EXAMINING THE IMPACT OF PARENT EDUCATION:
A PROGRAM EVALUATION OF THE FAMILY CENTER

by

Daphne Lynn Bunch

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Thesis Committee:

Dr. Ronald H. Aday, Chair

Dr. Foster Amey

Dr. Meredith Dye

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ABSTRACT

The maltreatment of children continues to be a matter of public concern in the community. As a result, there is a growing interest in the importance of evidence-based intervention to assist parents acquire more appropriate parenting skills. This research evaluates the effectiveness of the Nurturing Parenting Program which is offered through The Family Center in the Middle Tennessee region. Using secondary data provided by 903 program participants, the study explored the risks factors for positive parenting based on the Adult Adolescent Parenting Inventory-2. Based on participants from three distinct locations (community, local jails, and drug treatment facilities), findings suggest that the program was successful in lowering the overall risk for child abuse for participants. However, non-white, older parents, single parents, and those with less than high school education face more challenges in overcoming child maltreatment tendencies.

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INTRODUCTION

Child abuse and neglect continues to be one of the most significant problems facing the American family today. Child maltreatment and ineffective parenting continues to be at unacceptably high levels with enormous costs to society (Kumpfer, 2006). In 2013, there were 3.5 million referrals of child abuse and neglect filed with Child Protective Services involving more than 6 million children (Children's Bureau, DHHS, 2013). From these referrals, there were 679,000 documented cases of child abuse and neglect, including 1,520 fatalities. The leading cause of child maltreatment was physical neglect (79%), physical abuse (18%), sexual abuse (9%), psychological abuse (8%), and medical neglect (2%). In addition, another ten percent experienced other types of maltreatment such as "abandonment," "threats of harm to the child," and congenital drug addiction (ACF.gov). Although there were officially 2,509,000 nonvictims among the total reported, almost one million of these received post-response services such as foster care or in-home prevention (Children's Bureau; DHHS, 2013).

The home can be an unsafe and sometimes dangerous place for children who often become targets of violence and abuse. The Department of Health and Human Service (DHHS) report released in 2013 identifies numerous individual risk factors that increase the likelihood of victimization. Children who are at the greatest risk for child maltreatment are younger children with 47% of reported victims five years of age or younger. Gender differences in child victimization were similar for girls (51%) and boys (49%). Regarding race and ethnicity, Whites (44%), Hispanics (22%) and Blacks (21%) comprised the majority of victims. Rates of victimization for Blacks (15%) were about twice as high when compared to Whites (8%) and Hispanics (9%). Special needs

children, who create increased caregiver burden, are at a higher risk for abuse or neglect including those with chronic illness, cognitive or emotional disabilities, mental retardation, and behavior problems such as attention deficit disorders or excessive crying (Simonnet, et al, 2014). In addition, children who are products of unplanned pregnancies are often more vulnerable than those carefully planned (Huebner 2002). Finally, children of one-parent families are at a higher risk for various types of neglect compared to those residing in tack families (Sedak et al., 2010).

As the long-term consequences of child maltreatment are becoming more apparent, the support for evidence-based intervention programs is growing. Using a pre- and posttest design, I examined the effectiveness of the Nurturing Parenting Program (NPP) as implemented by the Family Center in Middle Tennessee. Using a social learning model, the Nurturing Parenting curriculum places an emphasis on topics such as empathy, emotions, discipline, and safety issues. The interactive classroom model provides participants the opportunity to exchange parenting styles and other relevant information as they seek to improve their ability to be a more responsive and competent parent. This study examined to what extent the intervention parental training module has on the NPP constructs of inappropriate expectations, lack of empathy, physical punishment, role reversal, and power and independence. By focusing on the independent variables such as age, race, gender, marital status, environmental setting, and education, the study identified parents who are more likely to be in a higher risk category for continuing their inappropriate parenting styles. In addition, the adverse childhood experiences including physical and sexual abuse are identified as barriers which may hinder positive approaches to parenting.

Identifying At-Risk Parents

The Department of Health and Human Service (DHHS, 2013) report identified 515,517 perpetrators of child abuse and neglect. There is evidence that age is an important characteristic for predicting abusive tendencies with 6 out of 10 caretakers being between the ages of 18-34. When considering all types of abuse and neglect, women were found to be the primary abusers in 54 percent of the cases compared to 40 percent of men. More specifically, women were more likely to perpetrate medical neglect (76%) and neglect (63%) while men more frequently engaged in psychological maltreatment (61%) and sexual abuse (88%). Physical abuse practices were evenly divided between men (50% and women (48%) with two percent unknown. About half (49%) of perpetrators were white with Blacks (20%) and Hispanics (20%) evenly distributed. Of particular interest is the fact that the overwhelming majority (87%) of perpetrators were biological parents with 4 percent listed as step-parents and the remaining 9 percent as other parental types.

Although it has been acknowledged that child maltreatment transpires in all socioeconomic groups, data have steadily shown that families who are socially and economically disadvantaged are more likely to perpetrate child abuse and neglect (Barnett et al., 2011). In fact, socioeconomic status is a stronger correlate for the severity of child neglect than other types of maltreatment (Sedak et al., 2010). Research has also shown that young, single mothers receiving social assistance are typically at greater risk to commit child maltreatment (Barth, 2009; Pryce & Samuels, 2010). Studies also show that the cultural acceptance of authoritarian parenting including corporal punishment is an important dynamic favorable to child physical abuse (Ellison & Bradshaw, 2009;

Gershoff, 2008). Finally, various forms of childhood trauma such as a history of violence in family of origin, divorce, and exposure to poor parenting skills can interfere with healthy approaches to parenting (Greenfield & Marks, 2010).

According to Ethier et al. (2007), many factors can contribute to abuse by a parent, but a parent with a history of abuse or neglect is the most common. This view is supported by other studies which found that being a victim of child maltreatment can have a lasting negative impact on children when occurring during the important formative stages of child development (Jaffee et al., 2013; Ehrensaft et al., 2014). With histories of violent childhoods and the disruption of emotional regulation normally occurring during childhood, parents lack the ability to express, communicate and understand emotions. Maltreated children also have lower abilities to divert attention from negative stimuli and inhibiting impulsive reactions. As a parent, the lacking of these particular abilities makes it quite difficult to make rational choices whether it is disciplining or simply setting limits for their children. With impeded emotional development as a result of childhood abuse and neglect, parents may have a tendency toward role reversal when it comes to structured roles between parent and child. This role reversal often leads to cases of neglect because the parent is putting impossible responsibilities on the shoulders of the child (Ehrensaft et al., 2014).

