A Lifetime of Research, Practice, and Policy Efforts to Support Successful Parenting

Distinguished Contribution to Child Advocacy Award

American Psychological Association (Division 37)

Annual Meeting

Denver, CO

August 6, 2016

Richard P. Barth, PhD, MSW
University of Maryland School of Social Work

UNIVERSITY of MARYLAND
SCHOOL OF SOCIAL WORK

Me an Advocate?

- “Faculty do not advocate: they inform!”
  - Publications
  - Testimony and Briefings
  - Reports
  - Working with Coalitions
- This approach has wrongly assumed a very rational political process based on data about effectiveness and efficiency
- Advocacy going forward: more data driven but still fundamentally about values (without values agreement it is difficult to get support to accumulate evidence)

Two Main Branches of My Advocacy

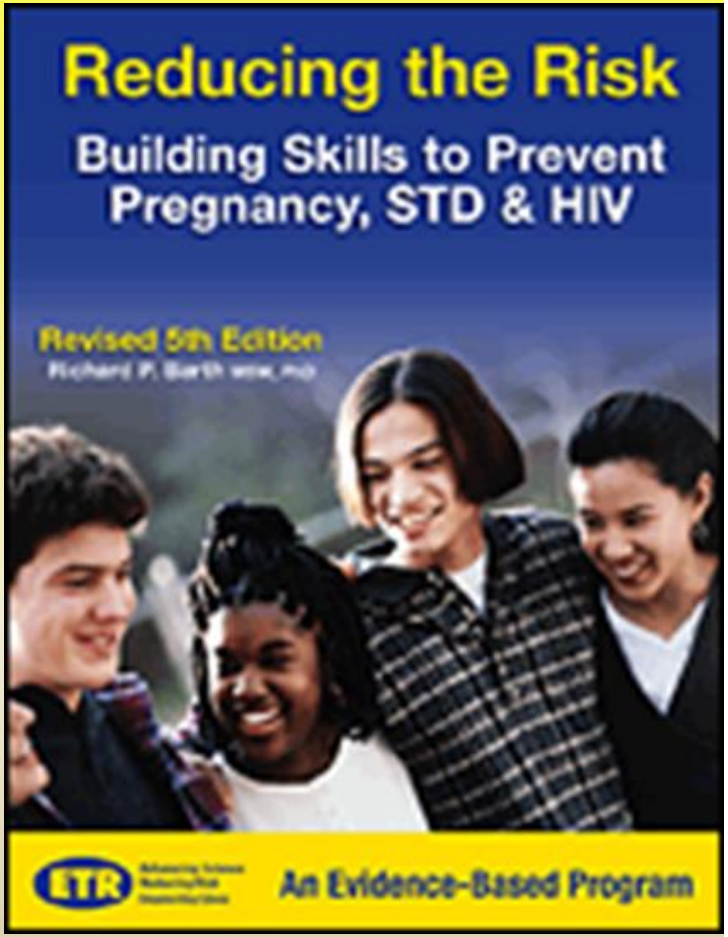
Parenting By Choice & With Support+

- Parenting by Choice
- Parenting with Timely Support
  - Parenting with Lasting Support

Parenting by Choice

- Need to think bigger and longer
  - This need not be a decision made in:
    - the first trimester (abortion)
    - in the last trimester (adoption)
    - or at the time of birth (adoption or Safe Haven)
- We know that unwanted pregnancies sometimes become unwanted children
- At best unwanted pregnancies and unplanned births both risk significant hardships for children and parents
  - Risk maltreatment

Reducing the Risk



Reducing the Risk: Impact of a New Curriculum on Sexual Risk-Taking

By Douglas Kirby, Richard P. Barth, Nancy Leland and Joyce V. Fetro

Summary

Reducing the Risk is a new sexuality education curriculum, based on social learning theory, social inoculation theory and cognitive-behavioral theory and employing explicit norms against unprotected sexual intercourse. In a quasi-experimental evaluation, this curriculum was implemented at 13 California high schools; 758 high school students assigned to treatment and control groups were surveyed before their exposure to the curriculum, immediately afterwards, six months later, and 18 months later. Among all participants, the program significantly increased participants' knowledge and parent-child communication about abstinence and contraception. Among students who had not initiated intercourse prior to the pretest, the curriculum significantly reduced the likelihood that they would have had intercourse by 18 months later. Reducing the Risk did not significantly affect frequency of sexual intercourse or use of birth control among sexually experienced students. Among all lower risk youths and among all students who had not initiated intercourse prior to their exposure to the curriculum, the curriculum appears to have significantly reduced unprotected intercourse, either by delaying the onset of intercourse or by increasing the use of contraceptives. Among the students not sexually active before participation in the program, effects seem to have extended across a variety of subgroups, including both whites and Latinos and lower risk and higher risk youths, but were particularly strong among lower risk youths and females.

