

Logic Model for the Nurturing Parenting Programs®

Developed by Stephen J. Bavolek, Ph.D.

Program Name: Nurturing Parenting Programs

Program Vision: Child abuse and neglect are social cancers that destroy the very heart and soul of families who are the fabric of all societies. For decades, research has clearly shown the detrimental effects that child maltreatment has on the physical, emotional, social and spiritual development of children. The cycle of child maltreatment is well documented in the literature as new generations of children learn the destructive practices of physical, emotional and sexual abuse, while many more learn the isolation, abandonment, coldness and distance of physical, emotional and spiritual neglect. As age old as these practices are, research has also clearly shown that the cycles of abuse and neglect can be replaced with new cycles of empathy and nurturing. The Nurturing Parenting Programs are built on the premise that the maltreatment of children can be treated and prevented through the systematic application of family based programs designed to replace old and unwanted and hurtful patterns of parenting with newer, healthier patterns of prenatal bonding and neonatal attachment; empathy that positively responds to the needs of children; discipline that maintains the dignity of children; self-awareness and enlightenment of the adults' own personal childhood; and a sense of empowerment to make good choices that promote personal and community health. The Nurturing Parenting Programs are evidenced based programs designed for the primary, secondary and tertiary prevention of child abuse and neglect.

Populations Served: The Nurturing Parenting Programs are designed for the prevention and treatment of child abuse and neglect. To this end, programs are designed to respond to the needs of the following populations:

1. **Families in Need of Treatment for Child Abuse and/or Neglect.** Programs offered at this level are referred to as tertiary prevention or treatment. Child Protective Services (CPS) and/or the courts refer families to the Nurturing Programs to treat and prevent the recurrence of child maltreatment through using group-based, home-based or combination group-based/home-based approaches. Nurturing Programs at the treatment level are comprehensive in scope, family based by design and long term in duration.
2. **Families high-risk for child abuse and/or neglect.** Families and individuals participating in Nurturing Programs at this level are involved in secondary prevention or intervention. The goal of intervention programs is to stop the deterioration of dysfunction. Families participating in Nurturing Programs at this level range from teen parent families and adult parent families exhibiting moderate levels of mental health disorders; single parent families experiencing unemployment, poverty, low levels of education, lower intellectual or emotional levels that would put the child at-risk for neglect; parents with children exhibiting special needs; parents with drug and alcohol problems; or parents with cultural parenting habits and customs that may conflict with child abuse and neglect statutes.
3. **Families seeking to improve their parenting skills.** Families or individuals involved in Nurturing Programs at this level are seeking to improve their parenting skills and knowledge as a primary prevention for maltreatment. Such programs are usually short in length, voluntary, and are offered in a community setting such as a library, school or church. Participants can attend all classes that are offered in the series, or selectively choose classes that meet their specific needs. Primary prevention is suitable for families who want to improve their parenting skills; pre-parent adults and teens; and professionals who want to improve or update their parenting knowledge and ski

Population Needs to be Addressed by Services: Families attending the Nurturing Parenting Programs display a range of needs:

1. **Abusive and/or neglecting parenting skills.** Both adult and teen parent families present common parenting deficiencies:
 - a. They often lack an understanding of age-appropriate developmental milestones and consequently make inappropriate expectations. To this end, children are expected to perform tasks that are inappropriate for their capabilities. The failures that children experience in not being able to please their parents result in personal feelings of failure, low overall self worth, and an inhibition to explore their environment.
 - b. Families experiencing abuse and neglect share common inability to demonstrate empathy towards their children's needs and to respond to their children in healthy, compassionate ways. As such, parents replicate the same learned, non-empathic patterns and interactions towards their children they experienced in childhood. The lack of empathy they experienced from their parents has carried over to their adult lives manifesting in a very unfulfilled and needy existence. Coupled with their inability to get their own needs met, parents concurrently demonstrate their inability to assist in children in getting their needs met.

