

Effectiveness of a Parent Education Intervention for At-Risk Families

Perle Slavik Cowen

ISSUES AND PURPOSE. Although many parenting programs exist to prevent child maltreatment, few are supported by research evidence. This study explored whether parents who completed the Bavolek Nurturing Program improved their parenting attitudes.

DESIGN AND METHODS. Secondary analysis of data from a larger study involved a convenience sample of 154 families from 15 county child maltreatment prevention councils.

RESULTS. On the pretest, parents demonstrated scores associated with maladaptive parenting practices. Posttest scores were consistent with nurturing parenting attitudes.

PRACTICE IMPLICATIONS. Effective and readily accessible parent education programs are highly indicated for prevention of child maltreatment. It is important for nurses to have the information either to provide effective parent education interventions or to be able to refer parents to effective programs.

Search terms: Child maltreatment prevention, nursing interventions, parent education

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There is growing support for educating parents who are at risk for maltreating children. Programs that provide parenting education teach parents new skills that will improve parental resources, coping skills, and competencies in child rearing (Reppucci, Britner, & Woolard, 1997; Wodarski, 1981). In addition, parenting education provides a mechanism for parents to learn positive parenting techniques and attitudes from sources outside their own upbringing (Reppucci et al.). Parenting education can be used as a preventive intervention at the primary (general community), secondary (high-risk groups such as teen parents), and tertiary levels (families where maltreatment has already occurred) (Altepeter & Walker, 1992; Reppucci et al.).

The momentum for the growing support of parenting education is the belief that both lack of knowledge about child development and inadequate parenting skills are contributing factors in child maltreatment (Wolfe, 1985). Previous studies have found that among mothers who were abused or neglected when they were children, 40% maltreated their children in the early years of their children's lives, and an additional 30% provided borderline care (Pianta, Egeland, & Erickson, 1989). Insightful explorations of the mechanisms by which patterns of practices of maltreating children are transmitted from one generation to the next have been well described (Zeanah, 1989).

Of particular interest to nurses involved in the prevention of maltreatment is the answer to what characterizes mothers who rise above their own history of maltreatment to provide good care for their children. Researchers have reported three major factors: (a) the presence of a loving, supportive adult during her childhood; (b) a supportive partner at the time she became a parent; and (c) therapeutic intervention that enabled the mother to come to some resolution of her early issues and achieve greater emotional stability and maturity (Egeland, 1988). For many maltreating parents, parenting education may be the therapeutic intervention that provides them with the skills to rise above their personal history.

Parent education programs have multiplied throughout this country largely without the basis of research findings (Reppucci et al., 1997). These programs differ widely in their service delivery models, target populations, and curricula. Research in this area is crucial in order to lend guidance to public policy makers concerning the efficacy of preventive efforts in the area of child maltreatment (Reppucci et al.).

Review of the Literature

Family Factors Associated With Child Maltreatment

Disruptions in all aspects of family relations, not just parent-child, often are present in the families of maltreated children, with anger and conflict pervasive in abusive families and social isolation more prevalent in neglectful families (Crittenden, 1985; National Research Council, 1993). Physically abusing families are characterized by negative daily interactions, amorous relationships between family members, and members who respond more negatively to aversive communication or interactions (Crittenden, Partridge, & Clauseen, 1991; Lynch & Cicchetti, 1991). Although a wide range of family functioning has been reported in neglectful families, observations of family interactions have shown neglectful families to be more chaotic, less able to resolve conflict, less cohesive, less verbally expressive, and less warm and empathic than a matched comparison group (Gaudin, Polansky, Kilpatrick, & Shilton, 1996). Researchers have noted that the needs of everyone in these families tend to be neglected (Crittenden, 1992; Dubowitz & Black, 1994; Gaudin et al., 1996; Pelton, 1994). Studies of family characteristics of emotionally abusive or neglectful families have characterized such families as having more psychosocial problems, poorer coping skills, and greater levels of perceived stress (Hickox & Funnell, 1989).

Parental/Caretaker Factors Associated With Child Maltreatment

Very dissimilar approaches to childrearing can emerge from the interaction of two fundamental dimensions of parenting: the degree of parental authority and the degree of

parental sensitivity (Baumrind, 1971; Maccoby & Martin, 1983). Parents who are very demanding while failing to recognize their child's limitations and needs typify the pattern of physically and emotionally abusive parents, while parents who place few demands and little or no structure typify a neglectful, uninvolved style of parenting (Wolfe, 1991).

