

Are At-Risk Parents Getting What They Need? Perspectives of Parents Involved with Child Protective Services

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Abstract This qualitative study explores the perspective of 24 parents who were at risk for having their children placed in foster care but ultimately retained custody of their children. We asked participants to reflect on their parenting needs prior to Child and Protective Services involvement and if and/or how they implemented parent education skills post-intervention. Parents most frequently cited stressors such as financial strain and single parenthood as contributing factors associated with their involvement with the child welfare system. Many parents stated that they wanted help with their parenting practices and provided their thoughts about time-out and physical punishment. Implications include assessing parental stress at the onset of services, seeking to understand the unique needs of families, evaluating the impact of length of time services are offered, and helping parents utilize age-appropriate discipline strategies.

Keywords Foster care · Parent education ·
At-risk families

Each year child protective services (CPS) systems receive millions of reports of suspected child abuse and neglect. The Children's Bureau reported that in 2005, 3.5 million children were subjects of CPS investigations (Children's Bureau 2005) and some assert that the actual rate of maltreatment may be as much as three times higher than the

reported rate (U.S. Department of Health and Human Services 1996). The leading reasons for CPS involvement are allegations of abuse, neglect, and abandonment (Children's Bureau 2005). CPS investigates these reports and makes decisions about the types of action to be taken. Approximately 60% of reported cases are deemed "at-risk" and are offered post-investigative services (U.S. Department of Health and Human Services 2005). If decisions are made to leave children in the home, often times the parents are required to participate in intervention programs that could include in-home family therapy and/or parenting classes (Child Welfare Information Gateway 2006).

After parents complete post-investigative services, recidivism may remain a concern. In 2004, the national average of re-entry to CPS was 8.1% (Administration for Children and Families 2006). This rate may suggest that intervention strategies either may not be fully meeting the needs of parents or that there is a disconnect between the skills learned and the application of these skills within the family system (Children's Bureau 2003). Thus, in this study we sought to understand at-risk parents' views about their needs prior to CPS involvement, and if and/or how they implemented parent education skills post-intervention.

Literature Review

Theoretical Perspective

An ecological framework (Bronfenbrenner 1979, 1988) involves viewing families within multiple, interactive contextual layers ranging from individual factors, to community issues and broader social contexts. Germain and Bloom (1999) further elaborates on Bronfenbrenner's ideas by suggesting that individual factors can be broken down to

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external life stressors (i.e., interpersonal conflict, difficulties with life transitions) and internal life stressors (i.e., illness, bereavement). Bronfenbrenner (1979), even three decades ago, asserted that child maltreatment should be viewed from an ecological perspective, saying “Among low-income people, [child maltreatment] would seem to be a social problem that is as much a manifestation of social and community conditions as it is of any individual parent’s pathology” (Giovannoni and Billingsley 1970, p. 204). Hence, many researchers today agree that an ecological perspective is needed to advance research, treatment, and the prevention of child maltreatment (Belsky 1980; Cicchetti and Lynch 1993). Specifically, researchers propose examining maltreatment and the prevention of maltreatment from a broader environmental context, considering both family-level factors (e.g., external and internal stressors; SES and parenting stress) and community level factors (e.g., intervention programs designed to help families).

Family-Level Factors

Parenting Stressors

Parenting can be taxing. In fact, recent research suggests that adults who are active parents have higher symptoms of depression and lower levels of emotional well-being than non-parents due to the emotional demands associated with parenting (Evenson and Simon 2005). As such, depression and lower levels of emotional well-being have been shown to negatively impact parenting practices (Ortega 2002). Hecht and Hansen (2001) suggest that parents who have higher levels of parental stress are more likely to view his/her child negatively. This negative view of children is strongly linked to maladaptive parenting techniques (Hecht and Hansen 2001) and has been a focus of intervention programs aimed to improve parenting behaviors (Mayers 2005). Moreover, stress is not only related to parents’ behaviors; parental stress and well-being have also been shown to affect the ways in which a child copes or adapts his/her own behavior (Willinger et al. 2005). In turn, children’s behaviors can reciprocally influence parenting behaviors (Willinger et al. 2005), thus the process may become a recursive cycle.

Poverty

Poverty is another contextual factor related to higher levels of parental stress. In fact, it has been suggested that poverty may be the strongest correlate to child maltreatment (Hecht and Hansen 2001). In 1993, children from families with incomes under \$15,000 were 22 times more likely to experience some type of abuse than children from families

with incomes above \$30,000 (National Clearinghouse on Child Abuse and Neglect Information [NCCAN] 2006). In general, it has been thought that an association between poverty and child abuse was due to a reporting bias, in that lower income families were more likely to come to the attention of the authorities. However, Pelton (1994) and Wolfe and McEachran (1997) reported that poverty is, in its own right, a strong correlate of child abuse. Specifically, the act of abuse and the consequences of that act may be mediated by the economic adversity and stresses that are inherent in an impoverished community (Pelton 1994; Wolfe and McEachran 1997). Stress has been found to be a critical predictive factor of abuse, and is related to social support and family resources (Burnell et al. 1994). Therefore, poverty may have a direct and indirect effect on the incidence and consequences of an abusive act. Some evidence has also shown that the most severe cases of maltreatment tend to be reported by the poorest families, suggesting that poverty may also be related to the severity of maltreatment (Pelton 1994).

Similarly, parents who are unemployed tend to have higher levels of parental stress which puts them at risk for using maladaptive parenting techniques (Hecht and Hansen 2001). Unemployment, which is linked to income, has been found to be related to anxiety, depression, and hostility (Liem and Liem 1988). In fact, parents who are raising their children in a lower socio-economic status (SES) are more likely to use physical punishment and as a result are more likely to become involved with CPS (Hecht and Hansen 2001).