Parents who physically abuse children often suffer from anger control problems, physiological hyperactivity, depression and substance abuse (Paris, Herriott, Holt, & Gould, 2015). More specifically, depression has been positively associated with parental hostility and parent-child conflict (Stover, Urdahl, & Easton, 2012). In some cases, postpartum psychosis may contribute to neglect and maltreatment of newly born children

(Humenik & Fingerhut, 2007). Additional studies have found that fathers with a background of alcohol and/or drug abuse are more likely to exhibit parenting stress, aggravation, and dysfunctional communication with their children (Eiden, & Leonard, 2000; Eiden, Edwards, & Leonard, 1999). Other research has reported that fathers who abused alcohol had a more disapproving father-infant interaction and further concluded that excessive drinking when interfaced with depression played a major role in insensitivity toward infants leading to possible child maltreatment (Barnard & McKeganey, 2004; Paris, et al., 2015). As a whole, 10% of physical abuse and 12% of all child neglect incidences can be attributed to illicit drug use (Sedak, et al., 2010). It is an unknown factor as to what type drugs are more likely to lead to maladaptive parenting behaviors (Freisthler, Gruenewald, & Wolf, 2015). However, Freisthler's, et al. large scale study in California found that current marijuana use was a contributing factor.

Change Model

The basic assumption of social learning is that individuals learn by witnessing the behavior of significant others in their immediate environment (Bundura, 1977). Bandura describes observational learning as requiring four components: attention, retention, motor reproduction, and reinforcement. Social learning theory suggests that individuals learn through a modeling process, which takes place when information is transmitted in a social setting (Devall, 2004). When applied to the family, the intergenerational transmission of violence theory maintains that violent behavior is learned and then passed down from one generation to the next. This perspective contends that children who are victims of child abuse or who witness domestic violence will, as adults, repeat that same behavior toward their own children. The social learning model assumes that children as

survivors of incidences of violence and emotional abuse develops a predisposition toward violence creating a never ending cycle.

Based on the broad assumptions of social learning theory, socialization or re-socialization is the premise behind parent education. Parenting interventions grounded in social learning principles are considered one of the most effective strategies available to achieve change (Sanders & Burke, 2014; Spoth & Redmond, 2000). Since children often emulate abusive behaviors observed from their parents, this model has been found to be a useful approach for those who have been maltreated as children. Parents who are at-risk for child maltreatment or have had substantiated reports of maltreatment are given the opportunity to relearn parenting behaviors in order to become more nurturing parents. In previous studies, there have been positive outcomes with families who have participated in parenting programs with a social learning aspect. Individuals are able to learn from other group members, while also building up their support network. The group-based atmosphere allows parents to be influenced by their peers in certain parenting techniques, as well as getting the opportunity to see model worthy behavior demonstrated by instructors (Byrne et al., 2013).

Parent Education Programming

Parent education programs have been effective in giving parents the skills they need to manage their children's behavior without punishment that results in abuse. It has also been beneficial in developing the knowledge about child development and milestones that are necessary for parents to understand for healthy growth (Shannon, 2012). Best practices for these education programs have been social service providers. Those who have weighed in on the best practices of parent education focus on key

components such as child development, child management, stress and stress management, communication, and social support for the parent (Shannon, 2012; Huebner, 2002; Guterman, 2013). Other risk factors that should be targeted, outside of parenting skills, if at all possible are unemployment and substance abuse. These factors make it difficult for a parent to provide a safe, nurturing home even if other parental risk factors are changed (Shannon, 2012).

A variety of different programs have been established in the past few decades surrounding parent education (Barth et al., 2005). This includes Parent Aide programs, In-home counseling, parent education classes, and any combination of the three (Barth et al., 2005; Johnson et al., 2006; Childwelfare.gov, 2013).

Parent Aide programs generally work as in-home mentoring programs. Families served in this capacity range from low to moderate risk for abuse. Families who have had contact with DCS/CPS may be referred to a Parent Aide program prior to the closing of their case. These families are then matched up with a Parent Aide worker who goes into the home, generally on a weekly basis, to teach the parent appropriate parenting and life skills. The Parent Aide worker also provides referrals for housing, employment, and other necessary resources (Harder, 2005). Parent Aide programs can last between 6 weeks and 3-5 years. The effectiveness of Parent Aide programs can be measured through pre and post-test evaluations and observations of the Parent Aide worker or case manager. These programs have been shown to be effective in giving families positive parenting skills, appropriate discipline techniques, and better family functioning overall if the parents complete the program or participate for the majority of the program (Harder, 2005).

A second type of parent education is in-home counseling. This program differs from the Parent Aide program because in-home sessions are overseen by a case manager, who will have some formal education in social work, psychology, counseling or other related field. It is not a requirement for Parent Aide workers to have this background. In-home will most likely be a more intensive treatment program as well. Populations served by in-home counseling are generally those of lower socioeconomic status, first-time mothers, substance abusers, minorities, and other populations who are at the greatest risk for child abuse and neglect (Bilukha et al., 2005). Different programs have a variety of formats in which in-home counseling is facilitated. Some programs may last between 4-6 weeks. Others can provide in-home services for multiple years (Bilukha et al., 2005; Barton, 1994). Effectiveness of these programs have been debated in recent years. Bilukha et al. (2005) reported insufficient evidence in determining if in-home programs deterred violence in the parent, child, and other family members. Other researchers, such as Barton (1994) and Filene (2013) suggest that in-home programs can be effective in combating certain risk factors for child maltreatment. Filene (2013) made the suggestion of pairing with other treatments like substance abuse programs or parenting classes to meet each family's extended needs.

A final parent education model and the focus of this research is community-based parenting classes. This model is often recommended to be used in combination with the previously mentioned models so that families get exposure to both personalized, in-home treatment and peer support through classes (Childwelfare.gov, 2013). Community based parenting classes are delivered through a variety of programs such as Project 12-Ways, Parenting Wisely, and Systematic Training for Effective Parenting (Barth et al., 2005).

Although titled differently, the majority of these programs use the same approaches in prevention and intervention of child maltreatment. The parenting classes focus on reducing the stress in the parent-child relationships by giving parents the necessary skills to manage behavior and discipline effectively. The classes also focus on increasing a parent's knowledge of childhood development and understanding and communicating emotions with children. Depending on the specific program, classes can last anywhere from 6 weeks to multiple years. (Barth et al., 2005; Barth, 2009; Cowen, 2001; Huebner, 2002).

The Nurturing Parent Program (NPP) is one of the very few supported by evidence based research (Colosi & Dunifon, 2003; Cowen, 2001; Devall, 2004; Maher, Marcynyszyn, Corwin, & Hodnett, 2011). Evaluations of the Nurturing Parenting Program have been conducted using the specifically designed AAPI-2 instrument as the primary assessment tool. Most of the previous evaluations have focused on at risk populations referred to the program including community groups, jail populations, or specific residential substance abuse facilities (Palusci, Crum, Bliss, Bavolek, 2007). The Palusci et al. study reported no significant differences in changes in parenting attitudes based on program location. However, the study did find that males, in general, were more likely to report greater improvement in AAPI-2 scores across all groups with greater gains in age-appropriate expectations and use of corporal punishment as well as knowledge and empathy measures.

