover, in 2010 the Children Defense Fund reported that more than twenty percent of children in the United States were living with single female parent, 3.4% were living with only a father and 4% were living with neither parents (Children's Defense Fund, 2010). Providing parenting education teaches parents effective ways to discipline their children and decrease stress by expanding their community network (Britner, Reppucci & Woolard, 1997). Other reasons to implement or mandate parenting education programs are to decrease the effects of parental substance use on parenting practice and prevent child maltreatment. It is an outstanding way to deliver to parents the knowledge of child development and teach parents pro-social behaviors, increase parental and community awareness of the issues surrounded in maltreatment.

Parenting programs are useful because programs provide to parents a chance to develop self-efficacy by being educated about positive parenting practices (Bloomfield & Kendall, 2007). In addition, parenting group meetings are where parents find the support they need to interact and converse with their fellow parents and the facilitator(s) about the obstacles and the difficulties that they are facing as parents (Shireman, 2003). All of those reasons and many more have made it possible to increase the number of parents that engage in a different parenting training programs that are focused in teaching the principles of positive parenting.

3.1. 4.1 Program types and Approaches

There are different types of parenting education programs and each one have its own unique way and focus. Parenting programs comprise topics that focus on improving parent child interactions, understanding and learning child development and positive parenting, skill building activities and learning effective techniques of disciplining children (Smith, Perou, Lesesne, 2002). Parenting programs use different approaches that focus on helping parents by finding strength in their families to prevent problems. Parenting programs are in almost every community as group-based and home-based parenting program. According to the Center for the study of social policy, programs that focus on family strengths and resilience emphasize positive factors that the parent has to prevent any child maltreatment (2003).

Family centered practice helps families to achieve effective communication by providing family activities. Family-centered programs take into consideration culture, way of life and philosophy of families and their community (Colosi & Dunifon, 2003). Family centered programs see families as a system with many functions where each function is a big part of the community (Smith, et al, 2002). Evidence suggests that both group and individual parenting education approaches are effective when the emphasis of the program is to build skills and ability to access social support. However, the individual parenting educational approach is more effective when working with families with specific needs (Lundhl, Nimer & Parsons, 2006). It

was reported that group parenting programs have shown positive results with parents whose children have been diagnosed with behavioral disorders and/or at high risk of developing behavior problems (Barlow and Stewart-Brown, 2000).

Lundhal, et al., (2006) conducted meta-analysis studies to evaluate parenting training programs that aim in reducing the risk of child abuse. They evaluated a total of twenty-five parent training treatment groups. In this study the expected outcomes were change in attitudes toward abuse, parental emotional adjustment, child rearing skills and actual abuse. They found reduced risk that a parent will abuse physically, verbally or neglect a child. Parents reported considerable changes in attitudes that are associated with abuse and their emotional wellbeing. In addition to this, the meta-analysis reported that parent training programs changed what parents' thought of corporal punishment and their belief of using it as an effective parenting strategy. Their results supported providing parent training helps parents to interact with their children and show attentiveness without depending on coercive strategies that could lead the use of harsh discipline and strain parent-child relationship.

3.1.5 Evidence Based Programs

The popularity of parenting education programs has increased for the past several decades, but very little has been known the impact it has on parents self-efficacy. Also, social service field's interest on Evidence Based Practice (EBP) has been growing; because of the need of providing high quality informed research that is based on effective methods became important to the social service organizations and programs such as parenting training that are developed. Therefore, today there are emerging parenting education programs that use Evidence-Based methods and information that are helpful to parents to develop appropriate parenting practices and learn coping skills, reduce stress, increase parental self-efficacy, and even reduce incidents of abuse and neglect. The emergence of evidence based programs led the experts in the fields of social services and education to believe that parenting programs can be effective to not only for the parents but also for the children. The reason of believing this is that these programs hypothesize that understanding child development, caring and nurturing children are linked to parenting practices (Britner et al., 1997). Research pointed out that parent education programs are an approach with a large selection of social support that can be provided to the families because traditionally families received support from their communities (Smith, Perou, Lesesne, 2002). Therefore, putting into practice evidence based parenting education programs will have a great impact on the parents and their children (Hughes & Gottlieb, 2004).

There are several evidence based parenting programs and each one uses different approaches and curricula to teach the parents appropriate methods and skills to practice positive parenting. The parenting programs that have received praise and attention for their effectiveness are:

3.1.5.1 The Incredible Years: Parents and Children Series

The Incredible Years (IY): Parents and Children Series were developed by Carolyn Webster-Stratton, Ph.D. It is a program that designed to promote and strengthen social competence, parent-child relationship. Also promotes nonviolent strategies to deal with aggression in young children (Webster-Stratton & Reid, 2003). This program is strength based program where families are encouraged in focusing their strength and what they have rather than focusing on their shortfalls (Webster-Stratton & Reid, 2003). The program has two components: learning parenting strategies and learning coping skills to reduce stress and increasing their problem solving, and interpersonal skills (Webster-Stratton & Reid, 2003). Research conducted by Baydar, Reid and Webster-Stratton (2003), tested the impact of the Incredible Years Parenting Training Program on parents of Head Start children. The study comprised both intervention and control group of parents whose children are attending the Head Start centers. The study reported minimum parental use of harsh discipline, being inconsistent and ineffective parenting. They also found that parents increased their use of positive parenting practice. For those who are involved in child welfare reported significant decrease in occurrence of physical abuse (Baydar, et al, 2003). In addition to this, research have indicated that Incredible Years parenting program is successful and suitable for parents from culturally diverse population by conducting experimental studies in North America, Europe and New Zealand (Arkan, Oston, & Guvenir, 2012).

3.1.5.2 Parenting Wisely

To increase child cooperation and decrease behavioral problems, Parenting Wisely (PW) program has shown effective results when tested on families that are referred by the child welfare agency (Gordon, Kacir, & Pushak, 2008). This program is designed to train parents and families with at risk children (Gordon, 2003). The program was developed by Donald A. Gordon Ph.D. It is a CD-ROM parenting training program and a work book that is designed to train and

assist parents to learn effective parenting skills and decrease family chaos (Gordon, 2003). A family violence study reported that using Parenting Wisely program reduced spousal and child abuse and increased parental communication with children and problem solving skills (Gordon, Kacir, & Pushak, 2008; Carlston, Gordon, Pushak, Rolland-Staner, 2008). Research has shown that parents and youth who completed self-administered Parenting Wisely program attained better outcome and reported increased feeling of self-efficacy when compared to those whose program was administered by a practitioner in a group setting (Cefai, Smith, & Pushak, 2010).

3.1.5.3 1-2-3 Magic

1-2-3 Magic was developed by Thomas Phelan, Ph.D. It is a program that is designed to assist parents with children ages 2-12 to learn effective ways to discipline their children. This program is used by the child welfare agencies with the purpose of reducing child maltreatment (Phelan, 2003). The program focuses on parent child attachment and reducing frustrating behaviors, parents receive specific homework that is customized for use with children, as well as parental resilience as it relates to child discipline (Phelan, 2003). After testing the program through small studies Phelan (2003) reported reduction in “behavioral problems in children and strengthened marriages” (p245).

Bloomfield and Kendall (2010) reported that scores of emotion and affection were significant when compared to other domains of parenting. They also saw increased self-efficacy after evaluating seventy-four parents from sixteen different parenting programs that used “1-2-3 Magic” as a discipline instruction program for period of two years. Another study evaluated a brief psycho-social group of eighty-nine experimental participants and 109 control group to test parent-child conflict by using “1-2-3 Magic” video found reduced child behavioral problem in the intervention group and decreased parental use of negative and ineffective parenting practices (Bradley, Brody, Landy & Tallett, et al., 2003).

3.1.5.4 Nurturing Parenting Programs

Nurturing parenting programs are family centered and developed to assess and prevent child maltreatment and neglect (Bavolek, 2002). They are designed to assist parents in adopting and learning nurturing skills as alternative to neglect and abuse children. The target populations of the programs are children, biological and foster parents (Bavoleck, 2002). To distinguish specific patterns of abusive and neglectful parenting Bavoleck (2002) identified parenting patterns and behaviors of abusive parents: not knowing the need of the child, therefore parents lack empathy, use of corporal punishment to discipline children, which causes child to communicate with anger and violence, parents take the role of child by acting helpless, abusive parents demand obedience and not allow their children to exercise their independency. Bavolek (2002) conducted field test on 121 abusive parents and 150 children who experienced abuse and neglect, findings of the field test were substantial progress in attitudes, personality characteristics in parents and children, as well as changes in family interaction.