Douglas Kirby is director of research at ETR Associates, Santa Cruz, Calif.; Richard P. Barth is associate professor in the School of Social Welfare, University of California at Berkeley; Nancy Leland is assistant professor in the School of Public Health, University of Minnesota; and Joyce V. Fetro is health education curriculum specialist for the San Francisco Unified School District. The authors are grateful for funding from The Stuart Foundation, The William and Flora Hewlett Foundation and the Division of Research Resources, National Institutes of Health.

Sixty percent of the students exposed to Reducing the Risk discussed abstinence and birth control with their parents, and about 50 percent agreed or strongly agreed that the curriculum enabled them to talk to their parents more easily.

Introduction

Many sexuality education programs have been concerned with sexual issues, and not just with reducing sexual risk-taking. However, since the mid-1970s, when concern about teenage pregnancy became heightened, many sexuality educators have searched for programs to reduce behavior that places young people at risk of pregnancy. Since the mid-1980s, when concern about AIDS and the human immunodeficiency virus (HIV) infection began to grow as well, a search has also been under way for AIDS education programs to reduce behavior that may transmit HIV.

Hundreds of sexuality education curricula have been developed and implemented in junior and senior high schools during the last 15 years. Although most contain activities or elements that reflect a wide variety of approaches, those curricula that focused upon reducing pregnancy can be grouped loosely into four generations. (These parallel somewhat the generations of curricula developed to reduce substance abuse, particularly smoking.[1])

The first generation of sexuality education curricula focused primarily on increasing students' knowledge about sexuality and on emphasizing the risk and the consequences of pregnancy. They were based on the premise that if young people had greater knowledge about sexual intercourse, pregnancy, methods of birth control, the probability of pregnancy and the consequences of childbearing, they would choose to avoid unprotected intercourse. This generation of curricula paralleled the first smoking and substance abuse curricula, which described different drugs and emphasized the consequences of substance use (e.g., the long-term impact of smoking on the risk of cancer).

The next generation of curricula, which evolved from the first, included considerable information but placed less emphasis on "the endless pursuit of the fallopian tubes." Instead, this set of curricula devoted more attention to values clarification and to general decision-making and communication skills. Avoiding unprotected intercourse and learning specific skills that would enable the student to do so were not consistently emphasized and reinforced. Proponents of this approach believed that if students' values became clearer and if their decision-making skills were improved, they would be more likely to avoid risk-taking behavior, and that if their communication skills were improved, they could communicate their decisions to their partners more effectively.

The effectiveness of these first two generations of programs has been evaluated. Numerous studies have found that these programs did increase students' knowledge.[2] It has subsequently become more widely recognized, however, that knowledge about issues such as contraception is only weakly related to behavior,[3] and that increased knowledge may not produce much of a reduction in risk-taking behavior.

Several studies that examined the impact of different sexuality education programs on values and attitudes indicated that when specific values were not given prominent emphasis in the course, there was little evidence of impact.[4] However, several courses taught during the 1970s that focused on increasing students' acceptance of others' sexual practices produced some changes in that direction,[5] and some courses taught during

