

Comparative Analysis of Evidence-Based Parenting Interventions

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Introduction

In this paper, I will explore two evidence-based parenting interventions – the Baby Books Intervention (BBI) and Positive Discipline in Everyday Parenting (PDEP). BBI is a selective prevention program that is used at an individual level and involves providing educational books to first-time parents at regular intervals, aligning with check-ups for their children (Gershoff & Lee, 2020). On the other hand, PDEP is conducted in group sessions with a target population over eight weeks, facilitated by a trained professional (Gershoff & Lee, 2020). Like BBI, PDEP is also a selective prevention program. These interventions piqued my interest due to their emphasis on preventing physical punishment and their broad applicability to diverse populations, including families at risk. As an aspiring clinical social worker who wants to work with children and families vulnerable to adverse childhood experiences, I find these interventions extremely useful to my career goals given the potential for physical punishment to contribute to such trauma in children. Additionally, I hope to establish my own practice one day and I am drawn to both individual and group-based approaches like BBI and PDEP.

Review of the Literature

The book by Gershoff and Lee (2020) provides an in-depth overview of BBI. The primary objectives of this intervention include: enhancing parental knowledge of child development and recommended parenting practices; shifting parental beliefs towards supportive behaviors such as reading, nonphysical discipline, and responsive parenting; improving the quality of parent-child interactions; and promoting parental and child health and well-being. This intervention is primarily delivered at the individual level in parents' homes and targets first-time English and Spanish-speaking mothers and fathers from low-income backgrounds. Its main components involve providing educational baby books, developed collaboratively by research

teams, to parents, who then read these books to their children. The intervention is divided into two sets of books (Baby Books 1 and Baby Books 2), distributed at specific intervals during pregnancy and the child's early years. For Baby Books 2, educational books are provided to both mothers and fathers. No formal training is required for implementing this intervention as it relies on the delivery of books by the parents to their children. Although the baby books themselves are not publicly available, the program website offers a range of resources for families, including guidance on routine establishment, playtime, and emotional support for infants and toddlers, particularly in light of the COVID-19 pandemic (Baby Books 2, n.d.).

According to Gershoff and Lee (2020), PDEP aims to modify parental perspectives and responses to children's behavior while emphasizing respectful conflict resolution in place of punitive measures. This intervention is designed to guide parents away from punishment-based approaches and encourage them to view their children as active learners and engage them in problem-solving processes. PDEP is delivered by trained program facilitators in group settings to all types of caregivers (e.g., parents, grandparents, and foster parents) of children of all ages. PDEP comprises of an eight-week program wherein groups of caregivers meet once weekly for 2 hours. Individuals who are staff of community agencies, schools, childcare centers, or other non-profit agencies can be trained to administer this intervention. Clinicians, public health professionals, and pediatricians are also able to receive a brief orientation on PDEP so they can incorporate foundational concepts of this intervention into their practice. Program facilitators use a facilitator's manual, a set of materials needed to conduct the program activities, and a set of visual teaching aids to deliver the intervention. Participants receive individual copies of a parent book and a binder containing program exercises. Parents can engage in the program through local agencies such as schools and childcare centers with trained program facilitators on staff.

Training for facilitators is comprehensive, spanning four days and including various levels of mentorship which ensures mastery in program delivery. Moreover, the parent book is available for free download from the PDEP website, enhancing accessibility to program resources.

Both BBI and PDEP share the common goal of promoting positive parenting techniques, although they are significantly different in their approach. While BBI seeks to increase parental understanding and practices regarding child development and caregiving, PDEP focuses on guiding parents towards non-punitive conflict resolution strategies. The delivery methods are also starkly different: BBI is individualized and involves parents using educational books on their own, whereas PDEP is administered through group sessions led by trained facilitators over a specified period. The target demographics also vary in that BBI targets first-time parents from economically disadvantaged backgrounds, while PDEP is designed for all caregivers. Unlike BBI, which requires no formal training due to its book-based delivery, PDEP requires training for facilitators that include people from diverse community sectors and healthcare professionals. Furthermore, while BBI does not have publicly accessible resources, the parent book for PDEP can be freely obtained from its official website, enhancing the accessibility of some of the program materials.

Evidence Base

As discussed by Gershoff and Lee (2020), research on the effectiveness of BBI shows its positive impact on various aspects of maternal knowledge and parenting practices. Baby Books 1 was effective in improving maternal understanding of child development and recommended parenting techniques, resulting in favorable changes in parenting beliefs and practices within the home environment. Participants also showed reduced support for physical punishment and reported fewer inappropriate expectations for their children after completing the program.

Additionally, mothers who received educational books exhibited more developmentally appropriate attitudes toward parenting, as indicated by higher Adult-Adolescent Parenting Inventory (AAPI) scores. In comparison with mothers who did not participate in the program, mothers who received the intervention displayed greater parental empathy and reduced instances of role reversal with their children. Importantly, these positive effects were more significant among African American mothers and those with lower educational attainment levels, aligning with previous findings that indicate that these groups may benefit most from interventions targeting parenting practices (Reich et al., 2012).