3.1.5.5 Positive Parenting Intervention: A psycho educational approach

Positive parenting intervention is a newly implemented program that was developed by the University of Texas at Arlington Center for Clinical Social Work. The Positive Parenting intervention utilizes similar ideas of nurturing parenting programs because positive parenting is implemented to emphasize developing and practicing new patterns and skills that are more beneficial to both children and parents. The target population of this intervention consists of both men and women (i.e. biological and foster parents, and guardians). The purpose of this program is to teach parents positive parenting methods to decrease physical punishment, aggressive and harsh discipline strategies. The intervention attempts to promote healthy parenting, high self-efficacy and strengthening families. Positive parenting intervention is designed to increase parental knowledge and skills of effective parenting, and increase parental self-efficacy. Positive parenting intervention is based on social learning theory, which

emphasizes the importance of self-efficacy and how it relates to both negative and positive beliefs of the individual's ability to be successful at certain task.

To achieve learning this intervention uses role playing with script and props, activities, group discussion, observing videos that demonstrate effective parenting and child development. Positive parenting intervention uses different approaches that are useful to the parents and help them gain confidence in their parenting role and nurture their children. The programs of choice are 1-2-3 Magic, by Phelan, T. Ph.D., and Parenting Wisely by Gordon, D. Ph.D. and SOS for Parents by Clark, L. Ph.D. (U.S. Department of Health and Human Services SAMHSA sponsored project of Family Works, Inc). However, nurturing parent programs include programs that involve all members of the nuclear family. Parents and children have separate sections and there are also mixed groups with both parents and children. The program is based on family system approach. Nurturing parent programs provide 12 to 24 sessions and the curriculum. Positive parenting intervention consists of six week group sessions and each session last two hours. This intervention is different because of its theoretical understanding of where participants are as parents, their history of becoming a parent, and how parents can deal with personal issues that interfere to practice effective parenting (Finch, J., 2012).

This study aims to investigate the Impact that Positive Parenting Intervention has on parents' self-efficacy by testing the following hypotheses:

3.2 Hypothesis

Parents will significantly improve their parenting skills

Parents will reduce and/or eliminate using coercive and harsh disciplines

Parents will report positive interaction with their children (enjoyable activities)

Parents will report decreased anxiety and stress when child exhibits disruptive behavior

Parental self-efficacy will increase at the end of six week session

Prevalence of abuse is higher in families who are poor and live in a disadvantaged neighborhood.

CHAPTER 4

INTRODUCTION

4.1 Social Learning Theory

The Social Learning theory applies this study because it defines the concept of self-efficacy, which is very important when explaining parental confidence. This theory is relevant to this study because the theory stresses the importance of parental self-efficacy and the impact it could have child's behavior and development.

Social Learning theory also known as social cognitive theory was developed by Albert Bandura. According to Bandura behavior is learned by observing, imitating, beliefs and expectations (Bandura, A. 1986). This theory uses combination of learning principles with cognitive process as well as the outcome of the observational learning to explain behavior (Ashford, LeCroy, Lortie, 2006). Bandura's social learning theory proposes an important aspect which is known as self-efficacy. According to Bandura (1986) self efficacy is the attainment of behavior influenced by the person's anticipation that the person's action will result the outcome expected.

Bandura suggested that there is a clear difference between perceived efficacy and response outcome expectations. He defined perceived self efficacy as one's own belief or judgment of having the capability to complete successfully certain tasks (Bandura, 1986), where as response outcome expectation is judging the possibility that such performance will produce (Bandura, 1986). Both perceived self efficacy and expected outcome have common characteristic which is a precondition to confidence in one's ability to employ successfully in a given performance is one has to believe that there is an appropriate action that has the potential to get the preferred outcome (Miller, Topping & Wells-Parker, 1990).

Therefore, as Bandura (1994) asserted, the most important source on self-efficacy is through mastery of experiences from genuine pragmatic base. The concept of self efficacy applies parent's perception of their capability to successfully influence their children's behavior outcome (Coleman & Karraker, 2000). Many parents see becoming parent as rewarding and satisfying experience; however, parenting role comes with many responsibilities, and it is very difficult and demanding job that needs an effort, confidence and competency to complete the parenting tasks (Coleman & Karraker, 2000). As stated by Dumka, Jackson, Roosa and Stoerzinger, (1996), in the situation of parenting, self efficacy means that parents are certain in their capacity to successfully complete and enjoy their role of parenting. Self efficacy is a way to analyze specific positive parenting practices (Coleman & Karraker, 1998) because it is recognized as the main factor that determines parenting behavior and strongly associated to child growth and emotional outcomes (Jones & Prinz, 2005). According to Coleman & Karraker (1998), parents must have the knowledge to successfully care and meet the child's needs, possess the confidence to effectively complete parental tasks and have to be able to trust that they can influence their children and respond to them.

4.1.1 Parental Self-Efficacy

As defined by Coleman & Karraker (2000), parental self-efficacy is the judgment of self and skills that individual have in parenting role. The research has shown that self-efficacy beliefs are helpful in explaining the behavior of both effective and ineffective parenting (Dumka et al, 1996). When parents have high level of self-efficacy they believe that they are able to influence successfully the development and behavior of their children, and employ positive parenting skills (Coleman & Karraker, 1998). Furthermore, research has indicated that parents with high self-efficacy have the tendency to be persistent and attentive even when they are facing challenges and stressors (Coleman & Karraker, 1998). Similarly, according to Bandura (1997), parents who identify themselves competent in their parental role are more likely to

achieve a sense of triumph and satisfaction. The opposite is true for those who have low self-efficacy, as Bandura (1989), suggested in the face of adversity, these individuals do not show eagerness or the effort to complete the task at hand successfully and they are likely to give up easily. These parents also become aggravated when dealing with child who is not responding to them (Bugental, & Shennum, 1984) and this is due to their lack of knowledge. Therefore, if a parent is incompetent and unsatisfied; it is difficult for the parent to enjoy the parenting role and achieve sense of accomplishment and satisfaction (Colman & Karraker, 2000).

Another study reported that low parental self-efficacy was related with parents lacking responsiveness with their adolescent children (Gondoli & Silverberg 1997). Research conducted by Donovan and colleagues (1990) supported the relationship between high parental self-efficacy and detailed parental skills such as being responsive to child's needs, having direct parent-child interaction and with the absence of harsh punishment. Studies found that there is a direct link between low parental self-efficacy and parental display of depression, acting defensive, being abusive, and see their children as difficult, as well as showing high levels of stress (Dumka et al., 1996; Wells-Parker et al., 1990). Parents also tend to be more controlling and use corporal punishment as disciplinary strategy (Bugental & Shennum, 1984). They also show poor persistence, and inconsistent discipline which are related to negatively to parents' capacity to provide safe and nurturing environment (Bandura, 1982).

4.1.2 Ineffective Discipline

Disciplining children has been part of parenting and some parents are not sure what the appropriate discipline is or practices to use with children. Others use what they think is appropriate disciplining, which is the use of ineffective parenting techniques such as corporal punishment and harsh disciplines. There is a considerable amount of literature supporting that when parents are not competent in their parenting role, are depressed, stressed and lack social support, their use of ineffective discipline increases, and results children to exhibit increased

behavioral problems such as aggression and delinquency (Dumka et al. 1996, Wells-Parker et al, 1990; Bugental & Shennum, 1984; Johnson & Simmons, 1996; Bates, et al., 2000).

4.1.2.1 Corporal Punishment

Due to concerns of parental neglect and abuse parents who use corporal punishment have gained attention throughout the communities because maltreating children results developmental delay, mental disability and physical health problems on children (Holden, 2002). There is a high occurrence of parental use of corporal punishment, but the question is, is it physical abuse? (Straus M., 1994a) defines corporal punishment as “the use of physical force with the intention of causing a child to experience pain, but not injury for the purposes of correction or control of the child’s behavior”(p.4). However, physical abuse is bodily injuries that are noticeable and caused by deliberate act (Shireman, 2003). Clearly both disciplines are ineffective. However, society has minimum understanding in physical abuse since its meaning rely on parental decisions and is culturally inevitable because different ethnicities have different ways of disciplining their children (Shirman, 2003). Research found that bad behavior and negative outcome of the children are direct result of increased use of corporal punishment (Holden, 2002).