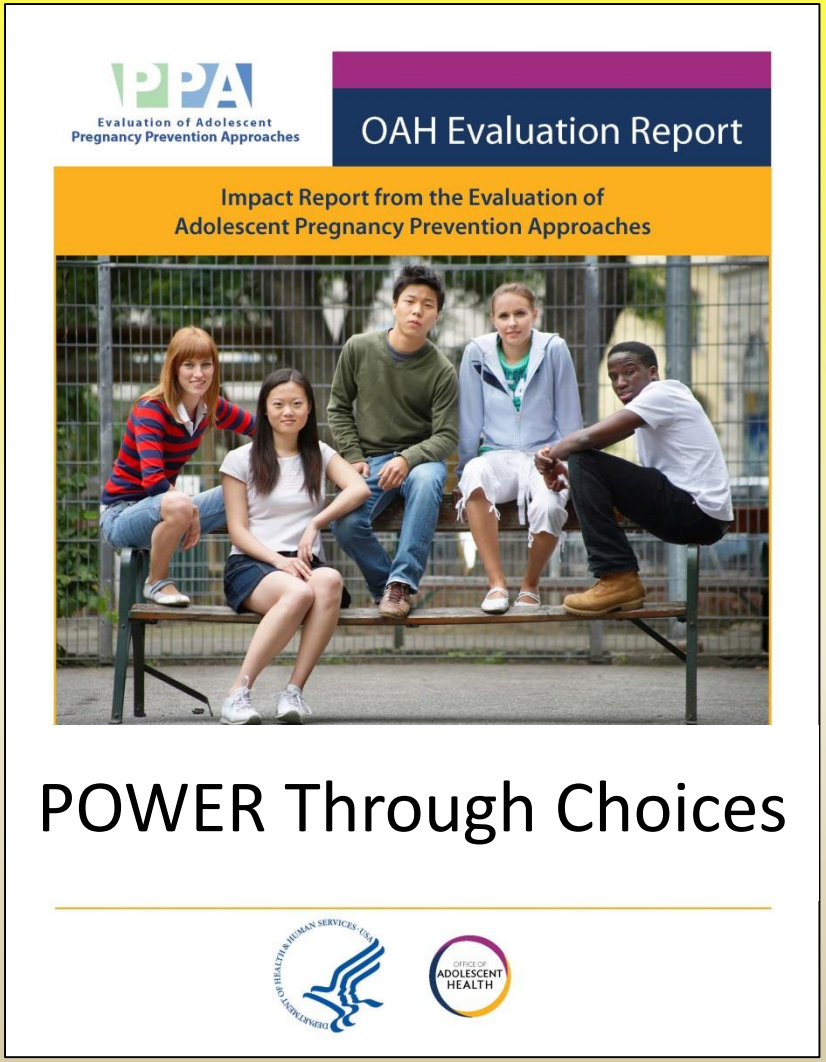
RTR: New Tactics Practiced in Role Plays

- **Relationship sustaining refusal skills** – Responses that clearly say no in a manner that doesn't jeopardize a wanted relationship, but which leave no ambiguity about the decision not to have sex or to refuse unprotected sex.
  - "We want the guy (girl) but not the unprotected sex"
- **Delay tactics and alternative actions** – Ways students can avoid a situation or delay taking action until they have time to decide what to do or say, or until they are more prepared to make a decision.
- **Choice of abstinence or birth control use--** A significant impact on adolescent behavior only shows on measured reductions in unprotected sexual intercourse of all kinds.

