



PARENTING EDUCATION GUIDELINES

Developed by the HRPEN Membership 2014/2015; Update 2017/18/19/20/22
All information contained in these guidelines is consistent with state (VSPEC) and federal guidelines.

These guidelines were developed for judges, court services staff, guardians ad litem, commonwealth attorneys, probation officers, local departments of social services and others who refer families to parent education programs. The guidelines will enhance understanding of the variations in the types of programs available and to assist in making appropriate referrals based on the best fit between the families' needs and the focus and design of the program.

The HRPEN guidelines contain the following items:

- 1. Overview of Parent Education Levels; and,**
- 2. Best Practice in Parent Education Models**

Supplementary Information:

Appendix A: Parent Education Program GRID.

Appendix B: *Trauma Informed Practice.*

Appendix C: Sample Form (Local municipalities are encouraged to develop their own official forms).

Parent Education Levels

It is important that parents and guardians are referred to programs at the level of prevention that will best address their needs and have the highest likelihood of long term impact in the reduction of attitudes and behaviors that are consistent with child abuse and neglect.

Parenting education designed to enhance the well-being of children and families, and prevent the occurrence of child abuse and neglect falls in to three main categories. Each category is designed to respond to the specific needs of the population it serves.

Primary prevention (Psycho-educational)

Programs at this level are for parents seeking to improve their parenting skills and knowledge. Such programs are usually short in length, voluntary, and are available to the general population and offered in community settings (e.g. libraries, schools, community centers) or virtually. Participants can attend a series of classes, or selectively choose classes that meet their specific needs. Primary prevention is suitable for families who want to improve or enhance their parenting skills; pre-parent adults and teens; and professionals who want to improve or update their parenting knowledge and skills. This type of education is often referred to as universal.

Secondary prevention (Intervention)

Programs at this level are for families that are at **mild, moderate, or high-risk** for child abuse and/or neglect. Families across demographics may experience a variety of life stressors that impede or impact family functioning. The goal of secondary prevention (intervention) programs is to stop deterioration and enhance function and stability. Families participating at this level include but are not limited to: teen parent families; families exhibiting moderate levels of mental health disorders; single parent families; families experiencing unemployment, poverty, low levels of education, intellectual or emotional challenges that would put the child at-risk for neglect; parents with children who have special needs or health challenges; parents with substance abuse issues; or parents with cultural parenting habits and customs that may conflict with child abuse and neglect statutes. Programs may be offered in person or virtually.

Tertiary prevention (Non-Clinical Treatment)

Programs offered at this level are for families with significant needs and high risk for recurrence of abuse or neglect. Child Protective Services (CPS) and/or the courts should refer families to parenting programs that treat and prevent the **recurrence** of child maltreatment through group-based, home-based or combination group-based/home-based approaches. Programs must be comprehensive in scope, family based by design and **long term in duration**. Best practice in tertiary prevention/treatment programs include: assessment of parenting ability through **pre/post/process measures/tools/inventories**; address knowledge/skill and attitudes regarding parent child interaction; and provide practitioners the opportunity to **observe and support positive parent child interactions**. These programs are often in-person, but can be offered virtually with modifications that retain fidelity.

Note: Mental health and substance abuse treatment may be indicated in conjunction with parenting education. **Clinical treatment** is provided by **licensed professionals** prior to or in conjunction with parent education in order to increase effectiveness and positive outcomes.

HRPEN members who provide individual or family therapy (clinical services) are identified on the HRPEN website @ www.CHKD.org/HRPEN

There may be fees associated with some programs or classes. Member agencies can be contacted directly for information on costs.

Best Practice

All Members of HRPEN (Hampton Roads Parenting Education Network) strive to provide best practice methods of delivery to enhance parenting competence.

Best practice is a method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark. It is a practice that can be evidence informed, in addition to evidence based, incorporates practice wisdom from the field and clinical experience, and is consistent with family/client values.

