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The Impact of In-Home Parenting Skills Training on Parenting Effectiveness for Parents with Developmental Disabilities

by

Suzanne Flolid

A Thesis

Submitted to the Graduate Faculty

of

Augsburg College

in Partial Fulfillment of the Requirements

for the Degree

Master of Social Work

Minneapolis, Minnesota

December, 1997

MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

This is to certify that the Master's Thesis of:

Suzanne Flolid

has been approved by the Examining Committee for the thesis requirements for the Master of Social Work degree.

Date of Oral Presentation: December 11, 1997

Thesis Committee:

Thesis Advisor (Curt Paulsen, Ph.D.)

Thesis Reader (Sharon Patten, Ph.D.)

Thesis Reader (Lon Piper, MSW)

Children Learn What They Live

If a child lives with criticism, he learns to condemn.
If a child lives with hostility, he learns to fight.
If a child lives with ridicule, he learns to be shy.
If a child lives with shame, he learns to feel guilty.
If a child lives with tolerance, he learns to be patient.
If a child lives with encouragement, he learns confidence.
If a child lives with praise, he learns to appreciate.
If a child lives with fairness, he learns justice.
If a child lives with security, he learns to have faith.
If a child lives with approval, he learns to like himself.
If a child lives with acceptance and friendship, he learns to find love in the world.

Author Unknown

This thesis is dedicated to all of the families
that I have served, am serving or will serve.
May this project be a constant reminder of the
need for sound research, ethical service delivery,
and, most of all, compassion

Acknowledgments

A very special thank you to Children's Service Society of Wisconsin for allowing me to do this project with their agency. Thank you to Marnie, Lon, Mary, and Mary Ann for their feedback on this project.

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I want to thank all of my family and friends for their understanding and support, and for allowing me to disappear for awhile. A special thanks to my sister-in-law, Jodie, whose constant support pulled me out of "states of panic" and helped me to gain a better perspective. To my brother, Stu, thank you for all of the hours spent editing this thesis. I especially want to thank my mother and father, who instilled in me the desire to obtain a higher education and be successful, and who have supported me through every road I have encountered in my life, and for whom I have the most utmost respect and love.

Abstract Of Thesis
The Impact of In-Home Parenting Skills Training on Parenting Effectiveness for Parents with Developmental Disabilities

Suzanne Flolid
Summer 1997

This study examines the success of Children's Service Society of Wisconsin's (CSSW's) in-home parenting skills training program for parents with developmental disabilities or considered low-functioning by the referring county social service agency. The purpose of this program is to improve parenting effectiveness in an effort to maintain a safe and nurturing home environment for children in their parental home. Data were collected by administering a parenting effectiveness questionnaire to Children's Service Society of Wisconsin parenting skills trainers on a pre-test-post-test basis. The parenting skills trainers evaluated a parent's progress in the parent education program and reported the findings. The results suggested improvement in overall parenting effectiveness for parents who participated in this 12 week, 90 day, program. There was small regression noted on some specific parenting tasks for which the cause is unknown, but poverty is speculated.

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I. INTRODUCTION

A. Purpose and Rational

The Adoption Assistance and Child Welfare Act of 1980, Public Law 96-272 (P.L. 96-272), provides a legislative framework for treatment planning for children and their families. This law was developed in response to the number of children placed in foster care who remained there with no treatment planning. It is based on the philosophy that children will benefit from a sense of stability and permanence, and that placement in the parental home is preferred. Thus, the current emphasis is on providing services in the home environment of the recipient. There is, however, a gap between the philosophy of the act and actual social work practice. This is especially relevant when researching the impact of this legislation on specific target populations. For example, Hayman (1990) writes that parents with developmental disabilities (DD) are two to three times more likely to have their child(ren) removed from their home due to child abuse and neglect or child management problems prior to any service intervention.

The passing of P.L. 96-272 and the Omnibus Budget Reconciliation Act of 1993 shifted the focus to a short-term, intensive service delivery strategy. The decade of the 1980's also shifted the emphasis from a child protection orientation to a family treatment orientation (Woolf, 1990). The effectiveness of this strategy, however, is questionable when working with parents who have developmental delays. There is little research that examines the effectiveness of home-based parenting skills training programs when working with this target population.

The In-Home Parenting Skills Training Program at Children's Service Society of Wisconsin (CSSW) is a critical element in a comprehensive approach to preventing child maltreatment. Home-based parent education services or home visitation is a service delivery strategy which has been used to improve parental and child health, promote and monitor healthy child development, reach socially isolated families, directly model parenting strategies and observe and foster parent-child interaction in its natural environment (Ramey & Ramey, 1993).

Studies on home visitation illustrate the success of the program in keeping families together (McCurdy, 1996).

This research project explores the impact of the In-Home Parenting Skills Training Program at Children's Service Society of Wisconsin and its success in improving parenting effectiveness when working with parents with cognitive limitations. This study also contributes to current service delivery and future research on this target population, with the ultimate goal of providing cost-effective services to children in their parental home. The results may affect how future programs are designed for parents with developmental disabilities and assist in securing additional funding for this target population.

B. Theoretical and Conceptual Framework

The Adoption Assistance and Child Welfare Act of 1980 provides a legislative philosophy that: 1) children will benefit from a sense of stability and permanence, and 2) the parental home is the preferred placement option (Barth, Courtney & Berry, 1994). Encompassed in this philosophy is the development of home-based programs that grew out of the Omnibus Budget Reconciliation Act of 1993 (P. L. 103-66) (Blythe, Salley & Jayarathe, 1994).

Ideally, in-home services will provide children and their families with supportive services so that unnecessary out-of-home placements are avoided. Home-based services are aimed at: 1) promoting family strength and stability, 2) enhancing family/parent functioning, and 3) protecting children.

Inherent in the development of home-based services is the perspective of focusing on a family's strengths in order to promote change and maintain the family system. Focusing on an individual's or family's strengths gives children and their families the opportunity to progress through the family life cycle. This perspective assumes that despite life's problems, all people and environments possess strengths that can be marshaled to improve the quality of life (DeLong & Miller, 1995). A client's motivation to change is reinforced by the consistent emphasis on strengths as defined by the client. One of the most effective ways to establish a relationship with

a family and create behavioral changes is by acknowledging the family's capabilities (Rooney, 1992). Discovering strengths requires a process of cooperative exploration between the client and service provider. Focusing on strengths turns the "professional's" attention away from the temptation to "blame the victim" and toward discovering how clients have managed to survive in inhospitable environments (Weick, Rapp, Sullivan, & Kisthardt, 1989).

Home-based services also use Erik Erikson's stages of development as a basis for service delivery (Silverman, 1978). Erikson emphasizes the social development of the individual. He developed stages of psychosocial development which are described as the eight crisis steps which individuals experience during their development. The stages in chronological order are: trust versus mistrust, autonomy versus shame and doubt, initiative versus guilt, industry versus inferiority, identity versus role confusion, intimacy versus isolation, generativity versus self-absorption, and integrity versus despair. If a child is to advance from one stage to another, he/she must develop an attachment and bond to a primary caretaker at an early age, usually the child's natural parent(s). A child's attachment to a parent is significantly impacted by a parent's child rearing style. For example, a parent who uses authoritarian parenting techniques may create an atmosphere of mistrust. This could prevent a child from moving to the next developmental stage.

Finally, the philosophy of family-based services which incorporates the use of family systems theory and the ecological perspective is part of the foundation on which home-based services were developed. The family system is viewed holistically. This framework is one of synergy in that the sum of the family unit is greater than its individual members. A family system should be seen as more than just a collection of people. Thus, a social work intervention should focus on the interactions among family members (Nichols & Schwartz, 1995).

These theories account for the interplay between a person or family and the social environment in which they live. The key is to focus on the interconnectedness between individuals and the larger community by examining the pattern of relationships within systems and among systems rather than on the individual parts. Families should be viewed as open

systems, continuously interacting with their environments. Family systems don't just react to stimuli, they actively initiate creative efforts to enhance themselves (Nichols & Schwartz, 1995).

II. LITERATURE REVIEW

A. Introduction

This literature review examined the development and implementation of parent education programs in the United States. The following dimensions are discussed: a brief introduction to the topic of home-based parent education services, a historical overview of home visiting services, parent education programs, parenting effectiveness, home-based services, parents with developmental disabilities and ethical issues, gaps in research, and a summary statement. These subsections will provide the reader with a thorough understanding of the topic being investigated and the direction of this research study.

Over the past decade, the child welfare system has become increasingly concerned with the timing of decision-making and service provision to families. Actions to maintain or return abused/neglected children to the home are expected to be swift in an effort to avoid "foster care drift" characterized by children placed in foster care unnecessarily, and drifting in the system indefinitely. The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) was driven by public dismay over the number of children in out-of-home placements who had been there for a number of years with little to no treatment planning (Barth, Courtney, & Berry , 1994). This landmark legislation gave rise to the "family preservation" movement in child welfare reflecting a resurgent interest in, and an optimism toward preserving family life. Children's rights to stability, permanency and nurturing were the foundation of this legislation (Allen, 1991). The policy pendulum shifted to one of prevention and permanency planning rather than a reacting system (Cimmarusti, 1993).

In 1987, the United States Department of Health and Human Services designated unsuccessful family reunification as a failure of the child welfare system. This position was supported by statistics showing a high proportion of children (29%-33%) experiencing replacement in the foster care system after reunification had been attempted (Hess & Folaron, 1991).

Public law 96-272 reflects dramatic changes in the goals and philosophies of child welfare services. The historic policy of separating neglected and abused children from their families and placing them in foster care has been practiced since the enactment of the Elizabethan Poor Law (Samantrai, 1992). Now, Public Law 96-272 mandates the prevention of unnecessary placements of children in foster care by providing services to families. This established the government's responsibility to assist families so they do not fail in their child rearing role.

This legislation plays a critical role for parents with cognitive disabilities as it mandates the provision of preventative services. This represents a shift away from the idea that parents who are developmentally delayed are unable to provide for their children. The combination of P. L. 96-272 and the Civil Rights Movement have empowered individuals with developmental disabilities in an effort to preserve all family systems.

B. Historical Overview

Public and private agencies play a critical role in establishing and maintaining home visiting programs in the United States. Charitable and health service organizations pioneered American parenting skills training in the 1880's. Debate continues over the reasons and goals of early home visiting programs. Consensus does exist that these services flourished in large urban areas for two decades (1930 to 1950) and then waned until the 1960's (Weiss, 1993; Wasik, 1993). The War on Poverty in the 1960's, with its expansion of social services to help the 'disadvantaged,' fostered the second round of interest in home-based services. The focus was on enhancing the cognitive development of children by fostering improved parental functioning. The expansion of these services was consistent with the philosophy of the social work field in that service provision should focus on the fit between the person and the environment. The limitation of early parent education programs, however, was their tendency to focus on an individual family member rather than the family as a whole. This focus shifted in the 1980's.

Parent education programs developed a new orientation; one that addresses the entire family unit while expanding services beyond a strictly educational emphasis.

Currently, there is an estimated 4,000, home-based, parenting skills training programs in the United States (Wasik, 1993). A federally-funded national survey of home visiting programs conducted by Roberts and Wasik (1990) depicts the growing popularity of these services. The report indicated that two-thirds of these programs receive public funding with private sources accounting for the remaining dollars. These programs target specific groups such as low-income parents and parents of children with disabilities. Programs now take a multidisciplinary approach including mental health, educational, medical and child development services.

Home visiting in the United States is not yet a systemic service with well-defined goals and uniform application. Home-based parenting education programs may vary relative to their goals, philosophies, populations, curricula, and service providers. The common thread, however, of home visiting is that services are provided in the natural environment of the recipient with the ultimate goal of enhancing parental/child health, and well-being. Founders of the program support the premise that, on a fundamental level, parents generally want to do what is right for their children.

In the early 1990's, the United States General Accounting Office (GAO) submitted a report to the Senate Subcommittee on Labor, Health and Human Services, Education and Related Agencies. The report concluded that home visiting programs demonstrated tremendous potential for enhancing child health, particularly for "at-risk" families. A major limitation in the effectiveness of these programs is the diverse nature of the services provided and unclear program objectives. The diversity of services being provided have made evaluation studies difficult to undertake.

Historically, home visiting services were provided to families for one to two years. However, with the development of the Adoption Assistance and Child Welfare Act of 1980, short-term, intensive, home-based services were mandated to actively provide prevention services to at-risk children. In an atmosphere of diminished funding, social service agencies are

attempting to provide cost-effective preventative services on a short-term basis. Home-based parenting skills training programs are undergoing dramatic changes from long-term to short-term service delivery.

C. Parenting Education Programs

Parenting educational services were emphasized with the passing of the Adoption Assistance and Child Welfare Act of 1980. This act mandated that prevention services be provided to "at risk" families. It also directs funding to services aimed at preventing out-of-home placements. In-home services are among the options available for meeting current legislative requirements (Frankel, 1988). Home-based services in the United States tend to target specific target populations such as low-income families, or families in which the parent(s) and/or child(ren) is developmentally delayed. Home-based services, however, lack clarity and specific program goals. They are fragmented and focus on a wide array of service goals such as education, social support, parent-child interaction and functioning, and the health needs of the child.

The primary purpose of in-home parenting skills training is to prevent child abuse and neglect, and to promote healthy family functioning while maintaining the child's placement in the home. These programs tend to take a multidisciplinary approach to service provision and establish goals for the parent and child. In terms of program structure and staff, services are provided on a weekly basis for one to two hours, providers may be both professionals and paraprofessionals with typical caseloads of four to 15 families. The length of services is the most diverse, ranging from 12 weeks to two years (Roberts & Wasik, 1990).

Daro (1995) conducted a random survey to determine the number of families receiving home visiting services. The finding revealed an increase-- in the number of children living at home and serviced through this program-- from 7% in 1992 to 11% in 1995. There was also a substantial increase in service delivery to families with infants and parents who exhibit developmental delays. While results of this study report initial improvement in parent-child

functioning, the long-term effects are unclear. It is important to point out that when parenting educational services were developed, it was understood that these programs would support parents of children with mental retardation. However, due to the increase in the number of parents with cognitive delays, agencies are struggling with the unmet service needs of this target population (Ray, et al., 1994).