Parenting Styles

Another related concern are the types of parenting styles and discipline strategies used within a family. Parenting styles and behaviors impact the parent-child relationship (Peterson et al. 1994). An important factor may be the presence of anger and the decision to use physical punishment rather than another strategy. Parents who are frequently angry may be at risk for cognitive biases that lead them to perceive more negative behaviors and intentions in their children (Hecht and Hansen 2001; Peterson et al. 1994).

It is also important to understand parental expectations of their child’s behavior. Azar (1989) examined unrealistic parental expectations and parental interpretations to observe the impact of stress on attributions of child behavior. Mothers who had unrealistic expectations of what a child’s ability level was at a certain age, tended to attribute failures as intentional, hostile acts, thereby increasing their negative perceptions and emotions. Mothers with realistic developmental expectations, however, tended to attribute failures to the task being too hard,

and thus, avoided the negative schemas. When under stress, these biases were more apparent (Azar 1989).

Single Parenthood

Single parents have the added stress of raising their children alone and the added responsibilities that go along with a lack of support (Hecht and Hansen 2001). When a parent, especially a single parent, lacks social support and their parenting stress is raised, problematic parenting may result (Lengua 2006). In fact, children of single parents had a 77% greater risk of experiencing physical abuse than children in two-parent families (NCCAN 2006). Research suggests that single parents are more likely to report symptoms of distress and depression than their married counterparts (Evenson and Simon 2005). Therefore, given the association between depression and parenting, low-income single parents may be at a heightened risk for using maladaptive parenting skills (Evenson and Simon 2005).

Parental Mental Health

Further compounding a parent's ability to demonstrate appropriate parenting practices is the presence of psychopathological issues in the form of either mental illness or substance use. Walsh et al. (2003) demonstrated a strong correlation between parental substance abuse and child maltreatment particularly when both parents abuse substances. When parents abuse substances, the likelihood that the family will remain involved with the child welfare system increases because the presence of substance abuse impacts the ability of the family to function which in turn impacts parenting ability (Wolock and Magura 1996). Moreover, when a parent abuses a substance, the family is more likely to endure economic difficulties (Grella et al. 2006) which further impedes one's parenting ability. When comorbidity between parental depression and substance abuse exists, parents are more likely to display violent behaviors towards children (Peiponen et al. 2006); thus, parenting ability is diminished and detrimental to the child's functioning (Peiponen et al. 2006).

Age of Child

Furthermore, it has been suggested that the age of the child has an impact on parental stress and well-being. The transition to parenthood can be a particularly challenging time. For example, studies show that marital satisfaction lowers after the birth of a child (Belsky and Pensky 1988; Bradbury et al. 2000). When marital satisfaction decreases, parenting stress is more likely to increase (Sussman 1988).

However, parenting stress may continue well after the adjustment to parenthood. Specifically, raising adolescents

is typically viewed as another particularly challenging time for both children and parents (Lengua 2006). Both mothers and fathers have reported that adolescence, especially ages 14–18, is the most difficult stage of parenting (Gecus and Seff 1990; Hoffman and Manis 1978; Olson et al. 1983; Pasley and Gecus 1894; Small and Eastman 1991; Small et al. 1988; Steinberg 1990). Parents have reported higher levels of fighting with adolescents than with their younger children (Steinberg 1990). Although this time of tension is temporary, it may take a toll on parents psychological well being (Steinberg 1990). Further, results of one study show that the temperament of the child entering into adolescence influences one's parenting skills (Willinger et al. 2005), which further suggests that the relationship between parenting behaviors and child behaviors is recursive (Lengua 2006).

Community-Level Factors Aimed to Improve Parenting Practices

Parent Education

There are a variety of parent education programs aimed to improve parenting practices of at-risk families and the delivery of these programs varies as well. For example, some parent education programs can be formal in that they require attendance, participation, and have a set schedule. These programs may also be mandatory. Parent education programs can also be administered in an informal setting—such as a family therapist offering psychoeducational in-home preservation services. Regardless of the mode of delivery, often the focus of parent education is to teach specific parenting skills such as time out and reward strategies (Barlow et al. 2005). However, some studies examining the long-term effects of parent education programs show limited continued effectiveness (Barlow et al. 2005; Diamond and Hyde 1999).

There have been many attempts to implement parent education programs specifically with at-risk families. Barth et al. (2005) revealed that most of the programs utilized by CPS can be characterized as brief, low cost, and not requiring advanced degrees for trainers. In addition, most of these programs fail to assess the reason for entry in CPS, have limited flexibility of program length, and a lack of assessment of age appropriate interventions (Barth et al. 2005). Small (1990) found that parent education programs may have little effect on high risk families, unless they are implemented with other interventions that address the multiple risk factors that these families face.

Studies examining the use of parent education strategies specifically for families who are at-risk for, or who have a history of maltreatment, have mixed results. Timmer et al. (2005), for example, investigated the use of Parent-Child

Interaction therapy with families that have high-risk characteristics to help reduce the incidence of further abuse. The program successfully helped parents learn how to implement techniques such as time out or removal of privileges. The same study, however, demonstrated that African-Americans were twice as likely as Caucasians to drop out of the program and families whose children had more severe behavioral problems were also more likely to terminate early (Timmer et al. 2005). Reyno and McGrath (2006) conducted a meta-analysis of different preventive programs predictive of treatment outcome and dropout rates. Results indicate a positive relationship between addressing parental stress and outcome. Consequently, program outcomes may be associated with parental characteristics.

