

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

A scoping review of evidence-based interventions available to parents of maltreated children ages 0-5 involved with child welfare services

Ashley L. Landers^{a,*}, Alan McLuckie^b, Robin Cann^c, Valerie Shapiro^c, Sarah Visintini^d, Bruce MacLaurin^b, Nico Trocmé^e, Michael Saini^f, Normand J Carrey^g

^a Virginia Polytechnic Institute & State University, United States

^b University of Calgary, Calgary, Alberta, Canada

^c IWK Health Centre, Halifax, Nova Scotia, Canada

^d Maritime SPOR SUPPORT Unit, Halifax, Nova Scotia, Canada

^e McGill University, Montreal, Québec, Canada

^f University of Toronto, Toronto, Ontario, Canada

^g Dalhousie University, Halifax, Nova Scotia, Canada

ARTICLE INFO

Keywords:

child welfare
child maltreatment
intervention
scoping review

ABSTRACT

Parents referred to child welfare services for child maltreatment often struggle against chronic risk factors including violence, substance abuse, mental health concerns, and poverty, which impinge upon their ability to be sensitive caregivers. The first line of intervention within the child welfare context is to modify parenting behavior. This scoping review comprehensively surveyed all available literature to map the extent and range of research activity around the types of interventions available within a child welfare context to parents of infants and toddlers (0-5 years of age), to identify the facilitators and/or barriers to the uptake of interventions, and to check that interventions match the risk factors faced by parents. This scoping review engaged in stringent screening of studies based upon inclusion/exclusion criteria. Sixty-five articles involving 42 interventions met inclusion criteria. Interventions generally aimed to improve parenting practices, the relationship between parent and child, and/or attachment security, along with reducing child abuse and/or neglect. A notable finding of this scoping review is that at present, interventions for parents of children ages 0-5 involved with the child welfare system are most frequently measured via case study and quasi-experimental designs, with randomized control trials making up 26.2% of included study designs.

Child maltreatment is a widely recognized public health problem (Trocmé et al., 2010; U.S. Department of Health and Human Services, 2013; Wekerle, 2016). Child maltreatment poses a significant burden across systems of care in terms of both providing short-term services and later addressing developmental costs for children who experienced maltreatment (Florence et al., 2013; Tang et al., 2006). Infants, toddlers, and young children (ages 0 to 5) comprise a large proportion of the children referred to child welfare for investigation. Children under the age two are particularly vulnerable to neglect, physical abuse and other types of maltreatment (U.S. Department of Health and Human Services, 2013), while children under the age of one are the most likely to be investigated for maltreatment (Trocmé et al., 2010). Not only are children 0-5 years old more likely to be involved with child welfare, they are also

* Corresponding author at: Virginia Polytechnic Institute & State University, Department of Human Development and Family Science, 7054 Haycock Road, Falls Church, VA 22043, United States.

E-mail address: land0552@vt.edu (A.L. Landers).

<http://dx.doi.org/10.1016/j.chiabu.2017.09.012>

Received 9 February 2017; Received in revised form 5 September 2017; Accepted 10 September 2017

0145-2134/© 2017 Elsevier Ltd. All rights reserved.

particularly vulnerable to poor developmental outcomes (Stahmer et al., 2009). Young children who are exposed to abuse and neglect are considered at risk for developing disorganized attachments, which can impact their functioning and relationships across the lifespan (Bernard et al., 2012; Byun et al., 2016; Rholes et al., 2016). These young children are sensitive to the effects of their environment through the quality of parenting they receive during a period of rapid and critical brain development (Boivin & Hertzman 2012; Harden et al., 2016).

Child welfare services play an important role in ensuring the safety, permanency, and well-being of children who have experienced child maltreatment (U.S. Department of Health and Human Services, 2013). While some child welfare services aim at preventing the reoccurrence of maltreatment, other services aim at resolving the conditions that warranted child welfare involvement in the first place (U.S. Department of Health and Human Services, 2013). Children who receive services at the time of investigation are less likely to experience maltreatment rereport or reoccurrence (Casanueva et al., 2015), whereas therapy for both the parent and the child also reduces the chances of recidivism (Solomon et al., 2016). A variety of interventions have been used with child welfare populations including skill-based interventions (e.g., Parent-Child Interaction Therapy, Parent Training), relational interventions (e.g., Parent-Child Attunement Therapy, Circles of Security) and mixed model interventions (Parenting in Recovery). While some have argued that parenting skills-based interventions are best suited for families in child welfare, others have argued that relational interventions may be better suited, particularly with children in out-of-home placement where reunification is the permanency goal (Lee & Stacks, 2005).

Parents referred to child welfare services for child maltreatment often struggle against chronic risk factors including violence, substance abuse, mental health concerns, lack of social support, and poverty, which impinge upon their ability to be sensitive caregivers (Negash & Maguire-Jack, 2016; Schury et al., 2017). Without adequate resources, parents of maltreated children may continue to expose their children to adverse conditions (Bernard et al., 2012). Parents who maltreat their children may hold developmentally inappropriate expectations of their children, valuing physical discipline and lacking empathy towards their children's needs (Fitzgerald, 2016; Rodriguez et al., 2012). Therefore, often the first line of intervention in child welfare is to modify parenting behavior (Barth, 2015; Berliner et al., 2015; Huebner, 2002).

Parenting interventions are based on the premise that children's health and development is shaped by parenting (Glascoe & Leew, 2010; Luby et al., 2016). And while positive parenting practices support children's growth and development, negative (e.g., neglectful and/or abusive) parenting practices can contribute to social and emotional difficulties (Goodman & Richards, 2005). Since parents typically help their children self-regulate beginning in infancy (Lougheed, 2012), children who have experienced maltreatment have been found to display fewer adaptive emotion regulation skills than non-maltreated children (Harden et al., 2017; McLaughlin et al., 2015; Shipman et al., 2007). In addition, parents involved in child welfare services may "fail to provide the kinds of interactions critical for the development of children's regulatory capabilities" (Lind et al., 2014, p. 1459).

The dissemination of evidence-based interventions within the field of child welfare is relatively new, and as such, many of the interventions being used with parents in child welfare lack empirical research to support their effectiveness. Yet, effective evidence-based interventions for parents involved in child welfare are needed (Casanueva et al., 2008). "Unlike the fields of mental health and juvenile justice, child welfare has not generally identified or recommended evidence-based approaches for serving its target population to any great degree. The parenting programs with the strongest evidence of effectiveness have most commonly been studied in clinical settings primarily focused on behavior-disordered children" (Hodnett et al., 2009, p. 13). Empirically validated treatments for parents of maltreated children warrant clinical and research attention (Barth, 2015; Berliner et al., 2015; Horwitz et al., 2010).

1. The Present Study

In a comprehensive and systematic design, this scoping review examines the literature pertaining to interventions for parents of children ages 0-5 in the child welfare context by: (1) mapping out the extent, range, and nature of the literature; (2) mapping out population characteristics such as sociodemographic information and maltreatment variables (e.g., abuse type - physical, emotional, sexual); and (3) identifying the study design and setting of the interventions. By examining the range of interventions available within the child welfare system and parental risk factors, this scoping review is the first step in addressing gaps in the fragmented services available to these vulnerable families.

Consistent with Arksey and O'Malley's (2005) framework, we sought to conduct a comprehensive and systematic exploration of the literature pertaining to parenting interventions in a child welfare context in order to map the extent, range, and nature of this body of research, identify any gaps in the literature, as well as summarize and disseminate our findings. The reasons for this review were also consistent with the Mays, Roberts, and Popay (2001) process of systematically retrieving relevant literature and mapping key concepts to best capture the available evidence in a research area, particularly one that is complex and has not been previously reviewed in a comprehensive manner.

2. Method

2.1. Search Process

This scoping review included a search of multiple bibliographic databases, a grey literature search of relevant websites, a hand search of a select number of child welfare specific journals, and scanning the reference lists of included studies for further literature. The search of bibliographic databases was conducted August 20 and 21, 2015 in Applied Social Sciences Index & Abstracts (Proquest) (ASSIA) (1987-August 20, 2015), Campbell Collaboration Library (website) (from inception to August 20, 2015), CINAHL Complete

Table 1
MEDLINE Search.

1	exp Child Health Services/
2	exp Child Welfare/
3	(child* adj1 (welfare or protect*)).tw.
4	('family preservation service' or 'family preservation services').tw.
5	1 or 2 or 3 or 4
6	((abus* or neglect* or maltreat* or mistreat*) adj2 (Child* or infan* or baby or babies or toddler* or preschool*)).tw.
7	exp Child Abuse/
8	6 or 7
9	exp Parents/
10	exp Family/
11	exp Child Rearing/
12	(mother* or father* or parent* or family or families).tw.
13	(child-rearing or childrearing).tw.
14	9 or 10 or 11 or 12 or 13
15	(Intervention* or treatment* or program* or train* or educat* or therap* or prevent* or integrat* or empower* or promot* or counsel* or model*).tw.
16	5 and 8 and 14 and 15

(EBSCO) (1982-August 20, 2015), Cochrane Library (Wiley) (from inception to August 21, 2015), EMBASE (embase.com) (1974-August 21, 2015), MEDLINE (Ovid) (1946-August 20, 2015), PsycINFO (EBSCO) (1887-August 21, 2015), Social Sciences Abstracts (EBSCO) (1983-August 20, 2015), Social Services Abstracts (Proquest) (1979-August 21, 2015), and Social Work Abstracts (EBSCO) (1965-August 21, 2015). These databases were chosen because they provided a good coverage of the various professional groups involved in providing support to families in child welfare: medicine, nursing, allied health, and social work. The search strategy for the scoping review was created by two information specialists (RP, SV) in consultation with the research team. The search strategy was created in Medline, peer reviewed by a third information specialist (LM) and then translated, modified and executed in the other databases. Search terms for the bibliographic database searches included free text keywords and controlled vocabulary related to child welfare, child abuse, neglect, maltreatment, mistreatment, parents, and education interventions. The MEDLINE search strategy is displayed in [Table 1](#).

The grey literature search consisted of a keyword search of the selected search terms outlined above using the following websites: National Child Traumatic Stress Network (searched July 29, 2015); California Evidence Based Clearinghouse (searched July 29, 2016); Child Welfare Research Portal (searched July 29, 2016); National Clearinghouse on Family Violence (searched August 12, 2015); Child Welfare Gateway (searched August 15, 2016); PART (searched September 3, 2015); and SAMHSA (searched March 18, 2016). A hand search of the table of contents was conducted on relevant citations published between 2014 and 2016 in *Infant Mental Health Journal*, *Child Maltreatment*, *Child Abuse & Neglect*, and *Research in Social Work Practice* (searched March 12, 2016). Snowball searching was completed by examining the reference lists of all included articles for relevant citations (searched February 28-March 5, 2016). The selection criteria for the grey literature, hand, and snowball searches were the same as for the bibliographic search results.