Initially, services were developed with the primary responsibility for providing parenting skills training by paraprofessionals and professionals to at-risk families. The expectation was that parents would gradually become more independent and self-sufficient. However, service providers found most of their time drawn to basic family needs such as obtaining suitable housing, ensuring public assistance, coping with overdue utility bills which threatened the loss of heat and/electricity and exploring concerns over child abuse or neglect (Ray, et al., 1994). For some families, this crisis orientation was prevalent throughout the course of treatment.

Hardy and Streett (1989) examined the effectiveness of in-home parenting education services in improving parent/child health and interaction for low-income, black families in Baltimore, Maryland. The treatment group received home-based services while the control group only had access to a well-child clinic. The study reported that 1.5% of the treatment group was reported for child maltreatment or neglect as compared to 9.8% of the control group. These results, although not statistically significant, do support the need to conduct additional research in determining the impact of such services (Hardy and Streett, 1989).

Barth (1991) also examined the effectiveness of home visiting on reducing reports of child abuse or neglect. Child maltreatment reports did not vary by treatment condition. These results were consistent with Seigel, Bauman, Schaefer, Saunders and Ingram (1980) who researched the impact of nine home visits by paraprofessionals during the first three months of a child's life. Rates of maltreatment were similar for those who received the service as for those who did not. Other data, however, suggests that the provision of carefully conceptualized and complementing parent education programs does indeed reduce the incidence of child abuse and

neglect (Wallach, & Lister, 1995; Olds, Henderson, Chamberlain, & Tatlebaum, 1986; Seitz, Rosenbaum, & Apfel, 1985).

Olds, Henderson and Kitzman (1994) determined that the presence or absence of significant differences between treatment and control groups regarding reports of child maltreatment is a weak indicator of program effect. Higher reporting rates may be a positive outcome during the initial stage of the program as families can receive necessary treatment at an earlier point in their development. Maltreatment may be reduced by the provision of home visiting, but its incidence may be detected unequally for the home-visited and control groups (Olds & Kitzman, 1993)

A ten -year follow-up study on the effects of family support intervention suggests that early intensive intervention with families has great potential for improving long-range family functioning in impoverished families (Seitz, Rosenbaum, & Apfel, 1985), The lasting effects are observed in reference to a family's socioeconomic status. At the ten year follow-up, 90% (n=16) of the treatment group were self-supporting while about 50% (n=8) of the control group were self-supporting. The small sample size, however, leads to concerns over the generalizability of the results. This study also concluded that there was no lasting cognitive change in children's intellectual development. The principal effects for children were related to socialization and school adjustment. Home visiting services initiated during a child's elementary school years results in improved school attendance, better peer relationships and healthier school adjustment. This may have important long-term implications as habitual truancy has been linked to delinquent behavior for male and female adolescents (Seitz, Rosenbaum, & Apfel, 1985).

However, Wasik, Bryant, and Lyons-Ruth (1990) found statistically significant ($p < .05$) results in children's cognitive development based on Stanford-Binet Intelligence testing. Children receiving this service showed higher scores on intelligence tests than those children who did not participate in this program. This study used two experimental groups and one control group with the results showing lasting changes in a child's cognitive functioning at 18, 24, 36, 48, and 54 months. Another outcome was that parental functioning, measured by the

ability to implement consistent nurturing discipline techniques, showed no difference between the two experimental groups and the control group.

Research also depicts initial improvement in child and parental functioning, but it does not appear that this noted improvement is sustained (Olds, Henderson and Kitzman, 1994). A possible explanation is the difficulty in the "transfer of learning" from the provider to the client. Parents with cognitive limitations have difficulty applying skills learned from one situation and then generalizing these skills to other situations (Ray, et al., 1994). Parents with cognitive delays have found it difficult to keep track of multiple tasks and schedules. These limitations frequently led to forgetting essential tasks and missed appointments. In addition, low-functioning parents are frequently consumed with crises involved in meeting their family's basic needs that their attention cannot be diverted away from these tasks (Ray, et al., 1994).

In contrast, Lyons -Ruth, Connell, Grunebaum, and Botein (1990) found that after participating in a parenting education program, infants of depressed mothers showed a more secure attachment to their mothers and had higher scores on cognitive tests than children who did not receive home-based services. This study points to the significant impact of parental functioning and environmental conditions on a child's development. Home-visiting services provide a buffering effect for infants at significant risk of neglect. At 18 months of age, infants of depressed mothers who received in-home services outperformed infants of depressed mothers who did not receive services by a mean of 10 points, or two-thirds standard deviation, on the Bayley Mental Development Index. These results were also obtained at a 12 month follow-up.

An important factor to consider is that these results were associated only with maternal depression, not other forms of mental illness or personal dysfunction. For example, mothers with a history of hospitalization for psychiatric problems did not show any benefit from home-based parenting skills training. Factors associated with no benefits due to in-home services are chronic substance abuse and domestic abuse. After six months of weekly or biweekly parenting skills training, mothers with chronic mental health or chemical abuse issues showed no improvements in maternal caregiving, self-esteem, or rates of placement (Marcenko

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& Spence, 1994). Though these mothers showed no benefit from participation in the program, the mothers made self-reports of increased social support and a decrease in psychological distress. This study yielded similar results to an earlier study by Halpern (1984) which concluded that "the family must be functioning with some minimum of coherence and healthy adaptiveness in order to profit from the support of a home visitor" (pg. 41).

D. Parenting Effectiveness

Parenting effectiveness was defined in the literature as a child's primary careprovider's ability to set clear and consistent limits and boundaries within the family system (Barth, 1991). This is achieved by appropriate role modeling, implementation of nurturing discipline techniques, consistency, and development of routines and rituals. This was also supported by Daro (1993) who defined parental functioning by the ability to implement consistent parenting techniques.

The Positive Parenting curriculum developed by Rose Allen (1995) identifies specific parenting tasks that contribute to parental effectiveness. For example, an effective parent must have an understanding of child development. This is reflected by the parent's ability to have appropriate expectations of his/her child. These expectations are based on the child's age and physical and emotional development. Parenting effectiveness can also be measured by how parents handle conflicts. Dinkmeyer and McKay (1989) report that managing conflicts or crises without using any form of abuse is a sign of effective parenting. This is also related to the parent's ability to access community resources in times of need. On a fundamental level, parenting effectiveness is a parent's ability to protect his/her child from the intentional infliction of pain or harm (Curran, 1992). Finally, effective parenting involves establishing rituals and routines in the family and engaging in appropriate forms of affection with children (Smith, 1993). Displaying affection and developing routines and rituals creates predictability. These behaviors help children to develop a secure attachment to a parent.

E. Home-Based Services

Social service agencies are placing additional emphasis on family preservation programs in an effort to prevent out-of-home placements and to improve family functioning. Home-based services are centered around the maintenance of the family as a means of protecting children (Nelson, Landsman & Deutelbaum, 1993). Initial research regarding program effectiveness showed positive results. For example, Barth and Berry (1987) reported a reduction in the rate of foster care placements and in expenditures on substitute care. However, the generalizability of this study is a limitation as there was a small sample size with no comparison group.

Samantrai (1992) studied the prevention efforts of states in preventing foster care placements and improving family functioning. The dependent variable, prevention effort, was measured as a percentage of time spent on placement prevention services by state social workers and the expenditure per child for these services. The results noted an increase in the development of home-based services between 1978-79 and 1985-86. However, an analysis of staff time directed to prevention services and actual parent training showed little to no time devoted to primary prevention services. This suggests that states' prevention efforts are directed toward children already identified to be at-risk or already in substitute care, not toward prevention of risk itself. Frankel (1988) concluded that home-based services are often coordinated for families who are already experiencing a crisis or identified by the child welfare system as at-risk. Therefore, the effectiveness in reducing the rate of foster care placements or improving family functioning appears minimal. The limitation of family preservation programs is the narrow focus on the unit of intervention (Frankel, 1988).

Pecora, Fraser and Haapala (1991) conducted an evaluation study using a control group of eight programs that were considered to be home-based treatment models. The study was a two-year, six state study with a total sample size of 115 surveyed social workers who worked in the program. Data was collected from 534 closed case records. The hypothesis was that workers who support the ideology of preserving the family unit have a higher success rate than social workers who oppose it. This is supported by a 92.9 percent prevention rate with workers who

support the program. The commitment to family empowerment by program social workers (independent variable) seems to be an important element in the success of the program (dependent variable). The implications of this study are that workers may convey bias toward families who participate in in-home programs and this may affect the success rate of home-based services.

Berry (1992) evaluated a family preservation program using a control group of 327 families in a three year study. The hypothesis was that home-based services (independent variable) successfully reduced the rate of foster care placements (dependent variable). Only four percent experienced placement while participating in the program. Overall, 88 percent of the families involved in in-home services avoided imminent placement one year after being served in the program. This was a two tiered study as it also examined the relationship between a parent's level of intelligence and the risk of placement. The placement rate of children with parents who have developmental delays was 25 percent (n=20). This suggests that children of parents with cognitive limitations have a higher rate of placement in foster care than children of parents who are considered of average intelligence. It is clear that additional research is needed in this area as there is little information on the connection between a parent's level of intellectual functioning and a child's risk of placement.

Berry (1991) completed an assessment of imminence of risk of placement within one family preservation program. The purpose of the study was to identify the characteristics of children deemed to be at-risk, identify those who were actually placed and determine whether these two groups were identical. Cases had to involve one child who was at-risk of placement and had to have received home-based services. The sample size was 367. The results indicated that risk factors which are used to predict imminence of placement are good at predicting placement after treatment, but are not as good at predicting which families are actually classified as being at imminent risk at the beginning of treatment. Only 49 of the families served (13%) were judged to be at imminent risk of child placement; no different than for the rest of the sample. The concern over defining imminent risk was noted in several studies because it is often

open to interpretation at the time of intake which may lead to bias on the part of the social worker.

Wells and Whittington (1993) conducted a study of child and family functioning after intensive family preservation services. Subjects were 42 adolescents and one of their parents. Participants were studied at admission, discharge, and between nine and twelve months after discharge. Data were drawn from interviews with children, their parents, and caseworkers. This study concluded that out-of-home placement is an inadequate indicator of how well children and their families are functioning after discharge. Rather, the focus should be the stability in a child's living environment.

F. Parents with Developmental Disabilities and Ethical Issues

Despite the Civil Rights Movement, research shows that children of low-functioning parents are at higher risk for placement outside their home (Hayman, 1990). This may be due to the parent's limitations or due to bias on the part of service providers and policy makers. Historically, the judicial system, medical professionals and those who worked with this target population used the concept of *anticipatory neglect* in order to interrupt or terminate a developmentally disabled parent's rights to raise its children (Hayman, 1990). But, the Civil Rights Movement and emphasis on deinstitutionalization attempted to alter this philosophy (Ray, et al., 1994). Advocates from protection programs for the developmentally disabled have enabled parents who are mentally retarded or low functioning to demand assistance from family preservation services and home-based parenting skills training programs.

The majority of research on home visiting focuses on parents of children with developmental disabilities . There is concern for a growing population of parents with developmental disabilities caring for young children. Research suggests that these children are at higher risk of child abuse or neglect (Ray, et al., 1994) However, the courts, social service agencies and medical professionals no longer use the concept of " anticipatory neglect" in justifying interruption in these families (Hayman, 1990). This is where home-based services

face an incredible challenge. There is little research on the effectiveness of parenting skills training with parents who are low-functioning. Parenting skills trainers work first hand with these parents and see the challenges and dilemmas these families face. The prevailing belief is that mental retardation should not necessarily preclude an individual from parenting children. There is also the common knowledge that without training and assistance, most parents who are cognitively disabled are at risk of losing custody of their children because they may not be able to surmount parenting's many challenges (Ray, et al., 1994). This may be due to their limited intellectual functioning and that parenting in these families is often complicated by the barriers associated with poverty (Brodeur, 1989).

In 1960, Shaw and Wright conducted a random sample of state records regarding placement rates for children of a "mental defective." The results indicated that 58% of children were removed from the care of their parents. In 40 families out of 90 (44%) the man was *mentally defective* and in 38 families out of 87 (44%) the woman was *mentally defective*.

Other studies examined the role psychiatrists play in the unfair assessment, court testimony and treatment of parents with mental retardation. Tymchuk and Feldman (1991), pointed out that not only do cognitive deficits impact on a person's ability to parent, but the way society treats and interacts with this target population significantly affects parenting style and effectiveness. Another study found that 80% of children of low-functioning parents had adequate physical care, but child management problems were frequently reported (Brodeur, 1989). Tymchuck (1992) pointed out that there is a need to require standards of excellence to those who parent but then this standard must be applied evenly to the mentally retarded and non-mentally retarded parent.

There has and is an increasing awareness regarding parents with developmental delays raising children and their rights to do so. There is, however, a continued need to research the impact of a parent's level of intellectual functioning on a child's development. Researchers, policy makers and service providers must continue to study this target population in order to fully examine the ethical issues related to their ability to parent.

G. Gaps In Research

As stated previously, some experimental studies have demonstrated home-visiting's effectiveness in producing gains in child development. There is room, however, for caution. Research findings are not uniformly positive. For example, Wasik et al. (1990) found that children whose families received in-home parent education services had higher scores on intelligence tests as compared to those children whose families did not receive such services. Seitz et al. (1985), however, found no lasting changes in children's intellectual development.

Some interventions have not demonstrated any impact on the outcomes targeted by the programs. In addition, when benefits were obtained, they were often only achieved for the most at-risk subpopulations and their magnitude was sometimes very modest.

The diversity of parenting skills training programs in structure, goals, and the families they serve limits the lessons that can be drawn upon regarding the effectiveness of this service. High-quality evaluation studies have not tested the same intervention models, so it is difficult to generalize the results. In addition, few studies have replicated their findings which decreases the generalizability of the results to other populations.

Program failures may reflect programs that simply did not "work" or poor quality evaluation studies that did not accurately measure program effectiveness. In any event, research demonstrates that planning and implementing effective home visiting programs is not a simple task. It requires careful consideration with respect to the community to be served and to the goals to be obtained.

Given the extensive research, what should be the direction of future research? The literature suggests that there is sufficient promise in the expansion of home visiting services. Weiss (1993) recommends universal home visiting initiatives. This is supported by Krugman (1993), who suggests that parenting skills training programs are one of the best ways to prevent child abuse and neglect. Kamerman and Kahn (1993) reviewed parent training programs in Europe and concluded that the United States should develop a universal home visiting system.

This plan, however, is bound to fail without a comprehensive health financing and delivery system in place for children and their families.