Scholars assert that it may be difficult to create programs specifically for families involved with CPS (Barth et al. 2005). Such challenges include differing modes of delivery (i.e., in home vs. out of home programs) and a lack of attention to what is required to make interventions more accessible to parents or practitioners (Turner and Sanders 2006). In addition, most of programs that are being implemented specifically for at-risk families have not been evaluated (Harder 2005). Seccombe (2000) asserts that policies and programs may be more successful if they reflect the needs as articulated by the families themselves. Thus, the purposes of this study were to gain a better understanding of parents' perceptions of their experiences with post-investigative services, the parenting skills learned, current parenting practices, and their suggestions for the improvement of services.

Method

The project was reviewed and approved by both the Human Subjects Review Board and the board of directors of the agency providing services to the families in this study. Participant recruitment occurred from May 2005 and April 2006.

Participants

The sample consists of 24 parents of who had been the subjects of CPS investigations and were subsequently termed "high-risk" for the placement of their children in foster care, but who had ultimately retained custody of their children. Parents whose cases had not yet been closed by CPS were excluded from the sample. The mean age of the parents in the sample was 34 years (range 18–62) and 22 of the parents were female. The majority of the parents were single (divorced, never married, or separated; $n = 18$), and when interviewing two-parent households, only one parent participated (the couple chose which parent

would participate). The average number of children was 2 (range 1–5) and the ages of the children ranged from 10 months to 16 years old. The sample was composed of those who self-identified as Caucasian ($n = 11$), African American ($n = 10$) and Hispanic ($n = 3$). The majority of parents reported some level of employment (full-time employment or part-time employment; $n = 20$). Of those that were employed, the average family income was \$18,358 (range \$5,000–\$60,000). Education levels ranged from below an 8th grade education ($n = 1$) to a graduate degree ($n = 1$). Reasons for CPS involvement include physical abuse ($n = 15$), domestic violence ($n = 8$), parental mental health ($n = 4$), neglect ($n = 2$), drug and/or alcohol addiction ($n = 3$), and abandonment ($n = 1$; more than one reason could be listed per family).

Post-CPS investigation, each family in this study received state funded in-home preservation services provided by a therapist employed by an independent agency. Each therapist ($n = 5$) had a Master's degree in either Social Work or Marriage and Family Therapy. Throughout services, the therapist and family members worked toward achieving the goals established by the CPS worker. One family could have up to three goals. Although the goals differed, each family in this study shared the goal of "parent education." Other goals included "resource management," "family therapy," "individual therapy," and "psycho-education." Services spanned four to six weeks per family (Table 1).

Interview Protocol

Parents completed the informed consent, participated in a semi-structured interview, and completed a series of measures and a demographic questionnaire. The interview protocol was designed to elicit participants' perceptions of their experiences with CPS and the intervention services they received, as well as opinions about why they believe they were successful in retaining custody of their children. Interview questions included: "What would have helped you as a parent prior to CPS involvement?"; "What techniques did you learn?"; "Were services helpful? If so, how?" and "How do you [currently] discipline your child?" All interviews were conducted by the same interviewer and were completed in the participants' homes (except one instance where the interview occurred at a neighborhood park at the participant's request). The interviews were audio recorded then transcribed. Each parent received a \$20 gift card for their participation.

Measures

All but 2 parents completed a series of measures and a demographic questionnaire. The measurement of interest

Table 1 Description of the sample

ID #	Marital status	Annual income	Children's ages	Parents' report of wanting help	Use of physical punishment pre-intervention	Use of physical punishment post-CPS intervention
1	Single	\$32,000	2, 4	Yes	Yes	Yes
2	Married	\$35,000	5, 7, 9	Yes		Yes
3	Married	\$10,400	3, 7			Yes
4	Single	\$38,000	7, 9	Yes	Yes	Yes
5	Married	\$60,000	9, 13	Yes	Yes	Yes
6	Married	\$33,000	8, 9, 14	Yes	Yes	Yes
7	Single	Not employed	15			Yes
8	Single	Not employed	13 months			
9	Divorced	\$40,000	12		Yes	Yes
10	Married	\$18,000	12, 18	Yes	Yes	Yes
11	Divorced	\$12,000	2			
12	Divorced	\$22,000	18			
13	Separated	\$20,000	4, 7, 10	Yes	Yes	Yes
14	Single	Not employed	2, 10, 14, 15, 16	Yes	Yes	Yes
15	Single	\$12,000	6			
16	Widowed	\$12,000	2, 6		Yes	Yes
17	Single	Not employed	5, 5			
18	Divorced	\$12,000	15, 16		Yes	Yes
19	Single	\$5,000	10 months			Yes
20	Single	\$12,000	5, 10		Yes	Yes
21	Separated	\$12,000	9, 13, 15		Yes	
22	Separated	\$7,200	2, 4	Yes		Yes
23	Married	\$35,000	8, 14, 16	Yes	Yes	Yes
24	Single	\$13,000	10, 12, 14	Yes	Yes	Yes

for this study is the *Parental Stress Index-Short Form* (PSI-SF; Abidin 1995). The PSI-SF has been shown to be an effective measure of parental stress, particularly for low-income parents (Reitman et al. 2002). Researchers have documented that the PSI-SF has strong indicators of reliability and validity when used to distinguish maltreating and non-maltreating families. For example, Haskett et al. (2006) suggest that the PSI-SF is a valid indicator of parenting stress, particularly when using a sample of abusive parents, and that these results were stable over a year period. The PSI-SF is a 36 item survey designed to measure stress specifically associated with parenting. The scale for the items range from 1 (strongly disagree) to 5 (strongly agree), resulting in a total score range of 36–180. Higher scores equal greater levels of parenting stress. Any participant, who stated that they continued to need intervention, or who scored high on the *Parental Stress Index-Short Form* (PSI-SF) was offered referrals for further intervention services. The scale has three subscales each consisting of 12 items: Parental Distress; Parent-Child Dysfunctional Interaction; and Difficult Child (DC).