2.2. Inclusion and Exclusion Criteria

This review included all research studies of interventions involving parents of maltreated children ages 0-5 involved with child welfare. The age cut-off was set at five years due to the aim of this study to target maltreated preschool children and their parents. The preschool age cut-off was chosen because preschool age children are developmentally different than older school aged children (Talley, 2013). Although the majority of studies (46 articles, 70.8%) included in this review exclusively focused on children in the 0-5 age range, an additional 19 articles (29.2%) were included where there was an overlap in age (e.g., the study included children in the 0-5 range in addition to older children). A threshold level was set in which at least 50% of parents in a given study were required to have open child welfare cases (at either investigation or ongoing service stage) in order for the study to be included. Studies were required to have at least one measurable outcome related to the content area of the review (i.e., change in parenting practices, change in parent-child relationship, reduced maltreatment (re)occurrence, improved attachment, etc.). Given that this study sought to explore interventions for parents who have perpetrated maltreatment, studies primarily targeting foster parents or children in extended family placements were excluded unless the intervention included the biological parents and the goal of the intervention was reunification.

2.3. Screening

Two screening phases (S1 and S2) were utilized for each search. At each screening phase, articles were independently screened by two researchers (RC and VS). Independent results were then reviewed for inter-rater agreement. Where agreement among raters could not be achieved ($n = 9$ during S1, $n = 0$ during S2), the PIs (NC and AM) made the final decision regarding inclusion or exclusion.

A total of 7236 citations were identified from all searches. During S1, the titles and abstracts of all citations were reviewed according to the inclusion criteria. If it was unclear whether threshold levels of child welfare involvement were met (i.e., the 50%

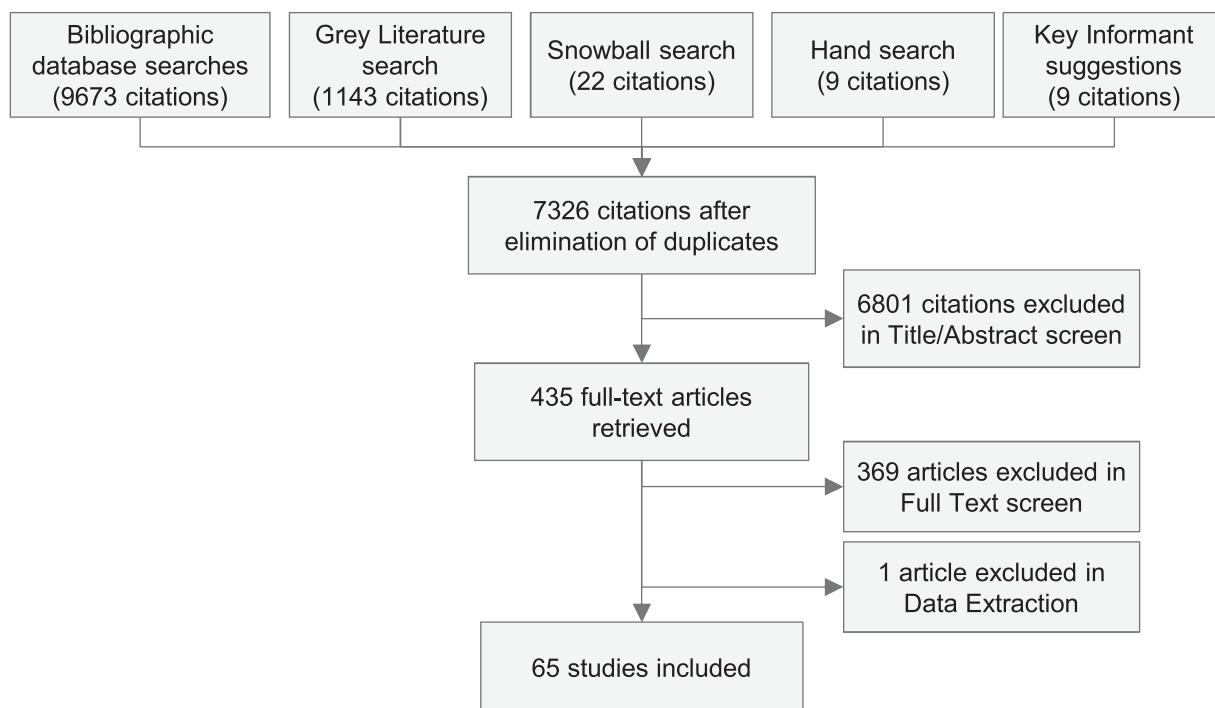


Fig. 1. XXX.

rule) or child age information was vague, a citation was included for S2 in order to ascertain whether the study met review criteria. The purpose of this approach was to avoid false exclusions due to lack of information included in article titles and abstracts. After initial application of inclusion criteria to the titles and abstracts, a total of 435 citations were included for full text screening (S2). During S2, a further 370 articles were excluded, with the remaining 65 articles (spanning 42 different interventions) included for analysis. Fig. 1 displays the PRISMA flow diagram of our search and selection process narrowing to the 65 included articles.

2.4. Data Extraction

In order to ensure a systematic data extraction process, an extraction spreadsheet was designed by the research team using Microsoft Excel. Thirty-four categories of data were extracted from each article, spanning referential material, study design, contextual information, data regarding interventions, outcomes, and barriers and facilitators to intervention engagement. Specific definitions were agreed upon by the research team for each extraction category to ensure consistency. Prior to commencing extraction, the extraction sheet was piloted on 10 randomly chosen studies, and then refined accordingly. Data extraction was completed by two researchers (RC and VS), with each extracting half of the articles independently. Every fifth article was “double extracted” and examined by both researchers for consistency. Disagreements were resolved via discussion by the two extracting researchers. If an agreement could not be reached, the PIs (NC, AM) were asked to make the final decision. Before finalizing the data, all data was checked by the PIs.

3. Results

The results of this scoping study are divided into six sections: an overview of the results, the types of interventions available to parents of children ages 0-5 involved in the child welfare system, characteristics of parents served, parental risk factors for child abuse or neglect most evidenced within intervention populations, the match between interventions and risk factors of the parents, and barriers and facilitators to interventions.

3.1. Overview of Results

This scoping review study aimed to describe the landscape of the studies of interventions for parents of children ages 0-5 years involved with the child welfare system. A total of 65 studies were included in this review. The majority of studies were completed in the United States (U.S.) (77.8%). Other studies originated in Canada (15.9%), Australia (3.2%), Spain (1.6%), and Scotland (1.6%). The location of studies may not be surprising considering that most of what is known about child maltreatment comes from research generated in North America and Europe (Wekerle, 2016) and our searches were conducted in English-only databases and journals. The studies included in this review were published between 1978 and 2015, with the bulk of studies published after the year 2000

Table 2
Overview of studies included in review.

Author & year	Design	Sample	Intervention	Findings
Benzies et al. (2011)	Single group; pre-post with follow up RCT	38 caregivers, 45 children 113 parents, 120 children	Preschool, Parent education, Family support Attachment and Biobehavioral Catchup	Improved child receptive language; risk for child maltreatment; parenting stress, self-esteem, life skills stable Lower rates of disorganized attachment; higher rates of secure attachment
Bernard et al. (2012)	Single case study	Mother and child dyad	Parent-Child Interaction Therapy (PCIT)	Reduced child's behavior problems and mother's stress; increased number of positive parent-child interactions
Borrego et al. (1999)	Case studies	3 families	Homebuilders model of Intensive-Family-Preservation Services	Progress and success were documented among the cases, but differed among families
Campbell (1997)	Quasi-experimental RCT	588 mothers 179 mother child dyads	Parenting Services Infant Parent Psychotherapy (IPP), Psychoeducation Parenting Intervention (PPI)	Improved maternal responsiveness and total parenting scores Increased in secure attachment
Casanueva et al. (2008)	2 × 2 cluster design	354 parents	SafeCare home-based model	Support for use with American Indian parents
Cicchetti et al. (2006)	Randomized Field Trial	192 parents	Combine motivation and parent-child interaction therapy	Support for use with parents with chronic and severe child welfare histories
Chaffin et al. (2012)	RCT	110 parent-child dyads	PCIT versus enhanced PCIT versus community-based parenting group	Reduced rates of future child physical abuse
Chaffin et al. (2011)	Double randomized design	192 parents	Motivational intervention with PCIT versus motivational intervention with didactic parent training	Improved retention with low to moderately motivated child welfare clients
Chaffin et al. (2009)	Pre-post comparison	89 families	Family enhancement program versus regular child protective services	Reduced number of placements, days in out-of-home placement, founded maltreatment reports
Ciliberti (1997)	Single case study	1 parent-child dyad	Parent Training	Increased and maintained parenting skills post-intervention
Crimmins et al. (1984)	Case study	2 families	Social Learning Intervention	Reduced aversive parent and child behaviors; increased and maintained positive family behaviors
Crozier & Katz (1979)	Pre-post-follow-up	133 families	Gipuzkoa family treatment program	Lowest success for neglectful families; dropout differed by parental characteristics of alcohol problems and childhood experience of out-of-home placement
de Paúl & Arruabarrena (2003)	Single case study	1 mother-child dyad	Parent-Child Attunement Therapy (PCAT)	Increased the number of positive caregiver-toddler interactions; enhanced quality of caregiver-toddler relationship
Dombrowski et al. (2005)	RCT	72 mothers 1 family	Family Behavior Therapy Family Behavior Therapy	Demonstrated better outcomes in child maltreatment potential
Donohue et al. (2014)	Single case study	2 mother child dyads 20 mothers	Errorless Compliance Training Parent Training, Child-care skills	Cessation of substance abuse; lowered risk of maltreatment; improved parenting; reduced instances of violence in the home
Donohue et al. (2010)	Case study	10 mothers, 10 children	Child-care skills	Demonstrated and maintained improvements in compliance
Ducharme et al. (2001)	Quasi-experimental	18 parents	Systematic Training for Effective Parenting (STEP)	Increased child-care skills; benefitted children (e.g., elimination of diaper rash and cradle cap, increased weight gain, successful toilet training)
Feldman et al. (1992)	Quasi-experimental pre-post	82 families	Project SafeCare (Parent Training)	Effective in teaching 12 of the 13 important child-care skills to 9 of the 10 mothers with intellectual disabilities
Feldman et al. (1999)	Quasi-experimental pre-post	266 families	Project SafeCare (Parent Training)	Parents' perceptions of their child's behavior significantly more positive; Decreased Parent's potential to physically abuse
Fennell and Fishel (1998)	Longitudinal quasi-experimental	95 parents 22 parent-child dyads	Beyond the Basics Parenting Groups PCIT	Less likely to be involved in recidivistic child abuse and neglect
Gershater-Molko et al. (2002)	Longitudinal quasi-experimental	564 parents	Nurturing Parenting Program (NPP)	Improved child health care, home safety, and parent-child interactions
Gershater-Molko et al. (2003)	Quasi experimental pre-post Longitudinal design			Improved attitude and behavior changes
Goodman and Richards (2005)	Quasi experimental pre-post Longitudinal design			Increased positive and decreased negative responses to appropriate child behavior
Hakman et al. (2009)	Quasi experimental pre-post			Improved parental attitudes towards childrearing; reduced repeat maltreatment
Hodnett et al. (2009)	Quasi experimental pre-post			