H. Summary Statement

There is a constant challenge to develop cost effective services to children and families. The passing of P.L. 96-272 and the Omnibus Reconciliation Act of 1993 shifted the focus to a short-term, intensive service delivery strategy. The effectiveness of this strategy, however, is questionable when working with parents who have cognitive limitations. Little research was found examining the effectiveness of home-based parenting skills training programs when working with this target population. In addition, research studies have found mixed results in the effectiveness of short-term services when working with at-risk families.

The personal, familial, and community-based issues parents with developmental delays face puts incredible demands on their functioning level. This study, therefore, explores the impact of CSSW's in-home parenting skills training program on parenting effectiveness for parents with cognitive delays. This study will also provide valuable information on how to better serve children and their families and contribute to the current literature base on this service delivery strategy.

III. METHODOLOGY

A. Introduction

The following are the methods used to conduct this research study. First, key terms and concepts are defined and then the procedures used for the protection of human subjects are discussed. Following these sections, the contact of subjects and the pre-test, the study population, the sample, research design, instrument design, data collection and data analysis are explained in order to provide a step-by-step outline for this research project. It is an exploratory study done to attempt to provide support for the use of in-home parent education services with parents with cognitive limitations. This supplemental education will serve as an aid to support families.

Research Question

This research study seeks to answer the following research question:

Does the In-Home Parenting Skills Training Program with Children's Service Society of Wisconsin positively affect parenting effectiveness for parents who have developmental disabilities or are considered low-functioning by the referring county social worker?

Independent variable

A parent's participation in CSSW's in-home parenting skills training program. Note: this is the result of a parent being assessed as low-functioning by the referring county social worker, or through a mental retardation diagnosis. The child/family was also determined to be "at-risk" of child abuse/neglect or placement outside the home by the referring agency.

Dependent Variable

Parenting effectiveness, defined in terms of the child's primary caregiver's ability to provide a safe, structured and nurturing home environment. Parenting effectiveness is operationalized by using a Likert scale outlining a number of different parenting tasks taken from the literature regarding important parenting techniques which contribute to parenting effectiveness. A parenting skills trainer scored each item according to how well the parent performed these tasks.

B. Definitions

The following are the definitions of the key terms in this research study.

Home-Based Parent Education Programs

A continuum of services provided to children and their families within their home environment. These services range from parenting skills training, crisis intervention, and advocacy. The length of service delivery varies greatly from one program to another, but for purposes of this study, the impact of these services was studied after a family's participation in the program for 90 days. Services were provided for two to four hours per week. The parenting skills trainers had caseloads ranging from four to15 families.

At-Risk

This is defined as a child who is being considered for placement outside his/her home within 90 days due to child abuse, neglect or severe behavioral problems. The "at-risk" label was determined by the referring county social service agency.

Developmental Delays

Refers to parents who have a diagnosis of borderline mentally retarded (an overall IQ of 75 or below) or was identified as low functioning by the referring social worker.

Substitute Care

Child not residing in the home with their primary caregiver. This may include foster care, group home, residential or relative placements.

Home-Based/In-Home Services (Used Interchangeably):

Services are provided in the home of the recipient or the surrounding community of the client.

Family-Base/Family Focused (Used Interchangeably):

All family members living in the home will participate in the program. However, the parent(s) is the focus of the intervention.

CSSW's In-Home Parenting Skills Training Program:

The Children's Service Society of Wisconsin parenting skills training program is an intensive program designed to prevent out-of-home placements while ensuring the protection and healthy development of children. Practitioners delivering this program have limited caseloads with an average of 15 cases or less. This program is home-based and focuses on parent-child interaction. Those families participating in the study were referred by a county social service agency which provides case management services. Referrals to the program were made as a result of a county child protection social worker identifying a child "at-risk" relative to abuse, neglect, or placement outside the home.

C. Protection of Human Subjects

This research study was approved by, and is being done in cooperation with CSSW. Please refer to appendix B for a copy of the letter of support from Children's Service Society of Wisconsin signed by the area director. Although human subjects were not directly interviewed, informed consent and participant confidentiality was ensured through a two step process. First, written and verbal permission was obtained from the agency in order to administer the questionnaire.

Secondly a research proposal, requesting the approval for the use of human subjects in research, was also submitted to, and approved by the Institutional Review Board (IRB) at Augsburg College in Minneapolis, Minnesota.

Respondents were allowed to skip questions if they were uncomfortable with the statement. In addition, the name of the principal investigator and her thesis advisor were provided in order to answer any questions and address any concerns. Participants were informed through the cover letter that their responses would be strictly confidential and only read by the principal investigator who did not know their identity, and who would shred the contents of the questionnaire when the study is completed. It was also explained that their responses on the questionnaire would be shared with the staff at CSSW in summarized form only, and neither the principal investigator nor the staff at CSSW would know whether or not they participated in the

study. Participants were informed that the completion and return of the questionnaires on their behalf would indicate their consent to participate in this research study as well as conclude their role in the study. Please refer to appendix C for a copy of the cover letter mailed to participants.

D. Contact of Subjects and Pre-Test

An employee with CSSW compiled a list of all in-home parenting skills trainers including the regional offices where they were employed. Contact was made with the in-home parenting skills trainers through the initial mailing of the cover letter. The questionnaire instructions, questionnaires, demographic coding sheet, and return envelopes were also included in this mailing. The information was distributed to the service providers by clerical staff. The principal investigator did not know which parenting skills trainers responded. In-home parenting skills trainers were asked in the initial cover letter, and in the instructions to the questionnaire, not to provide any identifying information on the questionnaire or return envelopes. The principal investigator did not work directly with any of the parenting skills trainers or the families chosen for the study. The questionnaires were not matched from pre-test to post-test for the protection of the respondents. The results of the questionnaire were grouped and then compared.

In order to pretest this instrument, the questionnaire was administered to two parenting skills trainers in a bordering county. This insured similar geographic and demographic information. These individuals were colleagues of the principal investigator, and thus were excluded from the study. Pretesting the instrument allowed for feedback regarding the appropriateness of the questions asked. Some suggestions and feedback were provided and minimal changes were made to the questionnaire after the completion of the pre-testing.

E. The Study Population

The study population was selected by the parenting skills trainers who provided this service to parents referred to their program. The specified parents had cognitive limitations and

one or more children at-risk of abuse/neglect or placement outside the home. The majority of these families have on-going involvement with county social service agencies. However, this may not be related to child protection issues. Rather, the focus of the intervention may be parent-child conflict.

Children's Service Society of Wisconsin parenting skills trainers were administered a questionnaire where they rated a parent's progress in the parent education program. There was no random selection or random assignment. There was purposive sampling by limiting the sample population (parenting skills trainers) to those who were employed by CSSW. The questionnaire assessed a parent's progress before and after 90 days in the home-based program.

The secondary subjects were those families who participated in the service. Criteria for inclusion in the study was that the family must have at least one child labeled "at risk" and the parent(s) had developmental disabilities or was considered low-functioning by the referring social service agency. If a parent(s) was not identified as low functioning nor had a diagnosis of borderline mentally retarded, but while participating in the program was determined to be developmentally delayed, they were excluded from the study.

F. The Sample

The sample was obtained with the assistance of CSSW. A staff person generated a list of all in-home parenting skills trainers employed with this agency. The principal researcher mailed copies of the questionnaire, demographic coding sheet and questionnaire instructions to the 34 in-home parenting skills trainers at their respective offices. The in-home parenting skills trainers then determined which parents met criteria for inclusion in the study according to the referrals they received during the month of March, 1997. The pretest was completed by the service providers based on the parents selected for inclusion this study. The sample size was 17, a 50% return rate.

The pre-test questionnaire was included in the referral packet and completed after an initial intake meeting with a family. Selected parents then participated in the program for 90

days. At the completion of the 90 day intervention, the parenting skills trainers completed the post-test questionnaire regarding the parents initially selected for this project. The results of the questionnaires were compared and the results analyzed by examining measures of central tendency and comparing the pre-test scores, as a group, to the post-test scores.

G. Research Design

Purpose

This research project explores the benefits of one in-home, parenting skills training program in improving parenting effectiveness for parents with cognitive limitations. The research design is limited in scope as information is obtained from participants in one parent education program rather than a variety of similar programs. This exploratory study does not use a control group, as all participants were involved in the in-home parent education program.

Tools

This research study uses a self-administered questionnaire as the data collection tool. Specific parenting tasks attributed to effective parental functioning were identified in the literature review. These tasks were translated into statements and provided to the in-home parenting skills trainers in the form of a questionnaire. The in-home parenting skills trainers were asked to rate a parent's parenting skills at the beginning of the program and again after a parent participated in the program for 90 days. The in-home parenting skills trainers' assessment of parenting effectiveness was quantified by the completion of the self-administered questionnaire.

Data was gathered by administering the questionnaire to in-home parenting skills trainers relative to their perception of the parents who participated in the program. This questionnaire consists mostly of quantitative data, with some qualitative data included. Quantitative data was measured by the use a Likert-type scale format to discover how well parents performed specific tasks relative to the perceptions of the service providers. Qualitative data consist of areas for

comment after each question. This allows the service provider to expand on their experience when working with parents on improving parenting effectiveness.

Units

The unit of analysis in this study is the in-home parenting skills trainers. Specifically, a parent(s) who has some cognitive limitations, one or more children at-risk of abuse/neglect or placement outside the home, and was enrolled in the home-based parenting skills training program between March 1, 1997 and June 30, 1997.

Instrument

A self-administered questionnaire was used to query in-home parenting skills trainers regarding their perceptions of parents' progress in the program. Each parenting skills trainer was asked to select one family, from the referrals the agency received in March of 1997, that would be included in the study according to the criteria for inclusion in this research project. Parenting effectiveness questionnaires were administered on a pre-test/post-test basis to CSSW parenting skills trainers. This required a two time commitment on the service providers part. The intention of the self-administered questionnaire was for the in-home parenting skills trainer to measure a parent's progress in the parent education program.

H. Instrument Design

The instrument used in this study was the self-administered questionnaire mentioned previously. The questionnaire consisted primarily of quantitative methods in the form of a Likert-type scale. The literature review conducted for this study identified some key tasks (implementing consistent discipline, having age appropriate expectations, enforcing parental directives, encouraging appropriate displays of affection, using appropriate means of managing conflicts, managing crises without emotional abuse, managing crises without physical abuse, child no longer engaging in criminal behavior, establishing routines, developing family rituals, using appropriate forms of discipline, seeking out community resources, protecting a child, providing a safe home, meeting a child's medical needs, meeting a child's mental health needs,

and assisting educators in planning for a child's educational needs) that related to parenting effectiveness. These tasks were presented in the questionnaire in the form of statements, which participants were asked to respond to whether or not parents implemented these tasks while rearing their children.

The questionnaire was developed with regard to the theoretical frameworks of the Strengths Perspective, Systems Theory, and Erikson's Stages of Development. The strengths perspective involves focusing on a family's assets in order to promote positive behavioral changes. Systems theory focuses on the interaction between a family and their natural environment. For example, how the effects of poverty may impact on parenting styles. Erikson's theory on development was considered as it relates to specific parenting tasks that contribute to a child developing a secure attachment to a primary care provider.

Participants were asked to rate their agreement with each statement on the following scale: strongly disagree (1), disagree (2), agree (3) or strongly agree (4). The questions were presented in the positive and negative forms, to prevent respondents from getting into a habit of answering in a particular way. Qualitative methods, in the form of comments after each statement, were used to allow participants to elaborate on a parent's participation in the parenting program. Demographic information was obtained at the conclusion of this study with the use of a demographic coding sheet (see appendix F).

The questionnaire was designed in an uncluttered format to make it easier for respondents to read. The Likert-type scale used provided a matrix question format, with all the questions requiring a similar response on the scale provided. This was done to make it quick and easy for the respondents. A clear, concise instruction page for completing the questionnaire was included with each questionnaire. Please refer to appendix D for a copy of the instruction page, appendix E for a copy of the questionnaire, and appendix F for a copy of the demographic coding sheet mailed to the parenting skills trainers.

I. Data Collection

The data collection tool used in this research project was a self-administered questionnaire. The questionnaire was designed to obtain the perceptions of the parenting skills trainers on the progress parents made in improving their parenting effectiveness. The goal was to discover what specific parenting tasks were used by parents and to elicit detailed information on parenting techniques.

The questionnaire was mailed by the principal researcher to all in-home parenting skills trainers employed by CSSW at their respective offices. The pretest questionnaire was completed by the in-home parenting skills trainer on a parent(s) who was referred to the program in March 1997. The post-test questionnaire was completed by the service provider after a parent(s) participated in the program for 90 days. A cover letter (see appendix C), instructions for completing the questionnaire (refer to appendix D), self-administered pre and post-test questionnaire (see appendix E), a demographic coding sheet (see appendix F) and two self-addressed, stamped return envelops, were mailed to the in-home parenting skill trainers at CSSW's regional offices on February 21, 1997.

The self-administered pre and post-test questionnaires represented the extent of the commitment accepted by the service provider. Once they returned the post-test questionnaire then their role in the research study was complete. Thirty (30) minutes was the estimated time to complete the pre-test questionnaire and coding sheet. The time commitment for completing the post-test decreased due to the prior completion of the demographic coding sheet. The questionnaires were then completed and returned in the pre-addressed stamped envelop to the primary researcher's home residence. The deadline to return the post-test questionnaire was July 22, 1997. All completed and returned questionnaires and demographic coding sheets were kept in a locked drawer in the principal investigator's home until completion of this study.

J. Data Analysis

The data were obtained for this research study from the completed questionnaires that were returned by the parenting skills trainers. Analysis was done by first separating the data into

the following two sections: quantitative and qualitative data. The quantitative data came in the form of the responses to the questions using the Likert-type scale. Descriptive statistics were used to summarize the characteristics of the data and determine which parenting tasks were used by parents. Tables were used to represent the responses to each question pertaining to the Likert-type scale. Percentages were calculated relative to the parenting skills trainers' perceptions of parents' progress in the program. This was done to determine the impact of participating in a parent education program on parenting effectiveness for parents with cognitive limitations.

Qualitative data were obtained by providing a section for written comments after each question on the questionnaire. Analysis of these data was done to detect particular themes or patterns in those responses. Particular attention was paid to any comments or suggestions the participants gave for improving the quality of services provided by the parenting education program. All responses were pooled together and reported on by way of a summarized form.