Many maltreating parents have had insufficient learning opportunities to possess adequate parenting skills because of their own inadequate parental role models (Wolfe, 1985). Characteristics associated with neglectful parents include an immature childlike personality related to low self-esteem, poor impulse control and problem-solving skills, limited financial and household-management skills, and limited social competencies (Azar, Robinson, Hekimian, & Twentyman, 1984; Pianta et al., 1989; Polansky, Gaudin, & Kilpatrick, 1992). Physically maltreating parents have been found to demonstrate displeasure in the parenting role, inappropriate expectations of the child, disregard for the child's needs and abilities, role reversal with expectations that the child will meet their needs, beliefs that the child intentionally annoys them, and inconsistent and ineffective childrearing practices (Azar et al.; Azar & Rohrbeck, 1986; Bauer & Twentyman, 1985; Cicchetti, 1990; Crittenden, 1996; Dero, 1988; Pianta et al.; Polansky et al., 1992; Whipple & Webster-Stratton, 1991; Wolfe). A study that examined parental perceptions of childrearing practices found clear differences in the parenting styles of maltreating and nonmaltreating parents. They reported maltreating parents to be less satisfied with their children, to perceive childrearing to be more difficult, to experience less enjoyment in the parental role, to express more negative affect toward the child, to be more punitive, and to have less confidence in using reasoning as a child-management technique (Trickett & Susman, 1988). Both neglectful and physically maltreating parents may display stress-related symptoms that impair their parental competence (Wolfe).

Parent Education Interventions

Research in the area of parenting education has been fueled by bodies of research exploring two different the-

oretical perspectives: (a) that numerous family and parental factors limit the ability of maltreating parents to provide their children with adequate parenting; and (b) that enhancing parental approaches to childrearing plays a key role in shaping young maltreated children's social and emotional functioning (Haskett, Myers, Pirello, & Dombalis, 1995). Research in these areas supports therapeutic interventions at the tertiary level, where the goal is to reform the overall parenting style of maltreating parents, as well as secondary preventive interventions to modify negative parenting styles to prevent poor outcomes for at-risk children (Haskett et al.).

Some of the earliest studies in parenting education were observational case studies of in-home interventions for maltreating families. These researchers reported improvements in both child behavior and child management after participation in the parenting education interventions (Wolfe & Sandler, 1981). Much of the subsequent work has focused on larger secondary and tertiary prevention studies.

One secondary prevention study with a sample of low socioeconomic Hispanic parents suggested that knowledge of parenting skills and children's cognitive, social, and bonding needs predicted fewer and milder punishments. Additionally, these parents demonstrated more positive attitudes and a greater ability to negotiate social support in times of stress or crisis after completing the program (Rodriguez & Cortez, 1988). Another secondary prevention study with a sample of middle-class families reported improved knowledge of child development, improved sensitivity in parent-child relations, improved parental attitude toward the child, and a decrease in child-related stresses (Telleen, Herzog, & Kilbane, 1989). Researchers also have found increased confidence in the parental role and fewer and less intense child-behavior problems in children of at-risk families (Wolfe, 1991).

A review of secondary prevention parent-education studies reported positive results on measures of childrearing skills. The review was unable to suggest a preferable service model but did note that (a) intensive group and home-visit interventions that provided both parent sup-

port and child management had the strongest effect on maternal adjustment, parental behavior, and parental attitudes; (b) consistently delivered interventions that focused on child development yielded positive gains in children's cognitive development; and (c) child-behavior goals were evident primarily in large samples with sound assessment methods (Wekerle & Wolfe, 1993).

Promising findings in tertiary prevention studies have included a study that evaluated home-based parent education focusing on child development and child management. These researchers reported improvements in both observed parenting skills and child-behavior problems following the interventions (Wolfe, Sandler, & Kaufman, 1981). Other tertiary prevention studies have shown a decrease in both individual and family problems and in stress (Brunk, Henggler, & Whelan, 1987).

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The Bavolek Nurturing Program (BNP) is a parenting education program that has been widely used in many state-initiated programs (Bavolek & Bavolek, 1989; Repucci et al., 1997). Modeled on a family system approach, the BNP teaches democratic parenting techniques and is based on the belief that positive change in the parent must be attained before growth in the parent-child interaction can be achieved (Bavolek, 1990). The BNP (Table 1) is based on remediating four parenting constructs typically associated with abusive and neglectful parents with parental outcomes assessed through use of the Adult-Adolescent Parenting Inventory (Bavolek, 1984).