Abidin (1995) reports that the alpha coefficients for the subscales range from 0.80 to 0.87. The reported total scale score test-retest coefficient is 0.84 and the alpha coefficient is 0.91. In this study, the alpha coefficient is 0.81.

Data Analysis

Data analysis began as soon as the first interview was completed and continued until saturation of themes was reached. To analyze the interview transcripts, open, axial, and selective qualitative coding techniques were used (Strauss and Corbin 1998). Simplistically, through this process the data are examined, teased apart, and put back together again in a manner that reflects commonality in the data (Strauss and Corbin 1998). Throughout the analyses, individual cases were examined, concepts were defined, concepts were organized into themes, and these themes were recorded as results.

During the open coding phase transcripts were read, line by line, and codes and themes were created. Many categories related to risk factors, stress, and needs emerged.

Single parenting, financial strains, and lack of support were labeled as “stressors.” The open coding and constant comparative process continued past saturation as an effort to verify that the codes would continue to appear in the data (LaRossa 2005).

The constant comparative method was continued throughout the axial coding phase, where links in the data were created by comparing the raw data to the data derived from the open coding. The final phase involved selective coding. In this phase, categories representing potentially important variables that may deepen our understanding of risk factors and stress for families involved in the foster care system were generated.

Two of the researchers completed all of the coding. The process was started by each researcher coding the same transcripts independently. Then the two met together to discuss the emergent themes. Later in the coding process, a team approach to coding was instituted, beginning with one researcher coding the data, then passing those codes to the other research team member, who in turn would see if she agreed or disagreed with the codes. At least one case per week was coded by both researchers (both independently conducting open coding of the same transcript) throughout the coding process, as an effort to ensure that the coding agreement remained consistent. Rather than testing inter-rater reliability at the conclusion of the coding process, the coders compared the independent coding each week. In instances where the same data were coded differently, discrepancies were discussed and the team worked to clarify the definitions of the themes until consensus was reached. This process continued throughout the study until all cases were coded and verified.

We made a number of attempts to help control for researcher bias. First, the interviewer kept an interview log, where she recorded her thoughts about the cases after the completion of each interview. The interview logs were made available to the research team. In addition, after each researcher coded a case, we recorded our reactions as an effort to make explicit our own biases. We also attempted to present the results using thick description, so that readers would have a means of evaluating the accuracy of themes we extracted. Lastly, we then compared these data with the PSI-SF quantitative data as a method of bracketing our results.

Results

Participants discussed views about their needs prior to CPS involvement, and if and/or how they implemented parent education skills post-intervention. Themes that resulted from the analyses are described below.

Stressors

Every parent ($n = 24$) shared that their family life was stressful prior to CPS involvement. Financial stress, single parenthood, and other factors were noted by the participants.

Financial Stress

Many of the parents suggested that they believed their financial stress impeded their parenting practices and ultimately lead to CPS involvement. These opinions are exemplified through statements such as:

You're in fear constantly of being evicted because you CAN'T stretch that money far enough. You don't eat so your children can eat, to make sure that they're tummies are full. Does it mean I'm not a good parent because I'm poor, by no means. Does it mean that society looks at me differently and they are quick to judge, oh yeah. Does the school system look at my kids differently because they receive free or reduced lunch, oh yeah.

Another parent stated:

My ex hasn't paid child support in God knows how long. He just paid child support four times, and then stopped paying. The first check was for \$14.45...and then I get called in [to CPS] because my kids ain't got no clothes to go to school in. That's not right.

Describing the incident that led to CPS involvement, one mother said:

I just snapped. I don't have a lot of extra money for groceries, and that day I came home from working all day and when I came home I saw they ate the groceries that were supposed to last us the week. There were chips all over the floor and I was just so mad. So I got out the broom and was sweeping the floor, and I was angry, and I swung the broom and it hit my son in the face. I didn't mean to, but it happened.

For some of the parents in this study, they perceived that financial stress was related to their parenting and CPS involvement in their lives.

Single Parenthood

Other parents described particular aspects of their family life that were stressful. The most frequently cited family stressor was single parenthood. One mother described:

It is almost worth their daddy being here. Because, look, she [child] is sick, and see where I am today, I'm not at work, I'm home with her because it's just

me...I'm already out of sick time, I'm already financially strained. It's been a year and it doesn't get any easier. It's difficult to have a 2 and a 4 year old by myself.

Another parent expressed: "It is not easy when you live like that and you are a single mom. I've just been suffering and doing it all by myself." Similarly, another mother suggested:

A woman, supporting a child alone is really up a creek. And when you get with a guy who you think is going to be wonderful and isn't, like the one who would not help support [me] financially at all, and used up all my savings. Or the next guy, who did support me financially, but would get drunk and beat me up. I don't know. I feel like I am alone, without support. It's hard.

The parents who discussed the challenges of single parenthood seemed to suggest that parenting is extremely hard when they do not have someone present to help with the child rearing.

Other Stress

Beyond financial stress and family structure stressors, other factors such as child development issues (such as encopresis), poor child school performance, or drug or alcohol problems were also cited as stressors leading to CPS involvement.

Wanting or Not Wanting Help

Many of the parents stated that at the time of CPS involvement, they wanted help with their parenting practices. One parent stated how she called CPS herself to get help: "And I called them myself because I'm like 'He's [son] stressing me out and I want help!'" Another shared:

It was just like 'help!' I mean, really, I was raising my hands saying, 'help me, help me. So what ever they told me to do, they could have told me to stand on my head and whistle, and I would have done it'.

Similarly, another parent stated "I think we definitely needed intervention. I think it was divine intervention that social services was called in. We needed someone to come in and help straighten us out."