POWER Through Choices

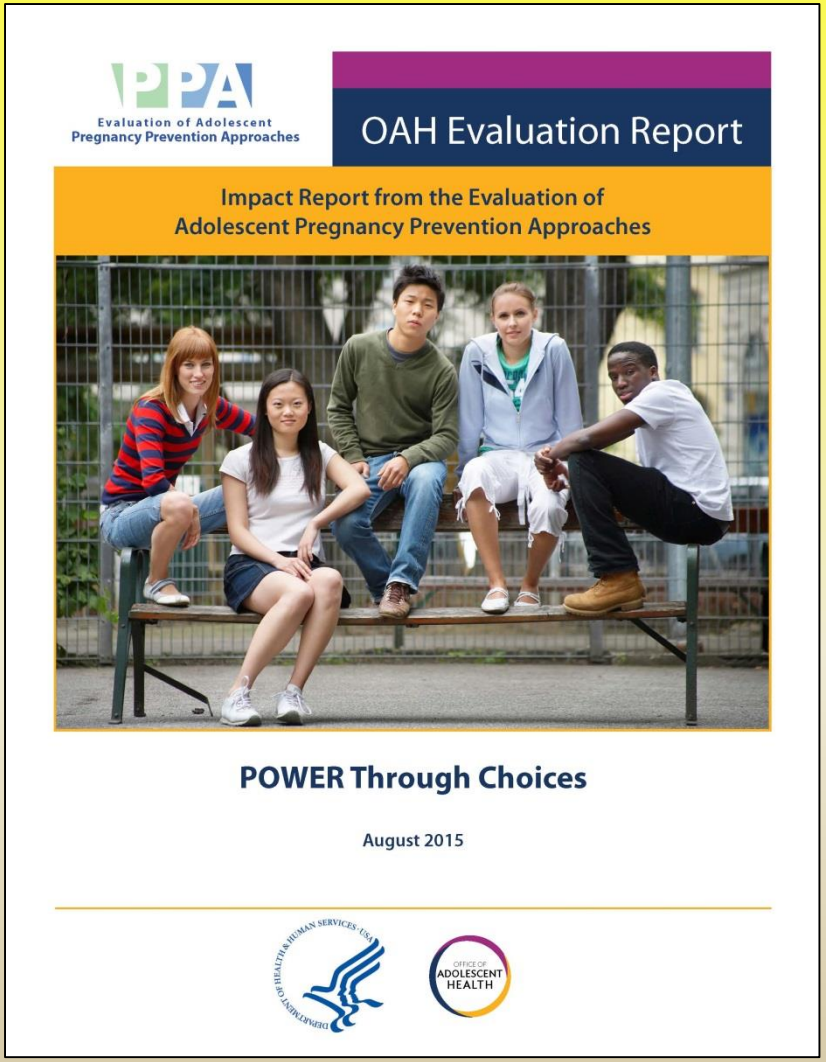
- This study reports interim findings from a large-scale demonstration project and evaluation of **POWER Through Choices (PTC)**, a comprehensive sexual health education curriculum designed specifically for youth in foster care and other out-of-home care settings.

- Developed after scores of focus groups, interviews, and observational sessions with foster youth and former foster youth



POWER Through Choices

- Now in a RCT conducted by Mathematica.
- The study is a multi-site evaluation involving 44 residential group homes in three states (California, Maryland, and Oklahoma).
- The study reports positive interim impacts of the program on measures of youth knowledge, attitudes, and intentions assessed shortly after the program ended.



Choice to Parent: Safe Haven Laws

CA: "No Shame, No Blame, No Names."

- Post *safe haven* signs at places that you can take a newborn, using a designated logo

CA Safe Surrender Logo

Crime

Abandoned babies highlight importance of publicity for 'Safe Haven' law, officials say

- August 2, 2016 In the third FL case, a mother said she gave birth to a girl, dubbed "Baby Willow" because she was born near Willow Bend Apartments … The mother, pleaded no contest to child neglect. She was sentenced to a year in jail.

- FL law allows new mothers to drop off an infant 7 days old or younger with a person at a "safe haven" — a fire station, EMS facility or hospital — no questions asked.

Within Our Reach

A National Strategy to Eliminate Child Abuse and Neglect Fatalities

Recommendation:
Extend Safe Haven Laws
Uniformly to 1 Year

WHY ONE YEAR?

- Should overwhelmed parents not have a choice to end (or at least interrupt) their parenting at:
  - » 2 years?
  - » 3 years?

Beyond Safe Haven Laws

- Emile Weaver, 21, was found guilty of the killing of her hours-old baby in a sorority house in Columbus
- This story may have had a much different ending had Emile known that she had the option to safely, and anonymously, surrender her child through a Safe Haven site
- On June 29, 2016, she was given a life sentence **without the possibility of parole**.

Cavalier, A. (2016, June 28). 'No more baby': Sorority sister gets life term for leaving baby in trash bag to die. WPIX-TV. Retrieved from http://pix11.com/2016/06/28/no-more-baby-sorority-sister-gets-life-term-for-leaving-baby-in-trash-bag-to-die/

Associated Press. (2016, June 28). Ex-student gets life term for killing baby at sorority house. Retrieved from http://bigstory.ap.org/article/afe607e6244247b0a2d5f85a5696495f/ex-student-gets-life-term-killing-baby-sorority-house

Parents in Crisis: USA and Infanticide

- Why is American justice system handing out life-sentences (with or without parole) for mothers?