- c. Not surprisingly, parents and children experiencing abuse and neglect demonstrate a high level of attachment disorders. Their inability to bond; read baby/child cues; provide protective care and guidance all contribute to low levels of trust and security, underdeveloped and delayed brain development and functioning; and anxious and angry attachments.
 - d. A dominant characteristic among families experiencing child abuse and neglect is a strong belief in the use of physical punishment as a means of discipline. Spankings, whooping, beatings and other forms of physical punishment are utilized as ways of controlling children, oppressing their individualism, keeping them in line, and punishing them for unacceptable behavior. The practice of hitting children is a well documented parenting pattern that is passed on from one generation to the next.
 - e. Reversing parent-child roles occurs as a result of parents leaving their own childhood without meeting the developmental needs and tasks that form the foundation of childhood. Specialists in child mental health have long recognized that childhood is experienced in developmental stages that serve as the time to master the tasks and acquire the basic skills and competencies that allow children to move up the developmental ladder to the next stage. Psycho-social, psycho-sexual, moral, intellectual, neurological stages, to name a few, all have requisites that need to be met for healthy growth and development to occur. The resulting deficiencies that develop by leaving stages unfulfilled are manifested in several ways: needy, narcissistic personalities; learned dependency; fixation in a developmental stage; learned helplessness; learned powerlessness; developmental delays; and using others as objects to get their own needs met are some of the common outcomes of leaving developmental stages unfulfilled.
 - f. Another common parenting pattern that appears in families experiencing child abuse and neglect is parental oppression of children's power and independence. The learned powerlessness and helplessness of their childhood is now manifested in their children being expected to follow a strict regiment of obedience set up by the parents. The obedience is not designed to protect children from dangerous situations that many healthier parents set up, e, g, holding hands crossing streets, not going with strangers, not using matches, etc., Rather the obedience set up by abusive and neglecting parents is designed to restrict normal independence and autonomy. Children are admonished for expressing their opinions and views; are restricted in creatively exploring their world; need to act appropriately at all times which changes frequently based on the needs of parents at that moment. Power struggles, attachment disorders, learned powerlessness, and fragmented family cohesion are expected consequences.
2. **Dysfunctional and abusive adult relationships.** Many couples experience domestic violence as a part of their family dysfunction.
 3. **Alcohol and drug abuse.** One or more members of the family experience drug and alcohol use and/or abuse which contribute to the violence and dysfunction.
 4. **Mental illnesses.** Depressive disorders, bi-polar disorders, moderate levels of schizophrenia, anxiety disorders, and attention deficit hyper activity disorders are common illnesses among many families. These illnesses become problematic when parents do not maintain their medications.
 5. **Literacy-low functioning issues.** Literacy issues and/or low functioning parents in conjunction with other conditions mentioned above are common among families referred to Nurturing Parenting programs.

Services: Nurturing Parenting Programs are evidence based programs offered in home base, group base and combination home base/group base models. There are different Nurturing Programs that are designed to meet the specific needs of families. Program length and number of sessions (dose) vary according to individual programs. The reader is encouraged to visit our web site at www.nurturingparenting.com for a complete listing of all programs.

1. **Nurturing Program Prenatal Families:** 9 group based sessions each session lasting 2.5 hours. Can also be offered in home sessions.
2. **Nurturing Program for Parents and their Infants, Toddlers and Preschoolers:** group base program contains 24 sessions each lasting 2.5 hours. Home base program contains 48 sessions each 90 minutes in length.
3. **Nurturing Program for Parents and School Age Children:** 15 group base sessions each lasting 2.5 hours.
4. **Nurturing Program for Parents and Adolescents:** 12 group base sessions each lasting 3 hours.
5. **Nurturing Program for Teen Parents:** 26 group base sessions each lasting 2.5 hours. Home base program contains 49 sessions each lasting 1.5 hours.

6. **Nurturing Skills Programs:** Programs have variable session length based on the assessed needs of the family. Intervention programs are generally 12 to 16 sessions in length and can be offered in home settings, group settings and combination home/group base settings.
7. **ABC's School Base Program:** Nine sessions in length each session lasting 2.5 hours. This program is designed for parents and kindergarten-age children preparing for school entry.
8. **Cultural Programs** include group and home base programs for **Spanish families, Hmong families; Haitian families; Arabic families**, and a supplemental instructional booklet for **African American families**.
9. Additional programs for **Families in Substance Abuse Recovery, Special Needs Families; Parents and their Children with Health Challenges**.
10. **Community Base Education Program:** 10 sessions each offered for 90 minutes. Unlike in the treatment programs, families in the Community Based programs can attend any of the 10 classes which are typically offered in community settings such as the library, school, hospital or church.