Bavolek's curriculum involves all members of the nuclear family; it contains separate components for parents and children, and a mixed group format for parents and

Table 1. Basic Components of the Bayolek Nurturing Program*

Maltreating Parent Constructs	Goals (Parents and Children Birth to 5 Years)	AAPI Outcome Measurements	
		Low Score Description	High Score Description
Inappropriate parental expectations of the child	<p><i>Cognitive:</i> Parents will increase their knowledge of age-appropriate developmental capabilities and needs of children.</p> <p><i>Affective:</i> Parents will increase their awareness of the negative impact inappropriate expectations have upon the self-concept and self-esteem of their children.</p>	<p><i>Inappropriate expectations</i></p> <ul style="list-style-type: none"> Expectations exceed developmental capabilities of children. Lacks understanding of healthy child growth and development. Self-concept as a parent is weak and easily threatened. Tends to be demanding and controlling. 	<p><i>Appropriate expectations</i></p> <ul style="list-style-type: none"> Understands child growth and development. Children are allowed to exhibit normal developmental behavior. Self-concept as a caregiver and provider is positive. Tends to be supportive of children.
Inability of the parent to be empathically aware of the child's needs	<p><i>Cognitive:</i> Parents will increase their ability to communicate their needs.</p> <p><i>Affective:</i> Parents will demonstrate an ability to become empathically aware of needs of their children.</p>	<p>LACKS EMPATHY</p> <ul style="list-style-type: none"> Fears spoiling children. Children's healthy developmental needs not understood or valued. Children must act right and be good. Lacks nurturing skills. May be unable to handle parenting stresses. 	<p>APPROPRIATE EMPATHY</p> <ul style="list-style-type: none"> Understands and values children's needs. Children are allowed to display normal developmental behaviors. Nurtures children and encourages positive growth. Communicates with children. Recognizes feelings of children.
Strong parental belief in the value of punishment	<p><i>Cognitive:</i> Parents will increase their knowledge of appropriate methods of behavior management and encouragement.</p> <p><i>Affective:</i> Parents will value non-abusive forms of behavior management and encouragement through program experiences.</p>	<p>STRONG BELIEF IN VALUE OF CORPORAL PUNISHMENT</p> <ul style="list-style-type: none"> Hitting, spanking, slapping children is appropriate and required. Lacks knowledge of alternatives to corporal punishment. Lacks ability to use alternatives to corporal punishment. Strong disciplinarian, rigid. Tends to be controlling, authoritarian. 	<p>VALUE ALTERNATIVES TO CORPORAL PUNISHMENT</p> <ul style="list-style-type: none"> Understands alternatives to physical force. Uses alternatives to corporal punishment. Tends to be democratic in rule making. Rules for family, not just for children. Tends to have respect for children and their needs. Values mutual parent-child relationship.
Role reversal	<p><i>Cognitive:</i> Parents will increase their knowledge of their own needs.</p> <p><i>Affective:</i> Parents will accept their own strengths and limitations.</p>	<p>REVERSES FAMILY ROLES</p> <ul style="list-style-type: none"> 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, comfort. Tends to exhibit low self-esteem, poor self-awareness, poor social life. 	<p>APPROPRIATE FAMILY ROLES</p> <ul style="list-style-type: none"> Tends to have needs met appropriately. Finds comfort, support, companionship from peers. Children are allowed to express developmental needs. Takes ownership of behavior. Tends to feel worthwhile as a person, good awareness of self.

*Curricula are available for four different age groups (prenatal, birth to age 5, ages 4-12, and adolescents) and for families with special needs. Culturally appropriate programs are available for three ethnic groups (African-American, Hispanic, & Hispanic).
 Source: Adapted from *Adult-Adolescent Parenting Inventory* by S.J. Bayolek (1984) and *Research and validation report of the Nurturing Program* by S.J. Bayolek (1990) with permission from Family Development Resources.

children together. Skills taught to the parents during the program include handling feelings, communicating needs, developing empathy, taking charge of one's own behavior, having warm interactions and fun within the family, establishing nurturing routines, handling stress and anger, gaining self-esteem, learning effective discipline, and giving and receiving healthy touch.