Although many of the parents stated that they wanted or needed help, others directly stated that they wished that CPS would not have intervened. As one mother said:

I know no one wants them [CPS] in their lives, and I don't think most the time they need to be in people's business, [except for] real bad cases, like sexual

abuse, or something like that. But I don't think that there are many families like that. I think most families they mess with are families like mine, families that don't have a lot of money, people just trying to raise their children up right. I wish they would have just left me alone.

Some parents reported that they wanted services while other parents suggested that services were unnecessary.

Current Parenting Practices

Parents were also asked to talk about their current parenting practices. Some parents described using techniques they learned through CPS interventions. Others, however, stated that they either continue to parent the way they had before CPS involvement, or modified the way they disciplined their children so they would not be reported to CPS again. Each of these categories is describe below.

Communication

Several of the parents said that communication with their children has improved and that they have tried to continue to use the communication skills they learned. For example, this mother stated:

It helped us get him to *talk* about how he felt about certain things, and before that time we couldn't get two bits out of him. And now we all try to get in to conversations. And that's what really made it work.

Another echoed the importance of communication, stating "We've just tried to continue that open communication relationship with everybody in the whole family." Another parent described how she tries to listen to her child:

Communication is so important. Like my son, he doesn't really talk to me, unless I ask him. He asks a lot of questions but he doesn't really say 'Well mommy, you know, this is what's making me mad.' And if I listen then I'll know if something's making him mad or why he's angry and why he gets in trouble a lot.

Thus, parents suggested that improved communication was one important skill that they learned from CPS intervention.

Other Learned Skills

In addition to communication, others described behavior charts and rewards systems that have been established. For example, one father described "[we would] all get together

and write things down, things the kids wanted to do, and then the things the kids had to work on to get those goals and prizes. We still use it and it's working good."

Another parent stated that she learned to "walk away" from a situation if she felt her anger escalate. Similarly, another parent stated "All you do, if you get frustrated, is just walk away. Like if the baby is crying, just walk away. If she crying in the room just go out the room, just sit on the chair."

Time Out

Many parents expressed that, in their opinion, time out was not an effective parenting strategy. One parent said, "What crazy person came up with time out? That is a lot of 'the man' rules right there." Likewise, another parent suggested:

They taught me to use time out, but it doesn't work. And with the time out, they can only be put in time out for so many minutes. What is that supposed to do? And you know when [CPS] was involved, I tried it. But he didn't pay it any mind. I'm serious! He really didn't. It totally didn't work.

Although parents were taught time out techniques, many reported that they did not use it.

Of the few parents who said they continue to try to use time out, they described a modified version of traditional time out techniques. For example, one mother of three teenagers suggested:

I think time out is a good discipline, but I do it in my own way. I do time out for forty-five minutes to an hour. I'll say 'you go in a corner by yourself.' And then you hear things going on in the house and you want to know what's going on, you want to be involved. But 'nope, you're in time out,' I think that's a good method.

Similarly another parent stated "Kids hate to be still. I don't care what age they are, they hate to be in one spot. So I make them sit there until I'm over it and not angry any more." Thus, although few parents reported using time-out techniques, those that did use it also reported that they modified time out from the traditional one minute per year of the child's age to longer or indefinite periods of time.

Hitting or Spanking

The majority of parents were reported to CPS for alleged physical abuse and when questioned about their current parenting practices, the majority of the parents expressed that they continue to use physical punishment ($n = 18$). For one mother, it was her way of expressing control:

I'm not saying 'beat your child,' but we as parents have the right to hit. Sometimes you need that attitude adjustment real quick to say 'I am still in control! You are the child, I am the adult and I'm taking care of business.'

Others said that their religious beliefs influenced their decision to continue to use physical punishment. Such as one mother who affirmed:

The bible says 'Do not spare the rod. Spare the rod, spoil the child.' And so, that's just my belief. As long as you're not physically abusing the child and leaving welts and bringing blood from the child, I feel like they should be disciplined.

Others expressed that they believed they were being "good parents" by using physical punishment. Such as one mother who said:

I will spank his butt, and he knows it. He only gets a whipping when he does something. I refuse to let him go to jail, be a murderer, be stealing, sell drugs, no. No way. I will raise him up right.

With regards to hitting, several of the parents expressed that CPS workers explained *how* to hit their children, such as one parent who expressed:

I don't beat them or nothing, but I pop them. And that lady with [CPS] tried to tell me, 'well if you hit them, don't make a mark, or hit them in places where you can't see the mark or whatever', what the hell is that? I got it under control thank you. I don't need you telling me how to hit my child.

Quotes such as these suggest that even though most parents were involved with CPS because of allegations of physical abuse, many parents continue to use physical punishment. In fact, some expressed that they are using what they learned to "properly" physically punish their children.

Current Parenting Challenges and Implications for Practitioners

When discussing current parenting practices, parents also shared current frustrations they were having. Sub-categories of parenting challenges and implications for practitioners included difficulty raising teenagers, needing support groups, and understanding the unique needs of each family.

Difficulty Raising Teenagers

For parents with older children, they frequently cited "raising teens" as their biggest parenting challenge. One parent stated "raising teenagers is awful!" Another stated:

If someone could step in and show me what I could do for a thirteen year old...I even called and asked for help, but they waited 'till somebody else called and said lies about me and threatened me after I had already asked for help...and they still didn't help me with the teenage stuff'.

Parents seemed to suggest that the parenting strategies they were taught were not developmentally appropriate for teens. Such as one parent who said:

What am I supposed to do, tell my 14 year old he has to go sit with his nose in the corner for 14 minutes for staying out all night. Then the state would come get me for emotional abuse for making him stick his face in the corner.

Thus, even after intervention services, disciplining teenagers remains a challenge for some parents.