IV. PRESENTATION OF FINDINGS

A. Introduction

The basic question being addressed by this study is:

Does the In-Home Parenting Skills Training Program with Children's Service Society of Wisconsin positively affect parenting effectiveness for parents who are developmentally delayed or considered low-functioning by the referring county social worker?

The self-administered questionnaires were mailed to in-home parenting skills trainers at CSSW's regional offices, completed on a voluntary basis, and returned to the principal investigator's residence. Thirty four pre-test and post-test questionnaires were mailed out, 17 were returned. Of the 17 returned, all were completed in full. Some respondents left some questions unanswered or stated it did not apply to their situation, but responded to the majority of the questions. The number of participants who answered each question is represented in the respective table for each question.

The quantitative and qualitative data, collected in this research study by way of the self-administered questionnaire, are presented in this chapter. The quantitative data were obtained by a Likert-type scale and have been converted into tables displaying the percent response in each category to each of the questions. The Likert-type scale has been treated as an interval level, assuming there is equal distance between the units of measurement (strongly disagree, disagree, agree and strongly agree). The qualitative data were obtained by a comments section after each question. These comments are presented in summarized form in this chapter, with particular attention given to themes and patterns.

B. Quantitative Data

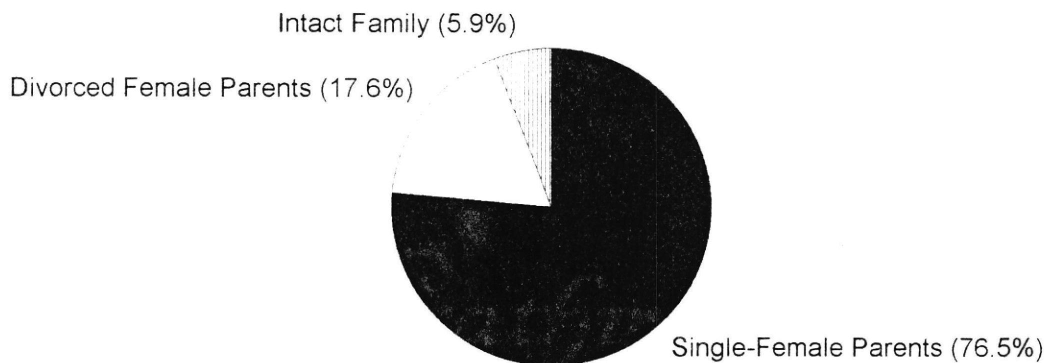
Data were obtained from all of the 17 returned questionnaires. However, the number of responses to each question is indicated throughout the chapter as some participants left some questions blank, but answered the majority of them. The percentages are based on the total number of responses to each question.

Demographics

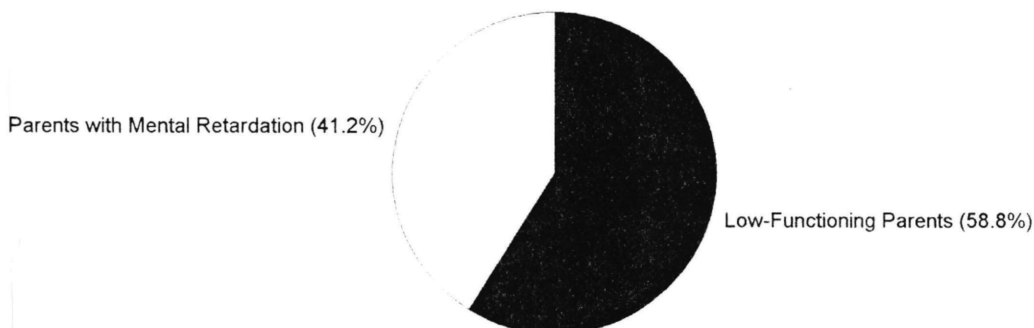
The following demographic data were obtained regarding the parents who participated in the parenting skills training program. The information provided describes the parents/families that participated in this program.

The number of children in each household ranged from one to five with their ages ranging from one to 15 years.

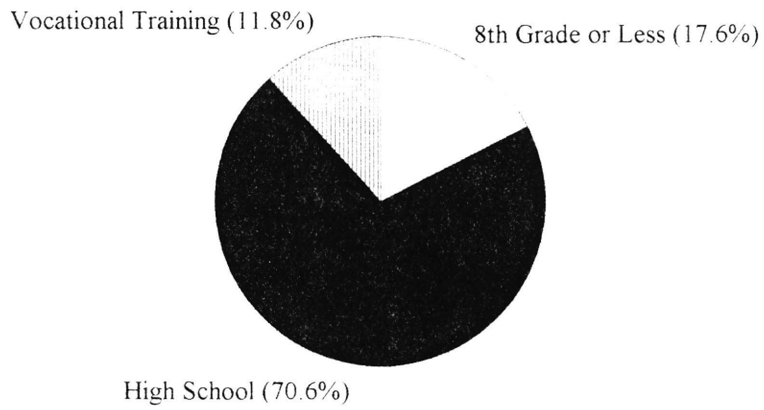
Graph #1: family make-up
(N=17)



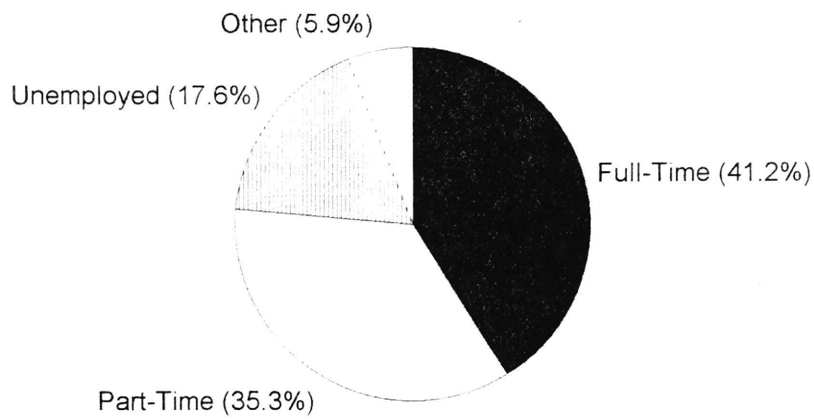
Graph #2: level of intellectual functioning
(N=17)



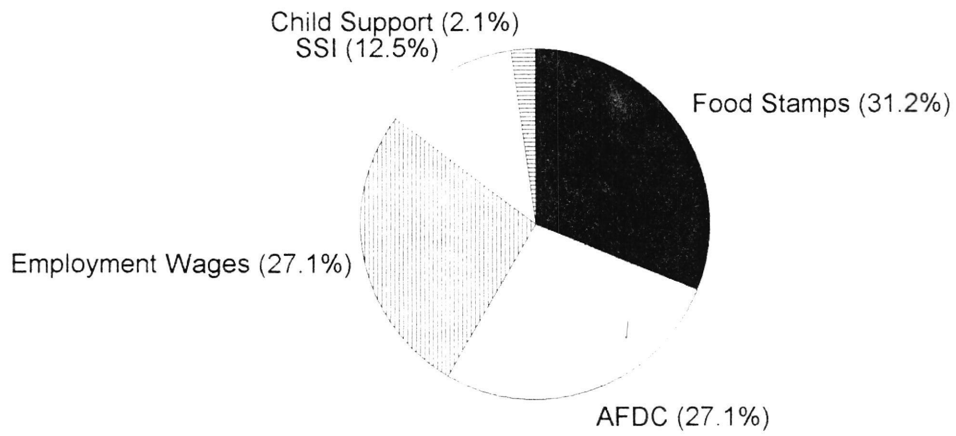
Graph #3: level of education
(N=16)



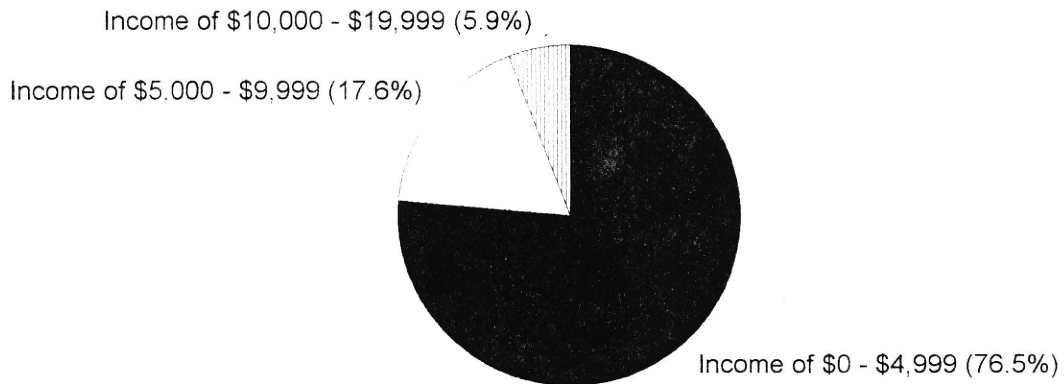
Graph #4: employment status
(N=17)



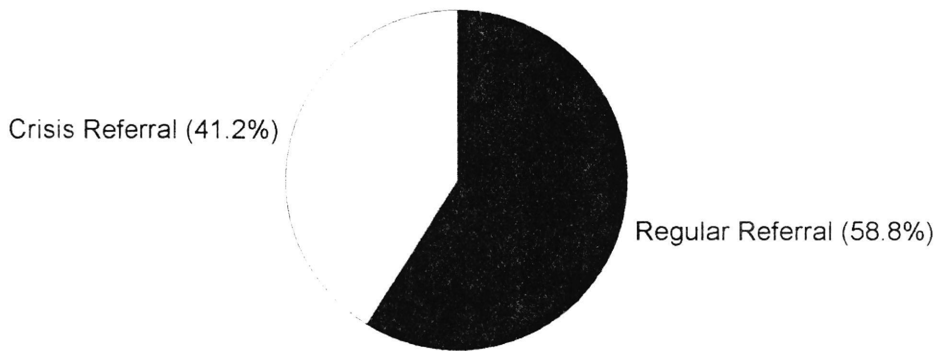
Graph #5: sources of income
(N=17)



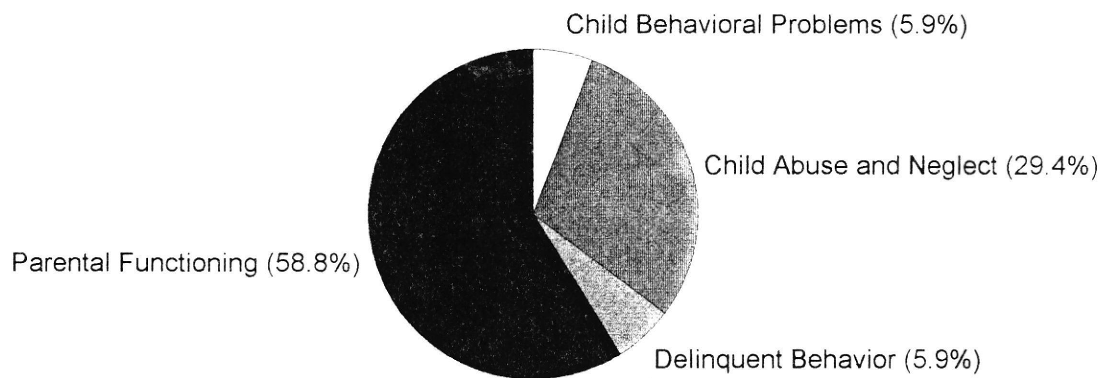
Graph #6: annual income
(N=17)



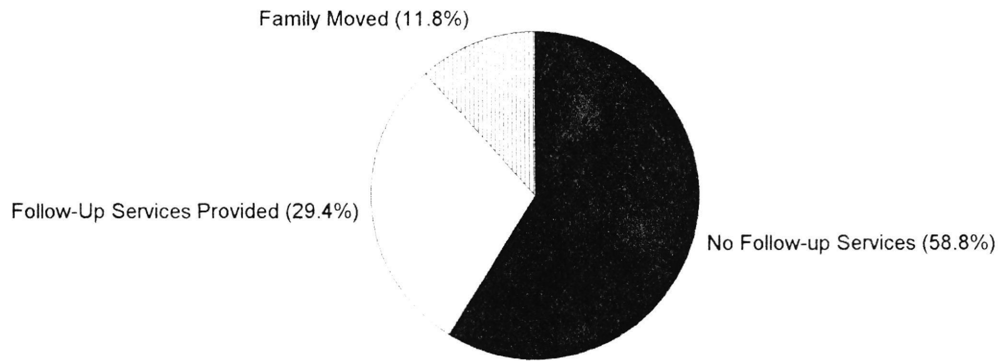
Graph #7: type of referral
(N=16)



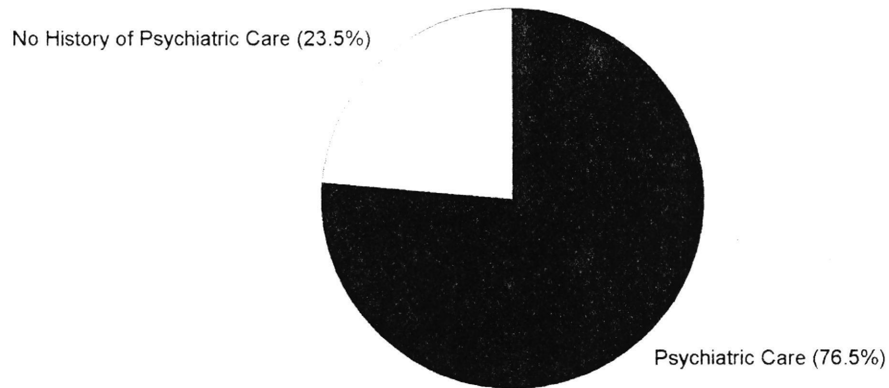
Graph #8: reason for referral
(N=17)