- Most countries have limitations on sentences for maternal infanticide that recognize the unique biological and social consequences…

Open Adoptions & Open Relationships

Family Relations Interdisciplinary Journal of Applied Family Studies

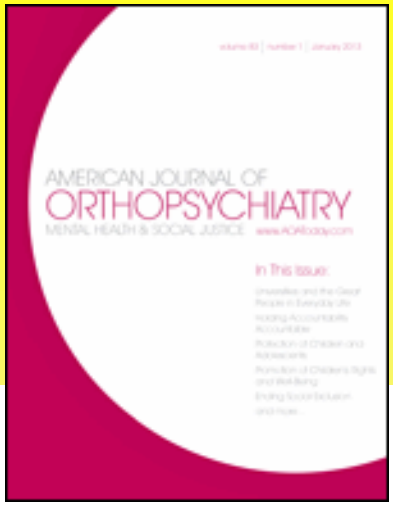
ncfr

THOMAS M. CREA *Boston College*

RICHARD P. BARTH *University of Maryland at Baltimore**

Patterns and Predictors of Adoption Openness and Contact: 14 Years Postadoption

Parents in Crisis with Children with Serious MH Problems



American Journal of Orthopsychiatry
2006, Vol. 76, No. 3, 358–366

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Placement Into Foster Care and the Interplay of Urbanicity, Child Behavior Problems, and Poverty

Richard P. Barth, PhD, Judy Wildfire, MPH, and Rebecca L. Green, MSW
University of North Carolina, Chapel Hill

Child welfare involvement is related to involvement with poverty, but the dimensions of that relationship have not been fully explored. Data from the National Survey of Child and Adolescent Well-Being were used to test the relationship between poverty indicators and placement into foster care. Poverty, ages of children, urban or nonurban settings, and the presence of mental health disorders interact to contribute to placement decisions. In urban areas, poverty is strongly associated with involvement with child welfare services, but children's mental health problems are not. In nonurban areas, children's mental health problems are a far greater contributor to child welfare involvement than poverty. Implications for understanding the dual functions of child welfare placements are provided. Child welfare services continue to address the needs of families with children with substantial behavioral problems—yet, federal child welfare policy includes no recognition of this important role.

Keywords: foster care, poverty, child behavior problems

Children with MH Problems

Don't leave families of severely challenged kids facing no-win choices.

Children should not have to be separated from their families to get services and supports for serious mental health challenges. Some families find themselves in a tragic position few Texans know about: parents are having to choose between doing nothing for a child in crisis or breaking up their family to get that child help.

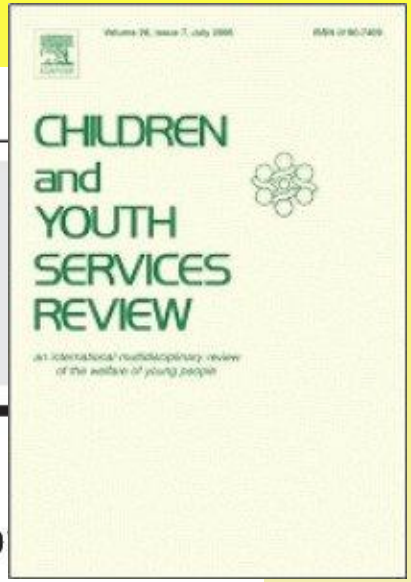
http://txchildren.org/Images/Interior/reports/26-mh4-relinquishmentx.pdf

TEXANS CARE for CHILDREN

Increase Voluntary Placements

- Safe Haven
- Open Adoption
- Voluntary relinquishment of children by parents undergoing termination of parental rights processes
- Voluntary use of residential education and residential treatment programs

Parent Choice: Residential Education



Children and Youth Services Review 31 (2009) 155–160

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Residential education: An emerging resource for improving educational o youth in foster care?☆

Bethany Lee *, Richard P. Barth

School of Social Work, University of Maryland Baltimore, 525 W. Redwood St., Baltimore, MD 21201, United States

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ABSTRACT

There is an increasing interest in the use of boarding schools for disadvantaged youth, including youth in the child welfare system. However, concerns about group placements and the failings of other congregate care services like residential treatment have raised questions about the role of residential schools for foster care youth. This study presents results from the first national survey of residential education programs. Based on a sample of 67 residential education programs, findings offer a description of enrolled students and the services they received through residential schools. Results suggest that the number of applications programs received was more than double the number of youth enrolled in residential schools and schools reported that almost half of program graduates enter college. Implications for policy and future research are also presented.