Other evaluations have focused on at risk specific community groups such as teen parents of infants and toddlers, divorced or foster parents. Using pre- and post-test scores (AAPI-2), these studies have reported that the NPP curriculum is an effective

intervention tool for improving parenting knowledge and skills, changing beliefs about corporal punishment, parent-child role reversals, inappropriate age expectations, and showing greater empathy to their children (Cowen, 2001; Deval, 2004; Maher, et al., 2011; Woods, et al., 2003). Other related findings have suggested that parent participation and engagement is a key factor for reinforcing change (Devall, 2004). For example, Maher et al., (2011) found when analyzing the NPP that the number of sessions attended significantly reduced the incidence of maltreatment.

It should be noted there has been some question of validity and reliability of the AAPI-2. For example, Connors (2006) & Lawson (2012) have suggested that the AAPI-2 may give misleading results when constructs are viewed individually. The authors feel that the total score is more useful in determining the parental risk for child maltreatment. However, others have argued that viewing the individual constructs is a more comprehensive approach when identifying types of abuse (Hitchcock, 2010; Connors, 2006). Moreover, from an intervention perspective, distinguishing abusive, at-risk traits is a more feasible way to determine how curriculum topics generate change among program participants (Bavolek & Keene, 2001). Determined a reliable and valid assessment tool by the developers, the AAPI-2 is almost always used with the NPP in assessing program impact.

There have been mixed findings on the overall effectiveness of parenting classes. For example, Huebner (2002) stated that 'in terms of improvement in self-reported parenting stress and observed parent-child interaction,' positive effects were documented. Positive results were also found in the studies of Barth (2009) and Cowen (2001). These researchers determined that participation in parent education classes could indeed change

parenting attitudes. Opposition to this claim comes from Bagner (2012), who has stated those individuals who have three of more risk factors (single parent, low income, abuse history) may experience less success with parenting classes even if they complete the program than their peers who have fewer risk factors for abuse. This is an important aspect to consider since most parents who are participating in programs will typically have multiple risk factors.

<div align="center">**RESEARCH METHODS**</div>

Research Setting

The Family Center in Middle Tennessee offers a structured Nurturing Parenting Program (NPP) for the purpose of improving the skills of high risk parents who have been referred to the program. This agency provides parenting classes across two counties and in 9 separate locations on a weekly basis. The NPP is taught by three Master's Level parent educators, one for Rutherford County and two in Davidson County. The parent educators deliver this program in eight, 1.5 hour sessions, once per week. The sessions focus on topics such as child development, empathy, emotions, safety, and discipline. There are different curriculums used depending on the location of the parenting class, but all focus on parents of children between 0 and 11 years. Substance abuse facilities have a specific curriculum, and incarcerated fathers in one county have a curriculum specific to their needs. Parents who are outside of incarceration and substance abuse treatment facilities are most often referred to The Family Center due to DCS involvement or recommendations from the court or a probation officer.

The self-reported, secondary data for this program evaluation was extracted from The Family Center's database. The information includes all clients who enrolled in and

completed the Positive Parenting class (Positive Parenting uses the Nurturing Parenting Curriculum) in the 2013-2015 fiscal years. This includes parents who are incarcerated (Rutherford County Correctional Work Center, Rutherford County Adult Detention Center, Correctional Development Center), parents in substance abuse recovery (Mending Hearts, Renewal House), and community classes (Nashville and Murfreesboro Centers, Greenhouse Ministries, Smyrna YMCA). During this timeframe, a total of 903 parents completed the curriculum, or about 55% of those who begin the program.

Instruments

This intervention program for at risk parents was developed by Stephen J. Bavolek and validated by the National Institute of Mental Health (NIMH). To measure the effectiveness of the Nurturing Parenting Program, researchers have generally utilized the Adult Adolescent Parenting Inventory-2 (AAPI-2). The AAPI-2 consists of a pre and post-test evaluation, Form A and Form B. Both assessments, which consist of 40 items focus on five constructs: empathy, power and independence, discipline with dignity, appropriate family roles, and age appropriate expectations for children (Connors 2006). The individual items are displayed in APPENDIX C and the constructs are further operationalized in Table 1. Valid for both abusive and non-abusive parents of differing ages, race/ethnicity and gender, the inventory uses a five-point Likert scale for each item ranging from "Strongly Agree," "Agree," "Uncertain," "Disagree," and "Strongly Disagree." The items designed to measure parenting attitudes and behaviors are written at a 5th grade reading level and can be read aloud if necessary. Risk for abuse is determined by using standard ten scores, with 50 being the highest total and 5 being the lowest total. Each sub score is then categorized into High Risk (1-16), Medium Risk (17-34), or Low

Risk (35-50). Alternate test forms are provided for pre and post testing to reduce any

practice effect when completing both inventories in a short time period (Palusci et al.,

2007).

Table 1. Adult Adolescent Parenting Inventory-2 Constructs

AAPI sub-scales
Construct A — Inappropriate parental expectations: Expectations exceed developmental capabilities of   children. Lacks understanding of normal child growth and development. Self-concept as a parent is weak and easily threatened. Tends to be demanding and controlling.
Construct B — Inability to demonstrate empathy towards children's needs: Fears spoiling children. Children's normal developmental needs not understood or valued. Children must act right and be good. Lacks nurturing skills. May be unable to handle parenting stress.
Construct C—Strong belief in the use of corporal punishment: Hitting, spanking, and slapping children is appropriate and required. Lacks knowledge of alternatives to corporal punishment. Lacks ability to use alternatives to corporal punishment. Strong disciplinarian, rigid. Tend to be controlling and authoritarian.
Construct D — Reversing parent–child family roles: Tends to use children to meet self-needs. Children perceived as objects for adult gratification. Tends to treat children as confidant, peer. Expects children to make life better by providing love, assurance, and comfort. Tends to exhibit low self-esteem, poor self-awareness, and poor social life.
Construct E — Restricts power/independence: Tends to view children with power as threatening. Expects strict obedience to demands. Devalues negotiation and compromise as a means of solving problems. Tends to view independent thinking as disrespectful.

Bavolek, S.J., & Keene, R.G. (2001). Adult-Adolescent Parenting Inventory-AAPI-2: Administration and Development Handbook. Family Development Inc.

Clients are also given the Adverse Childhood Experiences (ACEs) questionnaire

to determine their own abuse histories and household qualities before clients reached the

age of 18 years. This instrument consists of 15 questions. Questions 1 through 5 ask

about household dysfunction including mental illness, substance abuse, incarceration, and

marital status. Questions 6 through 15 ask about abusive and neglectful behaviors of

parents. The highest a parent can score is 10, while the lowest is 0 ACEs. The

questionnaire has a ratio level of measurement because the zero position indicates the absence of the property being measured. ACE questionnaires are administered on different sessions for classes depending on the curriculum (substance abuse= S1, fatherhood=S3, or community=S4).

Other descriptive information is also made available by the inventory such as age, sex, race, education, income, marital status, and work history. Location of each parenting class is also selected as a determining factor for program impact. The variable for age was recoded using the median age of 32 years to create a younger group (17-32) and an older group (33-69). As the majority of the program participants reported being White and very few fell into other racial categories, the variable was recoded into White and Non-White. The variable for education was recoded into three categories: Less than High School, High School Diploma/ GED, and Some College/College Degree. Marital status was recoded into Single Parents (Never Married, Divorced, Separated, and Widowed) and Partners (Married and Unmarried Partners). Finally, the variable for Location was recoded into Jail (RCCWC, RCADC, CDC), Treatment (Mending Hearts and Renewal House), and Community (Murfreesboro Center, Nashville Center, Greenhouse, and Smyrna YMCA).