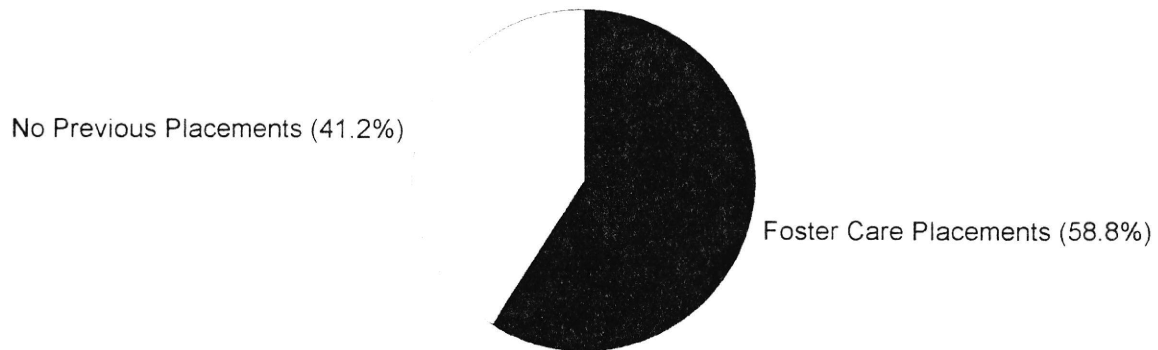
Graph #9: termination of services
(N=17)



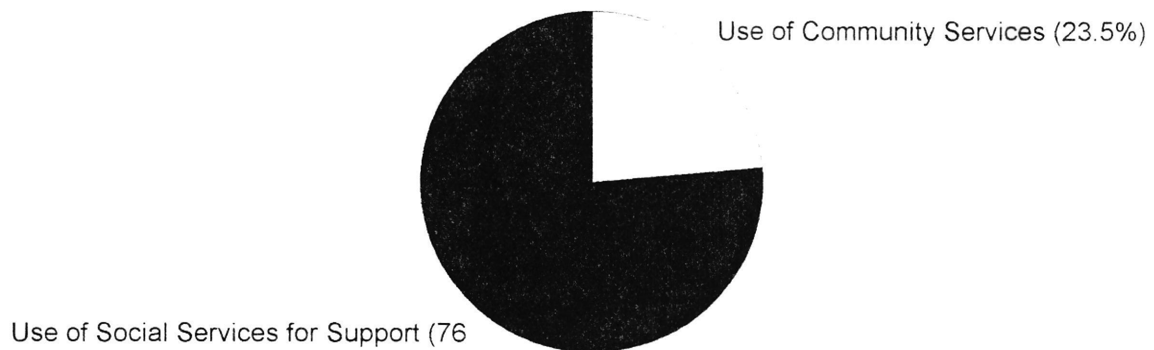
Graph #10: involvement with psychiatric services
(N=17)



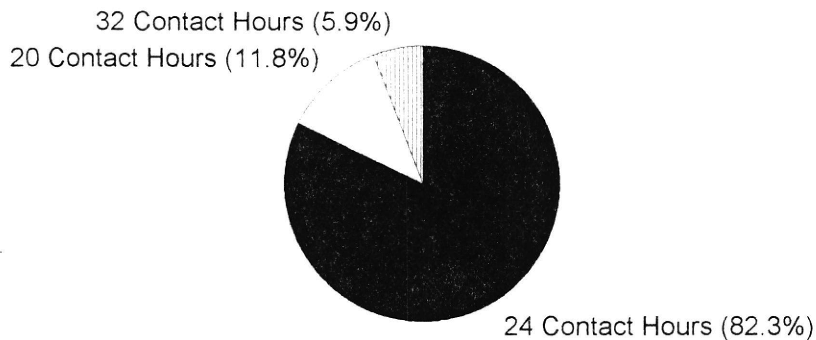
Graph #11: previous foster care placements
(N=16)



Graph #12: types of support networks
(N=17)



Graph #13: total number of contact hours
(N=17)



Questionnaire Results

Summary of major findings

The results of each question on the questionnaire will be presented in sequence by using a table to display the quantitative data. The parenting skills trainers were to rate a parent's progress in the program by responding to the 17 statements on the questionnaire which related to parenting effectiveness. Their response options were: strongly disagree (1), disagree (2), agree (3), and strongly agree (4).

When the pre-tests and post-tests were compared, as a group, there was noted improvement in parenting effectiveness, relative to the perceptions of the service providers. The following is a summary of the amount of improvement/regression on each parenting task. The results are categorized by: small improvement, moderate improvement, substantial improvement, and no improvement/regression.

Small improvement:

- Ability to implement consistent discipline
- Children responding to parental directives
- Ability to manage crises without emotional abuse
- Ability to manage crises without physical abuse

- The number of children engaging in delinquent behavior
- The use of routines
- The use of rituals
- The use of appropriate forms of discipline
- Ability to seek out community resources
- Level of participation in a child's education

Moderate improvement:

- Appropriate expectations

Substantial improvement:

- Encouraging appropriate displays of affection
- Ability to manage conflicts appropriately
- Ability to protect a child

No improvement or regression:

- Ability to provide safe/structured home
- Ability to meet a child's medical needs
- Ability to meet a child's mental health needs

Statistical Analysis

Table A-1

A-1. The parent(s) implements consistent discipline.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
Pre-Test	8	8	0	0	n = 16
	50.0%	50.0%	0.0%	0.0%	100.0%
Post-Test	5	5	5	1	n = 16
	31.3%	31.3%	31.3%	6.3%	99.9%

As shown in Table A-1, 16 of the 17 participants responded to this question on the pre-test and post-test. 100 % reported that at the onset of a parent's participation in the program, parents lacked consistent discipline. The pre-test mean response was 1.5 on the Likert-type scale.

On the post-test, the majority of respondents, 10 or 62.6%, either disagreed or strongly disagreed that parents were able to implement consistent discipline. Only 6.3% strongly agreed, with 31.3% agreeing with the statement. The mean response was 2.13, indicating the majority disagreed with this question. When compared to the pre-test, the mean was increased from 1.5,

for a positive change of .63. This represents a small improvement in a parent's ability to implement consistent discipline.

Table A-2

A-2. The parent(s) had inappropriate expectations of their children.

	Strongly	Disagree	Agree	Strongly	Total
Pre-Test	0	3	9	5	n =17
	0.0%	17.6%	52.9%	29.4%	100.0%
Post-Test	2	7	3	5	n = 17
	11.8%	41.2%	17.6%	29.4%	100.0%

As seen in Table A-2, this statement was worded in a negative form to prevent respondents from answering in a habitual manner. The table shows that of the 17 parenting skills trainers who responded to this question on the pre-test, 14 (82.3%) of them believed the parents had inappropriate expectations of their children at the onset of the program. The mean response on the Likert-type scale was 3.12, indicating the majority agreed with the statement..

The responses to this statement on the post-test were quite divided, with 53% disagreeing in some form and 47% agreeing in some form with the question. Still, the majority disagreed (41.2%) or strongly disagreed (11.8%) that parents had inappropriate expectations of their children. The mean response was 2.65. This reflects a parent's improvement in having more appropriate expectations of their child(ren) relative to the perception of service providers.

Table A-3

A-3. The child responds to parental directives.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
Pre-Test	2	9	5	1	n = 17
	11.8%	52.9%	29.4%	5.9%	100.0%
Post-Test	2	6	8	0	n = 16
	12.5%	37.5%	50.0%	0.0%	100.0%

The results of this pre-test question show that 11 out of 17 parenting skills trainers, or 64.7% felt that children did not respond to parental directives. The mean response was 2.29 on the Likert-type scale.

Only 16 of the 17 parenting skills trainers responded to this question on the post-test. The table depicts mixed results, with 50% agreeing that children respond to parental directives and 50% disagreeing. The average score on the Likert-type scale was 2.38. It was the perception of the parenting skills trainers that there was minimal progress in children responding to parental directives.

Table A-4

A-4. The parent(s) encourages appropriate displays of affection.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
Pre-Test	3	7	6	1	n = 17
	17.6%	41.2%	35.3%	5.9%	100.0%
Post-Test	1	4	8	4	n = 17
	5.9%	23.5%	47.1%	23.5%	100.0%

As shown in Table A-4, 10 (58.8%) either disagreed or strongly disagreed on the pre-test that parents encouraged appropriate displays of affection. Six (35.3%) agreed and one (5.9%) strongly agreed with this statement. The mean response on the Likert-type scale was 2.29.

On the post-test, there was strong agreement that parents encouraged appropriate displays of affection, with 70.6% agreeing in some form. This depicts a change from the pre-test, which found 58.8% disagreeing with the question. The mean score on the post-test was 2.88 on the Likert type scale. Thus, it was the perception of the parenting skills trainers that parents made substantial improvement in encouraging displays of affection.

Table A-5

A-5. The parent(s) displays inappropriate ways of dealing with conflict.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
Pre-Test	0	2	8	7	n = 17
	0.0%	11.8%	47.1%	41.1%	99.9%
Post-Test	2	7	8	0	n = 17
	11.8%	41.2%	47.1%	0.0%	100.1%

*total does not equal 100% due to rounding

As shown in Table A-5, only a small percentage, 11.8%, disagreed on the pre-test; believing parents used appropriate means to handle conflicts. The average response was 3.29 on the Likert-type scale.

The responses on this post-test question varied from 53% disagreeing in some form to 47.1% agreeing. This statement was phrased in the negative form. Thus, the results indicate the majority of participants felt parents used appropriate ways of dealing with conflict after participating in the program. The mean response on the Likert-type scale was 2.35 which is a substantial decrease from the average response of 3.29 on this pre-test question. This reflects improvement in the way parents managed conflicts

Table A-6

A-6. The parent is unable to manage crisis without the presence of emotional abuse.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
Pre-Test	0	8	8	1	n = 17
	0.0%	47.1%	47.1%	5.9%	100.1%
Post-Test	4	3	8	2	n = 17
	23.5%	17.6%	47.1%	11.8%	100.0%

*total does not equal 100% due to rounding

As seen in Table A-6, nine of the 17 respondents, or 53%, either agreed or strongly agreed that parents were unable to manage crises without the presence of emotional abuse at the onset of the program. However, a large percentage (47.1%) disagreed with the statement; believing parents handled crises without being emotionally abusive. The mean response on the Likert-type scale was 2.59.

Seven, or 41.1%, disagreed in some form with this question on the post-test. The majority, ten or 58.9%, agreed that parents were unable to manage crises without becoming emotionally abusive. This resulted in a 5.9% increase of those agreeing in some form on the post-test. The post-test mean response was 2.47. These results show minimal improvement, relative to the parenting skills trainers' perceptions of a parent's ability to manage crises without being emotionally abusive.

Table A-7

A-7. The parent(s) manages conflict without the use of physical abuse.

	Strongly	Disagree	Agree	Strongly	Total
Pre-Test	1	12	4	0	n = 17
	5.9%	70.6%	23.5%	0.0%	100.0%
Post-Test	2	2	9	4	n = 17
	11.8%	11.8%	52.9%	23.5%	100.0%

A high majority, 13 (76.5%), felt that parents managed conflict by using some form of physical abuse on the pre-test. Only 23.5% agreed; believing parents did not use physical abuse as a means to manage conflict. The pre-test mean response was 2.18, indicating the majority disagreed with this question.

The vast majority of participants, 13 or 86.4%, agreed on the post-test that parents managed crises without the use of physical abuse. On the other hand, 23.6% disagreed in some form with this statement. This is in contrast to the pre-test question which found the majority in disagreement with this statement. The post-test mean response was 2.88 on the Likert-type scale. This is an increase of .70 from the average point scale score on the pre-test. It was the perception of the parenting skills trainers that parents made improvement in their ability to manage conflicts without being physically abusive.

Table A-8

A-8. The child(ren) engages in delinquent/criminal behavior.

	Strongly	Disagree	Agree	Strongly	Total
Pre-Test	5	6	3	3	n = 17
	29.4%	35.3%	17.6%	17.6%	99.9%
Post-Test	11	3	2	1	n = 17
	64.7%	17.6%	11.8%	5.9%	100.0%

*total does not equal 100% due to rounding

Table A-8 shows mixed responses, with 11 (64.7%) of the 17 respondents disagreeing or strongly disagreeing that the children engaged in criminal or delinquent behavior. Six (35.2%) of the respondents either agreed or strongly agreed with the question. The mean response to the Likert-type scale was 2.24.

A very high majority on the post-test, 14 (82.3%), did not feel that children engaged in criminal behavior. When compared to the pre-test, there is a decrease by 50% in the number of respondents agreeing in some form with this statement. The post-test mean response was 1.59, indicating the vast majority disagreed with this question. There was a decrease in the number of children engaging in delinquent behavior relative to the perceptions of the service providers.

Table A-9

A-9. The parent(s) has established routines for their family.

	Strongly	Disagree	Agree	Strongly	Total
Pre-Test	10	3	4	0	n = 17
	58.8%	17.6%	23.5%	0.0%	99.9%
Post-Test	4	4	6	2	n = 16
	25.0%	25.0%	37.5%	12.5%	100.0%

*total does not equal 100% due to rounding

As shown in Table A-9, only 4 (23.5%) respondents on the pre-test felt that parents had established routines for their family. The average pre-test response, 1.65, demonstrates the vast majority strongly disagreed with this question.

On the post-test, 16 of the 17 participants responded to this question. Eight, or 50%, agreed that the family had established routines, while 50% disagreed with the statement. There was an increase of 26.5% on the post-test in those agreeing with this statement. The post-test mean

response for this question was 2.38. This reflects an increase in the implementation of routines in the homes of the parents who participated in the program.

Table A-10

A-10. The family has rituals.

	Strongly	Disagree	Agree	Strongly	Total
Pre-Test	6	8	3	0	n = 17
	35.3%	47.1%	17.6%	0.0%	100.0%
Post-Test	5	6	4	2	n = 17
	29.4%	35.3%	23.5%	11.8%	100.0%

As shown in Table A-10, only 3 (17.6%) agreed with the question on the pre-test. The majority disagreed, in some form, that the family had rituals. The average score, 1.82, demonstrates the large number of service providers who disagreed with this statement.

On the post-test, 11 (64.7%) either disagreed or strongly disagreed that families had established rituals. There was minimal change when compared to the pre-test which found 82.4% in disagreement and only 17.6% in agreement with the statement. The post-test mean response on the Likert-type scale was 2.18, indicating the majority of respondents disagreed with the statement. This, however, represents a increase of .36 on the mean response when compared to the pre-test question.

Table A-11

A-11. The parent(s) uses inappropriate forms of discipline.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
Pre-Test	0	5	9	3	n = 17
	0.0%	29.4%	52.9%	17.6%	100.0%
Post-Test	3	6	4	4	n = 17
	17.6%	35.3%	23.5%	23.5%	99.9%

With this question stated in the negative form, 12 (70.5%) out of the 17 parenting skills trainers agreed or strongly agreed with this statement. This reflects the service providers' perceptions

that parents used inappropriate forms of discipline prior to their participation in the program. The mean response on the Likert-type scale was 2.88.