Parenting With Support

- “Coping Skills Training for Teenage Mothers”
  - They do best when they stay at home with the help of their parent(s)
  - Predictable conflicts arise that strain their relationship between mother and grandparents
  - Coping, communication, and conflict resolutions skills can reduce that strain

Parent Education ROI

- In the US, **underage drinking costs society $27 billion per year**, and **delinquent behavior costs society $60 billion per year**. Each year, over **six million** young people receive treatment for mental, emotional, or behavioral problems.
- The wide-scale implementation of evidence-based prevention—in significant part through work with parents-- is critical to reigning in the escalating costs of healthcare
- Parent training may have a better ROI than smoking cessation but no where near the funding

Children and Youth Services Review 40 (2014) 6–12

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Common components of parenting programs for children birth to eight years of age involved with child welfare services☆

Richard P. Barth *, Kyla Liggett-Creel

University of Maryland School of Social Work, United States

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Common components

ABSTRACT

Parent training programs have a long history of use in children's mental health and child welfare services. Several prominent models have more than 30 years of development and considerable data backing their effectiveness. Many agencies are intently seeking to provide evidence-based parenting interventions. Relying on ratings from the California Evidence-Based Clearinghouse for Child Welfare, this paper reviews the highest rated parenting interventions for children ages birth–3 and 4–8. The data show that the interventions for children birth–3 have less robust evidence behind their effectiveness but that higher rated programs share some emerging principles and a few common components. Programs designed for children 4–8 have considerably more evidence and appear to have substantial convergence of principals and common components. The authors propose that the use of the common components of parenting interventions for children 4–8 is likely to yield success even without a specific, manualized intervention that has previously been rigorously tested.

Parent University

FED

- Follow your child's lead
- Enjoy the interaction
- Describe the play

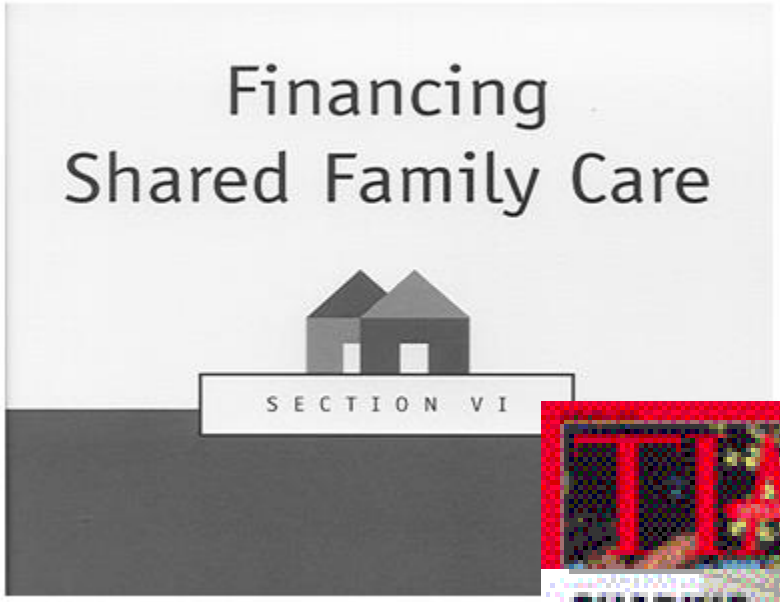
FAMILIES

- Multi-Family Groups

FRIENDSHIP Development

- Create Support Networks

Shared Family Care



Manualized and Ready to Go!