4.1.2.2 Harsh Discipline

Harsh discipline is a child behavioral control method that some parents use. Studies by Harris, Holden and Miller (1999) pointed out that parents who punish their children to discipline believe that children’s behavior necessitated to be disciplined in this method, which is to them useful and appropriate parenting. Parental style that is based on coercive, hostile treatment and severe discipline has negative consequences on child’s psychological health and exhibit illegal behavior such as breaking the law (Johnson & Simmons, 1996). Studies have shown that frequent use of harsh discipline on children is associated with externalized behavior disorders (Simons, Kim, Ge, Conger, Brody, & Gibbons, 2003). Study that examined race as a moderator

of the link between physical discipline and behavioral problems. This study suggested that use of harsh physical discipline was associated to increase externalizing behavior problems on European American adolescents, while same study reported that there is no relationship between harsh physical discipline and externalizing behavior problems in African American Adolescents (Deater-Deckard, Bates, Lansford, Dodge, & Pettit, 2004).

Study conducted by Bates, et al., (2000), found that parents socioeconomic (SES) and ethnicity effect how parents decide punitive measures for their children. In addition, the study indicated that some parents believe that harsh discipline is the best approach to discipline children and these parents show increased levels of stress, which is associated parents perceiving the child as “difficult” and the child is disobeying the parent on purpose (Bates, et al., 2000). Additional study emphasized financial difficulties, absence of social support; parents being unfocused and not displaying warmth feelings towards children are associated with child maltreatment and negative parenting practices (Leinonen, Punamaki & Solantaus, 2003).

CHAPTER 5

METHODOLOGY

5.1. Method

This study utilized secondary data analysis of administrative data collected from parenting class conducted at the University of Texas at Arlington Center for Clinical Social Work (UTA-CCSW). Quantitative data of pre-test and post-test were analyzed by using paired t-test. Also a qualitative data was evaluated based on secondary content analysis of transcripts of post-test interviews and comments. Demographic characteristic such as (Age, educational level, employment status, marital status and number of children living in home, whether child was removed from home temporarily) were part of the secondary data that were analyzed in this study. No data were analyzed for this study prior to formal approval by the Institutional Review Board. All data were de-identified; no qualitative or quantitative data points out particular participant and will not impact any participant individually.

5.1.1 Site of the study and population

Majority of the participants of this study were from the city of Arlington and the parenting group class took place at the University of Texas at Arlington Center for Clinical Social Work in Tarrant County. Geographical area search was conducted through census data to find out about the population and their association between poverty, socioeconomic and child maltreatment. The city of Arlington is centrally located between the two major cities of Dallas and Fort Worth (City of Arlington, 2010). According to census 2010, city of Arlington is a racially and economically diverse city with population of three hundred and sixty-five thousand four hundred thirty-eight (365,438). Census data reported in 2010, that the city of Arlington had a population that was 59% White and White non-Hispanic population were counted as 44.9%, Hispanics or Latino origin were 27%, Blacks constituted 18.8%. The median income for households in

Arlington was \$52,094 and about 14% of the population was below poverty level (Census, 2010). In 2010, 69.3% of Arlington households were female head households with no husband present and 46.73% female householder with no husband present had children under the age of eighteen (http://www.clrsearch.com/Arlington_Demographics/TX/). Participants of this study were from different ethnic backgrounds (Caucasians and African Americans and Hispanics), and different socioeconomic (SES) levels. Their age was in between (16-50 years old). As the secondary data reported the participants were parents, step parents, guardian, or grandparents and foster care parents. Their education level was unknown. Most of the participants were female; however there were few male participants in the intervention program. Participants in the class received six sessions of parenting training. Thirty participants completed the TOPSE booklet- pretest. Sixteen of the thirty participants completed both pretest and posttest, four dropped the class after completing pretest, and ten are still waiting to complete the TOPSE booklet-posttest. For the purpose of this study, the TOPSE pretest and posttest secondary data of sixteen participants were analyzed.

5.1.2 The Intervention

The Positive Parenting Intervention classes were facilitated by either a Licensed Masters Social Worker (LMSW) or Licensed Clinical Social Worker (LCSW) who was trained in psychodynamics and the elements of family violence or it was facilitated by MSW student intern with the supervision of an LMSW or LCSW. The Positive Parenting Intervention consists of six consecutive weekly two-hour sessions. Lesson plans used to teach for the parenting sessions are included in (Appendix, C).

Session 1: The facilitator explores how participants were treated by their parents. This allows the participants to make self-assessment of how they want to parent, and how they are doing. Issues that hinder the participants becoming effective parents such as stress, lack of social support and resources, child behavior issues, work, and competing priorities are addressed.

Session 2: The facilitator and the participants explore the basics of being an effective parents by understanding how children learn by watching parents, how to reward good behavior and not accidentally reward bad behavior, and how to use consequences for correcting behaviors.

Session 3: Participants learn how to give effective instructions to children and get child's attention without lecturing and be brief and to the point.

Session 4: Facilitator teaches the participants' effective way of using time out for targeted behaviors, use of timer, addressing children who rebel.

Session 5: 1-2-3 Magic technique is used. The goal of this program is parents to learn how to stop or control obnoxious behavior in children, elicit positive behavior from children and enhance parent-child relationship (Bradley et al., 2003). Participants will explore method of no talking/no emotion rule and how counting works when trying the child to stop misbehaving.

Session 6: This session addresses limit testing, consequences for undesirable behaviors, lying techniques for getting children to clean up and do routine chores, homework, and cooperate at meal time and bedtime.

5.1.3 Design and Instrument

The design of the study was pretest and posttest. This study utilized a Tool to Measure Parenting Self-efficacy (TOPSE) instrument to measure parental self-efficacy and program impact. Study design used the TOPSE as pre-test and post-test. The TOPSE instrument was developed by Bloomfield and Kendall to evaluate parenting program that was specific for the United Kingdom parents (Bloomfield & Kendall, 2005). TOPSE, according to Bloomfield and Kendall (2005) is a tool that is designed to measure how knowledgeable parents are in their role as a parent. TOPSE instrument has many aspects that represent distinctive features, and it includes 48 statements within eight domains that are worded both positive and negative way. Each domain has six items parents to rate. The TOPSE domains are listed on Table 5.1

Table 5.1 TOPSE Domains

1) emotion and affection
2) play and enjoyment
3) understanding, and empathy
4) pressures
5) self-acceptance
6) Learning and knowledge
7) Control
8) discipline, and boundaries

According to the primary data collector, the facilitator(s) explained to the parents that the scores of the TOPSE are not there to compare between parents but to identify one's own perception of their parenting capabilities. The items were rated on 10-point Likert scale response (i.e. completely disagree (0, 1, 2, &3), moderately agree (4, 5 &6) and completely agree (7, 8, 9 & 10), where zero represents completely disagree and ten represents completely agree. Low scores mean low levels of self-efficacy (Bloomfield & Kendall, 2005). To calculate results facilitator(s) employed TOPSE's reverse scoring method to change negatively-keyed statements before adding and computing the scores of the participant. This method was used to ensure consistency between positively worded statements and negatively worded statements. The following statements were phrased negatively and should be reversed before summing the scores:

Section 1: Emotion and affection reverse score statement 6.

Section 4: Control reverse score statement 5.

Section 6: Pressure reverse score statements 1, 2, 3

Section 7: Self-acceptance reverse score statement 3

To reverse the score subtract the actual score from 10

((e.g. if the actual score is 3, the reverse score would be 7 ($10 - 3$))

(Bloomfield & Kendall, 2005). See TOPSE scoring Sheet on (Appendix B)

5.1.4 Data Collection

Data used for this study were collected by A Masters in Science of Social Work program Community and Administration Practice student intern/facilitator. Both quantitative and qualitative data were collected. Participants were informed that their identities would remain confidential. The first session participants received TOPSE booklet as pre-test to complete. The student intern/facilitator reviewed and recorded the scores as a baseline data. At the end of the last session participants received TOPSE booklet as post-test to complete. The student intern/facilitator reviewed and recorded the scores as posttest. The participants were allowed to write their thoughts and comments on the TOPSE booklet. Then the student intern/facilitator made follow-up calls to interview with the participants who completed the program. Additionally, to collect quantitative data from the participants, the TOPSE booklet was mailed to the participants who completed the intervention before the study began and also contacted by phone to be interviewed for the purpose of collecting qualitative data. The student intern/facilitator developed an Excel date sheet and entered TOPSE scores into the spreadsheet. A copy of the TOPSE is included in Appendix A.