Use of Evidence Based and Evidence Informed Models in Parent Education

When considering referrals to parenting classes, practitioners and judges should consider the level of intervention needed **and** the validity of the program being offered. Research indicates that using an *evidence based* model for parent education increases the likelihood of increasing parental competence. When using evidence based programs, providers need to adhere to the structure and content of the model in order to maintain fidelity.

Evidenced informed models can also be appropriate in tertiary programs that rely on a combination of research-based, evidence informed, trauma-focused treatments, and are adaptable for individual parent needs. (See Appendix B for information on Trauma Informed Care)

Programs that have demonstrated effectiveness in treating and preventing the reoccurrence of child maltreatment are recommended for secondary (intervention) and tertiary (treatment). Websites for The California Evidence Based Clearinghouse for Child Welfare (CEBC); The Office of Juvenile Justice and Delinquency Prevention (OJDP) Model Programs; and Blueprints for Healthy Youth Development include information and levels of recognition for established, effective behavioral health and parent education programs that have been proven effective.

The Parenting Grid (Appendix A) provides information on parenting education programs being offered to the Hampton Roads community, and the level of parenting education being provided by the program (Primary, Secondary, and Tertiary). This grid is not inclusive of all programs being offered by HRPEN associated agencies. For more information on education, support, and information available in your community visit www.chkd.org/hrpen.

These programs are periodically updated on the HRPEN website.

Appendix A: Hampton Road Parenting GRID

Name of organization	Name of Class/Program	Level of Prevention		
		Primary Prevention	Secondary Prevention	Tertiary Prevention
	The class focuses on parents of children in () age group.	(Psycho-educational)	(Intervention)	(Non-Clinical Treatment)
Bon Secours (757)886-6511	1,2,3 magic (Ages 2-12)	X		
	Surviving Your Adolescents (parents of teens)	X	X	
	Active Parenting (All Ages)	X	X	
	Building Personal Power in Teens (teens)	X		
	Co-parenting (All Ages)	X		
	Stewards of Children (Darkness to Light) (All Ages)	X		
	Nurturing Series (Ages 0-4, 5-11, Special Needs)	X	X	
	Parent's Raising Safe Kids (Ages 0-8)	X	X	
	Strengthening Families (All Ages)	X	X	X
	Enhancing Step Families (All Ages)	X		
	The Incredible Years (0-8)	X	X	
Catholic Charities (757)467-7707 (757)456-2366	Parent Support (All Ages)	X	X	
	Pregnancy Support (All Ages)	X	X	
	Teen Anger Management(13-18)	X	X	
	Case Management		X	X
	Economic Mobility Programs	X	X	
	Adoption	X	X	X

		Primary	Secondary	Tertiary
Chesapeake Division of Community Programs (757) 382-2243	Stewards of Children Darkness to Light (All Ages)	X		
	Co-parenting (All Ages)	X		
	Life Skills (Teens)	X		
Chesapeake Division of Community Programs (757) 382-2243	Teen Fatherhood Program (Teens)	X	X	
	Virginia Teens and the Law (Teens)	X		
Chesapeake Public Schools Office of Family and Community Engagement (757)482-5923	Family Webinars (All Ages) Educational resources, Consultations and Advocacy CPS children and families.	X		
Chesapeake Health Dept. (757)382-8697 (757)382-8652	Baby Care Program	X		
Child Development Resources (757)566-TOTS	24/7 Dads	X		
	Fatherhood Services	X	X	
	Parents as Teachers	X	X	X
CHKD (757)668-9304	Community Connections Workshops and Webinars (All Ages)	X		
CHKD Care-Connection (757)668-7132	Case-management for special needs (0-18)	X		
Compass Youth and Family Services (757)644-6391 (757) 622-2011 FAX	Homebased Behavioral Analysis		X	X
	Intensive In-Home Mental Health and skill building		X	X
	Crisis Intervention, therapeutic day treatment, monitoring, outpatient therapy, testing, care coordination, alternative residential treatment.		X	X
	Parenting Support Services	X	X	