(continued on next page)

Table 2 (continued)

Author & year	Design	Sample	Intervention	Findings
Kelleher et al. (2012)	Qualitative	6 mothers	Pre-school and nursery programs for children	Participation as an affordable social outlet, learning, practical help and support
Kirk & Griffith (2004)	Retrospective population based design	542 IFPS children, 25,722 comparison	Intensive family preservation services (IFPS)	Reduced or delayed placement rates; treatment effects increased as risks increased
Kretzmar et al. (2005)	Single case study	1 mother child dyad	Foster parenting program	Mother moved from an insecure state of mind to a secure one, while the child moved from a resistant to a secure attachment
LaPota et al. (2011)	Single case study	1 family	Family Behavior Therapy	Improved perceived family relationships, illicit drug use, child maltreatment potential
Lee and Stacks (2005)	Single case study	1 family	Families in Transition (FIT)	Findings were descriptive in nature
Lind et al. (2014)	RCT	112 caregivers, 117 children	Attachment and Biobehavioral Catch-up (ABC)	Lowered levels of negative affect during a challenging task
Littell (1997)	Quasi-experimental	1,911 families	Family preservation services	Little impact on out-of-home placement, maltreatment recurrence, and case closure
Littell (2001)	Quasi-experimental	2,194 families	Intensive family preservation services (IFPS)	Greater collaboration with workers in treatment planning related to better compliance; compliance predicted reductions in subsequent reports of maltreatment and out-of-home placement
Lovell and Richey (1997)	Quasi-experimental pre-post	38 parents	Social Support Skill Training (SSST)	Minimal differences post-intervention with regard to parent's daily contacts
MacMillan and Thomas (1993)	Pilot study; single group of families	18 families	Public health nurse home visitation	Feasible and acceptable for preventing the recurrence of maltreatment
Maher et al. (2011)	Quasi-experimental	528 caregivers	The Nurturing Parenting Program (NPP)	Less likely to be reported for child maltreatment at follow-up; those with more sessions were less likely to have substantiated maltreatment incidence
Mannarino et al. (2012)	Follow-up to RCT	158 children and 144 parents	Trauma-focused CBT (TF-CBT) with or without Trauma Narrative (TN)	Reduced parental emotional distress, child self-reported anxiety, and rate of children meeting PTSD diagnosis
McWey et al. (2015)	Mixed methods	31 parents	Parenting intervention	Non-completer parents had higher problematic parenting, parenting stress, and less social support
Meezan and O'Keefe (1998)	RCT	81 families	Multifamily Group Therapy (MFGT)	Improved parent-child interaction and developmental stimulation to the child
Moss et al. (2011)	RCT	67 parent-child dyads	Short-term Attachment-Based Intervention	Improved parental sensitivity and child attachment security; reduced child disorganization; older children showed lower levels of internalizing and externalizing problems post-intervention
Moss et al. (2014)	Single case study	1 mother, 1 child	Video Feedback Intervention	Increased level of maternal sensitivity; improved attachment security; decreased behavioral problems
Mullins (2005)	Quasi-experimental	142 women	Intensive intervention program for mothers of drug-exposed infants	Participation alone was unrelated to the likelihood of subsequent CPS reports
Natale et al., 2012	Multimodal, multi-source design	75 parents and children	Cherish the Family (CTF)	Improved child wellbeing, parental capabilities, family interactions, family safety, caregiver/child ambivalence, and readiness for reunification
Nelson (1986)	RCT with post-test only	74 families	Home-based Service (HBS) versus Traditional Child Protection Service (TCPS)	Fewer days of placement
Nese (2013)	Within-subjects multiple baseline across responses design	4 mother-child dyads	Microsocial Video Parenting (MVP) based on Marte Meo	Increased developmentally supportive parenting behaviors; increased developmentally supportive parenting behavior following a child behavior
Nomellini & Katz (1983)	Multiple baseline design	3 families	Anger Control Training	Reduced aversive parental behavior; decreased and maintained angry urges and overall proneness to provocation; reduced child aversive behavior; increased positive behavior
Oxford et al. (2013)	RCT	56 biological parent-child dyads	Promoting First Relationships (PFR)	Decreased sleep problems
Page and Cain (2009)	Single case study	1 mother	Circle of Security	Strengthened capacity for empathetic understanding

(Continued on next page)

Table 2 (continued)

Author & year	Design	Sample	Intervention	Findings
Puckering et al. (1994)	Quasi-experimental; pre-post	21 mothers	NEWPIN	Positive change demonstrated in interaction and child centeredness; decreased negative interactions
Rao (2013)	Single Group; pre-post	50 families	Project IMPACT	Improved parenting skills including communication, home management, infant child care, parent/child interaction and time-out skills
Romero et al. (2010)	Multiple-baseline case study	1 family	Family Behavior Therapy (FBT)	Efficacy for use with substance users with other comorbid mental health problems
Sandler et al. (1978)	Case study	2 case studies	Parent Training	Improved child-management skills of two abusive parents
Stauffer and Deblinger (1996)	Quasi-experimental; pre-post	19 mothers	Cognitive Behavioural Groups	Decreased parental distress and children's sexual behaviors
Scott & Lishak (2012)	Single group; pre-post	98 fathers	Caring Dads Group	Changes in parental laxness, over-reactivity and hostility; improved co-parenting, communication and teamwork
Steele et al. (2010)	Mixed methods	27 mother-toddler dyads	The Attachment Group	Impacted toddler-mother attachment
Terao (1999)	RCT	34 parent-child dyads	Parent Child Interaction Therapy (PCIT)	Improved child behavior problems, post-treatment scores were in non-clinical range; reduced parent stress
Tertinger et al. (1984)	Multiple baseline design	6 families	Home Accident Prevention Inventory (HAPI)	Reduced hazards
Thomas & Herschell (2013)	Single case study	2 mother-child dyad	PCIT	Skill use continued without coaching
Thompson et al. (2013)	Qualitative inquiry – Focus Groups	27 mothers	Parenting In Recovery Program (PIR)	Moved from denial of the addiction, to beginning the process of recovery, and learning basic parenting skills
Toth et al. (2002)	RCT	122 mother-child dyad	Pre-school parent psychotherapy (PPP), Psychoeducational home visitation (PHV), Community Standard group (CS)	Decreased maladaptive maternal representations and negative self-representations; mother-child relationship expectations became more positive
Valentino et al. (2013)	RCT	40 parent-child dyads	Reminiscing Training	Increased elaborative utterances, emotion references for children's negative emotions, and explanations of children's emotions during reminiscing about past events
Vorhies et al. (2009)	Quasi experimental post test design	25 females	The Thresholds Mothers' Project (TMP)	Positive changes in familial relationships, family responsibility, proper parenting behavior and feelings, and parental distress and competency
Wolfe et al. (1982)	Multiple baseline design	1 family	Parent Training	Reduced negative behaviors; improved mother's rate of positive behaviors; no evidence of abuse or extremely punitive behavior following treatment
Wolfe & Sandler (1981)	Case study	3 families	Parent Training (PT), Contingency Contracting (CC)	Improved and maintained child management

(66.7%), and 36.4% of studies published in or after 2010.

This review included a diversity of research designs. While 26.2% were randomized control trials, 43.1% of studies were quasi-experimental designs, 24.6% were case studies, 3.1% were qualitative, and 3.1% utilized a mixed methods design. Information from each of the 65 studies was consolidated into a “landscape” table, which captures information about study design, sample size, intervention, and findings (see [Table 2](#)).

3.2. Types of Interventions Available to Parents of Children Ages 0-5 Involved with Child Welfare

Interventions tended to target improved parenting practices, the relationship between parent and child, and/or attachment security, along with reducing child abuse and/or neglect. The 42 different interventions included (across 65 studies) were predominantly skill-based (66%), followed by relational (20%) or mixed (14%). The intervention settings were primarily home-based (38.5%) or in a clinic or center (38.5%), while the remainder took place in some combination of home and clinic (12.3%), residential or inpatient setting (4.6%), or the intervention setting was unclear (6.2%).

Skill-based interventions were primarily didactic in nature and sought to achieve outcomes by teaching parents new skills, often regarding child care and management. Examples of skill-based interventions included: Parent-Child Interaction Therapy, Family Behavior Therapy, and Beyond the Basics Parenting Group. In contrast, relational interventions sought to achieve targeted outcomes through the mechanism of the parent-child relationship. Relational interventions often primarily targeted maternal sensitivity to child cues, reflective capacity, and attachment. In these interventions, focus was less on skill attainment, and measures were frequently relational in nature. Examples of relational interventions included: Attachment and Biobehavioral Catch-Up, Circle of Security, and Promoting First Relationships. In contrast, mixed interventions contained both skill-based and relational components in a more-or-less equitable fashion. Examples of studies from this category included: Project SafeCare, Cherish the Family, and the Parenting in Recovery Program.

3.3. Characteristics of Parents Served by Type of Maltreatment, Gender, Income, and Ethnicity

One-third of studies (33.9%) did not report the specific type of maltreatment experienced by the child. Of those studies that did report maltreatment type, most served parents of children across multiple types of abuse or neglect (e.g., physical abuse, sexual abuse, emotional abuse, neglect) (29.2%), followed by physical abuse (15.4%), neglect (13.8%), or neglect by parental substance abuse (3.1%). The remainder served parents of children who witnessed domestic violence (1.5%) or experienced sexual abuse (3.1%). Under half of the study interventions were delivered to all female (mother) samples (43.1%), while 1.5% were comprised of all male, 15.4% did not report the exact makeup of participant genders, and the remaining 40% were delivered to both female and male (mother and father) participants. It is significant to note that although both genders were included in the samples of 26 studies, 22 of the 26 studies had predominately female samples. Although many of the studies included in this review served parents across a variety of income levels, the majority of studies served parents who were experiencing impoverished circumstances (60% of studies), while the remaining of studies did not report the particular income level of parents served (40%). The majority of studies served parents of multiple ethnicities (47.7%), while many did not report the ethnicity of parents served (41.5%), and others served small numbers of only Caucasian (3.1%), Hispanic (3.1%), Black (1.6%), or Indigenous (3.1%) parents. Of those 31 studies that served parents of multiple ethnicities, 18 studies (58.1%) served predominantly Caucasian parents, whereas the remainder predominately served parents of minority ethnicities (e.g., Black, Biracial, Native, Hispanic) (41.9%). Very few studies (15.4%) included Indigenous parents. Hispanic (16.9%) and Black (32.2%) parents were also included in lower rates than Caucasian parents. It is significant to note that most of these studies did not include solely Hispanic or Black samples, but rather were comprised of mixed samples.