RESULTS

The descriptive statistics for the major demographic variables of the program participants are shown in Table 2. Although the majority (59.5%) of the parents enrolled in the program were currently in a jail setting, about one-third were referred from the community population at large. A small number of parents were in drug treatment.

Table 2. Study Population Characteristics of the Nurturing Parenting Program

Characteristic	Percent
Age (Range 17-69 and Mean = 34)	
17-29	34.9
30-39	40.3
40-49	16.7
50-69	7.5
Sex	
Females	64.7
Males	35.3
Race	
White	65.0
Black	27.2
Other	7.8
Marital Status	
Divorced	12.8
Married	17.4
Non-Married Partners	11.0
Separated	11.5
Single	45.2
Widowed	2.1
Education Level	
Less than High School	23.6
High School Diploma/GED	44.1
Some College	22.0
College Degree	10.0
Employment Status	
Employed Full-Time	12.7
Employed Part-Time	6.8
Unemployed	80.5
Income Range	
$0-14,999	71.9
$15,000-29,999	14.2
$30,000-44,999	8.2
$45,000 & Up	5.0
Location Type	
Jail	59.5
Treatment	10.3
Community	30.2

N = 903

The racial composition of the program was 65.0% white, 27.2% black, and 7.8% of other races (Asian, Hispanic, Native American, Unknown). The average age of program participants was 34 years and ranged from 17 years old to 69 years old. Females composed 64.7% of the participants. The majority of the participants were single (45.2%). Almost half (44.1%) possessed either a high school diploma or GED while 22% had attended some college and 10% had some type of college degree. Most participants were unemployed (80%). A minority was employed full-time (12.7%), with a handful employed part-time (6.8%). Annual income ranged from $0 to more than $90,000. However, the majority of clients (71.9%) fell in the category of $0-14,999.

Table 3 shows the degree to which this sample was subjected to a wide range of traumatic childhood experiences. Since the Adverse Childhood Experience (ACE) survey is optional and implemented in May, 2014, data are available for only 256 program participants. The information is provided here to enhance the descriptive profile for those referred to parenting training program. From this life history assessment, it is clear that a significant portion of program participants suffer from a childhood where unhealthy living, exposure to drugs and domestic violence, and other childhood trauma such as physical, sexual, and emotional victimization were commonplace. For example, well over one-half (64.5%) experienced a broken home environment filled with domestic violence (54.3%), and household drug and alcohol abuse (55.9%). In addition to this unstable environment, program participants also reported being direct victims of emotional abuse (69.5%), physical abuse (42.2%), sexual abuse (25.0%) and rape (16.0%). It is assumed that a significant portion of the remaining participants faced similar victimization experiences.

Table 3. Adverse Childhood Experiences

Characteristic	Percent
Household Mental Illness	45.3%
Household Alcohol Abuse	55.9%
Household Drug Abuse	55.9%
Incarcerated Family Member	44.5%
Parental Separation or Divorce	64.5%
Household Domestic Violence	54.3%
Individual Emotional Neglect	56.3%
Family Emotional Neglect	48.4%
Physical Neglect	32.0%
Physical Neglect due to SA	24.2%
Physical Abuse	42.2%
Emotional Abuse	69.5%
Sexual Abuse- Type 1	25.5%
Sexual Abuse- Type 2	25.0%
Sexual Abuse- Rape	16.0%

$N = 256$

To analyze the impact of the NPP on participants, pre and post-test scores for the program are displayed in Table 4. The paired sample *t*-test revealed that participants enrolled in The Family Center curriculum significantly improved their ability to parent (t = 17.87; $p < .001$). When analyzing the risk factors (low risk (35-50), medium (17-34), high risk (1-16) for children abuse and neglect, the pre-test assessment found that 9.9% of participants scored in the low range, 76.6% scored in the medium range, and 13.5% scored in the high risk range. The mean score was 24.97 (medium risk). On the post-test assessment, 23.9% of those who completed the program scored in the low risk category, 69.1% scored in the medium risk range, and 7% were still in the high risk range. The mean score for the post-test was 28.80 (medium risk).

Table 4. Paired Samples T-tests

Constructs	PRE		POST		
	M	*SD*	*M*	*SD*	*t*
Total	24.97	7.45	28.80	8.00	17.87***
Expectations	4.76	1.81	5.28	1.94	8.25***
Empathy	4.84	2.10	6.00	2.38	15.64***
Corporal Punishment	5.13	1.90	5.85	1.84	12.12***
Family Roles	5.44	2.22	5.81	2.31	5.36***
Power & Independence	4.91	2.10	5.86	2.17	11.42***

***$p < .001$

To further explore factors that might positively influence at risk parents' ability to improve their capabilities, a series of t-tests examined various demographic variables such as gender, race, age, and marital status. Using independent t-test analyses, it was discovered that there were no major differences in pre- and post-test scores for gender, race, age, and marital status. In other words, changes in mean scores were consistent when comparing pre and post-test scores. While there were differences between demographic variables, there were no differences within the variables.

As Table 5 illustrates, gender, as a whole, was an important factor in determining at risk parenting scores. Although there was no difference in overall mean scores on the pre-test ($t = 1.7$; $p > .05$), males did exhibit a slightly higher score on the post-test ($t = 2.2$; $p < .05$). With the exception of appropriate family roles, fathers tended to have higher parenting scores on each construct. Interestingly, there were gender differences regarding inappropriate expectations for childrearing with mothers more likely to hold such a view. The only other gender specific score occurred on the corporal punishment construct, where father's views of role of corporal punishment was slightly more positive than for mothers.

Table 5. Independent Samples T-tests: Sex

Characteristics	PRE			POST		
	M	*SD*	*t*	*M*	*SD*	*t*
Total			1.7			2.2*[ab]
Male	25.52	6.85		29.59	8.10	
Female	24.67	7.74		28.37	7.92	
Expectations			2.87**			4.26***[ab]
Male	5.00	1.92		5.65	1.94	
Female	4.64	1.73		5.08	1.90	
Empathy			1.31			.51[ab]
Male	4.96	2.01		6.06	2.42	
Female	4.77	2.14		5.97	2.36	
Corporal Punishment			1.9			3.87***[ab]
Male	5.29	1.80		6.16	1.77	
Female	5.04	1.95		5.67	1.85	
Family Roles			-.56			.70[ab]
Male	5.38	2.15		5.77	2.56	
Female	5.47	2.26		5.84	2.16	
Power & Independence			.66			.96[ab]
Male	4.97	1.65		5.95	2.00	
Female	4.88	2.32		5.80	2.27	

*$p < .05$, **$p < .01$, ***$p < .001$
a: Change in score $p < 0.05$ for male participants
b: Change in score $p < 0.05$ for female participants
N = 899

Regarding race (see Table 6), the results show that significant improvements were made (pre and post-test) for both White and Non-White samples on all aspects of parenting. However, Whites, as a whole, scored higher on all parenting constructs. With the overwhelming majority of clients in the parenting program listing income under $15,000, perhaps cultural differences are an important element when considering parenting assumptions. For example, when compared to whites, non-whites have typically favored the use of corporal punishment in their childrearing practices. Regardless, exposure to the parenting curriculum consistently influenced both racial categories.