In two large tertiary prevention studies using the BNP for both physically maltreating and neglectful parents, several positive changes in family interaction following participation were reported, including improvement in childrearing attitudes and parenting techniques. In addition, these families exhibited a decrease in family conflict and control and an increase in cohesion, expressiveness, organization, independence, and achievement (Bavolek, Comstock, & McLaughlin, 1990; Bavolek, Henderson, & Shultz, 1990). Follow-up evaluation of the physically maltreating families indicated that 42% of the families who completed the program were discontinued from the states' Department of Social Services' active caseloads for child abuse and neglect. Posttest evaluations have indicated that parents retained empathic attitudes toward their children a year after completing the program (Bavolek, Comstock, et al., 1990). Another large study ($n = 260$) using the BNP curriculum with families participating in the Head Start program found that the BNP improved parents' ability to be aware empathically of their child's needs and increased parental knowledge of appropriate developmental expectations. In addition, there was a decreased belief in the value of corporal punishment and an understanding of its alternatives (Bavolek & Dellinger-Bavolek, 1990). Although Bavolek's curriculum is widely used, there is a lack of published field testing in peer-reviewed journals. The purpose of this study was to determine if at-risk, rural parents who completed the Bavolek parent education program would significantly improve their parenting attitudes.

Methods

The parent education project was part of a statewide program funded by the Department of Human Services

and provided by the Iowa Chapter, National Committee for the Prevention of Child Abuse (NCPCA). This project was approved by the channels and committee mechanisms of the Department of Human Services, Governor's Advisory Council, and executive committee of the Iowa Chapter, NCPCA. This study received University Internal Review Board approval for secondary analysis of the existing data set. The investigator was provided data from the Iowa Chapter, NCPCA, and the findings from this study provided the state with an evaluation of the program's effectiveness.

This is a descriptive study using parenting attitudes as the construct of measurement. Data from a convenience sample were obtained from 15 county child-abuse prevention councils during the 1-year period of this study. The sample included self-referred families, families in crisis, and families who had been court referred for mandatory attendance. Interventions were provided primarily in a group-based setting, with some families receiving home-based interventions. Certification in program content is required of all Bavolek program facilitators, and the programs have been extensively field-tested and have demonstrated adequate validity and reliability (Bavolek, 1990). The group-based program consists of fifteen 2½-hour sessions, and the home-based program consists of forty-five 1½-hour sessions. Parents and their children initially met in separate, concurrent groups, and then spent 30 minutes together learning new games, having fun, and practicing new skills.

Setting

The population for this study included all families residing within the 15 counties in a predominantly rural midwestern state, representing approximately 33% of the state's population. The basic ethnicity of the study population was German, Irish, and English, with a racial composition of 96% white, 2% black, 1% Hispanic, and 0.25% Native American. The high school completion rate for the counties' population was 82%; 12% of the families had no paid workers. The demographic characteristics of

the study population were generally representative of the entire state.

Instruments

Parents completed a basic sociodemographic questionnaire (Parent Information Form) on program entry to elicit age, sex, and grade level of their children; ethnic background of the family members; and age, education, marital status, occupation, employment, and income of the parents. Parents also were asked to complete the Adult-Adolescent Parenting Inventory (Bavolek, 1984) before and after the parent-education interventions.

The Adult-Adolescent Parenting Inventory (AAPI) is a 32-item questionnaire designed to assess the parenting and childrearing attitudes of adolescent and adult populations. This tool was developed from the known parenting and childrearing practices of abusive and neglectful parents. Data generated from administration of the AAPI indicate degrees of agreement and disagreement with maladaptive parenting behaviors. Four parenting and childrearing constructs associated with dysfunctional parenting formed the foundation from which the items were developed: inappropriate parental expectations of the child (6 items), lack of empathy toward children's needs (8 items), parental value of physical punishment (10 items), and parent-child role reversal (8 items). Items are rated on a 5-point Likert scale from "strongly agree" to "strongly disagree." Alpha reliability coefficients were determined for each construct, and results ranged in magnitude from .75 for construct B to .82 for construct D. The reliability coefficients for the four constructs were A = .39, B = .89, C = .69, and D = .85. The total score reliability was .76 (Bavolek, 1984). The coefficients for all constructs except A are sufficiently large to indicate a high degree of internal consistency for these measures. Extensive data supporting construct, discriminate, predictive, and factorial validity are reported (Bavolek).