Needing Support Groups

Several parents suggested that they believed there was a need for support groups either for themselves or their children. One mother stated:

I just think there should be things in process to help parents that need it...like a support group or something...because it is so hard to be positive all the time. And I can't vent all my frustrations on my children. Sometimes you need someone to confide in.

Similarly, another parent suggested:

Parents who've been in trouble need to realize that they're not alone. Start some sort of support...it's okay to look beyond your own family, and go find some support. I need to tell myself that too.

Another parent suggested support groups for children:

I think that they could have possibly put her [child] in some kind of a support group for teens in similar situations...Because kids connect with one another. But to go out and seek them on their own, they probably won't do it. They don't want to be labeled.

These results suggest that parents are requesting more support which may help them with their parenting practices.

Needing Family Specific Interventions

Just as the family stressors preceding CPS involvement differed, some families expressed that interventions need to differ too. One mother stated "People wanting to help need to know that ain't all the families the same. Each one is different." Similarly, another mother suggested:

I think people need to really go in and try to understand the family, what it is that they're lacking, what they're needing, and look for better ways to try to help them and their children.

Another parent suggested that since financial stress was what preempted CPS involvement in her opinion, that services aimed to alleviate that stress would have been a useful intervention. She stated:

I feel like it would be better if [CPS offered the family] resources to help relieve the stress. Just come in with help they need and then if you see that what you've offered them did not do a lot, then try to go a step further, but try to help them first.

Parents suggested that their basic needs should be met in addition to other services that CPS provides.

PSI Analysis

PSI scores were used to triangulate the data for a more thorough understanding of what the parents in this sample were experiencing. Because the PSI was administered post treatment, the results indicate current levels of stress at the time of the interview. According to Abidin (1995) parents who score 75 or higher may be experiencing problematic levels of stress; however families who receive a score of 90 or more are considered to have a clinically significant amount of stress. Any parent who had a clinically significant score on the PSI was offered a referral for further therapeutic services. Out of 24 parents who completed the PSI at the time of the interview, all but one of the parents scored above 70 suggesting that they were experiencing problematic levels of stress. Additionally, 19 out of 24 received a score 90 or above on the PSI which falls in the clinically significant range. The average score was 100.54 (range 53–124).

Clinical Vignettes

Naturale (2007) attests that case examples can be used to inform clinical practice. Therefore, we present two vignettes that help synthesize many of the themes described above. Names and some details have been changed to protect the confidentiality of the participants.

The Smith Family

The family consists of Jimmy, his 10 year old sister Ashley, their biological father Mike, and his spouse of 4 years, Jan. The family income falls in the lower-middle class range and they reside in a rural community. Jan reports that Mike often works long hours and that she feels frustrated

that the parenting responsibilities often “fall on [her] shoulders” yet the “kids won’t listen” to her. One day, an anonymous call was made to the abuse hotline because there was a reported altercation between Jimmy (age 14) and his step-mother Jan. On the day of the reported incident, Jan shared that she told Jimmy that he had to complete his homework before watching television. Jimmy reportedly refused, left the house, and started walking down the street. Jan reported that she followed him and a “loud” argument ensued in a neighbor’s yard where she “grabbed” Jimmy and told him to come back to the house. CPS subsequently conducted an investigation, learned of one other report of alleged abuse in the family’s past, and determined that the family was at “high risk” for having Jimmy removed from the home. The parents signed a “no hitting” contract with CPS indicating that they would not use corporal punishment with the children.

As a response to that condition, Jan stated:

We felt like we were being persecuted. We felt like because we punished our son, he did what he did, and now we were ‘gonna have to do all this. We had to sign stuff to say we could not use corporal punishment on him for six months, and we felt that was violating our rights and our way of parenting...when you have no other alternative punishment, when taking away his favorite things doesn’t do anything, when not letting him go play with his friends, or ride the four-wheeler, or play the playstation, when that doesn’t do any good, what do you do? You spank the child, I’m sorry, but that was the way I was raised, that was the way my husband was raised. So that’s what we had always done’.

Jan reported that at the time, her parenting frustrations centered on how to “discipline a teenager” and “problems with family communication.” Collaboratively with an in-home therapist, the following goals were agreed upon: (1) parent education; (2) family therapy; and (3) conflict resolution skills. The therapist and the family worked together for an average of two sessions a week for 5 weeks. Jan stated that although CPS involvement was a “major intrusion” in their lives, upon reflection she believes that the in-home family therapy services helped the family learn to “communicate about things [she] wasn’t even aware of.” Upon case closure, the therapist’s report indicated that the case goals had been achieved.

At the time of the interview, it had been approximately 10 months since CPS officially closed their case. Jan’s PSI score was 103 (which indicates significant stress). When discussing current parenting practices, Jan reports that she still does the bulk of the parenting and that “raising teenagers is awful!” She says that the family does communicate better but that she struggles with parenting

techniques, especially with Jimmy. She reports that although she and her husband still have not used corporal punishment, she struggles with what to do as an alternative.

The Andrews Family

Kim (age 30) is a single mother, and she and her three children (ages 10, 7, and 2) rent an apartment in an urban, higher crime area. Kim stated that she has not received child support “in years” and states that although she did get governmental assistance, “I think it was like two hundred and forty-one dollars a month. I don’t understand how anyone can live on that. So now I work two jobs and I am trying to get my A.A.” Kim reports that CPS became involved with the family because a teacher noticed that the middle child had a large, red mark on his face. During the investigation, Kim stated that she admitted to hitting her child with a belt but did not realize that she left a mark.

The interview for this study occurred approximately six months after CPS closed the case. During the interview, Kim emphasized the importance of understanding her parenting practices from a cultural context. She stated:

How can [CPS] say that I am abusing my son? They don’t even know me. They have never even seen me with my child. But I think it’s because we have an accent when we talk, being that we are from the islands, and I talk to him hard cause I want him to know I’m serious.