3.4. Parental Risk Factors for Child Abuse and Neglect

A number of parental risk factors have been previously identified as increasing risk for child abuse and neglect including parental history of child abuse or neglect, low educational attainment, substance abuse and mental illness (Klevens et al., 2000; Lindell & Svedin, 2001; Sidebotham et al., 2001). Parent's own history of abuse was generally not reported in the studies included in this review (78.5%), while the remainder (21.5%) did report parent's own history of abuse, and 20% of interventions served parents who had a current or past experience of intimate partner violence. The majority of studies did not report if parents included in the intervention experienced substance abuse (66.2%), whereas the remaining studies served parents with substance abuse (29.2%) and only a small number did not include parents with substance abuse issues (4.6%). In addition, the majority of studies did not report if parents included in the intervention experienced mental health difficulties (72.3%) with the remaining 20% of studies including parents with mental health difficulties and 7.7% that did not.

3.5. The Match Between Risk Factors and the Intervention

Unfortunately, information extracted from the included studies did not provide enough evidence to conclusively assess the match between parental risk factors and the intervention. There was an observed trend in which many included studies did not report data on parental risk factors, or reported only on certain risk factors (e.g., parental substance abuse, mental illness, own history of abuse or neglect). Several interventions targeted parental substance use (e.g., Family Behavior Therapy, Parenting in Recovery, Cherish The Family) and parental mental illness (e.g., Threshold Mothers Project, Family Behavior Therapy). A more common approach seemed to

target the effects of parents' childhood abuse through targeting the parent's attachment style and parenting practices, rather than directly addressing their own history of abuse or neglect. Many of these interventions seem to be grounded in the idea that individuals learn to parent from their parents, therefore, people with abusive parents would be more likely have disrupted parenting styles. If this is the case, many of the interventions included in this review, particularly parenting training programs and attachment-based interventions, would help ameliorate problematic intergenerational parenting practices.

3.6. Barriers and Facilitators to Interventions

Sixteen articles (25%) articulated potential and actual barriers to be aware of that could detract from intervention success and twenty-two studies (34%) articulated facilitators to successful intervention outcomes. Categories of barriers described by study authors included methodological barriers, client engagement strategies, client clinical factors, intervention factors, and lack of instrumental support, whereas facilitators were conceptualized under three headings: provision of instrumental support, client engagement strategies, and client factors.

Specifically, methodological barriers referred to factors impeding intervention participation and/or success that arose from, or were largely due to, the intervention being offered within a research study. Methodological barriers were identified by Hodnett et al. (2009) who noted attrition to be an important factor impacting intervention participation and concluded that attrition may be an artifact of the selected research method's use of a no treatment waitlist control group. In addition, without the use of control groups in studies, questions arose about whether changes could be conclusively attributed to program participation (Hodnett et al., 2009). Lastly, Hodnett et al. (2009) explored how the inclusion of children (e.g., in the intervention or by offering child care during the intervention) could increase the cost of implementation, posing a challenge or barrier to intervention.

As with any intervention, structural barriers pose problems to service access (Campbell, 1997). Even if clients attend, their engagement also plays a role in their progress. Lapses in client engagement play a role in behavioral changes while participating in, and following, programming (Romero et al., 2010). Several authors described specific engagement facilitators employed to enhance client engagement, retention, and/or improve client motivation. These included the provision of additional social supports or supportive counseling (Kelleher et al., 2012) and inclusion of repetition within the interventions in the form of repeated home visits and/or repeated opportunities to practice skills (Tertinger et al., 1984). Romero et al. (2010) noted that facilitating client motivation levels is key to program success. They enhanced motivation by providing social support and adopting a client-centered approach that maximized the abilities of clients to choose goals and be empowered within the intervention process.

In relation to client clinical factors, Wolfe et al. (1982) spoke to the importance of recognizing and mitigating potential barriers that may arise should there be a mismatch between program expectations or materials and the client's abilities, when they reflected on working with clients with intellectual impairments. To facilitate a better fit between the intervention materials and the clinical state of the client, Wolfe et al. (1982) noted the importance of tailoring the delivery of program material to the client's strengths, such as making programming more concrete via role play with repetition and reducing the reliance on complex instructions and reading materials. Wolfe et al. (1982) also indicated that strategies such as consistent reassurance and encouragement were employed to propel parents to continue rehearsing the skills and complete the intervention. In addition to the learning capacity of clients, both distrust for child welfare and cultural misunderstanding or mismatch can pose barriers to client engagement and intervention success (Campbell, 1997). Factors known to be associated with child abuse may also be associated with poor outcomes for parents, for instance, parents with substance abuse problems, those who have their own history of out-of-home placement, and those with fewer resources may be more likely to dropout or be less successful in interventions (de Paúl & Arruabarrena, 2003).

Thompson et al. (2013) confirmed the importance of considering program expectations as potential barriers by reporting their families' frustrations with "uniformly high, and often unreasonable, expectations..." (p. 148) of programming, which could impede successful outcomes. They further suggested that such program barriers could become conflated with instrumental barriers, when program expectations required clients to access resources in order to successfully participate in programming. For example, they noted that when service users had difficulty securing transportation, they had a more difficult time meeting program expectations related to attendance (Thompson et al., 2013). Similarly, Lee and Stacks (2005) found that the lack of instrumental supports, such as transportation and income, were barriers for some families to achieve successful program outcomes. On the other hand, instrumental support in the form of transportation and child care appeared to enhance the probability of successful intervention outcomes (Chaffin et al., 2011; Hodnett et al., 2009).

While lack of social support acted as a barrier for parents (McWey et al., 2015), the provision of social support within interventions appeared beneficial to parents (Fennell & Fishel, 1998). A number of other facilitators were also noted. Home-based components such as in-home visitation appeared to reduce parents' isolation (Campbell, 1997). Concrete access to resources such as job and education services, emergency funds, and day care appeared beneficial to parents (Ciliberti, 1997). Advocacy and the relationship between professionals and their client(s) was key (Littell, 1997). Lastly, cultural congruence of services was an important consideration which aided parents.

4. Discussion

This scoping review was comprehensive in nature allowing for the inclusion of 65 articles following the full-text assessment of 435 citations. To our knowledge, this is the first review of its type conducted with regard to parents of children ages 0-5 involved with child welfare services. Consistent with scoping review methodology outlined by Arksey and O'Malley (2005), this review examined and reported on the extent, range and nature of interventions involving parents of maltreated children ages 0-5 involved with child

welfare. In a comprehensive manner, we explored trends in the types of interventions available to parents of 0-5 children in child welfare, parental risk factors for child abuse and neglect, the match between risk factors and interventions provided, and barriers and facilitators to interventions. Building upon the findings of our review, we offer a discussion of the importance of interventions within a child welfare context, intervention setting, research designs, parental risk and representativeness, barriers and facilitators to interventions, and research gaps.

4.1. Importance of Child Welfare Interventions

Child maltreatment poses a threat to the health of children and their families (Byun et al., 2016; Jedd et al., 2015; Rholes et al., 2016). Children ages 0-5 are at increased risk for detrimental impacts of child maltreatment (Boivin & Hertzman 2012). And, although child maltreatment is a widely recognized public health problem in many countries (Trocmé et al., 2010; U.S. Department of Health and Human Services, 2013), the literature implies that more attention needs to be paid to the development and testing of effective parenting interventions with child welfare populations, particularly those targeting the 0-5 age group. Since one of the roles of the child welfare system is to intervene and assist parents with ensuring that children are safe and to address risk factors that may impede permanency planning for the child (Canadian Child Welfare Research Portal, 2017; U.S. Department of Health and Human Services, 2013), it is imperative that children and parents involved with the child welfare system have access to interventions that account for their clinical circumstances and can demonstrate effectiveness to increase safety and reduce the risk for maltreatment (Gambrell, 2008). Continued research is needed to identify effective interventions to prevent child maltreatment recidivism (Barth & Liggett-Creel, 2014; Horwitz et al., 2010).

4.2. Intervention Setting

Few studies included in this review explored the relationship between intervention setting (e.g., home-based versus clinic) and effectiveness. The majority of the interventions included in this review were home-based (38.5%). Home-based interventions promote skill generalization in the home environment and often include home observation components (e.g., Parent-Child Interaction Therapy). This could also be partially explained by the statutory (supervisory) role of the child welfare system in families' lives – ensuring home safety is a key role; interventions in the home environment would allow for a higher ability to observe within the “natural” environment (Allen & Tracy, 2009).

4.3. Research Designs

A notable finding of this scoping review is that at present, interventions for parents of children ages 0-5 involved with the child welfare system are most frequently measured via case study and quasi-experimental designs, with randomized control trials (RCTs) making up only 26.2% of all included study designs. This finding suggests that the evidence regarding interventions for parents of infants and toddlers (0-5 years of age) is one that is evolving. Although RCTs are generally considered to be the ‘gold standard’ for examining the efficacy or effectiveness of interventions (Petticrew & Roberts, 2006), Proffit (2013) opines that there are serious flaws in indiscriminately applying RCTs to answer evidence-based questions. The results of this scoping review underscore the importance of integrating findings from across research designs to better appreciate the various types of evidence that has been developed to better understand both the effectiveness of these interventions and the implications of these interventions as it relates to the contextual factors that can impact the delivery of these interventions for this vulnerable population. Although more RCTs are needed to improve our understanding of ‘what works’, we also need additional qualitative studies, for example, to assist in understanding ‘what is at work’ in regards to the integration of client’s perspectives, professional wisdom, and the potential contextual factors that may be relevant to the implementation and process of these interventions (Saini & Shlonsky, 2012). Regardless of research design used in the primary studies, attrition, the rate of families dropping out of studies, was rarely discussed in the included studies, suggesting that we know little about the types of families who remain involved in the interventions compared to those who drop out. It is critical that future studies of interventions for parents 0-5 involved with child welfare explicitly examine the types of families considered at risk for drop out, in order to better serve and retain those families in interventions.