5.1.5 Data Analysis

The student intern/facilitator provided data collected and recorded in the Excel spreadsheet to the data analyzer. The secondary data were reviewed and analyzed. Statistical Package for the Social Sciences (SPSS) was utilized to analyze all the data. Descriptive statistics such as means for demographic characteristics of the participants and percentages

were included in the analysis. Paired sample *t*-tests were performed to determine if there were a significant differences in pre-test and post-test scores of each of the eight categories of the TOPSE. Also the total scores of the overall TOPSE pretest and posttest of all participants were calculated to determine the overall knowledge and self-efficacy of the parents has increased from the baseline to posttest. The second part of the study qualitative data was analyzed by using coding method. The purpose of using the coding method was to identify themes in the comments or interview answers of the participants.

5.2 Results

5.2.1 Demographic Characteristics

Demographics of the participants in this study can be found in Table 5.2. Thirty participants were enrolled in the intervention. Four participants did not complete the posttest and therefore, their pretest scores were not included in the analyses. Ten participants were enrolled in the class when the study took place their pre-test scores were excluded from the analysis. Therefore, total of sixteen participants' data were included in the analysis. 62.5% of the sample were female, 37.5% were male participants. The age of the participants was in between 16 to 57 years old, with mean age ($M = 33.6$ years old). With respect to education and employment and number of children living with parents as well as the numbers of children that have been removed from home temporarily were not available at the time of the study. Marital status data has revealed that more than half of the participants who attended the intervention program were married or lived with partner at the time of the study. 25% of the participants in the study were divorced and 18.75% were single at the time of the study. Average number of children per parent was two; however the highest number of children recorded was seven.

Table 5.2 Demographic Characteristics of the Participants

Positive Parenting Intervention Participants N=16			
Mean (SD)		Marital Status	Percentage
Caregiver's Age(years)	33.6 (11.7) Range (41)	Single	18.75
No. years Caregiver's Education	Not Available	Married, living w/spouse	56.25%
No. of Children In the Household	2.3 (1.5) Range (6)	Divorced	25%
No of participants Unemployed		Not Available	N/A
No. of participants Employed		Not Available	N/A

Table 5.3 shows the means and standard deviations of the pretest and post test scores of parenting practices. Mean pretest and post test scores were computed to determine if there was a statistically significant difference between the baseline which is the beginning of the study and end of the study. Figure 5.1 illustrates mean increase of pretest and posttest graphically.

Summary of means and Standard Deviations of all participants at Pre-Test & Post Test

Table 5.3 Descriptive Statistics (n=16)

Scale	Pretest Mean (SD)	Posttest Mean(SD)	Range
Emotion and Affection	53.6 (8.4)	55.0 (5.3)	14-30
Play and Enjoyment	56.1 (6.1)	58.7 (2.2)	6-22
Empathy and Understanding	54.7 (6.1)	57.9 (2.9)	8-22
Control	47.2 (8.2)	53.8 (5.6)	16-29
Discipline and Setting Boundaries	50.1 (7.2)	56.2 (4.2)	15-22
Pressures	48.0 (10.7)	52.0 (9.4)	30-30
Self-Acceptance	55.0 (7.6)	57.4 (3.7)	11-27
Learning and Knowledge	52.4 (8.9)	58.1 (3.4)	10-20
Pretest & Posttest Total Scores	414.4 (48.2)	449.13 (27.4)	74-183

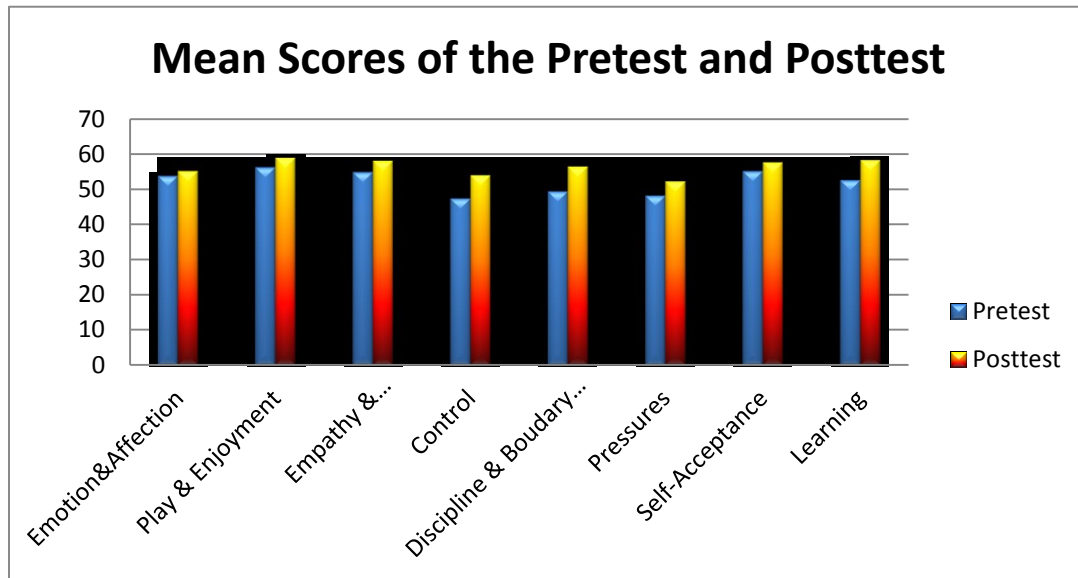


Figure 5.1

To test each category of the TOPSE, a series of paired sample t-tests were performed to test whether there was a statistically significant difference in pretest and posttest change scores of each of the eight TOPSE domains. Emotion and affection domain, the t- test revealed that there was no statistically significant difference in change scores of pretest and posttest, $t(15) = .584$, $p = .568$, ($p > .05$). Play and Enjoyment domain paired samples t-test failed to reveal statistically significant difference between pretest $t(15) = 1.948$, $p = .070$, ($p > .05$). However, There was statistically significant difference in the scores of pretest and posttest of empathy and understanding domain $t(15) = 2.223$, $p = .042$, $\alpha = .05$. Another domain that the t- test revealed statistically significant difference was Control domain $t(15) = 2.767$, $p = .014$, ($p < .05$)

In calculating parental use of discipline and boundary setting, paired samples t-test results show statistically reliable difference between pretest and posttest conditions, $t(15) = 3.234$, $p = .006$, $\alpha = .05$. However, the t-test did not show statistically significant difference in self-acceptance domain of the TOPSE pretest and posttest scores $t(15) = 1.573$, $p = .136$ which is a greater than $\alpha = .05$. Also, t-test results have shown that there was no statistically

significant difference in pretest and posttest scores of the TOPSE's pressures domain $t(15) = 2.073, p = .056, (p > .05)$.

Finally, the last scale of the TOPSE that was calculated was learning and knowledge. T-test results have shown statistically significant difference which may suggest that parents have increased their knowledge and skills $t(15) = 2.824, p = .013, (p < .05)$.

Figure 5.2 illustrates graphically that parents have increased their total scores from pretest to posttest and it demonstrates that parents have improved their overall positive parenting practices. In examining the overall score of each parent from all of the TOPSE scales, t-test results have shown that there was a statistically significant difference in between pretest and posttest scores, $t(15) = 3.184, p = .006, (p < .05)$.