Individual test results are scored and compared to the appropriate population norms provided in the AAPI manual. The test administrator may select from four different normative tables: (a) adults with known histories

of being abusive to children, (b) adults from the general population whose histories of abuse are unknown, (c) adolescents with known histories of being abused, and (d) adolescents from the general population whose histories of abuse are unknown. Low and high score descriptors are provided to aid interpretation of those scores that fall out of the average score range. In this study, normal values for the general population were used. Norms provided in the AAPI manual are based on both group- and home-based populations and are considered valid for both populations.

Results

Six hundred families with 797 children received parent education services from rural child-abuse prevention community agencies. Of this number, 295 parents (49%) provided sociodemographic information by completing the Parent Information Form, and 191 (32%) completed both the AAPI pre- and posttests. Of those parents who completed both the AAPI pre- and posttests, a total of 154 (81%) provided some sociodemographic data. Client participation in the study was voluntary, and confidentiality of information was protected. Not all families participated fully in the measurement procedures due to either their refusal to complete the pretests or their unavailability for posttesting related to the transient nature of their lifestyle.

A summary of the sociodemographic characteristics of the 154 families who completed the Parent Information Form is provided in Table 2. This group's demographic findings revealed two distinct subgroups. Approximately half the families demonstrated adequate educational, economic, and employment resources, while the other half demonstrated inadequate resources in these areas. A definite at-risk subpopulation emerged that included single mothers, unemployed parents, and families with incomes below the federal poverty level.

The hundred AAPI pre- and posttests were completed by 154 parents (Table 3). It is important to note that lower scores are associated with maladaptive parenting practices, while higher scores are associated with more nurturing parenting styles. The posttest inappro-

Table 2. Descriptive Statistics for the Sample Population (n = 154)^a

	Mother n (%)	Father n (%)
Education		
• <HS	33 (23%)	19 (15%)
• HS degree	46 (32%)	50 (41%)
• >HS	67 (46%)	54 (44%)
Employment		
• Full-time	36 (25%)	90 (75%)
• Part-time	30 (21%)	12 (10%)
Occupation		
• Not employed	78 (54%)	18 (15%)
• White collar	101 (69%)	25 (22%)
• Blue collar	45 (31%)	91 (78%)
Married	81 (53%)	
Income		
• \$0-10,000	76 (51%)	
• \$10,001-15,000	24 (16%)	
• \$15,001-20,000		
• \$20,001-25,000		
• >\$25,000	49 (33%)	
Race		
• White	142 (92%)	126 (93%)
• African American	5 (3%)	7 (5%)
• Native American	2 (1%)	1 (1%)
• Hispanic	2 (1%)	1 (1%)
• Asian	1 (1%)	1 (1%)

^aComplete information not provided by all respondents. Percentages reflect respondent sample for each question.

appropriate Expectations mean ($M = 21.1$, $SD = 3.8$) was significantly elevated ($t = -64.6$, $df = 190$, $p < .0001$) above the pretest mean ($M = 3.7$, $SD = 1.3$). The low pretest scores are indicative of the parents' general lack of understanding of the developmental capabilities of children. These parents often display a sense of self-inadequacy and inadequacy as a caregiver when children fail to meet their inappropriately high expectations. Increased posttest

scores reflect the parents' improved understanding of child growth and development, appropriate expectations for their child, and positive self-concept as a caregiver.

There was a significant increase ($t = -64.7$, $df = 190$, $p < .0001$) in the posttest Lack of Empathy mean ($M = 31.1$, $SD = 5.9$) compared with the pretest ($M = 2.0$, $SD = 1.2$). The low pretest scores indicated that the children's normal developmental needs were not valued and that the parents may have been unable to handle parenting stresses. Increased scores in this area indicate a greater understanding and value of children's needs and parental willingness to allow children to display healthy developmental behaviors.

The posttest Belief in Corporal Punishment mean ($M = 34.4$, $SD = 5.4$) also was significantly increased ($t = -78.1$, $df = 190$, $p < .0001$) above the pretest ($M = 2.1$, $SD = 1.1$). Parents with low scores in this area believe that hitting, spanking, and slapping children are both appropriate and required. Their parenting style tends to be controlling and authoritarian. An increase in this area demonstrates a positive change in the parents' understanding of appropriate discipline, the use of alternatives to corporal punishment, and a greater valuing of the parent-child relationship.