The responses to this statement on the post-test were quite divided. Nine (52.9%) disagreed in some form to this question. The results indicate that the majority of service providers felt parents used appropriate forms of discipline. The post-test results found improvement in a parent's use of appropriate discipline. The average point scale score on the post-test was 2.53.

Table A-12

A-12. The parent(s) is able to seek out community resources in times of need.

	Strongly	Disagree	Agree	Strongly	Total
Pre-Test	3	5	5	4	n = 17
	17.6%	29.4%	29.4%	23.5%	99.9%
Post-Test	1	4	3	9	n = 17
	5.9%	23.5%	17.6%	52.9%	99.9%

*total does not equal 100% due to rounding

As Table A-12 demonstrates, the responses to this statement on the pre-test were quite divided, with 47% disagreeing in some form and 52.9% agreeing in some form. It was the perception of a slim majority (n = 9) of service providers on the pre-test that parents were able to seek out community resources in times of need. The average point score on the post-test was 2.59.

On the post-test, 12 respondents, or 70.5%, felt that parents were able to access community resources in times of need. This represents a 17.6% increase from the pre-test question. The average post-test score, 3.18, indicates the majority agreed with the question. Improvement was noted on this specific parenting task.

Table A-13

A-13. The parent(s) is able to protect the child.

	Strongly	Disagree	Agree	Strongly	Total
Pre-Test	4	6	6	1	n = 17
	23.5%	35.3%	35.3%	5.9%	100.0%
Post-Test	0	3	10	4	n = 17
	0.0%	17.6%	58.8%	23.5%	99.9%

As Table A-13 shows, the responses were varied. The majority, 10 or 58.8%, disagreed or strongly disagreed that the parent was able to protect the child. Seven, or 41.2%, either agreed or strongly agreed with the question. The average point scale score for this pre-test statement was 2.24.

On the post-test, a very high majority, 14 (92.3%), felt that parents were able to protect their child. This comes after the parents participated in the program for 90 days. The post-test mean response was 3.04, indicating the vast majority agreed with this question. This represents significant improvement by parents on this specific task. Following the intervention, the majority of parents were believed to have the ability to protect their child(ren).

Table A-14

A-14. The parent(s) is unable to provide a safe and structured home.

	Strongly	Disagree	Agree	Strongly	Total
Pre-Test	10	5	2	0	n = 17
	58.8%	29.4%	11.8%	0.0%	100.0%
Post-Test	4	8	1	4	n = 17
	23.5%	47.1%	5.9%	23.5%	100.0%

As Table A-14 depicts, this question was worded in the negative form. The majority of participants, 15 or 88.2%, either disagreed or strongly disagreed on the pre-test that parents were unable to provide a safe home for their children. The average response on the Likert-type scale was 1.53. This demonstrates that the majority of service providers strongly disagreed with the statement.

This post-test question received varied results The majority, 12 or 70.6%, disagreed or strongly disagreed with the statement. The results indicate the majority of parenting skills trainers

believed parents were able to provide a safe and structured home environment. The mean response on the post-test was 2.29, which was an increase of .76 from the average response on the pre-test. This reflects a small regression, from pre-test to post-test, on this parenting task.

Table A-15

A-15. The child's medical needs are met on a regular basis.

	Strongly	Disagree	Agree	Strongly	Total
Pre-Test	4	4	7	2	n = 17
	23.5%	23.5%	41.2%	11.8%	100.0%
Post-Test	1	7	8	0	n = 16
	6.3%	43.8%	50.0%	0.0%	100.1%

As seen in Table A-15, the responses were very divided on the pre-test. Still, the majority agreed (41.2%) or strongly agreed (11.8%) that parents met their children's medical needs on a continual basis. The average point score on the pre-test was 2.41.

On the post-test, 16 parenting skills trainers responded to this question. This is compared to 17 respondents on the pre-test. The post-test results were extremely divided which is similar to the results on the pre-test. The mean response was 2.44 as compared to the pre-test mean score of 2.41. Relating to this specific parenting task, there was no improvement noted by the parenting skills trainers on a parents ability to meet their child's medical needs. The lack of progress may be due to the effects of poverty which is discussed in the qualitative data subsection of this chapter.

Table A-16

A-16. The child's mental health needs (e.g. counseling, medication) are unmet.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
Pre-Test	4	8	4	0	n = 16
	25.0%	50.0%	25.0%	0.0%	100.0%
Post-Test	3	8	4	0	n = 15
	20.0%	53.3%	26.7%	0.0%	100.0%

As seen in Table A-16, 16 of the 17 participants responded to this pre-test question. Only 4 participants, or 25%, felt that a child's mental health needs were unmet. The mean of 2.00 indicates disagreement with this statement.

Only 15 parenting skills trainers responded to this post-test question. This represents the lowest response rate to any pre-test or post-test question. The majority, 11 or 73.3%, disagreed or strongly disagreed that a child's mental health needs were unmet. This, however, represents a decrease in those who disagreed in some form with this pre-test question. The mean response increased from 2.00 on the pre-test to 2.07 on the post-test. This reflects no real change by the parents, as a group, on this parenting task relative to the perceptions of the parenting skills trainers.

Table A-17

A-17. The parent(s) assists educators in planning for the educational needs of the child (e.g. conferences, M-team meetings).

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
Pre-Test	3	11	2	0	n = 16
	18.8%	68.8%	12.5%	0.0%	100.1%
Post-Test	5	5	4	3	n = 17
	29.4%	29.4%	23.5%	17.6%	99.9%

Table A-17 indicates that a minority of service providers, 2 or 12.5%, agreed on the pre-test that parents assisted educators in planning for the educational needs of their child(ren). The average point scale response on the pre-test statement was 1.93, indicating strong disagreement with this question.

On the post-test, 10 (58.8%) either disagreed or strongly disagreed that parents assisted educators in planning for the educational needs of their children. There was an increase of 28.6% of those agreeing with this statement from the pre-test. The post-test mean response on the Likert-type scale was 2.29 which was increased from 1.93 on the pre-test. The results prove some

improvement in a parent's level of participation in their child's education relative to the perceptions of the parenting skills trainers.

C. Qualitative Data

Participants were provided with an opportunity to add comments or feedback after each question. Again, 17 out of 34 mailed questionnaires were returned, leaving 17 (50%) for collection of data. A low response rate was received on the qualitative questions. In some cases, there were no comments or feedback. There was a noted decrease in those parenting skills trainers providing written feedback on the post-test.

In order to protect anonymity, the responses to the questions are summarized below.

Content Analysis

Pre-test question #1: parent implements consistent discipline.

A 29.4% response rate was received as five of the 17 completed questionnaires had comments.

Several respondents wrote that the parents attempted to use discipline in the form of repeated requests for compliance. The parents primarily used verbal commands or "threats" of consequences to address inappropriate behavior. One parenting skills trainer wrote, "Though there is no consistent discipline, the parent displays great patience with the child's behavior. However, the concern remains the parent's lack of response when the child engages in dangerous behavior". Another theme was a parent's lack of awareness of the need for discipline. Many parents made comments to the parenting skills trainers that they didn't discipline because they didn't want to be a "mean" parent. The need for the parent to be liked and accepted by their child(ren) was also reported. Lastly, parents were reported as "reluctant" or "resistive" to suggestions on discipline techniques.

Post-test to question #1: parent implements consistent discipline.

A 11.8% response rate was received as two out of the 17 participants responded to this question.

Both respondents noted some improvement in the parents' ability to discipline. One participants wrote, "The level of supervision is much better. The mother follows her children around in order to prevent trouble". Parents were also reported to be more comfortable accepting suggestions on parenting. One parent told the parenting skills trainer, "I look forward to you coming here every week because it gives me someone other than kids to talk to".

Pre-test question #2: parent has inappropriate expectations of their child(ren).

A 41.2% response rate was received on this question, as seven out of the 17 participants responded.

The parenting skills trainers reported that lack of consistent discipline related to knowledge of child development. Parents of young children seemed to have the most inappropriate expectations. This was especially relevant when there was more than one children as the older child was often expected to be the "parent" or "role model".

Post-test question #2: parent has inappropriate expectations of their child(ren).

This question received a 29.4% response rate as five out of the 17 respondents responded.

Several participants commented how parents had difficulty understanding normal stages of child development. Parents often continued to look at their children as a peer. One negative response was how the mother was openly hostile and resistive to suggestions on appropriate expectations. Specifically, the respondent wrote, "The mother doesn't understand and doesn't want to".

Pre-test question #3: child responds to parental directives.

An 88.2% response rate was received, as 15 out of the 17 respondents made comments to this question.

The primary theme was how the child(ren) often assumed a parental role within the family. Several respondents stated this was very prominent with a male child as the mothers often turned to their sons for support. Comments were also made on how parents often made

repeated requests of their children. This inconsistent discipline often resulted in mixed messages being sent to the child. The children were confused as to how to respond to their parents and continually "tested" the limits. One person states, "It seems as if the child know how to stretch the limits. However, the child also knows, as if by the tone of his parents voice, when he has to pay attention".

Post-test question #3: child responds to parental directives.

A 0.0% response post-test response rate was received for this statement.

Pre-test question #4: parent encourages appropriate displays of affection.

A low response rate of 29.4% was received on this question, with only 5 of the 17 participants responding.

The responses to this question were varied. Some participants noted very few displays of affection and even a child's request for attention was often denied. On the other hand, several respondents commented on how openly loving, playful, and affectionate the parents were with their children. Parents were observed "interacting on the children's level", sometimes acting, "happily childish". All of the participants commented on how this question was difficult to assess during the early stages of the program due to lack of an established trusting relationship.

Post-test question #4: parent encourages appropriate displays of affection.

Four out of the 17 participants responded to this question with a total response rate of 23.5%.

The majority of comments were positive about how a parent encouraged affection with their children. All of the service providers remarked that role modeling of this behavior appeared most effective. One parent told the parenting skills trainer, "I didn't want to hug my kids with you here because I didn't know what you would think. Then, I saw you laugh with them, pat them on their head and put your arm around me for support. I guess I learned its good to do that".

Pre-test question #6: parent is able to manage crisis without the presence of emotional abuse.

This question received a 41.2% response rate, with seven of the 17 participants responding.

Several participants noted yelling, screaming, and name calling as a means to resolve conflicts. Non-verbal behavior like the "stare" was also used to control a situation. One common theme was how the majority of these families were in constant crisis due to the affects of poverty. The parents appeared "worn out" from dealing with high stress levels and limited coping resources.

Post-test question #6: parent is able to manage crisis without the presence of emotional abuse.

This question received a 0.0% response rate.

Pre-test question #7: parent manages conflict without the use of physical abuse.

A 17.6% response rate was received, with three of the 17 participants making comments to this question.

Two of the participants gave examples of how parents resorted to physical abuse to gain control over a child's behavior. One person described an incident where a young child bite the mother and the mother bite the child back. This resulted in a significant bruise to the child and necessitated a child maltreatment report be made to the county department of social services. Other examples included spanking, slapping and other forms of physical discipline. One person wrote, "Legally this may not be considered physical abuse but the parent, at times, loses control which presents safety concerns for the child". Others commented on being concerned about "What goes on behind closed door".

Post-test question: #7: the parent is able to manage crisis without physical abuse.

A 29.4% response rate was received on this question as five of the 17 participants responded.

Several of the comments described improvements in a parent's ability to handle conflicts without using physical abuse or physical discipline. However, there was skepticism on whether that behavior continued when "people weren't watching". One participant reported that the parent openly professes her support of physical discipline but denies ever being abusive. However, the mother has had numerous referrals to social services due to physical abuse. The mother stated, "I was raised that way and I turned out OK. I have to teach my kids right and wrong". Another common theme was how all the parents commented that being spanked, slapped or hit was how they were raised. Many of the parents also reported having their significant other, usually a male, act as the disciplinarian.

Pre-test question #9: parent has established routines.

This question received a 76.5% response rate, with 13 of the 17 participants responding to this statement.

This question received the most consistent responses. Respondents reported that the lack of routines increased a parent's stress level. During one home visit, a parenting skills trainer observed a two year-old boy get out of bed, fix his own bowl of cereal and then sit in front of the television. The parent then became very angry when the child spilled cereal on the floor. When asked about bedtimes, parents often responded, "the kids go to bed whenever and wherever they fall asleep". It was the service providers' assessment that the parents were so busy trying to meet their family's daily needs that they didn't have the energy to establish schedules.

Post-test question #9: parent has established routines.

A 47.1% response rate was received in regards to this question as eight of the 17 participants responded. This question received the most responses on the post-test.

A common theme was how parents had difficulty implementing routines because of the instability in their living arrangement. Many of the families moved every month or lived with relatives or friends which added to the chaos. Despite all the changes, some parents developed some routines. The most common routines were bedtime, snack time and homework time.

Bedtime was reported especially difficult because parents often had their children staying up late to keep them company. One parent reported the biggest benefit to setting a bedtime was that her son wasn't so tired and crabby at school or home. This also improved the mother's relationship with school personnel. Other parents talked about having time to clean up the house after the children went to bed. Service providers also noted an improvement in the cleanliness of the homes.

Pre-test question #10: the family has rituals.

A 35.3% response rate was received for this statement, with six of the 17 participants responding.

The overall opinion was that there were very few family rituals. Many parents referred to Christmas and birthday celebrations but felt they couldn't buy the "necessary gifts" so they ignored the holidays. The primary ritual was the celebration of Christmas, with gifts being the center of attention. Respondents stated parents were unaware of rituals and how they contributed to a child's healthy development. Again, the lack of rituals was attributed to the issues of poverty.

Post-test question #10: the family has rituals.

No responses were received for this post-test statement.

Pre-test question #11:

There were no responses to this pre-test statement.

Post-test question #11: parent uses inappropriate forms of discipline.

A 5.9% response rate was received as only one of the 17 participants responded. The one response commented on how the parent talked about using time-outs as a form of discipline instead of physical punishment. However, the time-outs were hours in length and the child was being locked in a room or closet. The parenting skills trainer did not believe that the mother was intentionally hurting the child. In fact, the parent felt she had made major changes

in her parenting habits. The parenting skills trainers felt that with some follow-up services, the mother would continue to improve in this area.