Table 6. Independent Samples T-tests: Race

Characteristics	PRE			POST		
	M	*SD*	*t*	*M*	*SD*	*t*
Total			-7.34***			-8.62***[ab]
Non White	22.56	7.37		25.68	8.32	
White	26.26	7.17		30.48	7.29	
Expectations			-5.21***			-5.59***[ab]
Non White	4.34	1.85		4.78	2.10	
White	5.00	1.74		5.56	1.78	
Empathy			-4.17***			-6.53***[ab]
Non White	4.44	2.14		5.31	2.45	
White	5.05	2.04		6.37	226	
Corporal Punishment			-5.37***			-6.32***[ab]
Non White	4.67	1.85		5.31	1.93	
White	5.37	1.89		6.13	1.71	
Family Roles			-8.59***			-9.21***[ab]
Non White	4.58	2.67		4.85	2.42	
White	5.90	2.05		6.33	2.07	
Power & Independence			-3.41**			-4.31***[ab]
Non White	4.59	2.00		5.43	2.24	
White	5.09	2.14		6.09	2.11	

*$p < .05$, **$p < .01$, ***$p < .001$
a: Change in score $p < 0.05$ for non-white participants
b: Change in score $p < 0.05$ for white participants
$N = 899$

Using the median to create two distinct age groups (17-32 = younger; 33 and above = older), Table 7 reveals views of corporal punishment was the only major difference for the pre-test assessment. In this regard, younger parents tended to maintain a slightly heathier view than their older counterparts for both the pre-test ($t = 2.06$; $p < .05$) as well as the post-test ($t = 2.55$; $p < .05$). However, after successfully completing the program, younger parents were more likely to exhibit significantly higher scores for the constructs of empathy ($t = 2.24$; $p < .05$) and parental expectations ($t = 2.56$; $p < .05$).

Table 7. Independent Samples T-tests: Age

Characteristics	PRE				POST		
	M	SD	t		M	SD	t
Total			.39				1.56[ab]
Younger	25.09	6.98			29.28	7.76	
Older	24.90	7.79			28.45	8.17	
Expectations			.60				2.56*[ab]
Younger	4.81	1.77			5.47	1.91	
Older	4.74	1.84			5.14	1.94	
Empathy			1.11				2.24*[ab]
Younger	4.93	2.00			6.20	2.36	
Older	4.77	2.17			5.84	2.39	
Corporal Punishment			2.06*				2.55*[ab]
Younger	5.28	1.85			6.02	1.78	
Older	5.01	1.94			5.71	1.86	
Family Roles			-1.32				.19[ab]
Younger	5.33	2.16			5.84	2.32	
Older	5.53	2.26			5.81	2.29	
Power & Independence			-.58				-1.32[ab]
Younger	4.86	2.02			5.75	2.18	
Older	4.94	2.18			5.94	2.18	

*$p < .05$
a: Change in score $p < 0.05$ for younger participants
b: Change in score $p < 0.05$ for older participants
N=899
 Younger: 17-32 Years, Older: 33-69 years

To examine marital status, married and non-married partners were aliened together and compared against those groups in the single category (never married, divorced, separated, widowed). As the scores show in Table 8, living in a partnership environment resulted in obtaining more favorable parenting skills. For example, however slight, single parents scored significantly lower on both the pre-test ($t = -2.39$; $p < .05$) and post-test ($t = -2.82$; $p < .01$). Pre-test differences were also present for empathy ($t = -2.71$; $p < .01$) and power and independence ($t = -2.10$; $p < .05$). Interestingly, marital status had an impact on change several scores such as empathy, corporal punishment, and

family roles. In each of these cases, parents in the partners' category tended to score

higher at the conclusion of the parenting curriculum. In contrast, score differences were

dissolved on the empathy construct.

Table 8. Independent Samples T-tests: Marital Status

Characteristics	PRE			POST		
	M	*SD*	*t*	*M*	*SD*	*t*
Total			-2.39*			-2.82**[ab]
Single	24.60	7.26		28.33	7.85	
Partners	25.91	7.83		29.99	8.27	
Expectations			-1.39			-1.29[ab]
Single		4.71	1.76		5.23	1.88
Partners	4.90	1.92		5.42	2.06	
Empathy			-2.71**			-1.88[ab]
Single	4.72	2.08		5.91	2.33	
Partners	5.14	2.12		6.24	2.50	
Corporal Punishment			-1.63			-2.76**[ab]
Single	5.06	1.88		5.74	1.80	
Partners	5.29	1.97		6.11	1.89	
Family Roles			-1.69			-2.30*[ab]
Single	5.36	2.20		5.70	2.31	
Partners	5.64	2.26		6.09	2.28	
Power & Independence			-2.10*			-2.34*[ab]
Single	4.82	2.09		5.75	2.17	
Partners	5.15	2.14		6.13	2.18	

*$p < .05$, **$p < .01$, ***$p < .001$
a: Change in score $p < 0.05$ for single participants
b: Change in score $p < 0.05$ for Married/Unmarried Partners participants

    To explore the importance of environmental setting (jail, substance abuse

treatment facilities, and community locations) a one-way ANOVA revealed that program

participants have a similar pre-test AAPI-2 score that does not differ significantly from

setting to setting ($F = 2.54$; $df = 2$; $p > .05$). The mean pre-test scores are as follows: jail

(24.51), community (25.59), and treatment (25.80). However, the one way ANOVA

revealed that AAPI-2 post-test scores do vary significantly ($F = 7.14$; $df = 2$; $p < .05$). The community class locations held a significantly higher post-test score than do those participants within a jail setting. Mean post-test scores are as follows: jail (28.04), treatment (28.92), and community (30.27). While there was a favorable increase in each setting, participants in the community made the greatest strides toward positive parenting as defined by the NPP.

Analysis of variance was also conducted to assess the impact education may produce on pre and post-test scores. Education levels were broken down into three groups: Less than High School, High School, and Some College/College Degree. Significant differences in pre-test scores were found for all three groups ($F = 19.69$; $df = 2$; $p < .001$). The mean pre-test scores are as follows: Less than High School (22.98), High School (24.57), and Some College/College (27.00). The ANOVA also revealed significant differences between educational levels for the post-test scores ($F = 32.28$; $df = 2$; $p < .001$). The mean post-tests scores for educational levels: Less than High School (25.89), High School (28.48), and Some College/College Degree (31.44). While the scores were not dramatically different, these findings clearly indicate that education plays an important role in the resocialization process.