4.4. Parental Risk & Representativeness

Few of the studies included in this review sought to explore the potential influences of parents with mental health difficulties and their own histories of abuse. It is concerning that more studies do not take these parental risk factors into account for a number of reasons. First, we know parental factors (e.g., parent’s own history of abuse or neglect, substance abuse, and mental health) are associated with child maltreatment (Negash & Maguire-Jack, 2016; Schury et al., 2017). Second, adverse childhood experiences (ACEs) are associated with adult health behaviors and diseases (Felitti et al., 1998). ACEs matter and may even play a role in child maltreatment recidivism and so not including parental risk factors is a missed opportunity for exploring these potential connections and the implications these may have on intervention outcomes.

In addition, the lack of fathers included in studies in this scoping review is significant, and consistent with existing findings in the area of paternal involvement in child welfare services (Brown et al., 2009; Maxwell et al., 2012). Yet, fathers often play a role in child care, child development and can benefit from intervention (Zanoni et al., 2013). Given the over reliance of focusing on the experiences of mothers in welfare interventions (Risley-Curtiss & Heffernan, 2003), it is important that future research include a higher

proportion of fathers within parenting interventions for this population.

The samples included in this review were not necessarily representative of the child welfare population. For instance, few studies included Indigenous parents, despite the overrepresentation of Indigenous children in both the U.S. and Canadian child welfare systems. In addition to the lack of Indigenous representation, Hispanic, Black, and other non-white minorities were also included in low rates. Future inclusion of minority parents and their children will be important and may be better achieved through alternative study designs or approaches (e.g., purposefully oversampling). The lower participation of Indigenous caregivers may reflect the challenges of conducting intervention research in more remote and northern communities compared to the large urban centers in the U.S. and Canada.

Lastly, although many of the studies included in this review identify the prevention of future child maltreatment as a goal or outcome, very few actually measure reported maltreatment recurrence or recidivism. Rather, other behaviors were typically measured such as parenting skills and child behaviors (Maher et al., 2011). Only 14 of the 65 (21.5%) included studies measured maltreatment occurrence during and/or post intervention. Four additional studies measured child abuse potential before and after intervention (Borrego et al., 1999; Donohue et al., 2014; LaPota et al., 2011; Terao, 1999) as a proxy measure for child maltreatment. The lack of maltreatment recurrence data may be attributable to the limits of design, as most of the studies did not utilize a longitudinal approach. However, without measuring maltreatment recurrence, limited conclusions can be drawn with regard to how effective these interventions may be in reducing maltreatment recurrence. When maltreatment recurrence is not directly measured, effectiveness of an intervention in that regard is difficult to conclude. Furthermore, reported maltreatment recurrence may or may not accurately reflect the maltreatment experiences of children, as not all maltreatment recurrences are reported. Given the challenges inherent to measuring maltreatment and maltreatment recurrence, perhaps a more expansive and multi-faceted approach to measuring reduced risk for maltreatment is needed when determining the effectiveness of interventions with this population.

4.5. Barriers and Facilitators

This scoping review identified a number of barriers and facilitators to interventions that were reported across the landscape of research. In particular, optimizing client motivation and engagement was noted as important to successful intervention. Our findings suggest that factors facilitating client motivation and engagement may not occur in isolation, but rather in concert with other facilitative factors such as providing clients with instrumental supports or resources extraneous to intervention/program protocol. For example, providing resources such as transportation to programming, child care, and/or providing home-based visits appears to coincide with enhanced motivation and program engagement. Our findings further suggest that optimal intervention outcomes may arise when client-program mismatches are reduced and the goodness-of-fit between families and the program are maximized. Such program modifications that enhance this goodness-of-fit can occur both through tailoring the actual core psychosocial programming (i.e., parenting group) to the unique circumstances of the families, but also through the provision of supplementary programming or resources that allow families to participate in the core programming to the fullest extent possible. Our findings regarding clients' ambivalence to engage in programming and/or attrition from interventions also reminded us of Baker and Charvat's (2008) assertion of the importance of understanding participation differences between those involved in child welfare interventions versus those involved in child welfare interventions offered as a component of a research study. Baker and Charvat (2008) suggest that families actively involved with child welfare, distinct from those merely at risk for being involved, may refuse to participate or avoid fully participating due to fears it could create additional barriers to their goals (e.g., reunification).

4.6. Research Gaps

The majority of studies included in this review served marginalized parents, often facing impoverished circumstances. This finding is expected given the connection between child maltreatment or involvement with child welfare services and poverty (Fong, 2017; Pelton, 2015; Rostad et al., 2016; Yang, 2015). In addition to poverty, neighborhood quality also appears to be associated with particular types of child maltreatment. For instance, children residing in neighborhoods in poverty are more likely to experience physical neglect (Shanahan et al., 2017). Given the connection between impoverished circumstances such as poverty and poor neighborhood quality and child maltreatment, although interventions were not found exploring the impact of these variables on interventions, this may be a viable exploration for future research.

The majority of studies included in this review were conducted in the U.S. (77.8%), while far fewer were conducted in Canada (15.9%). Far less can be concluded about interventions serving Canadian parents of children ages 0-5 involved with child welfare. Building on this, the limited inclusion of Indigenous parents across both U.S. and Canadian samples is concerning. Given the overrepresentation of Indigenous parents and children within the child welfare system in both Canada and the U.S., one might expect a higher inclusion of Indigenous parents in the studies reviewed. Future studies in a Canadian context may help ameliorate these concerns, given that although only 5% of children in Canada are Indigenous but comprise 17% of all children reported to child welfare, 22% of substantiated reports of maltreatment, and 25% of the children admitted to care (Blackstock et al., 2004).

4.7. Limitations

This scoping review engaged in stringent screening of studies based upon inclusion/exclusion criteria. A number of articles published on Incredible Years (e.g., Jones et al., 2007), Parent Child Interaction Therapy (e.g., Fernandez et al., 2011), and Home

Visiting (e.g., MacMillan et al., 2005) were excluded because they did not meet the strict inclusion criteria. Generally, these exclusions were made based upon age (strict 0-5 criteria). In addition, 11 studies that did not meet the 50% current child welfare involvement criteria (at commencement of the study as opposed to historical involvement or being an “at risk” population with no prior involvement but experiencing risk factors for future involvement) were also excluded.

In addition, this scoping review surveyed all available literature around the types of interventions available within a child welfare context to parents of infants and toddlers (0-5 years of age) that have been empirically tested in research studies, rather than the interventions that are most commonly used. Therefore, this scoping review does not comprehensively represent the interventions that are applied throughout all jurisdictions. There may be other interventions being commonly implemented within a child welfare context that have not been empirically tested and were, therefore, excluded from this review. Although evidence based interventions are being explored in child welfare research, less is known their implementation. As such, continued exploration of facilitators and barriers to child welfare interventions will be important.

In addition, there are limitations related to the use of a scoping review design. For example, the current study did not present information on effect size of intervention or quality of studies (e.g., we did not discuss the internal or external validity of study designs of the articles included in this scoping review). In addition, the conclusions of this scoping review are limited to interventions for parents of maltreated children ages 0-5 actively involved with child welfare, as we did not include interventions for parents at risk for child welfare involvement. A future scoping review could be employed to explore interventions for parents at risk for child welfare involvement. Populations at risk for child abuse and neglect may be different than populations that have already perpetrated abuse or neglect, as children who have experience maltreatment generally show more qualities of disorganized and insecure attachment than at risk children (Cyr et al., 2010).

5. Conclusion

In sum, this scoping review provides a landscape view of intervention studies serving parents of maltreated children ages 0-5 involved in the child welfare system. A number of skill-based, relational, and mixed interventions are available to parents, many of which target improved parenting practices and/or children's behavior. Less often do studies actually measure child maltreatment recurrence or recidivism, although this is often stated as a desired outcome. Future research would be best served by additional RCTs to evaluate the effectiveness of interventions to determine ‘what works’ and continue focusing on ‘what is at work’ within these interventions to provide the field with both reliable and contextually relevant data about the overall effectiveness and impact of these interventions. Future studies would also benefit from specifically focusing on interventions for parents of children under age 5 in child welfare (Trocmé et al., 2010).

Acknowledgements

This work was supported by a knowledge synthesis grant from the Canadian Institutes of Health Research Knowledge Synthesis Grant (Reference #328985). This study was also supported by the Maritime SPOR Support Unit (MSSU), which receives financial support from the Canadian Institutes of Health Research (CIHR), the Nova Scotia Department of Health and Wellness, the New Brunswick Department of Health, the Nova Scotia Health Research Foundation (NSHRF), and the New Brunswick Health Research Foundation (NBHRF). We thank Robin Parker, MLIS (Health Sciences Evidence Synthesis and Information Services Librarian, W. K. Kellogg Health Sciences Library, Dalhousie University) for drafting an initial search strategy, and Lindsey McNiff, MLIS (Learning & Instruction Librarian, Killam Library, Dalhousie University) for peer reviewing the final MEDLINE search strategy.

References¹

- Allen, S., & Tracy, E. (2009). *Delivering home-based services: A social work perspective*. New York: Columbia University Press 16–18.
- Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*, 8, 19–32. <http://dx.doi.org/10.1080/1364557032000119616>.
- Baker, A. J. L., & Charvat, B. S. (2008). *Research methods in child welfare*. New York: Columbia University Press.
- Barth, R. (2015). Commentary on the Report of the APSAC Task Force on Evidence-Based Service Planning Guidelines for Child Welfare. *Child Maltreatment*, 20, 17–19. <http://dx.doi.org/10.1177/1077559514563785>.
- 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. <http://dx.doi.org/10.1016/j.chilyouth.2014.02.004>.
- *Benzies, K., Tough, S., Edwards, N., Mychasiuk, R., & Donnelly, C. (2011). Aboriginal children and their caregivers living with low income: Outcomes from a two-generation preschool program. *Journal of Child and Family Studies*, 20, 311–318. <http://dx.doi.org/10.1007/s10826-010-9394-3>.
- Berliner, L., Fitzgerald, M., Dorsey, S., Chaffin, M., Ondersma, S., & Wilson, C. (2015). Report of the APSAC task force on evidence-based service planning guidelines for child welfare. *Child Maltreatment*, 20, 6–16. <http://dx.doi.org/10.1177/1077559514562066>.
- *Bernard, K., Dozier, M., Bick, J., Lewis-Morrarty, E., Lindhiem, O., & Carlson, E. (2012). Enhancing attachment organization among maltreated children: Results of a randomized clinical trial. *Child Development*, 83, 623–636. <http://dx.doi.org/10.1111/j.1467-8624.2011.01712.x>.
- Blackstock, C., Trocmé, N., & Bennett, M. (2004). Child maltreatment investigations among Aboriginal and non-Aboriginal families in Canada. *Violence Against Women*, 10, 901–916. <http://dx.doi.org/10.1177/1077801204266312>.
- Boivin, M., & Hertzman, C. (Eds.). (2012). *Early childhood development: adverse experiences and developmental health*. Ottawa, ON: Royal Society of Canada. Retrieved from: http://rsc-src.ca/sites/default/files/pdf/ECD%20Report_0_0.pdf.
- *Borrego, J., Urquiza, A. J., Rasmussen, R. A., & Zebell, N. (1999). Parent-child interaction therapy with a family at high risk for physical abuse. *Child Maltreatment*, 4,

¹ Articles included in the scoping review are denoted with an *.