The evidence base for PDEP indicates its effectiveness in changing parental attitudes and behaviors concerning physical punishment (Gershoff & Lee, 2020). Across various countries, pre- and post-program assessments consistently showed declines in parents' approval of physical punishment, as measured by the Approval of Physical Punishment (APP) scale. Furthermore, significant reductions in APP scores were observed among diverse populations, including those in Japan, Canada, and areas with lower literacy levels such as Gaza, the West Bank, and Bangladesh. Post-program evaluations revealed that a large majority of parents reported stronger beliefs against using physical punishment. Moreover, a study on the implementation of PDEP in Bangladesh demonstrated that participation in PDEP led to reductions in the use of physical punishment and punishment in general (Ateah et al., 2023). Results found that parents showed a decreased tendency to perceive typical parent-child conflicts as intentional misbehavior and greater confidence in using positive discipline techniques. These positive outcomes were observed among parents from lower socioeconomic backgrounds, including ethnic minority groups and those living in disadvantaged areas of Bangladesh, such as slums and brothels.

Application

In my future career as a clinical social worker, I envision BBI being a valuable resource for parents, particularly those whose children have experienced trauma or are at risk.

Considering my goal of working with children and families, I see myself providing these educational books during consultations or therapy sessions as supportive resources to enhance parent-child relationships. I would emphasize the books' role in improving parenting practices rather than viewing them as standalone interventions, potentially increasing parental engagement. However, I recognize certain limitations of BBI, such as its narrow target demographic of first-time English and Spanish-speaking parents from low-income backgrounds, excluding other racial/ethnic groups and non-biological caregivers. Addressing these challenges would involve adapting the intervention to be more inclusive, such as providing the books in multiple languages, offering audiobook versions for parents with literacy barriers, and making the resources freely accessible to expand their reach among trained professionals and diverse communities. Additionally, I would need to navigate potential cultural differences and religious beliefs regarding physical punishment to ensure the intervention's relevance and effectiveness across various cultural contexts.

I also anticipate using PDEP within group settings for parents who are my clients. I would recommend the parent book as a valuable resource to all parents, regardless of their current parenting strategies, because it provides comprehensive guidance on positive discipline tailored to different age groups. Implementing PDEP would involve conducting small group sessions within my private practice, catering to parents at risk of using physical punishment as well as those wanting to enhance their parenting skills. While PDEP is inclusive of caregivers of all types and utilizes visual aids alongside written materials, language barriers and cultural

differences may pose challenges to its implementation across diverse communities. To address these challenges, I propose adaptations such as tailoring program activities to fit the group's cultural context while maintaining a standardized approach, diversifying facilitators' backgrounds to improve cultural sensitivity and facilitator-participant relationship, and offering sessions in multiple languages to increase accessibility for non-English-speaking communities. These adaptations would ensure that PDEP remains relevant and effective across various cultural contexts, while also meeting the diverse needs of caregivers.

Both BBI and PDEP display varying levels of inclusivity concerning race, ethnicity, culture, religion, and gender in parenting practices. While BBI primarily targets first-time parents from specific socioeconomic backgrounds (while excluding other racial/ethnic groups and non-biological caregivers), PDEP offers a more comprehensive approach by catering to caregivers of diverse backgrounds. However, both interventions face challenges in their application across different cultural contexts. BBI's use of educational books alone may not fully address language barriers or suit individuals with low literacy levels. Moreover, parents' cultural and religious beliefs regarding disciplinary practices may be different from the intervention's recommendations, affecting its acceptance and effectiveness. Similarly, PDEP faces challenges such as language barriers and the need to adapt content to diverse cultural norms.

In my opinion, BBI and PDEP have unique strengths and weaknesses. BBI's reliance on educational books eliminates the need for staff training and allows parents to deliver the intervention in a creative and naturalistic manner, potentially enhancing their relationship with their child. BBI also utilizes a flexible implementation approach given that parents are free to read the baby books to their children whenever they wish. However, its efficacy with experienced parents or diverse caregiver types remains untested, and the limited availability of

books in only English and Spanish may impact inclusivity. Although BBI is effective in reducing mothers' support for physical punishment, studies have not measured its efficacy in changing parenting practices. On the other hand, PDEP's strengths-based approach and inclusivity towards all caregiver types and children of any age promote a supportive environment for positive discipline strategies. The use of freely-available parent books promotes accessibility and autonomy for parents, even those not formally enrolled in the program. Moreover, participating in the program alongside other parents in a group setting can provide a sense of empowerment and support. However, its structured group format may be restrictive for some parents, and the lack of multilingual resources poses a potential barrier to participation.

Conclusion

In summary, both BBI and PDEP have shown promise in promoting positive parenting practices and discouraging parents from using physical punishment, yet they come with their respective strengths and weaknesses. The use of educational books in BBI offers a flexible and individualized means of intervention delivery. However, it faces challenges with inclusivity and proven effectiveness with diverse caregiver types. PDEP's group-based approach fosters empowerment and support among parents, but its highly structured format may pose challenges for certain individuals.

Recognizing the importance of privilege, oppression, diversity, and social justice (PODS) is crucial in implementing these interventions effectively. With PDEP, facilitators must navigate power dynamics within group settings, be culturally sensitive, and adapt strategies to meet the needs of marginalized populations. While these interventions are standardized, tailoring them to diverse populations through adjustments in mode of delivery, language, and accessibility is extremely important. It is also essential to approach these interventions through a social justice

lens, ensuring equitable access and outcomes for all families, regardless of their socioeconomic status, cultural background, or other factors. Future research and program development should focus on improving the inclusivity of interventions like BBI and PDEP. This could involve exploring ways to make interventions more accessible to marginalized communities, such as offering materials in multiple languages, providing training for facilitators on cultural humility, and adapting program content to better align with diverse cultural norms and values.

Additionally, further research is needed to assess the long-term effects of these interventions on parenting practices and child outcomes across a wider range of demographic groups. By prioritizing PODS and continued program development, developers/researchers can work towards creating more equitable and effective interventions to support families in using positive parenting strategies.

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