DISCUSSION & CONCLUSION

Although numerous parenting programs have evolved to prevent child maltreatment, only a few studies have actually examined the effectiveness of this intervention method. To fill this gap, using the Bavolek curriculum constructs, this research investigated the impact of the NPP education classes currently provided by The Family Center in the Middle Tennessee region. The findings presented here tend to

support previous research, which generally has found the NNP program to be a useful strategy for improving parenting tendencies (Cowen, 2001; Devall, 2004; Maher et al., 2011; Palusci, et al., 2008; Woods, et al., 2003) lending evidence to the overall effectiveness of the NPP. This information should prove useful when developing strategies to better serve parents striving to improve their abilities as parents.

It is evident from the ACE data that The Family Center targets highly marginal and significantly at risk parents. Given the fact that program participants were exposed to, on average, five adverse childhood experiences, lends evidence to the challenges facing those given the responsibility for nurturing these vulnerable parents. Given the fact the literature (Bagner, 2012) suggests that positive behavioral change is most difficult when individuals encounter as many as 3 traumatic experiences, the positive changes in the participants across all constructs is a significant finding.

Other results associated with various demographic variables also support previous evidence-based findings (Palusci, et al., 2007). For example, males were found to have a more positive approach to parenting than females which is consistent with previous research findings. Younger parents under the age of 33 indicated they are more open to change especially for recognizing age-appropriate expectations, the ability to demonstrate empathy, and being less likely to use corporal punishment. Non-whites appeared to face significantly more challenges in overcoming child maltreatment tendencies as measured by the AAPI-2 constructs. In particular, when it comes to the use of corporal punishment, both Black and Hispanic children are more likely to report the excessive use of forceful disciplinary measures by their parents (Hawkins, et al., 2010). Grayson (2013) further reported that Blacks tended to feel more connected to NPP classes that were culture-

specific, which could make a difference it comes to the social learning model. However, it should be noted, however, that upon completion of the program, those in the non-white category did significantly improve their mean scores across each construct. As expected, those in a committed relationship and those with a post high school education exhibited more positive attitudes and child rearing practices. The type of client and where they resided had no impact on program success.

It can be concluded that the NPP and the use of trained facilitators is an effective way to reduce the risk factors for parental abuse and neglect. This theory is based on the assumption that individuals learn through intergenerational modeling. The participants in this study with exposure to poverty, victimization, unemployment, and incarceration are some of the most susceptible to poor parenting techniques. For example, individuals who have been abused and neglected tend to lack the necessary knowledge for effective parenting. Having been exposed to a toxic environment during childhood, they have little knowledge of the child development process and age-appropriate expectations. Those who have witnessed violence or have been abused themselves may simply continue that destructive cycle (Portwood, 2006). In fact, many people whose lives have been filled with trauma may view parenthood as a burden. This research supports the notion that the NPP assists parents in helping them shape their attitudes and behaviors into more acceptable approaches to parenting.

Research has found that the trauma associated with the event of childhood victimization and other traumas can bear lifelong consequences for those with such histories (Morgan & Cummings, 1999). And, it should be acknowledged that after successfully completing the NPP program, a significant number of the participants are

still considered to have considerable risk of regressing back into inappropriate parenting tactics. While those in the low risk category increased from 9.9 to 23.9 percent, some two-thirds (69.1%) of the participants remain in the medium risk category. On a positive note, those in the high risk group were reduced in half from 13.5% down to 7 percent. Some of the most common mental health conditions that result from a tumultuous past include post-traumatic stress disorder, low self-esteem, depression, anxiety disorders, alcohol and substance abuse, and suicidal ideations and/or attempts (Weaver et al., 2007; Ullman, 2003). Others concede that a sizeable number of toxic parents frequently exhibit behaviors associated with such mental disorders (Dutton, 2009). Unless treatment is prescribed for the underlying causes of child maltreatment, the ability to bring about a more comprehensive and long-lasting healthy approach to parenting is problematic, especially among those with few resources.

Limitations

There are numerous likely limitations when conducting evidenced-based research. Data generated from self-reports may limit the accuracy of the information provided. The non-probability sample makes it impossible to generalize the results to other parent education programs. Since some participants were mandated by the courts or DCS to attend the program, their motivation to fully engage the curriculum could very well influence resulting scores. Also the use of secondary data hinders the ability to have complete control over the variables. Since 45% of the program participants dropped out prior to completing the program, it is difficult to draw conclusions without knowing whether the decision to drop the program was due to a lack of interest among the clients or if the curriculum was considered irrelevant. For example, data manipulation was made

difficult by the procurement and storage methods used by The Family Center. I was unable to manipulate the data regarding ACEs, AAPI-2 scores, and demographic information based on limited file access in a manner appropriate for this research.

Recommendations

From the research conducted, participants of The Family Center's parenting programs would benefit greatly from programs geared towards their specific population. Grayson (2013) mentioned the importance of culturally sensitive programming when looking at nonwhite participants. The same need for sensitivity holds true for individuals who are most at-risk for child maltreatment. Programs should offer additional support for at-risk families to ensure parental well-being. By adding this additional component to the program, the completion rate of participants should increase (Bagner, 2012). Program length is an additional aspect that could be altered. Lengthening the program would strengthen the impact of the NPP. This would allow facilitators to cover topics in greater depth while also giving participants more time to digest information and bring forth any questions they may have about topics discussed in class or that arise while they are participating in the program. In Maher et al. (2011), longer involvement with the NPP resulted in better long-term outcomes for parents and children (less involvement with welfare services, no maltreatment reoccurrences). Combining parenting classes with an in-home component was also found to be beneficial.

It has been reported that only about 10 percent of family intervention programs are evidence-based practices (Kumpfer, 2006). Only through increased research, training, and dissemination of model programs can the reduction of ineffective parenting take place. Future research, should explore why so many families begin a parenting program,

but do not complete. It has been suggested that attendance can be improved with engagement practices, personal invitations, providing childcare and transportation. It is important to know existing barriers whether dropouts are more likely to occur in the community, jails, or treatment centers. With this information, facilitators can better target these at risk clients and improve the success rate of the NPP. Other suggestions include exploring the correlations between previous exposure to childhood trauma and parenting attitudes and behaviors. Finally, researchers should further explore the long-term outcomes of parent education programs and the recidivism rate of Child Protective Services involvement. It is recommended for future research to examine the correlations between ACEs and AAPI-2 scores to better understand the population being served, their histories, and parenting practices.

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APPENDICES

APPENDIX A

Adult Adolescent Parenting Inventory-2: Form A

INSTRUCTIONS:

There are 40 statements in this booklet. They are statements about parenting and raising children. You decide the degree to which you agree or disagree with each statement by circling one of the responses.

STRONGLY AGREE – Circle **SA** if you strongly support the statement, or feel the statement is true most of all the time.

AGREE – Circle **A** if you support the statement, or feel this statement is true some of the time.

STRONGLY DISAGREE – Circle **SD** if you feel strongly against the statement, or feel the statement is not true.

DISAGREE – Circle **D** if you feel you cannot support the statement or that the statement is not true some of the time.