- 331–342. <http://dx.doi.org/10.1177/1077559599004004006>.
- Brown, L., Callahan, M., Strega, S., Walmsley, C., & Dominelli, L. (2009). Manufacturing ghost fathers: The paradox of father presence and absence in child welfare. *Child & Family Social Work, 14*, 25–34. <http://dx.doi.org/10.1111/j.1365-2206.2008.00578.x>.
- Byun, S., Brumariy, L. E., & Lyons-Ruth, K. (2016). Disorganized attachment in young adulthood as a partial mediator of relations between severity of childhood abuse and dissociation. *Journal of Trauma & Dissociation, 17*, 460–479. <http://dx.doi.org/10.1080/15299732.2016.1141149>.
- *Campbell, L. (1997). Child neglect and intensive-family-preservation practice. *Families in Society: The Journal of Contemporary Social Services, 78*(3), 280–290. <http://dx.doi.org/10.1606/1044-3894.776>.
- Canadian Child Welfare Research Portal (2017). *What is child welfare?* Montreal, Quebec: McGill University School of Social Work. Retrieved from: <http://cwrp.ca/faqs>.
- *Casaneva, C., Martin, S. L., Runyan, D. K., Barth, R. P., & Bradley, R. H. (2008). Parenting services for mothers involved with child protective services: Do they change maternal parenting and spanking behaviors with young children? *Children and Youth Services Review, 30*, 861–878. <http://dx.doi.org/10.1016/j.childyouth.2007.12.013>.
- Casaneva, C., Tueller, S., Dolan, M., Testa, M., Smith, K., & Day, O. (2015). Examining predictors of re-reports and recurrence of child maltreatment using two national data sources. *Children and Youth Services Review, 48*, 1–13. <http://dx.doi.org/10.1016/j.childyouth.2014.10.006>.
- *Chaffin, M., Bard, D., Bigfoot, D. S., & Maher, E. J. (2012). Is a structured, manualized, evidence-based treatment protocol culturally competent and equivalently effective among American Indian parents in child welfare? *Child Maltreatment, 17*(3), 242–252. <http://dx.doi.org/10.1177/1077559512457239>.
- *Chaffin, M., Funderburk, B., Bard, D., Valle, L. A., & Gurwitch, R. (2011). A combined motivation and parent-child interaction therapy package reduces child welfare recidivism in a randomized dismantling field trial. *Journal of Consulting and Clinical Psychology, 79*(1), 84–95. <http://dx.doi.org/10.1037/a0021227>.
- *Chaffin, M., Silovsky, J. F., Funderburk, B., Valle, L. A., Brestan, E. V., Balachova, T., ... Bonner, B. L. (2004). Parent-child interaction therapy with physically abusive parents: efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology, 72*(3), 500–510. <http://dx.doi.org/10.1037/0022-006X.72.3.500>.
- *Chaffin, M., Valle, L. A., Funderburk, B., Gurwitch, R., Silovsky, J., Bard, D., & Kees, M. (2009). A motivational intervention can improve retention in PCIT for low-motivation child welfare clients. *Child Maltreatment, 14*(4), 356–368. <http://dx.doi.org/10.1177/1077559509332263>.
- *Cicchetti, D., Rogosch, F. A., & Toth, S. L. (2006). Fostering secure attachment in infants in maltreating families through preventive interventions. *Development and Psychopathology, 18*, 623–649. <http://dx.doi.org/10.1017/S0954579406060329>.
- *Ciliberti, P. (2006). *An Innovative Family Preservation and Support Program in an African-American Community: Analysis of Six- and Twelve-Month Follow-Up Data. (Dissertation/Thesis)*.
- *Crimmins, D. B., Bradlyn, A. S., Lawrence JS, St., & Kelly, J. A. (1984). A training technique for improving the parent-child interaction skills of an abusive-neglectful mother. *Child Abuse & Neglect, 8*, 533–539. [http://dx.doi.org/10.1016/0145-2134\(84\)90036-X](http://dx.doi.org/10.1016/0145-2134(84)90036-X).
- *Crozier, J., & Katz, R. C. (1979). Social learning treatment of child abuse. *Journal of Behavior Therapy and Experimental Psychiatry, 10*, 213–220. [http://dx.doi.org/10.1016/0005-7916\(79\)90066-1](http://dx.doi.org/10.1016/0005-7916(79)90066-1).
- Cyr, C., Euser, E., Bakermans-Kranenburg, M., & Van Ijzendoorn, M. (2010). Attachment security and disorganization in maltreating and high-risk families: A series of meta-analyses. *Development and Psychopathology, 22*, 87–108. <http://dx.doi.org/10.1017/S0954579409990289>.
- *de Paül, J., & Arruabarrena, I. (2003). Evaluation of a treatment program for abusive and high-risk families in Spain. *Child Welfare, 82*(4), 413–442.
- *Dombrowski, S. C., Timmer, S. G., Blacker, D. M., & Urquiza, A. J. (2005). A positive behavioural intervention for toddlers: Parent-child attunement therapy. *Child Abuse Review, 14*, 132–151. <http://dx.doi.org/10.1002/car.888>.
- *Donohue, B., Azrin, N. H., Bradshaw, K., Van Hasselt, V. B., Cross, C. L., Urgelles, J., & Allen, D. N. (2014). A controlled evaluation of family behavior therapy in concurrent child neglect and drug abuse. *Journal of Consulting and Clinical Psychology, 82*, 706–720. <http://dx.doi.org/10.1037/a0036920>.
- *Donohue, B. C., Romero, V., Herdizk, K., Lapota, H., Abdel Al, R., Allen, D. N., & Van Hasselt, V. B. (2010). Concurrent treatment of substance abuse, child neglect, bipolar disorder, post-traumatic stress disorder, and domestic violence: A case examination involving family behavior therapy. *Clinical Case Studies, 9*, 106–124. <http://dx.doi.org/10.1177/153465010935192>.
- *Ducharme, J. M., Atkinson, L., & Poulton, L. (2001). Errorless compliance training with physically abusive mothers: a single-case approach. *Child Abuse & Neglect, 25*, 855–868. [http://dx.doi.org/10.1016/S0145-2134\(01\)00243-5](http://dx.doi.org/10.1016/S0145-2134(01)00243-5).
- *Feldman, M. A., Case, L., Garrick, M., MacIntyre-Grande, W., Carnwell, J., & Sparks, B. (1992). Teaching child-care skills to mothers with developmental disabilities. *Journal of Applied Behavior Analysis, 25*, 205–215. <http://dx.doi.org/10.1901/jaba.1992.25-205>.
- *Feldman, M. A., Ducharme, J. M., & Case, L. (1999). Using self-instructional pictorial manuals to teach child-care skills to mothers with intellectual disabilities. *Behavior Modification, 23*, 480–497. <http://dx.doi.org/10.1177/0145445599233007>.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*, 245–258. [http://dx.doi.org/10.1016/0005-7967\(78\)90063-3](http://dx.doi.org/10.1016/0005-7967(78)90063-3).
- *Fennell, D. C., & Fishel, A. H. (1998). Parent education: An evaluation of STEP on abusive parents' perceptions and abuse potential. *Journal of Child and Adolescent Psychiatric Nursing, 11*(3), 107–120. <http://dx.doi.org/10.1111/j.1744-6171.1998.tb00022.x>.
- Fernandez, M. A., Butler, A. M., & Eyberg, S. M. (2011). Treatment outcome for low socioeconomic status African American families in parent-child interaction therapy: A pilot study. *Child & Family Behavior Therapy, 33*, 32–48. <http://dx.doi.org/10.1080/07317107.2011.545011>.
- Fitzgerald, M. (2016). *Hostile causal attributions and harsh parenting: parent age as a moderating factor* (Doctoral dissertation, Colorado State University Libraries).
- Florence, C., Brown, D., Fang, X., & Thompson, H. (2013). Health care costs associated with child maltreatment: Impact on Medicaid. *Pediatrics, 132*, 312–318. <http://dx.doi.org/10.1542/peds.2012-2212>.
- Fong, K. (2017). Child welfare involvement and contexts of poverty: The role of parental adversities, social networks, and social services. *Children and Youth Services Review, 72*, 5–13. <http://dx.doi.org/10.1016/j.childyouth.2016.10.011>.
- Gambrill, E. (2008). Providing more effective, ethical services: the philosophy and process of evidence-based (informed) practice. In D. Lindsey, & A. Shlonsky (Eds.). *Child Welfare Research: Advances in Practice and Policy* (pp. 51–66). Toronto: Oxford University Press.
- *Gershater-Molko, R. M., Lutzker, J. R., & Wesch, D. (2002). Using recidivism data to evaluate project safeCare: Teaching bonding, safety, and health care skills to parents. *Child Maltreatment, 7*, 277–285. <http://dx.doi.org/10.1177/1077559502007003009>.
- *Gershater-Molko, R. M., Lutzker, J. R., & Wesch, D. (2003). Project SafeCare: Improving health, safety, and parenting skills in families reported for, and at-risk for child maltreatment. *Journal of Family Violence, 18*, 377–386. <http://dx.doi.org/10.1023/A:1026219920902>.
- Glascoc, F., & Leew, S. (2010). Parenting behaviors, perceptions, and psychosocial risk: Impacts on young children's development. *Pediatrics, 125*, 313–319. <http://dx.doi.org/10.1542/peds.2008-3129>.
- *Goodman, D., & Richards, S. (2005). Evaluating the effectiveness of Beyond the Basics parenting groups for parents/caregivers of young children involved with child welfare (Final Report). *Centre of Excellence for Child Welfare*. Retrieved from *Child Welfare Research Portal*.
- *Hakman, M., Chaffin, M., Funderburk, B., & Silovsky, J. F. (2009). Change trajectories for parent-child interaction sequences during parent-child interaction therapy for child physical abuse. *Child Abuse & Neglect, 33*(7), 461–470. <http://dx.doi.org/10.1016/j.chiabu.2008.08.003>.
- Harden, B. J., Panlilio, C., Morrison, C., Duncan, A. D., Duchene, M., & Clyman, R. B. (2017). Emotion regulation of preschool children in foster care: The influence of maternal depression and parenting. *Journal of Child and Family Studies, 26*, 1124–1134. <http://dx.doi.org/10.1007/s10826-016-0636-x>.
- Harden, B. J., Buhler, A., & Parra, L. J. (2016). Maltreatment in infancy: A developmental perspective on prevention and intervention. *Trauma, Violence, & Abuse, 17*, 366–386. <http://dx.doi.org/10.1177/1524838016658878>.
- *Hodnett, R., Faulk, K., Dellinger, A., & Maher, E. (2009). Evaluation of the statewide implementation of a parent education program in Louisiana's Child Welfare Agency. *Louisiana Department of Social Services, Office of Community Services*. Retrieved from http://www.casey.org/media/EvaluationParentEdLA_FR.pdf.
- Horwitz, S., Chamberlain, M., Landsverk, P., & Mullican, J. (2010). Improving the mental health of children in child welfare through the implementation of evidence-based parenting interventions. *Administration and Policy in Mental Health and Mental Health Services Research, 37*, 27–39. <http://dx.doi.org/10.1007/s10488-010-0274-3>.
- Huebner, C. (2002). Evaluation of a clinic-based parent education program to reduce the risk of infant and toddler maltreatment. *Public Health Nursing, 19*, 377–389.