Pre-test question #12: parent is able to seek out community resources.

Fifteen of the 17 participants responded to this statement which totaled a 88.2% response rate.

The responses to this question alluded to a parent's resourcefulness. Parenting skills trainers reported that parents had strong peer relationships. Those relationships, however, often contributed to family problems as the "system" perceived them to be "unhealthy". In addition, parents were reported to be active in community support groups (AA), mental health services and some church related activities. Parents also requested the assistance of extended family members in child rearing. Barriers to services such as lack of insurance prevented parents from accessing certain services. Parents circumvented these problems by, for example, obtaining emergency medical care rather than accessing regular physical exams for their children.

Post-test question #12: parent is able to seek out community resources.

A 0.0% response rate was received on this statement.

Pre-test question #16: the child's mental health needs are unmet.

A 35.5% response rate was received, with six of the 17 participants commenting on this question.

Many of the parenting skills trainers felt that parents wanted to participate in mental health services, but due to financial or transportation barriers were unable to do so. Parents also reported feeling uncomfortable interacting with mental health providers; often not understanding what was being talked about or asked of them. There was also a feeling that their children were being inappropriately medicated. Participants responded that parents often refused to participate in mental health services because of their own historic negative involvement in therapy.

Post-test question #16: the child's mental health needs are unmet.

A 0.0% response rate was received on this statement.

Pre-test question #17: parent assists educators in planning for the educational needs of their child.

This statement received a 11.8% response rate, with only two of the 17 participants responding.

Both service providers responded that parents didn't understand their role in their child's education. In one case, the parent stated, "I've never been called so I just thought everything is OK". Parents were also reported to feel inadequate and intimidated by teachers. One parent described a negative relationship with the school because teachers had labeled her daughter a "troubled child". The parent reacted to this information by refusing to communicate with school personnel.

Post-test question #17: parent assists educators in planning for the educational needs of their child.

This question received a 58.8% response rate as ten of the 17 participants responded to the question.

As in the pre-test, parents continued to feel inadequate and uncomfortable attending school meetings. This was most relevant when discussing special education meetings. Some of the parents attended meetings only at the direction of the parenting skills trainer. The parenting skills trainer would ask teachers to rephrase things so the parent would understand. It was very apparent that parents would agree with everything the teacher said so as not to look "dumb". In three of the cases, the parent requested that the parenting skills trainer and/or county social worker attend the meeting with them. During a home visit, a child stated to the parenting skills trainer, "Did you know mommy came to school and met my teacher and saw my desk. My teacher told me she liked my mom". In this case, the mother received so much positive feedback after attending the meeting she kept in regular contact with the teacher.

V. DISCUSSION

A. Introduction

The purpose of this research study was to explore the effect of in-home parenting skills training on parenting effectiveness with parents who have cognitive limitations. More specifically, this study examined to what extent parenting effectiveness was positively affected by a parent's participation in the in-home parenting skill training program used in this study. It also provided opportunity for participants to comment on specific case examples of their work as parenting skills trainers. This information helped to add richness and depth to the study. An analysis of the data collected reveals improvement in parenting effectiveness on specific parenting tasks, relative to the perceptions of the parenting skills trainers.

From this study, the problem at the time of referral indicates that parents with cognitive limitations require assistance in their parental functioning (58.8%), followed by child abuse or neglect (29.4%), a child's delinquent behavior (17.6%), and child behavioral problems at home (11.8%). This information will be helpful in the design of future programs because it will allow service providers to better tailor services to the root of the problem.

This study indicates a higher percentage of parents who were considered low-functioning (58.8%) than those with a diagnosis of mentally retarded (41.2%).

The data on community interventions, income levels and education levels of parents involved with this study suggest that parents with developmental disabilities are more dependent on social programs and have low employment status. These variables may be compounded because of the lower education level of parents with developmental disabilities.

The data on termination of services from this study indicate that 58.8% completed the program with no follow-up services provided, while 29.4% completed the program but follow-up services were recommended.

B. Comparison of Findings to the Literature

Impact of Parenting Skills Training Programs on Parenting Effectiveness

The review of the literature for this research study identified specific parenting tasks that contribute to improved parental functioning. Seitz, Rosenbaum, and Apfel (1985) found that early intensive intervention with families has great potential for improving long-range family functioning in impoverished families. Wasik et al. (1990) also found statistically significant ($p < .05$) results in children's cognitive development after participating in an in-home parenting skills training program.

The results of this study demonstrate the effectiveness of in-home parenting skills training on improving parental effectiveness. A majority of participants reported improvement in a parent's parenting skills from pre-test to post-test. There was a positive change noted on all of the questions from the questionnaire, with the exception of three questions: question 14-- the parent is unable to provide a safe and structured home environment; question 15,-- the child's medical needs are unmet; 16-- the child's mental health needs are unmet. This may represent the impact of poverty on parenting effectiveness. It is also possible that the initial perceptions of the service providers became more precise during the course of the intervention

The review of the literature also stressed the word consistency as a predictor of parenting effectiveness. Ray, et al. (1994) reported difficulty in the "transfer of learning" process which involves generalizing skills parents with cognitive delays have in one situation to other circumstances. This study found a positive change from pre-test to post-test in a parent's ability to implement consistent discipline, have appropriate expectations of their child, establish routines and rituals, seek out community resources, protect their child, and a child's responsiveness to parental directives. Due to the limited scope of this study, however, it is unclear whether a parent was able to generalize these tasks to other situations.

The research on parenting effectiveness emphasized a parent's knowledge on child development which creates different levels of expectations for children depending on their chronological age. This study also supported this premise as even after the intervention 48% of the parents still had inappropriate expectations of their children.

There was substantial improvement in appropriate displays of affection between parent and child, with 41.2 % agreeing with the statement on the pre-test and 70.6% agreeing on the post-test. Significant improvement was also noted in a parent's ability to manage conflicts appropriately, with a mean decrease of .94 from the pre-test to the post-test on this negatively stated question.

No progress, or a small regression was noted in the areas of providing a safe and structured home environment, and meeting a child's medical or mental health needs. The qualitative data reflects the assessment of the service providers that these tasks are affected by the issues associated with poverty.

Theoretical Framework

The strengths perspective proposes that in order to promote change within a family system one should capitalize on the family's strengths. Research on social work practice with involuntary clients points out that a client's resistance to change should be handled directly. The best way to begin establishing a relationship and creating behavioral changes is by acknowledging the client's capabilities (Rooney, 1992). The qualitative data yielded comments on a parent's strengths as a relationship building tool. Participants reported that parents displayed great patience and the ability to play with their children. The use of the strengths perspective as a framework was also supported by the comments on how parents accessed the in-home parenting skills trainer in times of need.

Erikson's theory of development emphasized the social development of the individual. An important aspect of development is socialization: how children lean to live within their culture and their natural environment (Silverman, 1978). A primary socializing influence is a parent's behavior and parenting techniques. This theory is related to a parent's ability to protect the child while implementing structure, routines and discipline to form a boundary in which the child can move freely. This research study supports this concept as the quantitative and qualitative data found improvement in parents' ability to implement appropriate discipline techniques, structure and family traditions while maintaining the child's placement in the home.

This study also used the ecological and systems theory as a means to explore a parent's ability to interact in their social environment for the purpose of ensuring the protection of their family. The questionnaire examined these theories by using the questions about a parent's ability to seek out medical care, mental health counseling, or other community resources and their level of participation in their child's education. The study did not support improvement in this area. There was improvement noted in a parent's ability to seek out community resources as 52.9% agreed that parent's were enlisting community assistance on the pre-test and 70.5% on the post-test. There was no change, however, in a parent's ability to access medical care and a regression in parents' accessing mental health services. The reason, perhaps, for the lack of progress may be related to the effects of poverty. Parents with developmental disabilities consumed by the effort to meet basic needs may be unable to implement substantial changes in the quality of their home environment. These results indicate that families at highest risk require more focused efforts to ensure their engagement in formal social services after in-home parenting skills training terminates.

C. Summary of Qualitative Research

Common themes were noted on a parent's lack of awareness for the need of consistent discipline, structure, and family traditions. Many parents attempted different discipline techniques with limited success or which caused harm to their child(ren). It was not a question of a parent being "lazy" or not wanting to discipline, but rather the lack of a diverse repertoire of disciplinary skills. Parents were, however, believed to have a great deal of patience and wanted the best for their children. When reporting on appropriate displays of affection, parents were observed "interacting on the children's level", and sometimes acting "happily childish".

Another common theme was how it was initially difficult to assess parents due to the lack of an established trusting relationship. The short-term nature of the service made it difficult to spend time on creating a positive relationship. One primary concern was what skills parents used when not interacting with service providers. Despite the reported improvement in overall

parental functioning, numerous comments were made questioning "what really goes on behind closed door".

The qualitative data also reflected how parents with developmental delays are affected by environmental crises that affect their family's basic needs. This parallels Ray, et. al (1994) that found parents with developmental delays had difficulty keeping track of multiple tasks and schedules. These limitations led to forgetting essential tasks and missed appointments.

D. Study Limitations

Generalizability

A convience sample was obtained for this research study using participants from one particular parenting skills training program in the state of Wisconsin. The sample size was small at 17 participants, but the response rate was high at 50%, with all participants providing in-home parenting skill training services to parents. The generalizability to other in-home parent education programs in the area and to the foundation of parenting education services as a whole may be limited. This study also limited the sample to those parenting skills trainers who received a referral that met the criteria for inclusion in the study in March, 1997. The service was then provided for 12 weeks, or 90 days, with the study ending in June, 1997. This was done to limit the sample to a manageable size, ensure that the study could be completed within a specified time-line, and too get an idea of how parenting skills trainers assessed their impact on parental functioning with the parents they serve. Its generalizability to those who received parenting educational services either before or after the time-frame may also be limited.

A major limitation in this study was that service recipients were not asked to rate their progress, rather service providers were responsible for assessing a parents' progress in the program. The parenting skills trainers were responsible for choosing which families would be included in this project, with the principal researcher outlining the criteria for inclusion in the study. This may have affected the results of this study.

Extraneous variables-- such as the skill or qualification of the in-home parenting skills trainer, the judgment by the referring agency regarding a parent's level of intellectual functioning, the concept of success and how it is defined, and the variance in the lengths of time families were involved in the program-- may have affected the correlation between the independent and dependent variable.

Another limitation in this study's generalizability is that it is impossible to determine whether or not it is generalizable to ethnic populations as all of the parents using this service were of Caucasian descent. It is the experience of this author that the program does not serve a very diverse population, as the geographical area is not culturally diverse. In-home parenting skills training programs tend to serve families of lower socioeconomic status and those already identified as "at-risk" by county social service agencies.

Another area this research study does not address is the specific diagnosis of each parent. It would be interesting to separate those parents determined to be low functioning and those who were diagnosed with mental retardation.

Instrument Design

The data collection tool used in this study has some disadvantages that need to be considered as possible limitations to this study. Some participants answered the majority of the questions but left some items blank. It is possible that they left some unanswered because they did not understand what was being asked. It is also possible that some participants did not understand the question but answered anyway, which could produce a false response from the participants. The instrument was completed by the service providers and not the parents. The answers to the questionnaire may reflect some biases on the part of the parenting skills trainers.

Also, a response of "not applicable" was not provided. It was intentionally not an option so people would not overuse that response if they were unsure or it was a difficult question to answer. Several participants, however, added it as a category for several of the questions and said "not applicable" even though that was not one of the response categories. This could also skew the results.

To avoid an acquiescent response by participants, questions were posed in both the negative and positive form and interspersed throughout the questionnaire. This may have been confusing for some of the respondents and possibly made the questionnaire difficult to read.

Although a high response rate of 50% was received, one cannot account for those who chose not to return the questionnaire material. Many precautions were taken to allow for complete anonymity of participants, but it was possible that respondents were concerned with the outcome of this study and how it could impact on their employment status with Children's Service Society of Wisconsin. Both quantitative and qualitative data were used in this research study to attempt to compensate for the disadvantages of using one method over the other and to obtain greater depth and richness.

Social Desirability and Researcher's Bias

Despite specific attention given to protect their anonymity and assure participants that their responses were completely anonymous, it is possible that some people responded favorably despite their true feelings. Some individuals may not have felt comfortable being completely honest on the questionnaire as they perceived their responses reflecting on their skills as a parenting skills trainer.

The researcher for this study, after interning at Children's Service Society of Wisconsin and doing extensive research on this topic, has a strong bias in support for the use of in-home parenting skills training programs. However, the researcher for this project questioned the effectiveness of such programs when used on a time-limited basis. This bias may have possibly skewed the development of the questionnaire to promote positive responses or the interpretation of the findings to emphasize the benefit of this program. The researcher, however, was cognizant of this bias and showed all responses in the statistical analysis.

Lack of a Control Group

A significant limitation to this study is a lack of a control group. This study questioned only those parenting skills trainers who were providing services to parents with cognitive limitations during the specified time period and sought to discover the impact of this service on

parenting effectiveness and reducing a child's risk of placement outside the home. A control group of parents with cognitive limitations who did not receive in-home parenting education services could have been used to determine if indeed this service reduces the risk of substitute care placements and improves parenting effectiveness. The use of a control group would have strengthened the results of this study and made it a more complete and significant research study.

Despite these limitations, this research study had a high response rate and yielded some valuable information for in-home parenting education programs on the impact of their service with the families they serve. It also provided helpful suggestions for improving the program and to expand its services to more families.

VI: IMPLICATIONS AND RECOMMENDATIONS FOR PRACTICE

A. Implications for Practice

Families are greatly impacted by environmental factors such as poverty. Parents with developmental delays have difficulty meeting their family's basic needs, limiting the time and energy they have to address the challenges of parenting. This may result in placement of a child outside the parental home due to abuse or neglect. Placement of a child outside the parental home, or the threat to do so, is a very traumatic, stressful event that changes the entire family system. Research indicates that the use of in-home parent education programs can be beneficial for these parents and their children as it can assist them in meeting some of their needs, and provide support, guidance, and educational services. Research also indicates that these services may reduce the rate of out-of-home placements and improve a family's ability to be self-sufficient.

The results of this research study support previous research as it was the perceptions of the service providers that parents made improvement in their parenting skills. The immediate risk of a child's placement outside the home was also decreased and the service providers offered many positive comments on how parents practiced the skills they were being taught.