UNCERTAIN – Circle **U** only when it is impossible to decide on one of the other choices.

When you are told to turn the page, begin with Number 1 and go on until you finish all the statements. In answering them, please keep these four points in mind:

1. Respond to the statements truthfully. There is no advantage in giving an untrue response because you think it is the right thing to say. There really is no right or wrong answer – only your opinion.

2. Respond to the statements as quickly as you can. Give the first natural response that comes to mind.

3. Circle only one response for each statement.

4. Although some statements may seem much like others, no two statements are exactly alike. Make sure you respond to every statement.

If there is anything you don't understand, please ask your questions now. If you come across a word you don't know while responding to a statement, ask the examiner for help.

PLEASE TURN THE PAGE AND BEGIN...

AAPI Online - Form A	Strongly Agree	Agree	Disagree	Strongly Disagree	Uncertain
1. Children need to be allowed freedom to explore their world in safety.	SA	A	D	SD	U
2. Time-out is an effective way to discipline children.	SA	A	D	SD	U
3. Children who are one-year-old should be able to stay away from things that could harm them.	SA	A	D	SD	U
4. Strong-willed children must be taught to mind their parents.	SA	A	D	SD	U
5. The sooner children learn to feed and dress themselves and use the toilet, the better off they will be as adults.	SA	A	D	SD	U
6. Spanking teaches children right from wrong.	SA	A	D	SD	U
7. Babies need to learn how to be considerate of the needs of their mother.	SA	A	D	SD	U
8. Strict discipline is the best way to raise children.	SA	A	D	SD	U
9. Parents who nurture themselves make better parents.	SA	A	D	SD	U
10. Children can learn good discipline without being spanked.	SA	A	D	SD	U
11. Children have a responsibility to please their parents.	SA	A	D	SD	U
12. Good children always obey their parents.	SA	A	D	SD	U
13. In father's absence, the son needs to become the man of the house.	SA	A	D	SD	U
14. A good spanking never hurt anyone.	SA	A	D	SD	U
15. Parents need to push their children to do better.	SA	A	D	SD	U
16. Children should keep their feelings to themselves.	SA	A	D	SD	U
17. Children should be aware of ways to comfort their parents after a hard day's work.	SA	A	D	SD	U
18. Children learn respect through strict discipline.	SA	A	D	SD	U
19. Hitting a child out of love is different than hitting a child out of anger.	SA	A	D	SD	U
20. A good child sleeps through the night.	SA	A	D	SD	U
21. Children should be potty trained when they are ready and not before.	SA	A	D	SD	U

AAPI Online - Form A	Strongly Agree	Agree	Disagree	Strongly Disagree	Uncertain
22. A certain amount of fear is necessary for children to respect their parents.	SA	A	D	SD	U
23. Spanking teaches children it's alright to hit others.	SA	A	D	SD	U
24. Children who feel secure often grow up expecting too much.	SA	A	D	SD	U
25. There is nothing worse than a strong-willed two-year-old.	SA	A	D	SD	U
26. Sometimes spanking is the only thing that will work.	SA	A	D	SD	U
27. Children who receive praise will think too much of themselves.	SA	A	D	SD	U
28. Children should do what they're told to do, when they're told to do it. It's that simple.	SA	A	D	SD	U
29. Children should be taught to obey their parents at all times.	SA	A	D	SD	U
30. Children should know what their parents need without being told.	SA	A	D	SD	U
31. Children should be responsible for the well-being of their parents.	SA	A	D	SD	U
32. It's OK to spank as a last resort.	SA	A	D	SD	U
33. Parents should be able to confide in their children.	SA	A	D	SD	U
34. Parents who encourage their children to talk to them only end up listening to complaints.	SA	A	D	SD	U
35. Children need discipline, not spanking.	SA	A	D	SD	U
36. Letting a child sleep in the parents' bed every now and then is a bad idea.	SA	A	D	SD	U
37. A good spanking lets children know parents mean business.	SA	A	D	SD	U
38. A good child will comfort both parents after they have argued.	SA	A	D	SD	U
39. "Because I said so" is the only reason parents need to give.	SA	A	D	SD	U
40. Children should be their parents' best friend.	SA	A	D	SD	U

APPENDIX B
Adult Adolescent Parenting Inventory-2: Form B

AAPI Online - Form B	Strongly Agree	Agree	Disagree	Strongly Disagree	Uncertain
1. Children who learn to recognize feelings in others are more successful in life.	SA	A	D	SD	U
2. Children who bite others need to be bitten to teach them what it feels like.	SA	A	D	SD	U
3. Children should be the main source of comfort for their parents.	SA	A	D	SD	U
4. You cannot teach children respect by spanking them.	SA	A	D	SD	U
5. Children should be taught to obey their parents at all times.	SA	A	D	SD	U
6. Parents should expect more from boys than girls.	SA	A	D	SD	U
7. Children who express their opinions usually make things worse.	SA	A	D	SD	U
8. If a child is old enough to defy a parent, then he or she is old enough to be spanked.	SA	A	D	SD	U
9. Older children should be responsible for the care of their younger brothers and sisters.	SA	A	D	SD	U
10. Crying is a sign of weakness in boys.	SA	A	D	SD	U
11. Parents spoil babies by picking them up when they cry.	SA	A	D	SD	U
12. If you love your children, you will spank them when they misbehave.	SA	A	D	SD	U
13. Praising children is a good way to build their self-esteem.	SA	A	D	SD	U
14. Children cry just to get attention.	SA	A	D	SD	U
15. Parents who are sensitive to their children's feelings and moods often spoil them.	SA	A	D	SD	U
16. In father's absence, the son needs to become the man of the house.	SA	A	D	SD	U
17. Mild spankings can begin between 15 to 18 months.	SA	A	D	SD	U
18. Give children an inch and they'll take a mile.	SA	A	D	SD	U
19. The less children know, the better off they are.	SA	A	D	SD	U
20. Rewarding children's appropriate behavior is a good form of discipline.	SA	A	D	SD	U

AAPI Online - Form B	Strongly Agree	Agree	Disagree	Strongly Disagree	Uncertain
21. Children should be considerate of their parents' needs.	SA	A	D	SD	U
22. Never hit a child.	SA	A	D	SD	U
23. Children should be seen and not heard.	SA	A	D	SD	U
24. Good children always obey their parents.	SA	A	D	SD	U
25. Children learn violence from their parents.	SA	A	D	SD	U
26. Two-year-old children make a terrible mess of everything.	SA	A	D	SD	U
27. Parents' expectations of their children should be high but appropriate.	SA	A	D	SD	U
28. The problem with kids today is that parents give them too much freedom.	SA	A	D	SD	U
29. Children who are spanked behave better than children who are not spanked.	SA	A	D	SD	U
30. Children should offer comfort when their parents are sad.	SA	A	D	SD	U
31. Children should be obedient to authority figures.	SA	A	D	SD	U
32. Children need to be potty trained as soon as they are two years old.	SA	A	D	SD	U
33. Strong-willed toddlers need to be spanked to get them to behave.	SA	A	D	SD	U
34. Children today have it too easy.	SA	A	D	SD	U
35. Children should know when their parents are tired.	SA	A	D	SD	U
36. Children who are spanked usually feel resentful towards their parents.	SA	A	D	SD	U
37. Parents' needs are more important than their children's.	SA	A	D	SD	U
38. Spanking children when they misbehave teaches them how to behave.	SA	A	D	SD	U
39. Parents who encourage their children to talk to them only end up listening to complaints.	SA	A	D	SD	U
40. Consequences are necessary for family rules to have meaning.	SA	A	D	SD	U