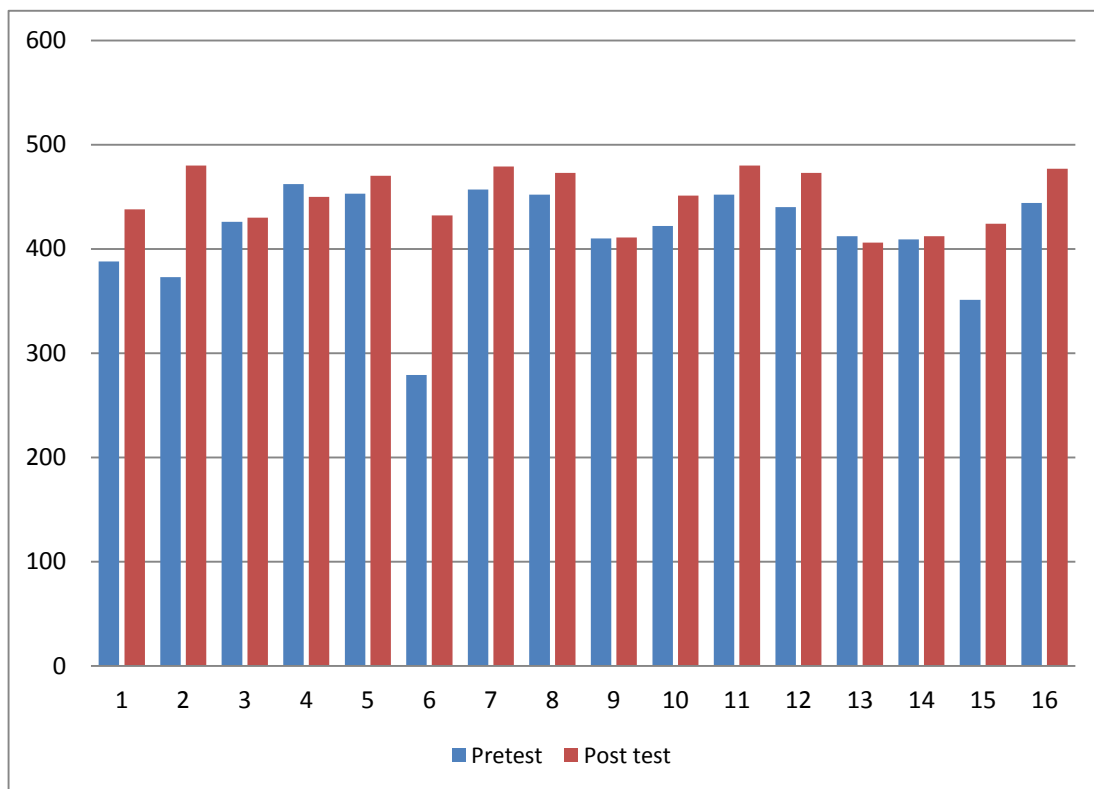


Figure 5.2 Changes of total scores from Pretest to Posttest

5.2.2 Tested Hypotheses

This study hypothesized that parents in Positive Parenting Intervention will significantly improve their parenting skills. This hypothesis was supported and the results on the *t*-test analysis showed that there was a positive significant difference between pretest and posttest for parental use of positive parenting techniques.

Hypothesis two predicted that parents in Positive Parenting Intervention will reduce and/or eliminate using coercive and harsh disciplines. There was a statistical significant change in discipline and use of positive control domains. In posttest condition parents revealed changes toward the anticipated direction, which is decreasing their use of coercive and harsh discipline and changing to a calmer and positive ways to discipline children. Statistical analysis supported the hypothesis.

This study predicted that parents will report positive interaction with their children (enjoyable activities). Some positive changes were noted from baseline scores to the end of the intervention in overall TOPSE scores; however, paired sample *t*-test analyses did not show any significance differences between pretest and posttest conditions of this domain.

This study hypothesized that parental self-efficacy will increase at the end of six week session. This hypothesis was not supported because some of the attitudinal domains such as self-acceptance, emotion & Affection did not show significant difference in *t*-test results.

This study also proposed that at the end of six week sessions parents will report decreased anxiety and stress when child exhibits disruptive behavior. This hypothesis was supported by this study. Even though the TOPSE tool did not measure anxiety and stress, a qualitative data found that parents have decreased their anxiety and stress. Parents admitted that they use de-stressing techniques learned in parenting intervention program therefore be calmer and less stressed. In addition, research have shown that parental stress is associated with parental use of ineffective discipline (Bates, et al., 2000) hence, the less stressed the

parent is the less frequent use of harsh discipline. This suggests that parents have increased the use of effective discipline and control, as well as using positive parenting techniques (calmer and effective discipline such as 1, 2, 3 Magic) learned in the intervention.

This study postulated that the prevalence of abuse is higher in families who are poor and live in disadvantaged neighborhoods. This hypothesis was not supported by this study. As indicated on census data report, participants in this study were not living in disadvantaged neighborhoods and were not poor as evidenced by the median income earned by the general population in the area where the participants live.

5. 2.3 Qualitative Data Emerged Themes

The responses and comments received were reviewed and evaluated. There were participants who wrote comments on their pretest booklet, when they attended the first session of the program. The themes in the comments of the participants were being hopeful, that attending the parenting intervention will help them increase their awareness, learn skills and chance to become better parent for their children. One participant wrote, "...I am taking this opportunity to learn anything I can better myself for both me and my children's sake." The other wrote, "I think this class will teach me better parenting skills and hopefully I will gain quite a bit of knowledge." These comments indicate that some parents were open to the possibility of learning, even though they thought it is unfair that they are required to attend parenting class and believed that they are good parents.

Participants wrote comments on their posttest booklet and their responses added weight to support evidence that were consistent with the findings of this study. All comments were favorable to the program. In their comments parents admitted that as result of the parenting intervention program they changed their way of thinking about the parenting intervention and their way of parenting. One participant stated "I thought I was right but now I realized I was on the wrong path in relation with raising my children" this response indicated

significance step of self-examination on the participant's part. Three participants stated the program helped them become better parent to their children. One participant wrote "...communication, patience and consistency... now I know it does work." Two participants indicated that they have increased their awareness that there is an effective way to raise children. A minor theme in these comments is that parents developing patience when disciplining their children.

Another theme that emerged was that participants commented positively that the program taught them positive parenting skills that they can practice at home. Two of the participants wrote, "...I utilized the techniques that I have learned" and "...I have already practice some of these skills." Theme that was developed from the participants' comments was increased knowledge of parenting skills and overall program satisfaction, the facilitators and the lesson.

The student intern/facilitator completed interviewing with four participants. Interview data analysis was conducted by the data reviewer. Each response was analyzed for its content and themes (see Appendix D).

Question 1 Have you noticed any differences in you and your child's behavior and relationship after the classes? Two of the participants did answer yes that they have noticed changes. Their response showed that the participants have good relationship with their children after completing the program. The other two participants answered this question as though the program had no effect on them. Their response indicated that they have no children to interact with because their children were removed from home. The theme here is no significant impact.

Question 2 Can you specifically think of new skills you learned during the six sessions of classes? Which? (123 Magic, Time Out, Active Ignoring, How to Give Commands to your Child, contracts or behavioral charts, etc) How is it helpful? The themes of control, discipline, and practice were developed from the responses to this question. The most important

developments were using effective and consistence discipline and the number of techniques/skills learned. One participant explained, "I can recognize when my 3 year old is throwing tantrum, my other children and I actively ignore him." Another participant said, "Use behavioral chart for chores" Other two parents did not answer this question. However, those who used the techniques showed that there is a different way to discipline children or communicate.

Question 3 Have you used any stress reduction exercise taught during the classes? Which one? Why? How many times? All participants confirmed that they used the de-stressing techniques. The theme was the use of stress reduction exercises and practicing to lower stress and anxiety as the child misbehaves

Question 4 Has the need to use corporal punishment with your kids reduced after taking this class? Can you give a number (est.)? What techniques have you used instead? Two participants answered. When one participant admitted that every once in a while the participant still hits the child, "at times I have to pop on my 3 years old child to get his attention" the theme here is that parent did not eliminate the use of hitting, but trying to limit. Another participant denied using it at all, she said, "no reason to use corporal punishment" Two did not respond this question at all.

Question 5 Have you told anyone else about what you learned in class? Who (friends, relatives, neighbors)? What was their response? The entire participant gave positive response. The theme here is that participants are satisfied with the program and that they are sharing with family members. Another minor theme is that participants are encouraging others to implement the techniques that they learned in class.

Question 6 Compared with other parenting classes, what did you like best about Positive Parenting? (i.e., approach of the presenters, techniques taught, role-play practice, videos, handouts, stress reduction, snacks, etc.) The theme established from the participants

was that the approach used by the facilitator(s) had positive impact on the participants. Another theme was that participants were able to use the stress reduction techniques that they learned in class and that the program was helpful, in terms of reducing stress and anxiety when dealing with difficult child.

CHAPTER 6
INTRODUCTION
6.1 Discussion

This study examined the impact that Positive Parenting Intervention program has on parents' self-efficacy and the overall parenting practices. The instrument used in this study TOPSE was developed with United Kingdom (U.K.) population in mind and addressed parenting issues that were relevant to U.K. parents (Bloomfield & Kendall 2007). The current study seems to be the first to use the TOPSE instrument in the United States with American population. No modifications were made to the written language of the TOPSE or its 10 point Likert scale. However, the program setting, and sample size were different from the study in UK. The present study used secondary data analysis that was collected from Positive Parenting Intervention program participants. This study was completed in two parts. The first part of the study used the TOPSE instrument as pretest and posttest. The second part of the study was content analysis of interview and comments.