- <http://dx.doi.org/10.1046/j.1525-1446.2002.19507.x>.
- Jedd, K., Hunt, R., Cicchetti, D., Hunt, E., Cowell, R., Rogosch, F., & Thomas, K. (2015). Long-term consequences of childhood maltreatment: Altered amygdala functional connectivity. *Development and Psychopathology*, *27*, 1577–1589. <http://dx.doi.org/10.1017/S0954579415000954>.
- Jones, K., Daley, D., Hutchings, J., Bywater, T., & Eames, C. (2007). Efficacy of the Incredible Years Basic parent training programme as an early intervention for children with conduct problems and ADHD. *Child: Care, Health and Development*, *33*, 749–756. <http://dx.doi.org/10.1111/j.1365-2214.2007.00747.x>.
- *Kelleher, L., Cleary, M., & Jackson, D. (2012). Compulsory participation in a child protection and family enhancement program: Mothers' experiences. *Contemporary Nurse*, *41*, 101–110. <http://dx.doi.org/10.5172/conu.2012.41.1.101>.
- *Kirk, R. S., & Griffith, D. P. (2004). Intensive family preservation services: Demonstrating placement prevention using event history analysis. *Social Work Research*, *28*(1), 5–16. <http://dx.doi.org/10.1093/swr/28.1.5>.
- Klevens, J., Bayón, M. C., & Sierra, M. (2000). Risk factors and context of men who physically abuse in Bogota, Colombia. *Child Abuse & Neglect*, *24*, 323–332. [http://dx.doi.org/10.1016/S0145-2134\(99\)00148-9](http://dx.doi.org/10.1016/S0145-2134(99)00148-9).
- *Kretchmar, M. D., Worsham, N. L., & Swenson, N. (2005). Anna's story: A qualitative analysis of an at-risk mother's experience in an attachment-based foster care program. *Attachment & Human Development*, *7*, 31–49. <http://dx.doi.org/10.1080/14616730500048102>.
- *LaPota, H. B., Donohue, B., Warren, C. S., & Allen, D. N. (2011). Incorporating a healthy living curriculum within family behavior therapy: A clinical case example in a woman with a history of domestic violence, child neglect, drug abuse, and obesity. *Journal of Family Violence*, *26*, 227–234. <http://dx.doi.org/10.1007/s10896-011-9358-4>.
- *Lee, R. E., & Stacks, A. M. (2005). In whose arms?: Using relational therapy in supervised family visitation with very young children in foster care. *Journal of Family Psychotherapy*, *15*, 1–14. http://dx.doi.org/10.1300/J085v15n04_01.
- Lindell, C., & Svedin, C. G. (2001). Physical child abuse in Sweden: A study of police reports between 1986 and 1996. *Social Psychiatry and Psychiatric Epidemiology*, *36*, 150–157. <http://dx.doi.org/10.1007/s001270050304>.
- *Lind, T., Bernard, K., Ross, E., & Dozier, M. (2014). Intervention effects on negative affect of CPS-referred children: Results of a randomized clinical trial. *Child Abuse & Neglect*, *38*, 1459–1467. <http://dx.doi.org/10.1016/j.chiabu.2014.04.004>.
- *Littell, J. H. (1997). Effects of the duration, intensity, and breadth of family preservation services: A new analysis of data from the Illinois Family First experiment. *Children and Youth Services Review*, *19*(1-2), 17–39. [http://dx.doi.org/10.1016/S0190-7409\(97\)00004-2](http://dx.doi.org/10.1016/S0190-7409(97)00004-2).
- *Littell, J. H. (2001). Client participation and outcomes of intensive family preservation services. *Social Work Research*, *25*(2), 103–113. <http://dx.doi.org/10.1093/swr/25.2.103>.
- Lougheed, J. P. (2012). *Emotion co-regulation in parent-child dyads with externalizing and typically-developing children (Order No. MS26074)*. Available from ProQuest Dissertations & Theses Global. 1514460828.
- *Lovell, M. L., & Richey, C. A. (1997). The impact of social support skill training on daily interactions among parents at risk for child maltreatment. *Children and Youth Services Review*, *19*(4), 221–251. [http://dx.doi.org/10.1016/S0190-7409\(97\)00016-9](http://dx.doi.org/10.1016/S0190-7409(97)00016-9).
- Luby, J., Belden, A., Harms, M., Tillman, R., & Barch, D. (2016). Preschool is a sensitive period for the influence of maternal support on the trajectory of hippocampal development. *Proceedings of the National Academy of Sciences of the United States of America*, *113*, 5742–5747. <http://dx.doi.org/10.1073/pnas.1601443113>.
- *MacMillan, H. L., & Thomas, B. H. (1993). Public health nurse home visitation for the tertiary prevention of child maltreatment: results of a pilot study. *The Canadian Journal of Psychiatry*, *38*(6), 436–442.
- MacMillan, H. L., Thomas, B. H., Jamieson, E., Walsh, C. A., Boyle, M. H., Shannon, H. S., & Gafni, A. (2005). Effectiveness of home visitation by public-health nurses in prevention of the recurrence of child physical abuse and neglect: A Randomised controlled trial. *The Lancet*, *365*, 1786–1793. [http://dx.doi.org/10.1016/S0140-6736\(05\)66388-X](http://dx.doi.org/10.1016/S0140-6736(05)66388-X).
- *Maher, E. J., Marcynyszyn, L. A., Corwin, T. W., & Hodnett, R. (2011). Dosage matters: The relationship between participation in the Nurturing Parenting Program for infants, toddlers, and preschoolers and subsequent child maltreatment. *Children and Youth Services Review*, *33*, 1426–1434. <http://dx.doi.org/10.1016/j.chiayouth.2011.04.014>.
- *Mannarino, A. P., Cohen, J. A., Deblinger, E., Runyon, M. K., & Steer, R. A. (2012). Trauma-focused cognitive-behavioral therapy for children: Sustained impact of treatment 6 and 12 months later. *Child Maltreatment*, *17*(3), 231–241. <http://dx.doi.org/10.1177/1077559512451787>.
- Mays, N., Roberts, E., & Popay, J. (2001). Synthesising research evidence. In N. Fulop, P. Allen, A. Clarke, & N. Black (Eds.). *Studying the organisation and delivery of health services: Research methods*. London: Routledge.
- Maxwell, N., Scourfield, J., Featherstone, B., Holland, S., & Tolman, R. (2012). Engaging fathers in child welfare services: A narrative review of recent research evidence. *Child & Family Social Work*, *17*, 160–169. <http://dx.doi.org/10.1111/j.1365-2206.2012.00827.x>.
- *McWey, L. M., Holtrop, K., Wojciak, A. S., & Claridge, A. M. (2015). Retention in a parenting intervention among parents involved with the child welfare system. *Journal of Child and Family Studies*, *24*(4), 1073–1087. <http://dx.doi.org/10.1007/s10826-014-9916-5>.
- McLaughlin, Peverill, Gold, Alves, & Sheridan (2015). Child maltreatment and neural systems underlying emotion regulation. *Journal of the American Academy of Child & Adolescent Psychiatry*, *54*, 753–762. <http://dx.doi.org/10.1016/j.jaac.2015.06.010>.
- *Meezan, W., & O'Keefe, M. (1998). Multifamily group therapy: Impact on family functioning and child behavior. *Families in Society: The Journal of Contemporary Social Services*, *79*(1), 32–44. <http://dx.doi.org/10.1606/1044-3894.1796>.
- *Moss, E., Dubois-Comtois, K., Cyr, C., Tarabulsy, G. M., St-Laurent, D., & Bernier, A. (2011). Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: A randomized control trial. *Development and Psychopathology*, *23*(1), 195–210. <http://dx.doi.org/10.1017/S0954579410000738>.
- *Moss, E., Tarabulsy, G. M., St-Georges, R., Dubois-Comtois, K., Cyr, C., Bernier, A., & Lecompte, V. (2014). Video-feedback intervention with maltreating parents and their children: program implementation and case study. *Attachment & Human Development*, *16*(4), 329–342. <http://dx.doi.org/10.1080/14616734.2014.912486>.
- *Mullins, S. M. (2005). Comprehensive services for mothers of drug-exposed infants: Relations between program participation and subsequent child protective services reports. *Child Maltreatment*, *10*(1), 72–81. <http://dx.doi.org/10.1177/1077559504272101>.
- *Natale, R., Scott, S. H., Camejo, S. T., Hernandez, M., & Sellas-Lamberty, O. (2012). Cherish the family: A program model of strengths and attachment in reunifying substance-abusing mothers with their children. *Child Welfare*, *91*(5), 73–95.
- Negash, T., & Maguire-Jack, K. (2016). Do social services matter for child maltreatment prevention?: Interactions between social support and parent's knowledge of available local social services. *Journal of Family Violence*, *31*, 557–565. <http://dx.doi.org/10.1007/s10896-015-9788-5>.
- Nelson, J. P. (1986). *An experimental evaluation of a home-based family-centered program model in a public child protection agency*. (Dissertation/Thesis).
- *Nese, R. (2013). *Parent training during child welfare visitation: Effects of a strength-based video coaching program on developmentally supportive parenting behaviors*. Retrieved from <http://scholarsbank.uoregon.edu/xmlui/handle/1794/13217>.
- *Nomellini, S., & Katz, R. C. (1983). Effects of anger control training on abusive parents. *Cognitive Therapy and Research*, *7*, 57–67. <http://dx.doi.org/10.1007/BF01173424>.
- *Oxford, M. L., Fleming, C. B., Nelson, E. M., Kelly, J. F., & Spieker, S. J. (2013). Randomized trial of promoting first relationships: Effects on maltreated toddlers' separation distress and sleep regulation after reunification. *Children and Youth Services Review*, *35*, 1988–1992. <http://dx.doi.org/10.1016/j.chiayouth.2013.09.021>.
- *Page, T. F., & Cain, D. S. (2009). Why don't you just tell me how you feel?: A case study of a young mother in an attachment-based group intervention. *Child and Adolescent Social Work Journal*, *26*, 333–350. <http://dx.doi.org/10.1007/s10560-009-0166-0>.
- Pelton, L. H. (2015). The continuing role of material factors in child maltreatment and placement. *Child Abuse & Neglect*, *41*, 30–39. <http://dx.doi.org/10.1016/j.chiabu.2014.08.001>.
- Petticrew, M., & Roberts, H. (2006). *Systematic Reviews in the Social Sciences: A Practical Guide*. Oxford: Blackwell.
- Proffit, W. R. (2013). Evidence and clinical decisions: Asking the right questions to obtain clinically useful answers. *Seminars in Orthodontics*, *19*, 130–136. <http://dx.doi.org/10.1053/j.sodo.2013.03.002>.
- *Puckering, C., Rogers, J., Mills, M., Cox, A. D., & Raff, M. M. G. (1994). Process and evaluation of a group intervention for mothers with parenting difficulties. *Child Abuse Review*, *3*, 299–310. <http://dx.doi.org/10.1002/car.2380030409>.