APPENDIX C
Adult Adolescent Parenting Inventory-2 Form B: Construct Breakdown

AAPI-2, Form B Question Breakdown

AAPI-2, Form B

Inappropriate Expectations

5. Children should taught to obey their parents at all times

11. Parents spoil babies by picking them up when they cry.

18. Give children an inch and they'll take a mile.

24. Good children always obey their parents.

28. The problem with kids today is that parents give them too much freedom.

31. Children should be obedient to authority figures.

34. Children nowadays have it too easy.

Lack of Empathy

6. Parents should expect more from boys than girls.

7. Children who express their opinions usually make things worse.

10. Crying is a sign of weakness in boys.

13. Praising children is a good way to build their self-esteem.

14. Children cry just to get attention.

19. The less children know, the better off they are.

23. Children should be seen and not heard.

26. Two-year old children make a terrible mess of everything.

37. Parents; needs are more important than children's needs.

39. Parents who encourage their children to talk to them only end up listening to complaints.

Value Corporal Punishment

2. Children who bite others need to be bitten to teach them what it feels like.

4. You cannot teach children respect by spanking them.

8. If a child is old enough to defy a parent, then he or she is old enough to be spanked.

12. If you love your children, you will spank them when they misbehave.

17. Mild spankings can begin between 15 and 18 months of age.

22. Never hit a child.

25. Children learn violence from their parents.

29. Children who are spanked behave better than children who are not.

33. Strong-willed toddlers need to be spanked to get them to behave.

36. Children who are spanked usually feel resentful toward their parents.

38. Spanking children when they misbehave teaches them how to behave.

Role Reversal

3. Children should be the main source of comfort for their parents.

9. Older children should be responsible for the care of their younger brothers and sisters.

16. In father's absence, the son needs to become the man of the house.

21. Children should be considerate of their parent's needs.

30. Children should offer comfort when their parents are sad.

32. Children need to be potty trained as soon as they are 2 years old.

35. Children should know when their parents are tired.

Oppressing Children's Power & Independence

1. Children who learn to recognize feelings in others are more successful in life.

15. Parents who are sensitive to their children's feelings and moods often spoil them.

20. Rewarding children's appropriate behavior is a good form of discipline.

27. Parents expectations of their children should be high, but appropriate.

40. Consequences are necessary for family rules to have meaning.

APPENDIX D

Adverse Childhood Experiences Questionnaire

This questionnaire asks some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can skip any question you do not want to answer. If you would like information or a referral for these issues, you can dial 1-800-4-A-CHILD (1-800-422-4453) to reach a referral service to locate an agency in your area.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age:	Yes	No	Don't Know/ Not Sure	Skip	Calculate your score using this column **Yes = 1 Anything Else = 0**
1. Did you live with anyone who was depressed, mentally ill, or suicidal?	☐	☐	☐	☐	_____
2. Did you live with anyone who was a problem drinker or alcoholic?	☐	☐	☐	☐	If yes to #2 OR #3, enter 1
3. Did you live with anyone who used illegal street drugs or who abused prescription medications?	☐	☐	☐	☐	_____
4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other facility?	☐	☐	☐	☐	_____
5. Were your parents separated or divorced?	☐	☐	☐	☐	_____

Survey continues on back....

	Once	**More Than Once**	**Never**	**Don't Know / Not Sure**	**Skip**	**Once OR More Than Once = 1 Anything else = 0**
6. How often did your parents or adults in your home ever slap, hit, kick punch, or beat each other up?	☐	☐	☐	☐	☐	_____
7. How often did you feel that no one in your family loved you or thought you were important or special?	☐	☐	☐	☐	☐	If Once or More Than Once for #7 OR #8, enter 1
8. How often did you feel that your family didn't look out for each other, feel close to each other, or support each other?	☐	☐	☐	☐	☐	_____
9. How often did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect you?	☐	☐	☐	☐	☐	If Once or More Than Once for #9 OR #10, enter 1
10. How often did you feel that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	☐	☐	☐	☐	☐	_____

11. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say...	☐	☐	☐	☐	☐
12. How often did a parent or adult in your home ever swear at you, insult you, or put you down?	☐	☐	☐	☐	☐
13. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?	☐	☐	☐	☐	☐
14. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?	☐	☐	☐	☐	☐
15. How often did anyone at least 5 years older than you or an adult, force you to have sex?	☐	☐	☐	☐	☐

For questions 11 and 12, a blank line (_____) appears in the rightmost column.

For questions 13, 14, and 15, the rightmost column reads:

If Once or More Than Once for #13, #14 OR #15, enter 1

_____

Total Score out of 10: _____

APPENDIX E

Client Information Form

First Name: _____ Last Name: _____ Email: _____

Address: _____ City: _____ State: ____ Zip: _____ County: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Race: _____ Hispanic/ Latino? Y / N Date of Birth: _____ Age: _____ Gender: M / F

....

Marital Status:

☐ Single

☐ Non-Married Partners

☐ Married

☐ Separated

☐ Divorced

☐ Widowed

Education Level:

☐ Some High School

   Grade Completed: ___

☐ HS Diploma/GED

☐ Some College/Tech

☐ Associate's

☐ Bachelor's

☐ Master's

☐ Advanced

Employment Status:

☐ Employed Full-Time

☐ Employed Part-Time

☐ Unemployed

☐ Retired

Do you receive:

☐ None

☐ Families First

☐ WIC

☐ Food Stamps

☐ Subsidized Housing

☐ SSDI

☐ SSI

☐ TennCare

Disabilities:

☐ No Health Concerns

☐ Learning Disability

☐ Mental Health Diagnosis

☐ Physical Limitations

☐ Drugs and Alcohol Addiction

☐ Other_____

Gross Household Income:

(Choose One)

   Annual: $_____

   Monthly: $_____

   Weekly: $_____

Number of Children: _____

Ages of Children: _____

# of People in Household: _____

....

Do you have involvement with DCS based on child abuse or neglect?   Yes   No

    If Yes,

        Select One: Physical Emotional Sexual or Neglect

        Were your children removed from your Custody as a result of DCS involvement? Yes or No

        Do you have court involvement as a result of the DCS case? Yes or No

Do you have court involvement for other circumstances?   Yes   No

    If yes,

        Name of Judge or Court: _____

Female Head of Household?   Yes   No

Do you receive your electric bill from Middle TN Electric?   Yes   No

Would you like to receive additional parenting resources via e-mail?   Yes   No