Learning positive parenting techniques that focus in reducing the use of ineffective discipline and help parents become confident in their parenting role and skills are very important part of parenting practices and accepting themselves as parents. According to Coleman & Karraker (1998), parental self-confident is very important because without confidence parenting knowledge and skills diminish, consequently parents become less effective and implement more ineffective parenting behaviors (i.e., being inconsistent, and use of harsh discipline).

Extensive literature review established the relationship between poverty, stress, substance abuse and self-efficacy and child maltreatment. Child welfare system evolved many years and has been serving the most vulnerable populations, especially children; however the consequences of abuse contributing factors kept unfolding and broke families as well as

causing the death of a child. The literature provided findings of research that discussed the effects that child maltreatment has on child's health and wellbeing (Carnes, Kuo, Sheridan, & Springer, 2003; Allan, 2001, Glaser, 2000, Crosson-Tower, 2008; Patterson & Bolger, 2001). It has been suggested that neglect is a response to stress and poverty. The Fourth National Incidence (NIS-4) found that children who are living in poverty experience more than five times to be abused or neglected than the other children. Furthermore, to show the relationship between poverty and child neglect and abuse, families who earn annual incomes below \$15,000 are more likely to abuse their children and are disproportionately reported to child protective services than those families who earn \$30, 000 or more annually(as cited in Hattery, A., & Smith, 2012, E., 2012; NIS-4).

However, this study did not support the idea of parents who abuse and neglect their children are poor and live in disadvantaged neighborhoods. This study found that abuse and neglect have no association with being poor or living in a disadvantaged neighborhood. Parents who earn \$30, 000 or more are reported to CPS. Consequently, abuse and neglect does not mean is higher among low income families; it means it is easy to identify child maltreatment among low income families than higher income families. Study by Hollenberg, Chaffin & Kelleher, (1996), suggested that income had very limited role on parental abuse and neglect and that income factor cut across social class far more equally than commonly thought.

Certain hypotheses were supported at the statistical significant level and study may suggest that subsequent clinical significant are meaning. Some of these outcomes were behavioral (i.e., control), but many of them were attitudinal. Also the significant increase of the total score of the TOPSE from pretest to posttest may suggest decrease in parental use of ineffective disciplines, parents becoming empathetic and understanding child's behaviors, control and increase in overall parenting knowledge. Lack of significant increase in emotion/affection, self-acceptance and pressures was surprising because it was anticipated that

participants would increase their confidence and become warmhearted, joyful, less depressed and irritated. This may suggest the program did not target these types of behaviors or it was not emphasized even though these domains were relevant in parenting topics. The program places a heavy emphasis improving child behavior and parents' use of different disciplining techniques, and deescalating the situation when child is exhibiting unacceptable behavior.

6.1.1. Limitations and Recommendations for Further Research

Although some of the domains studied in this thesis have shown statistical significant level, there were several limitations of the study that should be noted. The study was undertaken with small sample of parents with different ethnic background and different age groups. Larger sample would have helped increase to show significant differences in mean and *t*-test scores of the pre and posttest. Larger sample would also make easier the researchers to test variables such as stress and substance abuse and analyze further their effects on parenting practice. Another limitation of the current study was relying on self-report measures.

It should be noted that participants did not choose to attend the class voluntarily, which suggests that initially they were not motivated. Since it was involuntary and requirement for participants to attend the intervention program, it was reported by the student intern/facilitator that participants were rigid, not receptive to the idea of learning how to parent from someone else. As result of this most parents in this study scored high in pretest by writing down or choosing the socially acceptable score regarding their parenting practices and their way of interacting with their children, and use of harsh discipline, as well as how they perceive themselves.

In addition, many of the participants did not return follow up phone calls for the qualitative data collection. There was a lack of administrative follow up data completion by the participants. Few participants dropped the class after completing the pretest and their pretest scores were not included in the analysis of the data. Participants dropping caused sample

number to be even smaller. There was a limited access to parents' demographic information (i.e., education, employment, children removed from home). The duration and length of the intervention which was very short and may not have provided the opportunity for parents to practice positive parenting skills may also be considered a limitation. It is my recommendation that Child Protective Services (CPS) to disclose participant's information (i.e., complete demographics, employment, education, children at home, or children removed from home etc.) to the lead facilitator of the intervention program and send follow up progress report after the completion of the program. Few parents answered that they could not practice the techniques and skills learned because their children have been removed from home by the CPS. For intervention modification, I recommend the program facilitator(s) to develop ways to encourage and motivate parents to demonstrate parenting skills when visiting children even supervision visitations. Facilitators must emphasize and address the importance of the domains of emotion/affection, self-acceptance and pressures to parents because these domains dictate parental competency as well as parent-child interaction, and the development of child parent attachment

In spite of the limitations, this study is only the beginning of many potential future studies. Further research should focus on parents in their own environment to see how effective the techniques are when parents are using. The stress variable can be tested with parental self-efficacy and use the parenting stress index (PSI), which was developed by (Addidin, 2006) to identify parent-child relationships under stress and at risk for dysfunctional parenting personality and emotional pathology. This could help to find out whether stress is significant factor that affects parental self-efficacy. Further studies that target parents and children could be useful to find out the potential effect that the intervention can have on child development and child behavior. For future studies extend duration and length of time and wait for follow-up

assessment of the parents' use of positive parenting techniques at least four months or longer after the end of the intervention.

The contribution of this thesis study was its effort to research and explore the problem of child maltreatment and the importance of evidence based parenting education. This study could be used as a program evaluation, as well as applying funding for parenting education program. This thesis provides the evidence that the current studied intervention is research based and that it is a way to promote parenting education, understand the victims and the perpetrators, as well as the contributing factors of child maltreatment.

6.1.2 Social Work Practice, Research, Education and Policy Implications

Social workers have been part of child welfare system for many years. They have been the key role players for serving, protecting and advocating for the welfare of the children. To continue these services, it is important that social workers to focus their attention in conducting evidence-based research and provide their clients well researched clinical interventions. The use of evidence-based research is essential to the field of social work because it is the only way to improve our social welfare system, prevent or remedy neglect and abuse by providing supportive services to those who are in need. The issue of child welfare is a very important issue that needs to not only be researched, but to disseminate the research to families who are going through the problem, policy makers, funders, program developers and program directors as well as legislators.

Research suggests that parenting education programs help parents develop appropriate parenting skills (Hughes & Gottlieb, 2004). Education is crucial part in preventing child abuse and neglect. The intervention program studied in this thesis used psycho-educational approach to empower and help parents gain knowledge about the effects that child maltreatment has on children's psychological, emotional and physical wellbeing. The need for education in this area is very high; social workers should be educated and trained, for the

purpose of knowing how and where to find resources for parents who are involved in child welfare system.

Social workers could use this research and its findings to increase parent's knowledge of positive parenting practice, and empower parents become their own advocates and the advocates of their children. This study can be used as an educational tool by the school of social work and family and children service agencies. Learning and teaching child maltreatment phenomenon may increase the chances of many students or agency workers to focus and commit themselves in preventing and reducing the likelihood of child maltreatment to happen or reoccur. The education provided (abuse & neglect, perpetrators, victims, social welfare system and policies) may help the social work students to explore and understand how to deal with all the good and the bad that comes with this field while practicing self-awareness, being empathetic and nonjudgmental toward the families.

Policy changes are crucial when it comes to child welfare system. Most children and families suffer simply because there is no policy that is set regarding cases that are investigated and those that are not investigated; only the agency decides. To prevent this, it is important to write policies that dictate better service delivery. It is important to re-evaluate the existing policies to solve the problem of child maltreatment and enhance child welfare system. Policies that mandate trainings and education for the child protective service workers should be in place to increase worker's awareness and knowledge in identifying and responding to maltreatment cases.. Since most studies have suggested that families who live in impoverished neighborhoods are at high risks of abuse, formulating services that are specific to the needs of these families are appropriate to be introduced. There is an increased need of Federal level policy that dictates for the underprivileged families to have opportunities that can help them earn income (employment) or find local community resources or programs that can help (parenting education, food, medicine. etc.).

The findings of this study reflected in the literature on parents who abuse and neglect their own children. Practice implications can be directed to the parents and their children. Provide assistance to the communities by coordinating and developing networking system with human services that already exist in the community and make them more responsive and increase their efficiency in meeting the needs of the people. Break down barriers between the child protective services and community based parenting programs, and at the same time increase collaboration between programs and child welfare agencies. As community and administrative social work, be part of interdisciplinary team that is fit to support and serve the community members (women, children, elderly, youth) and inspire community members to organize their resources, help them recognize their problems and find solutions.