		Primary	Secondary	Tertiary
EVMS (757)314-3138	Fatherhood Initiative	X	X	
(757)683-9173	Loving Steps (home-visiting 0-2 yrs)	X	X	
Fleet and Family Services (Military Families Only) (757)444-2102	Co-parenting (All Ages)	X		
	Dads and Discipline (All Ages)	X		
	Children and Divorce (All Ages)	X		
	Enhancing Step Families (All Ages)	X		
	Nurturing Program New Parent Support	X		
	Parenting in a Military Family (All Ages)	X		
	Parenting Teens (Teens)	X		
	Single Parenting in the Military (All Ages)	X		
	STEP (Early Childhood, School-age and Teens)	X	X	
Hampton Healthy Families (757)727-1300 (757)741-4251	1,2,3 Magic (Ages 2-12)	X		
	Nurturing Programs (All Ages)	X	X	X
	Nurturing Father's Program (All Ages)	X	X	X
	Co-parenting (All Ages)	X		
	Staying Connected with Teen	X	X	
	Making Parenting a Pleasure (All Ages)			X
	Home Visiting (0-5) -Healthy Start - Parents As Teachers (PATS)	X	X	
Hampton Roads Mediation Center (757)624-6666	Co-parenting (All Ages)	X		

		Primary	Secondary	Tertiary
Kids, Kin and Care-Givers (757) 434-5162	Kinship Caregiver Support and Education	X		
	Positive Discipline	X		
	Circle of Parents	X		
Newport News Healthy Families (757)926-6009	Parents As Teachers (Ages 0-5)	X	X	
	Home-visiting	X		
Newport News DHS (757)369-6807	Co-parenting (All ages)	X		
	Preparing for Parenthood (pre-natal)	X		
	Birth to Five Parenting Course (0-5)	X		
	Parenting the Six to Twelve Year-old Course (6-12)	X		
	Active Parenting of Teens	X	X	
	Strengthening Families	X	X	
Norfolk Human Services (757)664-6000	ACT Raising Safe Kids (0-8)	X		
	Fatherhood and Prevention	X		
OPN-Door Communication (757)816-4478	Co-parenting (All Ages)	X		
	Parents Raising Safe Kids 0-8	X		
	Mediation Services		X	X
Parenting in the 21st Century (757)650-9967	Positive Discipline Circle of Security	X		
	Circle of Security	X		
	Nurturing Parenting Program	X		
Positive Family Connections (757)291-2514	Positive Discipline (All Ages)	X		
Pride in Parenting (757) 681-2090	Co-Parenting (All Ages)	X		
	Parenting classes/workshops	X		

		Primary	Secondary	Tertiary
Project Link (Virginia Beach DHS) (757)385-0810	Positive Discipline (All Ages)	X		
	Nurturing Families – for woman with substance abuse histories	X	X	
	24/7 Men’s Group	X		
	Case Management		X	
Seton Youth Shelter (757) 498-4673	Active Parenting of Teens (Adolescents)	X		
	Teen Anger Management	X		
	Resources for Juveniles	X	X	X
Virginia Beach Department of Health				
Healthy Families (757) 641-8806	Home Visiting (Ages 0-5)	X	X	
BabyCare (757)518-2755	Home Visiting (Ages 0-2)	X		
The Up Center (757) 622-7017	STEP (All Ages)	X	X	X
	Creating Lasting Connections (Adolescents – Portsmouth Only)	X	X	
	For Children’s Sake For Divorcing or Separating Parents (All Ages)	X		
The Up Center Parents as Teachers (757) 397-2121	Parents as Teachers (Ages 0-5)	X	X	
	Perinatal, Maternal Mental Health Counseling	X	X	
	Doula Support Services	X	X	
The Up Center Norfolk Healthy Families 757-397-2121 Ext 343	Norfolk Healthy Families Home-Visiting Services (Ages 0-5)	X	X	

Appendix B: Trauma Informed Practice

Definition of Trauma

Trauma is defined as an experience that threatens the life or physical integrity of a child or someone important to that child. This includes events such as witnessing or being the victim of violence, serious injury, physical abuse, and/or sexual abuse; but can also include unexpected separations from the family, automobile accidents, natural disasters, and the unexpected death of a loved one.