- *Rao, T. (2013). Implementation of an intensive, home-based program for parents with intellectual disabilities. *Journal of Public Child Welfare*, 7(5), 691–706. <http://dx.doi.org/10.1080/15548732.2013.857628>.
- Rholes, W. S., Paetzold, R. L., & Kohn, J. L. (2016). Disorganized attachment mediates the link from early trauma to externalizing behavior in adult relationships. *Personality and Individual Differences*, 90, 61–65. <http://dx.doi.org/10.1016/j.paid.2015.10.043>.
- Risley-Curtiss, C., & Heffernan, K. (2003). Gender biases in child welfare. *Affilia*, 18, 395–410. <http://dx.doi.org/10.1177/0886109903257629>.
- Rodriguez, C. M., Cook, M. E., & Jedziewski, C. T. (2012). Reading between the lines: Implicit assessment of the association of parental attributions and empathy with abuse risk. *Child Abuse and Neglect*, 36, 564–571. <http://dx.doi.org/10.1016/j.chiabu.2012.05.004>.
- *Romero, V., Donohue, B. C., Hill, H. H., Powell, S., Van Hasselt, V. B., Azrin, N., & Allen, D. N. (2010). Family behavior therapy for use in child welfare: Results of a case study involving an abused woman formally diagnosed with alcohol dependence, bipolar disorder, and several anxiety disorders. *Clinical Case Studies*, 9, 353–368. <http://dx.doi.org/10.1177/1534650110383306>.
- Rostad, W., McGill Rogers, T., & Chaffin, M. (2016). The influence of concrete support on child welfare program engagement, progress and recurrence. *Child and Youth Services Review*, 72, 26–33. <http://dx.doi.org/10.1016/j.childyouth.2016.10.014>.
- Saini, M., & Shlonsky, A. (2012). *Systematic synthesis of qualitative research: A pocket guide for social work research methods*. New York: Oxford University Press.
- *Sandler, J., Van Dercar, C., & Milhoan, M. (1978). Training child abusers in the use of positive reinforcement practices. *Behaviour Research and Therapy*, 16, 169–175. [http://dx.doi.org/10.1016/0005-7967\(78\)90063-3](http://dx.doi.org/10.1016/0005-7967(78)90063-3).
- Schury, Zimmermann, Umlauf, Hulbert, Guendel, Ziegenhain, & Kolassa (2017). Childhood maltreatment, postnatal distress and the protective role of social support. *Child Abuse & Neglect*, 67, 228–239. <http://dx.doi.org/10.1016/j.chiabu.2017.02.021>.
- *Scott, K. L., & Lishak, V. (2012). Intervention for maltreating fathers: Statistically and clinically significant change. *Child Abuse & Neglect*, 36(9), 680–684. <http://dx.doi.org/10.1016/j.chiabu.2012.06.003>.
- Shanahan, M. E., Runyan, D. K., Martin, S. L., & Kotch, J. B. (2017). The within poverty differences in the occurrence of physical neglect. *Children and Youth Services Review*, 75, 1–6. <http://dx.doi.org/10.1016/j.childyouth.2017.02.014>.
- Sidebotham, P., Golding, J., & ALSPAC Study Team (2001). Child maltreatment in the Children of the Nineties: A longitudinal study of parental risk factors. *Child Abuse & Neglect*, 25, 1177–1200. [http://dx.doi.org/10.1016/S0145-2134\(01\)00261-7](http://dx.doi.org/10.1016/S0145-2134(01)00261-7).
- Shipman, K. L., Schneider, R., Fitzgerald, M. M., Sims, C., Swisher, L., & Edwards, A. (2007). Maternal emotion socialization in maltreating and non-maltreating families: Implications for children's emotion regulation. *Social Development*, 16, 268–285. <http://dx.doi.org/10.1111/j.1467-9507.2007.00384.x>.
- Solomon, D., Åsberg, K., Peer, S., & Prince, G. (2016). Cumulative risk hypothesis: predicting and preventing child maltreatment recidivism. *Child Abuse & Neglect*, 58, 80–90. <http://dx.doi.org/10.1016/j.chiabu.2016.06.012>.
- Stahmer, A. C., Hurlburt, M., Horwitz, S. M., Landsverk, J., Zhang, J., & Leslie, L. K. (2009). Associations between intensity of child welfare involvement and child development among young children in child welfare. *Child Abuse & Neglect*, 33, 598–611. <http://dx.doi.org/10.1016/j.chiabu.2008.07.008>.
- *Stauffer, L. B., & Deblinger, E. (1996). Cognitive behavioral groups for nonoffending mothers and their young sexually abused children: A preliminary treatment outcome study. *Child Maltreatment*, 1, 65–76. <http://dx.doi.org/10.1177/1077559596001001007>.
- *Steele, M., Murphy, A., & Steele, H. (2010). Identifying therapeutic action in an attachment-centered intervention with high risk families. *Clinical Social Work Journal*, 38(1), 61–72. <http://dx.doi.org/10.1007/s10615-009-0257-6>.
- Talley, P. (2013). *Handbook for the Treatment of Abused and Neglected Children*. NY: Routledge 256–257.
- Tang, J., Boyle, L., Gafni, & Macmillan (2006). The influence of child abuse on the pattern of expenditures in women's adult health service utilization in Ontario, Canada. *Social Science & Medicine*, 63, 1711–1719. <http://dx.doi.org/10.1016/j.socscimed.2006.04.015>.
- *Terao, S. Y. (1999). *Treatment effectiveness of parent-child interaction therapy with physically abusive parent-child dyads*. Dissertation.
- *Tertinger, D. A., Greene, B. F., & Lutzker, J. R. (1984). Home safety: development and validation of one component of an ecobehavioral treatment program for abused and neglected children. *Journal of Applied Behavior Analysis*, 17, 159–174. <http://dx.doi.org/10.1901/jaba.1984.17-159>.
- *Thomas, R., & Herschell, A. D. (2013). Parent-child interaction therapy: A manualized intervention for the therapeutic child welfare sector. *Child Abuse & Neglect*, 37(8), 578–584. <http://dx.doi.org/10.1016/j.chiabu.2013.02.003>.
- *Thompson, S., Roper, C., & Peveto, L. (2013). Parenting in recovery program: Participant responses and case examples. *Child Welfare*, 92(1), 139–157.
- *Toth, S. L., Maughan, A., Manly, J. T., Spagnola, M., & Cicchetti, D. (2002). The relative efficacy of two interventions in altering maltreated preschool children's representational models: Implications for attachment theory. *Development and Psychopathology*, 14, 877–908. <http://dx.doi.org/10.1017/S095457940200411X>.
- Troc me, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., Fast, E., Felstiner, C., H lie, S., Turcotte, D., Weightman, P., Douglas, J., & Holroyd, J. (2010). *Characteristics of children and families in Canadian incidence of reported child abuse and neglect 2008: Major findings*.
- U.S. Department of Health and Human Services, Administration for Children and Families (2013). Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. *Child maltreatment 2012*. Available from http://www.acf.hhs.gov/programs/cb/stats_research/index.htm.
- *Valentino, K., Comas, M., Nuttall, A. K., & Thomas, T. (2013). Training maltreating parents in elaborative and emotion-rich reminiscing with their preschool-aged children. *Child Abuse & Neglect*, 37, 585–595. <http://dx.doi.org/10.1016/j.chiabu.2013.02.010>.
- *Vorhies, V., Glover, C. M., Davis, K., Hardin, T., Krzyzanowski, A., Harris, M., & Wilkniss, S. (2009). Improving outcomes for pregnant and parenting foster care youth with severe mental illness: An evaluation of a transitional living program. *Psychiatric Rehabilitation Journal*, 33, 115–124. <http://dx.doi.org/10.2975/33.2.2009.115.124>.
- Wekerle, C. (2016). Research at its best: Competency in the complexity of child abuse and neglect. *Child Abuse & Neglect*, 52, A1–A2. <http://dx.doi.org/10.1016/j.chiabu.2015.12.001>.
- Wolfe, D. A., Lawrence, J. S., Graves, K., Brehony, K., Bradlyn, D., & Kelly, J. A. (1982). Intensive behavioral parent training for a child abusive mother. *Behavior Therapy*, 13, 438–451. [http://dx.doi.org/10.1016/S0005-7894\(82\)80006-3](http://dx.doi.org/10.1016/S0005-7894(82)80006-3).
- *Wolfe, D. A., & Sandler, J. (1981). Training abusive parents in effective child management. *Behavior Modification*, 5, 320–335. <http://dx.doi.org/10.1177/014544558153002>.
- Yang, M. Y. (2015). The effect of material hardship on child protective service involvement. *Child Abuse & Neglect*, 41, 113–125. <http://dx.doi.org/10.1016/j.chiabu.2014.05.009>.
- Zanoni, L., Warburton, W., Bussey, K., & Mcmaugh, A. (2013). Fathers as 'core business' in child welfare practice and research: An interdisciplinary review. *Children and Youth Services Review*, 35, 1055–1070. <http://dx.doi.org/10.1016/j.childyouth.2013.04.018>.