[Interviewer]: It sounds like you’re saying it was a cultural thing too...

In the islands, we have a totally different way of how we should discipline kids. And in the islands where I’m from, it’s totally different. And like I told them [CPS], I don’t abuse my children. I just don’t want people to think that I’m a horrible mom. When you spank, it’s not abuse. That’s what people need to know. It’s not abuse all the time. We don’t let our kids just do anything, you know?

The CPS decision was to leave the children in the home while providing in-home family therapy services. The goals of therapy were: (1) parent education; (2) family therapy; and (3) anger management. The therapy lasted six weeks, meeting at least twice a week, and at the time of case closure, the goals had reportedly been met.

Kim shares that she “actually liked” the in-home therapy. She says that she didn’t feel “judged” by the therapist and appreciated that she had children of her own. Kim states that through the sessions, they practiced “time-out” techniques. However, Kim reported that after case closure, she doesn’t feel that time-out works. She states that it was the CPS worker who taught her an additional technique:

But he [CPS worker] said, you know, ‘I understand our people, we just don’t let our kids do anything...you can spank him, but they want you not to leave a mark.’ So he explained it that way and I understood and I still understand that they don’t want marks on the child because they’re going to automatically think its abuse, so now I just hit him on the butt now.

She reports that her current major stressors include financial constraints and her children’s performance in school. Kim’s PSI was 109, a clinically significant score.

Discussion

This study sought to understand at-risk parents’ views about their needs prior to CPS involvement, and if and/or how they implemented parent education skills post-intervention. What was learned, however, is that narratives about parental needs and parent education seemed to be intertwined with issues of parental stress. Germain and Bloom (1999) refers to these intertwining concepts as transactional relationships. Bronfenbrenner (1979) urged researchers and practitioners to view maltreatment and interventions ecologically and the responses from the participants in this study seem to support that perspective.

For the parents in this study, stress seemed to be a major problem both before CPS involvement and after CPS had closed their cases. In fact, PSI results revealed that these parents are still experiencing significant levels of stress, even after CPS interventions. When parents are stressed, their risk for maltreatment is significantly higher (NCCAN 2006). The stressors discussed by the participants echo the literature indicating that factors such as financial strain, unemployment, single parenthood, and a lack of education are risk factors they are experiencing. As found by Ortega (2002), parents in this study also describe how these stressors impact their family functioning. Bronfenbrenner (1979) suggests that at the parental level, particularly for low income parents, one’s ability to parent effectively can be negatively influenced by problems at the societal and community level. This also seemed to be the case for the participants in this study.

Specifically, parents in this sample stated that financial issues were one such stressor that impeded their ability to parent. It has been suggested that families who live in poverty are more likely to have substantiated cases of child abuse and neglect. Such parents also report that they have less social support and resources as a result of being isolated (Burnell et al. 1994). This is consistent with our findings that many of the parents in this study who were living in poverty were reporting little to no social support,

and expressed that they wanted help in their parenting practices. As Bronfenbrenner (1979) suggests, a problem at the community level can significantly impact issues at the parental level. In this study, the community level aims to improve parenting practices for the parents involved in this community. However, the results of this study suggest that the community may not be providing adequate services to parents involved with CPS. Parents in this study stated that there is little social support available for them in their community. As a result, these parents report continuously struggling with the ability to not only be an adequate parent but to use developmentally appropriate disciplining strategies.

Financial issues are compounded by single-parenthood. When parents are raising their children single-handedly, they experience more stress than coupled counterparts. Because parents (particularly single parents) are more stressed, they may be more likely to use ineffective parenting techniques (Lengua 2006). Similar to findings of Hecht and Hansen (2001), parents in this study specifically cited single parenthood as a stressor that they believe contributed to CPS involvement and continued parental stress.

The participants seemed to indicate that they wanted more services because the services they received did not adequately meet their needs or were inappropriate for the type of situation they were experiencing. For instance, some parents suggested that the parenting techniques learned, such as time-out, were not necessarily appropriate for their adolescent children. Because parents are more likely to report more fighting between themselves and their adolescent children (Steinberg 1990), it seems particularly important that parent-education techniques aimed to improve parenting practices involve strategies that the parents not only think will be useful but will actually implement with their adolescent children.

Further, the parents in this study are expressing an interest in support groups to help them better handle their situations. This is not unusual since parents who are experiencing high levels of poverty and who are single parents are more likely to report not receiving the support they need (Hecht and Hansen 2001; Lengua 2006).

Perhaps the most important finding was that even though most of the participants were involved with CPS for allegations of physical abuse, more than three-fourths of the sample was still reporting using physical punishment to discipline their children even after CPS provided services to help the parents learn new ways to discipline their child. Surprisingly, parents were reporting that CPS taught them *how* to physically discipline their children so that it would not be abusive. If the main purpose at the community level is to improve parenting skills at the individual level, this seems to negate any attempts that were made by CPS to

modify the parents' discipline techniques. It seems that instead of giving parents the tools to use in place of physical disciplining their children, they unintentionally supported the parents' decision to use physical discipline with their children. As reported by the Administration for Children and Families (2006), recidivism remains an issue with which practitioners and families must contend. Parents in this study reiterate the conclusions drawn by the Children's Bureau (2003) in that interventions may not be meeting the needs of the families or that the skills learned are not adequately translated to effective parenting practices.