Types of Trauma

Acute trauma is a single event that lasts for a limited period of time. Chronic trauma is a series of traumatic events often over a long period of time. Complex trauma is multiple events beginning from a very young age inflicted by adults in a caregiver or protective role. Neglect is also considered a form of trauma and may limit a child's ability to recover from other types of trauma.

Impact of Trauma

Research has demonstrated that trauma impacts biology, brain development, the ability to regulate emotions, sensory integration, cognition and learning, cause and effect thinking, problem solving, behavior control, memory, attachment, self-concept and outlook on life or world view. The impact is long term across the life span of a child. Many of the parents who receive parenting education and support have experienced childhood trauma and approach parenting with these challenges.

Traumatic Stress

Traumatic stress describes the physical and emotional responses of an individual to events that threaten their life or physical integrity or the life of someone important to them. Reactions to trauma vary based on a child's level of exposure, access to supportive caregivers, previous history of trauma, and other individual, familial, and environmental factors. Overall, children exposed to trauma have reactions in three ways: hyper-arousal, re-experiencing, and avoidance and/or withdrawal. Trauma often causes an overwhelming sense of terror, helplessness, and horror and typically results in intense physical outcomes such as heart pounding, rapid breathing, trembling, dizziness, or loss of bladder/bowel control. Other outcomes can include intense and ongoing emotional upset, depression, anxiety, behavioral change, academic and relational problems, eating and sleeping problems, aches and pains, withdrawal, substance abuse, and dangerous and/or unhealthy sexual behaviors.

Trauma Informed Care

"Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment" (Hopper, Bassuk, & Olivet, 2009, p. 133). All systems that interface with children and parents who have experienced trauma should be aware of the symptoms of traumatic stress and should seek to incorporate into their practice a framework that reduces, rather than exacerbates stress, and helps children and families heal.

Trauma Treatment

Trauma-informed treatment varies depending on the child, but should be aimed at minimizing the effects of trauma and preventing further traumatization. Integrated trauma informed approaches have been found to be effective in helping children recover from traumatic stress. *Trauma Focused Cognitive Behavioral Therapies* have also been shown to be effective with certain children. Treatment generally includes maximizing a child's sense of safety; teaching children stress management and relaxation skills; creating a coherent narrative around the traumatic event(s); reframing or correcting distorted ideas related to the trauma; changing unhealthy or negative thoughts resulting from the trauma; and, involves parents in creating optimal recovery environments.

Definitions from VSPEC BP Committee 2014/15

Sample Form

Name _____, Telephone _____

Address _____, Email _____

Is being referred for:

_____ Primary Prevention (Psycho-educational)

Programs at this level are for parents seeking to improve their parenting skills and knowledge. They are usually short in length, voluntary and available to the general community.

_____ Secondary Prevention (Intervention)

Programs at this level are for families that are at risk for child abuse and/or neglect. The goal of these programs is to stop deterioration and enhance functioning. Programs require multi-session attendance for successful completion.

_____ Tertiary Prevention (Non-clinical Treatment)

Programs at this level are designed to prevent the recurrence of child maltreatment through group-based, home-based or a combination group/home based approach. Programs should be comprehensive in scope, family-based in design, long-term in duration, and provide pre/post assessment.

Potential Sites Offering the Service Ordered Above Include:

1) _____

2) _____

3) _____

Additional information on agencies who offer parenting classes can be found at www.CHKD.org/HRPEN or www.Resources757.org Note: Some agencies provide services virtually. There are fees associated with some services.

Date _____ Referring Agent _____

Referring Organization _____

Address:

Street _____ City _____

State _____ Zipcode _____

Telephone number _____

Email address _____