LASTING PARENTAL SUPPORT

Frequent and Re-Cycling CWS Involvement

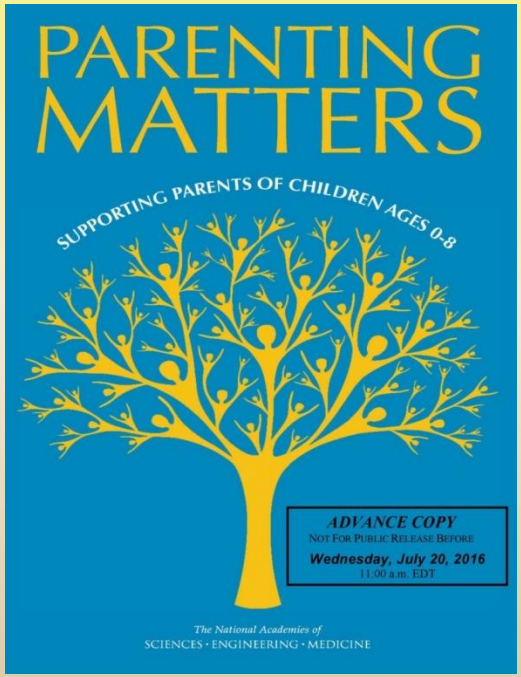
- Approximately 12 percent of children experience a substantiated instance of maltreatment by the time they are age 18; nearly 6 percent do so by age 5 (Wildeman et al., 2014).
- Over 60% of infants who were reported to child welfare as maltreated were involved in at least one more report within 5 years (Putnam-Hornstein, Simon, Eastman, & Magruder, 2015).
- For most families experiencing multiple cases of child maltreatment, fewer than 6 months pass before a subsequent maltreatment report is made (Zhang, Fuller, & Nieto, 2013).

Frequent & Recycling: MO Study

- Children who experienced maltreatment had high rates of committing acts of child maltreatment as parents during the ages from 18-26 (Ben-David, Jonson-Reid, Drake, & Kohl, 2015).
- For teens with history of child abuse:
  - **Poverty and report of child abuse or neglect**, 28.9% had been pregnant by the age of 17
  - Child maltreatment chronicity predicted negative childhood outcomes in a linear fashion: at least 1 negative outcome: no maltreatment = 29.7%, 4 reports = 67.1%).
  - Suicide attempts before age 18 high for children with repeated maltreatment (no report vs. 4+ reports = +625%, $P < .0001$).

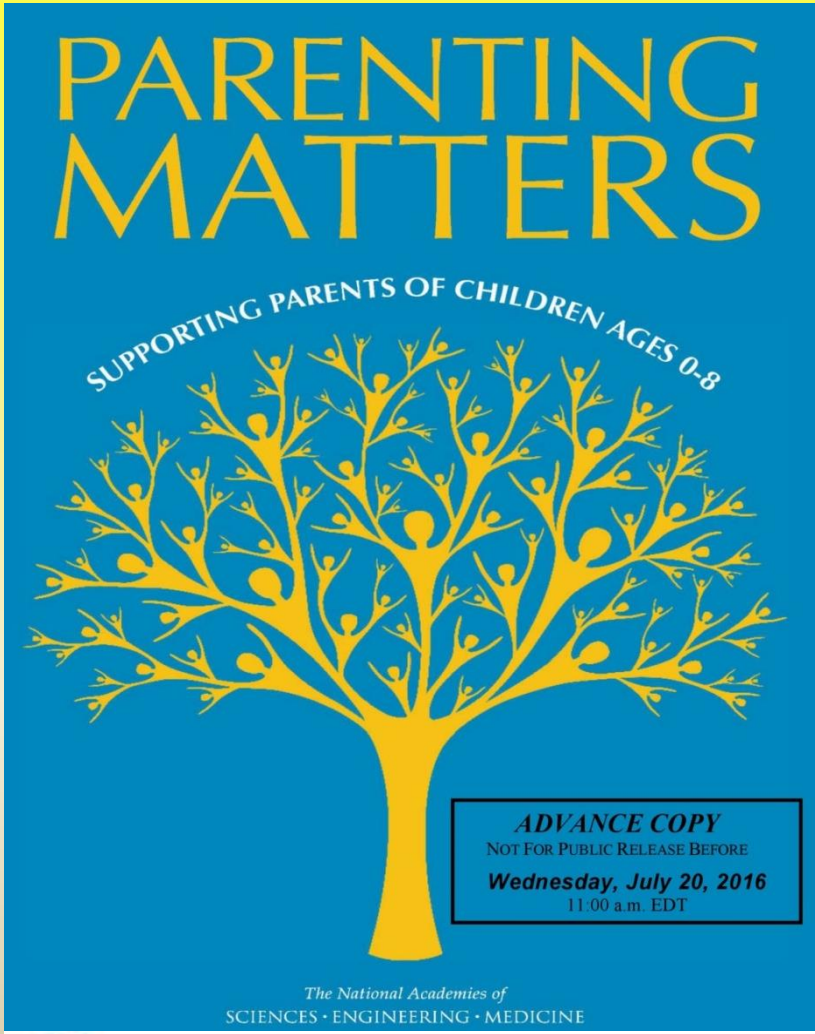
Continuous Support for Parents with Persistent Adversities

- From 10 to 20 percent of all children reside in families that need considerable ongoing support if parents are to provide consistently sufficient parenting.
- Some parents, however, would benefit from more intensive, longer-term, and more integrated services designed to strengthen and support their parenting. These are typically parents experiencing persistent adversities that often prevent them from providing parenting that is more than minimally sufficient, and, at times, even minimally sufficient care.