As a community social worker the knowledge of securing funding and educating the public about the services that exist in the community is also important. It is essential to understand the uniqueness of the population who neglect and abuse their children because their problem may be associated to with psychological, emotional or parent's childhood victimization. Prevention and intervention programs to be facilitated by trained, educated in the field of child welfare and culturally competent staff.

APPENDIX A

PARENTING EVALUATION TOOL TO MEASURE SELF-EFFICACY (TOPSE)

APPENDIX A

When completing this booklet please focus on the child that has been part of the reason for you to attend a parenting program (programme)

Name:Data:

By completing this booklet, you will help us to evaluate our parenting programmes and enable us to make improvements. There is no right or wrong answers. Your booklet will not be compared with other parents' and will remain confidential.

The following section is about emotion and affection.

Using the scale below, please enter in the boxes how much you agree with each statement. The scale ranges from 0 (completely disagree) to 10 (completely agree). You may use any number between 0 and 10. Please answer all statements.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree				moderately agree				completely agree		

- ☐ I am able to show affection towards my child.
- ☐ I can recognise when my child is happy or sad.
- ☐ I am confident my child can come to me if they're unhappy.
- ☐ When my child is sad I understand why.
- ☐ I have a good relationship with my child.
- ☐ I find it hard to cuddle my child.

The following section is about play and enjoyment.

Using the scale below, please enter in the boxes how much you agree with each statement. The scale ranges from 0 (completely disagree) to 10 (completely agree). You may use any number between 0 and 10. Please answer all statements.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree				moderately agree				completely agree		

- ☐ I am able to have fun with my child.
- ☐ I am able to enjoy each stage of my child's development.
- ☐ I am able to have nice days with my child.
- ☐ I can plan activities that my child will enjoy.
- ☐ Playing with my child comes easily to me.
- ☐ I am able to help my child reach their full potential.

The following section is about empathy and understanding.

Using the scale below, please enter in the boxes how much you agree with each statement. The scale ranges from 0 (completely disagree) to 10 (completely agree). You may use any number between 0 and 10. Please answer all statements.

0 1 2 3 4 5 6 7 8 9 10
 Completely disagree moderately agree completely agree

- ☐ I am able to explain things patiently to my child.
- ☐ I can get my child to listen to me.
- ☐ I am able to comfort my child.
- ☐ I am able to listen to my child.
- ☐ I am able to put myself in my child's shoes.
- ☐ I understand my child's needs.

The following section is about control.

Using the scale below, please enter in the boxes how much you agree with each statement. The scale ranges from 0 (completely disagree) to 10 (completely agree). You may use any number between 0 and 10. Please answer all statements.

0 1 2 3 4 5 6 7 8 9 10
 Completely disagree moderately agree completely agree

- ☐ As a parent I feel I am in control.
- ☐ My child will respond to the boundaries I put in place.
- ☐ I can get my child to behave well without a battle.
- ☐ I can remain calm when facing difficulties.
- ☐ I can't stop my child behaving badly.
- ☐ I am able to stay calm when my child is behaving badly.

The following section is about discipline and setting boundaries.

Using the scale below, please enter in the boxes how much you agree with each statement. The scale ranges from 0 (completely disagree) to 10 (completely agree). You may use any number between 0 and 10. Please answer all statements.

0 1 2 3 4 5 6 7 8 9 10
 Completely disagree moderately agree completely agree

- ☐ Setting limits and boundaries is easy for me.
- ☐ I am able to stick to the rules I set for my child.
- ☐ I am able to reason with my child.
- ☐ I can find ways to avoid conflict.
- ☐ I am consistent in the way I use discipline.
- ☐ I am able to discipline my child without feeling guilty.

The following section is about pressures.

Using the scale below, please enter in the boxes how much you agree with each statement. The scale ranges from 0 (completely disagree) to 10 (completely agree). You may use any number between 0 and 10. Please answer all statements.

0 1 2 3 4 5 6 7 8 9 10
 Completely disagree moderately agree completely agree

- ☐ It is difficult to cope with other people's expectations of me as a parent.
- ☐ I am not able to assert myself when other people tell me what to do with my child.

- Listening to other people's advice makes it hard for me to decide what to do.
- I can say 'no' to other people if I don't agree with them.
- I can ignore pressure from other people to do things their way.
- I do not feel a need to compare myself to other parents.

The following section is about self-acceptance.

Using the scale below, please enter in the boxes how much you agree with each statement. The scale ranges from 0 (completely disagree) to 10 (completely agree). You may use any number between 0 and 10. Please answer all statements.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree			moderately agree				completely agree			

- I know I am a good enough parent.
- I manage the pressures of parenting as well as other parents do.
- I am not doing that well as a parent.
- As a parent I can take most things in my stride.
- I can be strong for my child.
- My child feels safe around me.

The following section is about learning and knowledge.

Using the scale below, please enter in the boxes how much you agree with each statement. The scale ranges from 0 (completely disagree) to 10 (completely agree). You may use any number between 0 and 10. Please answer all statements.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree			moderately agree				completely agree			

- I am able to recognise developmental changes in my child.
- I can share ideas with other parents.
- I am able to learn and use new ways of dealing with my child.
- I am able to make the changes needed to improve my child's behaviour.
- I can overcome most problems with a bit of advice.
- Knowing that other people have similar difficulties with their children makes it easier for me.

Thank you for taking the time to complete this booklet. We would be grateful for any comments about the parenting programme.

APPENDIX B

TOPSE SCORING SHEET

Appendix B

TOPSE is a tool to measure a change in parenting self-efficacy. It can be used to evaluate the effectiveness of parenting programmes. It can also be used to help identify specific problem areas that individual parents may be experiencing.

TOPSE should be completed prior to or during the first session of the parenting programme. A second booklet should be completed during or following the final session. Booklets may be sent to parents to complete several months following the end of the programme to identify if changes in parenting self-efficacy have been maintained.

It is important to explain to parents that their responses will be used to identify changes in their own perception of their parenting abilities. Its' purpose is not to compare the scores of one parent with another but to evaluate the effectiveness of the parenting programme.

Scoring

Each statement is scored from 0 – 10 and the total score for each section is a sum of scores. The following statements are phrased negatively and should be reverse scored before summing:

Section 1 Emotion and affection reverse score statement 6

Section 4 Control reverse score statement 5

Section 6 Pressure reverse score statements 1,2,3

Section 7 Self-acceptance reverse score statement 3

To reverse the score subtract the actual score from 10

((e.g. if the actual score is 3, the reverse score would be 7 (10 – 3))

A change in scores for any section would suggest a change in the parent's perception of their parenting ability in that particular area of parenting.

If you have any questions or concerns about the TOPSE booklet or the guidelines for scoring please contact:

Linda Bloomfield
Centre for Research in Primary and Community Care
University of Hertfordshire
Hatfield
AL10 9AB
Email: l.j.bloomfield@herts.ac.uk telephone: 01707 285992

APPENDIX C

POSITIVE PARENTING LESSON PLANS

Appendix C

Positive Parenting Session 1

What gets in the way of being a good parent? This session explores how participants were parented themselves, includes a self-assessment of how participants want to parent and how they are doing, addresses the issues that get in the way of parenting such as stress, lack of support and resources, child behavior issues, work, competing priorities, 24/7 responsibility, social life, anger, fights with partner, kids are demanding, tired, not enough time, illness, etc.

Materials needed:

Family of origin activity
Rahe stress scale activity
Markers, pens, paper
Flipchart or board to write on
Snack--have ready the beginning of class
Door prizes

Lesson:

Fun introductions--use Ice Cream personalities
Establish class rules--What goes in Vegas stays in Vegas, exceptions are child or adult abuse, 911 emergencies, danger to self or others, signed consent for information releases, subpoena or court order. Also be respectful, one person speaks at a time, etc.
Discussion point--how we were parented effects the way we parented.
Family of Origin activity and discussion
Brainstorm--what makes a good parent?
Discussion--what gets in the way of being a good parent? Start with Ideas above, but ask for other suggestions and have class vote. Then decide what we have control over and what we don't. Practice the mantra "I have control only over myself and my actions".
Do a modified Rahe stress scale.
Practice breathing techniques to address stress and anger.
Play Children See, Children Do.
Wrap up with one thing I will do differently this week. Write it down and put it on refrigerator at home.