Lastly, the Parent-Child Role Reversal posttest mean ($M = 28.6$, $SD = 5.8$) demonstrated a significant improvement ($t = -63.2$, $df = 190$, $p < .0001$) over the pretest ($M = 3.6$, $SD = 1.2$). The pretest mean was within the very low range, and parents with low scores in this area tend to use children to meet their own self-needs and to treat children as confidantes or peers. They also tend to exhibit low self-esteem and poor self-awareness. Increased scores in this area are associated with a better understanding and acceptance of the needs of both self and children, and also reflect a clearer understanding of the roles of "parent" and "child."

Discussion

This study was conducted to determine if at-risk, rural parents who completed the Bevolek parent education program would significantly improve their parenting

Table 3. Mean Differences: Parental Pre- and Post-AAPI Scores (*n* = 191)

	Pretest		Posttest		t Value	p Value
	M	SD	M	SD		
Inappropriate expectations	3.7	1.3	21.1	3.8	-64.6	<.0001
Lack of empathy	2.0	1.2	31.1	5.9	-64.7	<.0001
Belief in corporal punishment	2.1	1.1	34.4	5.4	-78.1	<.0001
Parent-child role reversal	3.6	1.2	28.6	5.8	-63.2	<.0001

Paired *t* test, *df* = 190

Note: Negative values on this table reflect a positive gain in parenting skills on the posttest.

attitudes in the construct areas of inappropriate expectations of their child, inability to be empathetically aware of the child's needs, strong belief in the value of physical punishment, and reversals of family roles.

The sample included self-referred families, families in crisis, and families who had been court referred for mandatory attendance who were receiving services from their local child-abuse prevention agencies. Approximately half the sample demonstrated at-risk sociodemographic characteristics. Forty-seven percent of the families were headed by single mothers, and 46% of the mothers and 15% of the fathers were unemployed. Sixty-seven percent of the sample had family incomes below the federal poverty level.

Assessment of concrete skill acquisition showed significant positive changes from pretreatment to posttreatment on the four AAPI parenting constructs. On the pretest, the parents in this study demonstrated very low scores that are associated with maladaptive parenting practices. Following the parent education intervention, the parent study participants demonstrated significantly increased posttest scores that are consistent with nurturing parenting attitudes.

There were several notable limitations in this study, particularly the lack of a control group. In addition, a substantial percentage of families did not fully participate in the measurement procedures due to the stressful

and transient nature of their lifestyle. This is a problem that plagues research in this high-risk population (Flaskerud & Winslow, 1998). The ability to compare sociodemographic risk factors to AAPI scores was impaired by the reluctance of many parents to provide sociodemographic data. The small number of families who were either court referred or who used home-based services did not allow a separate analysis of these subpopulations. Finally, it was beyond the scope of this study to measure the additional services or referrals that were provided by social services and other agencies. It is possible that assistance with tangible support needs also affected the parents' childrearing attitudes.

How Do I Apply These Findings to Nursing Practice?

Overall, the study findings in the above analysis support the conclusion that the Bevolek Nurturing Program interventions are based on appropriate constructs and that trained facilitators function very effectively in providing useful and important services. The results of this study join others in finding that supportive interventions that increase the parent's adaptive skills and change childrearing practices are important in the prevention of child maltreatment (Trickett & Suzman, 1988; Wolfe, 1980). However, the exact relationship between parenting skills and child maltreatment is not entirely clear. Reppucci et al. (1997) ob-

serve that change in parental attitude is an indirect measure of effectiveness when the goal is to prevent child maltreatment. They point out that short-term changes in knowledge and behavior may not influence long-term change in parenting practice; thus, the ability of parent education programs to prevent maltreatment on a long-term basis is not known. Subsequent research in this area should focus on evaluation of the long-term effects of these kinds of preventive services (Reppucci et al.).

Nurses in a variety of settings have responsibilities for monitoring and mediating inappropriate parenting behaviors. They can use the AAPI to identify parents who may benefit from either the BNP or other parent-education programs that address identified risk areas. It is important that we nurses have at our disposal the information to either provide effective parent-education interventions or to be able to refer parents to effective programs. Nurses interested in referring families to BNP programs, ordering copies of the AAPI and Nurturing Programs, or becoming certified instructors should contact Family Development Resources, Inc., 3160 Pinebrook Rd., Park City, UT 84098; phone: 800.688.5822; e-mail: fdr@familydev.com; Web site: www.familydev.com.

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