Workforce Development for Supporting Parents

The U.S. DoEd and HRSA should convene a group of experts in teaching and research and representatives of relevant practice organizations and research associations to review and improve professional development for providers who work with families of young children across sectors (e.g., education, child welfare, health).



NATIONAL ACADEMY OF MEDICINE

Leadership · Innovation · Impact | for a healthier future

Looking Ahead A Couple of Generations

With A Little Magic (or Advocacy)

Web of Sci Citations	
Parent Training	1484
Parent Education	1137
Family Therapy	5,545

"Parent education" ties "family therapy" for research citations!


PARENT
EDUCATION FOR ALL
RUSU
RUSU

"President Chelsea Clinton proclaims that the US Government owes parents an apology for ignoring the needs of parents for 250 years"!

"Parents are allowed to voluntarily place their children into residential education programs for one year, as long as they stay engaged"!

"Parenting programs overcome the barriers to offering reproductive health counseling"!

"Family Check-in Program expanded to all 50 states and are funded as a Title IVE entitlement"!

THANK YOU

- For this AWARD
- For your inspiration
- For learning about science from APA journals and psychologists
- For your scholarship and advocacy
- On behalf of those whose lives you have eased

Partial References

Barth, R. P. (1994). Shared family care: Child protection and family preservation. *Social Work, 39, 515-524.*

Barth, R. P., & Liggett-Creel, K. (2014). Common components of parenting programs for children birth to eight years of age involved with child welfare services. *Children and Youth Services Review, 40, 6-12. doi: 10.1016/j.childyouth.2014.02.004*

Barth, R. P., & Price, A. (1999). Shared family care: Providing services to parents and children placed together in out-of-home care. *Child Welfare, 78, 88-107.*

Barth, R. P., Wildfire, J., & Green, R. L. (2006). Placement into foster care and the interplay of urbanicity, child behavior problems, and poverty. *American Journal of Orthopsychiatry, 76, 358-366. doi: 10.1037/0002-9432.76.3.358*

Becker, M., & Barth, R. P. (2000). Power through choices: Evaluation of a pregnancy prevention program for foster youth. *Child Welfare, 79, 269-284.*

Ben-David, V., Jonson-Reid, M., Drake, B., & Kohl, P. L. (2015). The association between childhood maltreatment experiences and the onset of maltreatment perpetration in young adulthood controlling for proximal and distal risk factors. *Child Abuse & Neglect, 46, 132-141. doi: 10.1016/j.chiabu.2015.01.013*

Crea, T. M., & Barth, R. P. (2009). Patterns and Predictors of Adoption Openness and Contact: 14 Years Postadoption *Family Relations, 58, 607-620.*

Dishion, T. J., & Andrews, D. W. (1995). Preventing Escalation in Problem Behaviors with High-Risk Young Adolescents - Immediate and 1-Year Outcomes. *Journal of Consulting and Clinical Psychology, 63, 538-548.*

Dishion, T. J., Brennan, L. M., Shaw, D. S., McEachern, A. D., Wilson, M. N., & Jo, B. (2014). Prevention of Problem Behavior Through Annual Family Check-Ups in Early Childhood: Intervention Effects From Home to Early Elementary School. *Journal of Abnormal Child Psychology, 42, 343-354. doi: 10.1007/s10802-013-9768-2*

Kirby, D., Barth, R. P., Leland, N., & Fetro, J. V. (1991). Reducing the Risk - Impact of a New Curriculum on Sexual Risk Taking. *Family Planning Perspectives, 23, 253-263.*

Putnam-Hornstein, E., & Needell, B. (2011). Predictors of child protective service contact between birth and age five: An examination of California's 2002 birth cohort. *Children and Youth Services Review, 33, 2399-2407. doi: 10.1016/j.childyouth.2011.07.009*