The results of this study support the use of time-limited, in-home parenting skills training programs for parents with developmental delays in reducing the risk of a child's placement outside the home. Specific parenting tasks were identified through the literature review and the results show that in-home parenting skills training can assist parents in improving their parenting skills to more effectively meet their children's needs.

The results of the qualitative data also yielded suggestions for improvements to this program on how to more effectively meet a family's needs. The findings depicted areas where parents made the greatest progress and what teaching techniques were beneficial to this outcome. Specific suggestions and recommendations were also made about how to strengthen this service. Some of the main suggestions which may provide implications for practice were to eliminate the time-limited nature of such services, the development of community resources that

can assist families in dealing with the issues of poverty and more effective ways of monitoring and supporting at-risk families. There may be a need to expand the assessment phase in order to more accurately assess a parent's level of functioning.

B. Recommendations for Future Research

Future researchers could conduct a similar study with a more diverse population with regard to the specific diagnosis of parents and children, along with cultural and ethnic diversity. Again, this study did not ask for the feedback of the recipient of the service. This would be interesting and valuable information to obtain to strengthen the knowledge base on in-home parent education services. Replication of the study can be effective in providing further support and evidence of the benefits of in-home parenting skills training programs to parents with cognitive limitations and their children. Also, a study conducting a comparison of more than one in-home parenting skills training program would have greater generalizability to the philosophy of parent education services.

The initiation of a similar study with a control group of parents with developmental delays who did not receive in-home parenting skills training is needed. A comparison of classroom parent education versus in-home parent education services should be done to clearly define if in-home parent education services are more effective in maintaining a child's placement in the parental home. The results of a study with a control group could more significantly address the benefits in-home parent education services provide parents and their children.

This research study was considered exploratory in nature and sought to discover the impact of one in-home parent education service on parenting effectiveness. The results obtained do support the use of such services and provide valuable information for the parent education program at Children's Service Society of Wisconsin. Further research on this topic needs to be done to continue the growth and awareness of the use and availability of in-home parenting skills training for families.

VII: CONCLUSIONS

There has been many changes in the current child welfare system that emphasize the need to maintain, promote and ensure the safety and stability of a child's placement in their home. Changes in philosophy and legislative requirements helped to create the idea of in-home parent education services to support and unite families. Parenting education services, historically known as home visiting, have prevented some out-of-home placements for at-risk families, and provided advocacy and supportive services while educating parents on parenting skills as a mean to promote healthy child development. These services represent the changing needs of the family. The use of in-home parenting skills training programs has grown steadily since its inception in the 1960's to include a wide variety of service delivery strategies.

Research has found mixed results on the effectiveness of such programs in improving parental and family functioning and/or reducing alternate care placements. The reason for the mixed results may be due to differences in the philosophy of in-home parent education services and the lack of a consistent structure for the provision of these services. This has not reduced the use of these programs for families labeled as "at-risk" and there is consensus that in-home parenting skills training provides needed support for socially isolated families. The purpose of this research study was to explore the impact of one in-home parenting skills training program on parenting effectiveness for parents with developmental disabilities.

The results of this research study help support the growth of in-home parent education programs as service providers rated the progress of the selected parents with cognitive delays and found improvement in parental functioning. The results also suggest that in order for the changes to be sustained, a longer period of service delivery may be necessary. Further research needs to be conducted to continue to support the growth of home-based parenting skills training across the United States and to increase its awareness so parent education services can be expanded to reach more families in an effort to preserve, protect and promote healthy child development.

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Appendix A

AUGSBURG

C • O • L • L • E • G • E

February 20, 1997

TO: Suzanne Flolid
611 E. Bracklin St.
Rice Lake WI 54868

FROM: Rita R. Weisbrod, Ph.D.
Chair
Institutional Review Board
612-330-1227 or FAX 612-330-1649
E-mail: weisbrod@augsburg.edu

RE: Your IRB application: "Effectiveness of Home-Based Skills Training for Developmentally Disabled Parents"

I have received the resubmission of your application and am pleased to report that it is now approved. We assume in your re-submission that the same survey enclosed will be used both in the "pre" and "post" stages of your project.

Your IRB approval number is:

 # 96 - 36 - 2.

This number should appear on all participant related material.

If there are substantive changes to your project which change your procedures regarding the use of human subjects, you should report them to me by phone (612-330-1227) or in writing so that they may be reviewed for possible increased risk.

Good luck to you in this important research project!

Copy: Curt Paulsen, Thesis Adviser

2211 Riverside Avenue • Minneapolis, MN 55454 • Tel. (612) 330-1000 • Fax (612) 330-1649

Appendix B

CHILDREN'S SERVICE SOCIETY OF WISCONSIN

December 18, 1996

WESTERN AREA
13 S. Barstow Street
au Claire, WI 54701
715) 835-5915
ax (715) 835-8112

707 Main Street
uite 220
a Crosse, WI 54601
608) 784-5516

ayview Office Park
00 Wolske Bay Road
uite 260
lenomonie, WI 54751
15) 232-8222

hartered in 1889

censed as
child placing agency by
e State of Wisconsin

Dr. Curt Paulsen
Augsburg College
Campus Box 66
2211 Riverside Avenue, South
Minneapolis, MN 55454-1351

Dear Dr. Paulsen:

Re: Research Project of
Ms. Suzanne Flolid

Ms. Flolid is doing her internship with our agency. She's requested that she be allowed to do a study regarding the effectiveness of our Parent Aide program with developmentally delayed people.

We certainly approve of this study. It will be to our benefit to have additional evaluation of the effectiveness of our program.

We support this project proposal.

Sincerely,

Lon L. Piper
Area Director

LLP/kcb
c: Jan Baum, Program Director

A United Way Agency
ACCREDITED
CWLA
FSA

Appendix C

The Impact of In-Home Parenting Skills Training On Parenting Effectiveness for Parents with Developmental Disabilities at Children's Service Society of Wisconsin

2/1/97

Dear Parenting Skills Trainer,

I am a graduate student working towards a Master's in Social Work degree at Augsburg College in Minneapolis, MN. I am also an intern at the Children's Service Society of Wisconsin-Eau Claire office. For my thesis, I am researching the effectiveness of in-home parent education services on parenting effectiveness for parents who are developmentally disabled. You were selected because you are providing parenting skills training to families through Children's Service Society of Wisconsin. This research study has been approved by and being done in cooperation with Children's Service Society of Wisconsin. I ask that you read this information very carefully.

BACKGROUND INFORMATION
This research study is being conducted to provide me with information for my Masters of Social Work thesis and to provide you with an opportunity to report your assessments on parenting effectiveness before and after parents participate in a parent education program. The purpose of the study is to determine the effectiveness of the in-home parenting skills training program, **not** the effectiveness of individual service providers.

VOLUNTARY NATURE OF THIS STUDY
Your experiences and assessments are important! It is up to you whether or not to participate in this study. Your decision will not affect your relationship with Children's Service Society of Wisconsin. Nor will your participation affect your relationship to Augsburg College.

PROCEDURES AND ANONYMITY
I am asking you to complete a questionnaire that assesses parenting effectiveness and a coding sheet that provides background information on one family you work with in which the parent(s) is developmentally delayed. A questionnaire and coding sheet will be completed prior to the initiation of home-based services and returned to the primary researcher in a pre-addressed stamped envelope. A second questionnaire will be completed and returned to this researcher after a family's participation in the program for 90 days. Those families referred to this program during the month of March, 1997 and have at least one child at-risk of placement and a parent(s) who is developmentally delayed will be included in this study. I will not know the families' names or any other identifying information about the subjects. Completed questionnaires will be kept in a locked file cabinet at this researcher's home and will **not** become part of a family's permanent file. **Your anonymity will be protected as neither the principle investigator, Children's Service Society of Wisconsin nor county social service agencies will know of your participation in this study. The results of this project will be shared with Children's Service Society of Wisconsin in summarized form only and will not contain any identifying information.**

RISK OF BEING A PARTICIPANT IN THIS STUDY
You may feel uncomfortable or not sure how to answer some of the questions, feel free to skip these questions. It will not affect your participation in the study. In the event that you have specific questions about this research project, please feel free to contact me at (715) 234-1944 or my thesis advisor, Dr. Curt Paulsen at (612) 330-1621.

BENEFITS OF BEING A PARTICIPANT IN THIS STUDY
While there are no direct benefits to participating in this research project, this is an opportunity for you to report you assessments and perceptions of a family's participation in a home-based parenting skills training program. This may assist CSSW and county social service agencies in assessing the quality of services provided to parents and their children.

Will you please help in this research project by completing the questionnaires and coding sheet. This questionnaire will be completed on a pre-test-post-test basis and will take approximately thirty (30) minutes to complete. The completion and return of the first questionnaire and coding sheet will indicate your consent to participation in this research study.

Thank you in advance for considering this research study. If you have any questions regarding this research study, please feel free to contact me at (715) 234-1944 or Marnie Hersrud, my supervisor at Children's Service Society of Wisconsin at (715) 835-5915 and/or Dr. Curt Paulsen, my thesis advisor at Augsburg College at (612) 330-1621.

Please keep this copy for your records. Thank you.

Sincerely,

Suzanne Flolid,
Graduate Student and Principle Investigator
Institutional Review Board (IRB) Approval # 96-36-2

Appendix D

Parenting Effectiveness Questionnaire

Instructions:

Dear Parenting Skills Trainer,

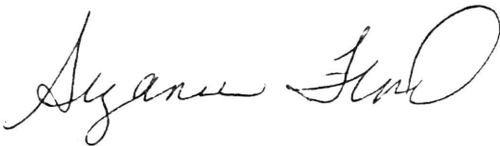
The following questions are designed to assess parenting effectiveness. The questions can be answered by circling the response that most closely reflects your assessment. For example, the questions will be followed by a scale of 1 - 4. One means you strongly disagree and four means you strongly agree:

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

The more you agree with a statement, the higher the number you should circle. The more you disagree with a statement, the lower the number you should circle. This questionnaire should take approximately thirty (30) minutes to complete.

I would also welcome your personal feedback regarding parenting effectiveness. After each question there will be a section for your comments.

Sincerely,



Suzanne Flolid
Graduate Student and Principle Investigator
Institutional Review Board (IRB) Approval # 96-36-2

Appendix E

For each of the following statements, please circle how strongly you agree or disagree and, if you wish, please add any comments or feedback.

1. The parent(s) implements consistent discipline?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Comments:

____

____

____

2. The parent(s) has inappropriate expectations of their child(ren)?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Comments:

____

____

____

3. The child(ren) responds to parental directives?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Comments:

____

____

____

4. The parent(s) encourages appropriate displays of affection/attention?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Comments:

____

____

____

5. The parent(s) displays inappropriate ways of dealing with conflicts?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Comments:

____

____

____

6. The parent is unable to manage crisis without the presence of emotional abuse ?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Comments:

____

____

____

7. The parent(s) is able to manage crisis without the presence of physical abuse?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Comments:

____

____

____

8. The child(ren) engages in delinquent/criminal behavior?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Comments:

____

____

____

9. The parent(s) has established routines for their family?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Comments:

____

____

____

10. The family has rituals?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Comments:

____

____

____

11. The parent(s) uses inappropriate forms of discipline?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Comments:

____

____

____

12. The parent(s) is able to seek out community resources in times of need?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Comments:

____

____

____

13. The parent(s) is able to protect the child?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Comments:

____

____

____

14. The parent(s) is unable to provide a safe and structured home environment?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Comments:

____

____

____

15. The child's medical needs are met on a continual basis?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Comments

____

____

____

16. The child's mental health needs (e.g. counseling, medication) are unmet?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Comments:

____

____

____

17. The parent(s) assists educators in planning for the educational needs of the child (e.g. conferences, M-team meetings)?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Comments:

____

____

____

You have completed the questionnaire. Thank you for your time!

Please return the completed questionnaire to:
Suzanne Flolid, MSW student and Principal Investigator
611 E. Bracklin Street
Rice Lake, WI 54868
(715) 234-1944

Appendix F

CODING SHEET

Type of Closure: __________

1. Service Completed - no follow up services
2. Service Completed - follow up services recommended
3. Client Withdrew
4. Client Moved
5. Other

Enter 1 for yes or 2 for no:

__________ Was case a regular referral (non-emergency)?
__________ Does family have a history of psychiatric care?
__________ Does family have a history of out-of-home placements?
__________ Does family have a history of using social services?

Enter the number that best describes the problem at time of referral: __________

1. Delinquency, community or school behaviors
2. Parental dysfunction (intellectual, physical, emotional or substance abuse)
3. Child's home behavior
4. Violent or chaotic behavior
5. Child abuse or neglect

Check all that describe family's resources or use of public assistance:

_____ 1. Employment
_____ 2. AFDC
_____ 3. Pension
_____ 4. SSI
_____ 5. Food Stamps
_____ 6. Medicaid
_____ 7. General Assistance
_____ 8. Social Security
_____ 9. Disability
_____ 10. Unemployment Compensation
_____ 11. Child Support
_____ 12. Other

Enter the number to represent income level: __________

1. $0 - $4,999
2. $5,000 - $9,999
3. $10,000 - $19,999
4. $20,000 - $29,999
5. $30,000 - +
6. Unknown

Total number of days in service: __________

Total number of face-to-face contact hours: __________

	Mental Retardation	Low Functioning
Male/caretaker		
Female/caretaker		

	Mar. Status	Ethnic	Education	Employment
Father				
Mother				
Child				
Child				
Child				

Mar. Status	Ethnic	Education	Employment
1. single	1. white	1. att. sch. or presch.	1. unemployed
2. married	2. black	2. not in school, comp. less than 8th gr.	2. employed part-time
3. divorced	3. Amer. Ind. or Alaskan	3. not in school, comp. more than 8th gr.	3. employed full time
4. separated	4. Hispanic	4. completed high school	4. other
5. widowed	5. Indo-Chinese	5. college degree	
6. other		6. completed Vo-Tech Vo- Training	
		7. too young for school	

Child's Residence	Referral	Closure	Risk Code
Child			
Child			
Child			

Child Residence
1. Group foster care
2. Foster family home
3. Hospital
4. Relative
5. Runaway
6. Detention
7. Shelter
8. Home
9. Unknown
10. Friend
11. Other

Risk Code
1. Imminent
2. High
3. Moderate
4. Low
5. None

Institutional Review Board (IRB) Approval #96-36-2

Augsburg College
Lindell Library
Minneapolis, MN 55454