Limitations

Despite what was learned, there are a number of limitations to this study that should be considered. First, the qualitative design of this study reinforces attention to individual-level perspectives on a topic where macro level factors (e.g., poverty, racism, etc.) are also deemed important. Further, convenience sampling methods were used and the sample size was small. Consequently, the generalizability of the findings are limited. The design was cross-sectional; thus although the PSI scores are high comparatively, they may be lower than scores that would have been obtained prior to intervention. Although a number of attempts were made to enhance trustworthiness of the results generated, conducting member checks with the sample would have strengthened confidence in the results as it would have helped ensure that the themes and categories developed by the researchers are congruent with what was intended by the participants. To improve methodological rigor, an expert panel could have been asked to review our procedures and findings. Another limitation is that the majority of the participants were mothers. Future studies could compare specific demographic characteristics, such as sex of the parent, age, or family income to see if these variables are associated with differences in perception of CPS involvement. Lastly, every participant was paid \$20. Therefore, the sample could be skewed to include families who were the most in need of financial assistance.

Clinical Implications

It is important to weigh the limitations of this study when drawing conclusions about the findings. Given the limitations noted above, these findings may not reflect a "typical" case; rather they may represent the perspectives of families in one, finite location. However, findings may raise several potential implications for practice.

Research shows that parent education programs are not effective for high-risk families unless the program considers and addresses multiple risk factors (Small 1990). The

parents in this study who were termed "at-risk," participated in intervention services, and ultimately had their cases closed by CPS. Despite the outcome, however, it is apparent from both the interviews and the scores on the PSI, that the parents in this study remained stressed. Given the relationship between parental stress and risk for maltreatment, this outcome is of concern. Thus, it may be necessary for practitioners to thoroughly assess parental stress at the onset of treatment. After assessing for stress and related stressors, it may then be helpful to begin to address coping mechanisms. Intervening with an understanding of the identified stressors from an ecological perspective seems critical because the majority of these families experienced multiple, concurrent, interrelated stressors (i.e., poverty, single parenting, parenting adolescents, and social isolation).

Parental perceptions of physical punishment are another important issue with which practitioners and researchers may need to investigate further. The majority of the sample in this study was involved with CPS because of allegations of physical abuse. As results of this study suggest, perhaps clinicians could begin by exploring parents' perceptions of "good" parenting. Some parents shared their beliefs that the use of physical discipline was needed to raise their children "right." It may be that parental notions of raising children "right" perpetuate the use of one type of discipline over others. Assessing such beliefs may be important if the goal of parent education is to cease specific parental behaviors. However, findings from this and other studies (Hecht and Hansen 2001) highlight that practitioners cannot look solely at physical punishment; rather one must examine physical punishment in relation to stress, poverty, and parental mental health.

Further, helping parents recognize transgenerational aspects of parenting may also be helpful. As some parents stated, they were spanked when they were children; thus, that is what they do. Helping parents explore how they are similar to and different from their own parents may help reveal patterns in risky parenting practices.

A stereotype sometimes associated with parents involved in court-ordered services is that they "don't want to be there" and/or that they are "non-compliant." Although there were some parents in this study who expressed that they wished to be "left alone," a number of the parents in this study explicitly stated that they wanted help. Barth et al. (2005) suggest that most intervention programs fail to assess the reason for entry in CPS, have limited flexibility of program length, and a lack of assessment of age appropriate interventions (Barth et al. 2005). It seems, however, that this is in stark contrast to what these families needed. Many parents expressed that they were chronically stressed, had unique needs, specifically desired help with age appropriate discipline, and wanted help beyond what the time limited services the state provided for them.

Past researchers have noted that services aimed to improve the functioning of families deemed “at-risk” are often time-limited (Barth et al. 2005). Although the length of time in which clinicians have to work with families may be well beyond the control of therapists, it may be important to both recognize the brevity of such services and help parents in locating specific longer term services that may continue to meet their needs after case closure. Such services might include continued therapy, perhaps at agencies with sliding-scale fees; local support groups; and/or financial support services. Although policies often dictate a predetermined length of services, it is important to consider longer-term services may have an impact on family outcomes. If so, a cost-benefit analysis of lengthening services could be used for inform future policies.

Child maltreatment is a social issue, impacting approximately 3.5 million children annually (Children’s Bureau 2005). However, the national rates of re-entry into the child welfare system, combined with results demonstrating the continued needs of parents, support a contention that interventions offered to families may not be fully meeting their needs (Children’s Bureau 2003). Programs utilized by CPS have been characterized as brief, low cost, and not requiring advanced degrees for trainers (Barth et al. 2005). Conversely, parents involved with CPS tend to have multiple, interrelated, often chronic issues such as poverty, mental health, substance use. While it is understandable that services need to be cost-efficient, it may be unrealistic for untrained practitioners offering short-term, low-cost services to adequately meet the needs of families. Thus, if the intent is to address and minimize child maltreatment, it seems that it may be necessary to move away from short-term, non-empirically supported treatment to the implementation of empirically supported treatment models.

Scholars have noted difficulties associated with creating and delivering programs specifically for families involved with CPS (Barth et al. 2005; Small 1990). Access to services (i.e., in home vs. out of home programs) and a lack of empirical support for the services offered are important issues (Turner and Sanders 2006). Similar to the suggestion by Harder (2005), a primary step would be to evaluate the services offered. If services were designed to meet each family’s specific needs, rather than take a “one size fits all” approach, this may improve family outcomes and help reduce recidivism rates. Counterbalancing family specific interventions with the implementation of empirically supported treatment may be a challenge but is an issue that could be explored in future research and practice. Regardless of the intervention, evaluating outcomes associated with services seems critical.

Seccombe (2000) asserts that policies and programs may be more successful if they reflect the needs as articulated by the families themselves. The inclusion of parent’s

voices in discussions about improving parent education and other interventions aimed to help at-risk families is one possible way to help advance such services. The intention behind this study was to take one step in that direction.

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