Positive Parenting Session 2

This session explores the basics of being a good parent. how children learn by watching us, teaches how to reward good behavior and not accidentally reward bad behaviors, and how to use consequences for correcting behaviors.

Materials needed:

Children See/Children Do DVD
Parenting Wisely DVD
Markers, pens, paper
Flipchart or board to write on
Snack--have ready at the beginning of class
Door prizes

Lesson:

Fun introductions--use Perspectives
Establish class rules--What goes in Vegas stays in Vegas, exceptions are child or adult abuse, 911 emergencies, danger to self or others, signed consent for information releases, subpoena or court order. Also be respectful, one person speaks at a time, etc.

Discussion point--Children are more apt to follow what they see us do rather than listen to our words. Actions speak louder than words, etc.

Play Children See/Children Do DVD. Show it several times. Have participants note as many instances of children copying the parent behaviors as they can. Give door prize to the participant who sees the most items.

Discuss rewarding good behaviors. Show the difference between giving material rewards such as candy, toys, and games with non-material rewards--extra privileges, quality time with parent, and words of praise.

Watch Parenting Wisely video of British Mom who encourages bad bedtime behaviors and how she changes this.

Practice praising good behavior-- Be specific to what the child is doing that you like. For example, when Johnny tied his own shoes, don't just say Good Job! Say "Wow, what a big boy you are learning to take care of yourself by tying your own shoes. You helped Mommy by getting yourself ready when we need to go outside so Mommy can dress baby sister." Use scenarios for practice.

Discussion--What are positive rewards we can use? Review sheet with examples.

What are logical consequences for bad behavior? Be sure the punishment matches the offense. For example, Johnny messes up his room. A logical consequence is to ask Johnny to clean his room. Be specific as to what that means (put the toys in the toy box, put the clean clothes in the drawers and dirty ones in the hamper to be washed) and give him a time limit to be done. Review sheet with examples.

Review Active Ignoring technique. Pick your battles! What is most important? Are there safety issues involved? How do we decide what behaviors to focus on? Ask for examples from participants. Write them down and then ask the group to prioritize them.

Practice visualization techniques to address stress --close your eyes and in your mind see yourself as a good parent living in a happy household. What does this look like to you?

Wrap up with one thing I will do differently this week. Write it down and put it on refrigerator at home.

Positive Parenting Session 3

How to Give Effective Instructions to Children: This session explores how participants can get their child's attention and not lecture them. Participants will practice giving brief and to the point messages.

Materials needed:

Markers, pens, paper

Flipchart or board to write on

Snack--have ready at the beginning of class

Door prizes

Lesson:

Fun introductions--use Sleeping Position.

Establish class rules--What goes in Vegas stays in Vegas, exceptions are child or adult abuse, 911 emergencies, danger to self or others, signed consent for information releases, subpoena or court order. Also be respectful, one person speaks at a time, etc.

Discussion point--both parents and caregivers must be on the same page. What is acceptable behavior for Mom should be acceptable behavior to Dad. What is unacceptable behavior to Mom should be unacceptable behavior to Dad. Mom and Dad should talk to determine where they both stand together. Read Story of David's Baby Talk on p. 16 of SOS for Parents. Then read The Twins Help to set a rule, p. 17.

Exercise: Acceptable Behaviors/ Unacceptable Behaviors

Discussion point--Children stop listening after the 10th word--our messages to them need to be clear and concise. We must first get your child's attention.

Review giving effective Commands to Your Child. Give copies to participants.

Exercise: Here is the situation, what would you do first and then what would you say to your child? See Role Plays for Effective Communication.

Discussion--what gets in the way of giving good messages to our children?

Discussion--Decide what we have control over and what we don't. Practice the mantra "I have control only over myself and my actions". Give out sign to post on refrigerator.

Practice breathing techniques to address stress and anger.

Wrap up with one thing I will do differently this week. Write it down and put it on refrigerator

Positive Parenting Session 4

Time Out: This session explores the value of time out, how it allows for a cooling off period for both parent and child, and how it can be done without being abusive. The constructive use of time out for targeted behaviors, using a timer and issues regarding children who rebel will be discussed.

Materials needed:

Timers for everyone

Mats for time out

Hats for the kids who will be in role play

Parenting Wisely video

Markers to decorate time out mats

Paper

Flipchart or board to write on

Snack--have ready at the beginning of class

Door prizes

Lesson:

Fun introductions--use Desserts

Re-Establish class rules--What goes in Vegas stays in Vegas, exceptions are child or adult abuse, 911 emergencies, danger to self or others, signed consent for information releases, subpoena or court order. Also be respectful, one person speaks at a time, etc.

Discussion point--what do we know about time out, was time out ever used on us as children?

The nuts and bolts of time out--see handout

Role Play --see handout

Discussion--How does using time out feel as a parent? What do you see as the good parts? What will be hard to do?

Time out in difficult places--someone else's house, the store, church, etc.

Play Parenting Wisely VCR. When could this Mom do a time out? How could she do it?

Do behavioral charts.

Wrap up with one thing I will do differently this week. Write it down and put it on refrigerator at home.

Positive Parenting Session 5

123 Magic Technique: This session explores the two biggest discipline mistakes for parents--too much talking and too much emotion. Your being visibly upset gives a child power.

Using 123 Magic eliminates the talk-persuade-argue-yell-hit Syndrome.

Materials needed:

Hats for the kids who will be in role play

Markers

Paper

Flipchart or board to write on

Snack--have ready at the beginning of class

Door prizes

Lesson:

Fun introductions--use the Stress test.

Re-Establish class rules--What goes in Vegas stays in Vegas, exceptions are child or adult abuse, 911 emergencies, danger to self or others, signed consent for information releases, subpoena or court order. Also be respectful, one person speaks at a time, etc.

Discussion point--what do we know about how our brains work? Why do we want to be calm and take time to react? Explain how the brain works. The amygdala is where our emotional memories are stored like a giant memory file. We react from here first. If we want to parent our children differently from the way we were parented, we need to pause and be calm. This gives us a chance to use our neo-cortex, the thinking part of our brain. 123 Magic Allows us to use the neo-cortex.

The nuts and bolts of 123 Magic--see handout

Role Play --see handout

Discussion--How does using 123 Magic feel as a parent? What do you see as the good parts? What will be hard to do?

How can we use 123 Magic in difficult places--someone else's house, the store, church, etc.?

Play the 123 Magic games see handout.

Wrap up with one thing I will do differently this week. Write it down and put it on refrigerator at home.

Positive Parenting Session 6

123 Magic and other Techniques: This session explores limit testing, consequences for undesirable behaviors, lying, techniques for getting children to clean up and do routine chores, homework, and cooperate at mealtime and bedtime.

Materials needed:

Hats for the kids who will be in role play

Markers

Paper

Flipchart or board to write on

Snack--have ready at the beginning of class

Door prizes

Lesson:

Fun introductions--use the Color Test.

Re-Establish class rules--What goes in Vegas stays in Vegas, exceptions are child or adult abuse, 911 emergencies, danger to self or others, signed consent for information releases, subpoena or court order. Also be respectful, one person speaks at a time, etc.

Discussion point--what happens when our kids are pushing our buttons? How do we react? How do they know just how to get to us? What can we do about this?

The nuts and bolts of 123 Magic--review handout

Difficult Times--see handout

Discussion--during difficult times, how do we feel as a parent? Do we blame ourselves? Do we feel guilty? Do we blame others and the child? When we are unhappy, how well do we parent? Does some of our unhappiness spill over into the way we treat our children?

Role play for difficult times.

Review lying handout.

Review Consistency handout.

Wrap up with one thing I will do differently this week. Write it down and put it on refrigerator at home

APPENDIX D

POSITIVE PARENTING CLASSES POST-TEST QUALITATIVE QUESTIONNAIRE

Appendix D

1. Have you noticed any differences in you and your child's behavior and relationship after the classes?
2. Can you specifically think of new skills you learned during the six sessions of classes? Which? (123 Magic, Time Out, Active Ignoring, How to Give Commands to your Child, contracts or behavioral charts, etc.) How is it helpful?
3. Have you used any stress reduction exercise taught during the classes? Which? Why? How many times?
4. Has the need to use corporal punishment with your kids reduced after taking this class? Can you give a number (est.)? What techniques have you used instead?
5. Have you told anyone else about what you learned in class? Who (friends, relatives, neighbors)? What was their response?
6. Compared with other parenting classes, what did you like best about Positive Parenting?

(i.e., approach of the presenters, techniques taught, role-play practice, videos, handouts, stress reduction, snacks, etc)

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