Assumptions: The underlying theoretical and philosophical assumptions of Nurturing Parenting are based on well accepted clinical and empirical findings:

1. Human behavior is multi-dimensional. The positive and negative impact of life's past events shape our cognitive, emotional and neurological responses to current events.
2. Positive and negative life events carry both cognitive and affective cellular memories. Over time, repeated events create neural pathways. These neural pathways strongly influence behavior.
3. Nurturing Parenting instruction is based on proven psycho-educational and cognitive-behavioral approaches to learning. In these approaches, awareness, understanding, acceptance and conscious replacement of old patterns of thought and behavior are replaced with newer, healthier ones.
4. Nurturing Parenting embraces the theory of re-parenting. In the practice of re-parenting, new patterns of behavior replace older, destructive ones over time. Long term dysfunctional patterns of behavior require long term interventions that allow new patterns of thought and behavior to incubate and take hold.
5. Nurturing one self as a man and a woman is paramount to becoming a nurturing father and mother. Parents who take care of themselves are better suited to take care of another self.
6. Parenting is a role with defined responsibilities that are time and situation specific. When parenting is perceived as a 24/7 obligation, role identity becomes the major source of one's personal identity. Having a role based identity puts children in a higher risk as compliance with parental requests and demands is essential for the parent's self worth.
7. Parenting beliefs are learned early in life from the experiences a child has during the process of growing up. Beliefs are formulated from four factors: perceptions of events occurring; knowledge and understanding of the events occurring; the emotional impact the events have; and social consensus among family members or peer group that the events have value.
8. For parents to change long standing destructive beliefs regarding parenting, and consequently their parenting behaviors, long term, family based education offered in lessons ordered in a sequential manner is required.

Resources: Services:

- One Home Visitor for each Home Visitation.
- Two co-facilitators for each Adult or Adolescent group.
- Two or more facilitators for each Children's group.
- A complete Nurturing Parenting kit available for review and purchase on our web site at www.nurturingparenting.com. The kit includes Lesson Guides, Parent Handbooks, DVDs, games and other instructional materials.
- DVD player
- For groups, a flip chart, magic markers
- Art supplies for the Children's Program
- Money for snacks for group based program

Outcomes	Indicators	Measurement
Parents understand how a healthy lifestyle during pregnancy will affect prenatal development.	- Participants demonstrate knowledge of prenatal lifestyle habits that increase the likelihood of a healthy baby. - Participants demonstrate knowledge of prenatal lifestyle habits that decrease the likelihood of a healthy baby. - Participants demonstrate knowledge of the effects of stress and/or violence on a fetus.	- Nurturing Skills Competency Scale (NSCS) - Class Discussion
Parents understand how to meet their children's needs for health and safety.	- Participants demonstrate knowledge of healthy standards of hygiene for their infants and children that include bathing and diapering. - Participants demonstrate knowledge of nonviolent methods of discipline.	- Nurturing Skills Competency Scale (NSCS) - Class Discussion
Parents know when their emotions interfere with their ability to parent well.	- Participants demonstrate knowledge of how anxiety, exhaustion, depression, anger, and other stressors can affect their ability to parent. - Participants demonstrate knowledge of healthy methods to reduce stress.	Class discussion
Parents know pro-social and nonviolent methods of stress and anger management.	- Participants demonstrate knowledge of how to share their feelings and concerns in productive ways. - Participants demonstrate knowledge of how to communicate with others without yelling or name-calling. - Participants demonstrate knowledge of the "hot buttons" that trigger their anger. - Participants demonstrate knowledge of how to effectively and assertively solve problems without aggression or violence. - Participants describe healthy techniques for gaining control of their emotions.	Adult-Adolescent Parenting Inventory (AAPI-2)
Parents know how to create a safe home environment.	- Participants demonstrate knowledge of the conditions that create a child-safe home. - Participants demonstrate knowledge of the materials and supplies needed to have a child-safe home and where to get them. - Participants demonstrate knowledge of common household hazards (including outside hazards) that jeopardize child safety. - Participants have a list of emergency numbers. - Participants develop a plan to create a child-safe home.	- Home Safety Checklist - Home Observation - Family Nurturing Plan
Parents understand the effects of substance abuse on the family.	- Participants demonstrate knowledge of the effects of substance dependency and abuse on parenting, relationships with friends and family members, and their personal health. - Participants demonstrate knowledge of the effects on the developing infant when a pregnant woman smokes or ingests drugs and alcohol. - Participants demonstrate knowledge of the signs of substance abuse/dependency in themselves and their family members.	- Informal Program Checklist - Class Discussion
Parents understand how to care for themselves (self-care) so they can gain/maintain emotional well-being.	- Participants demonstrate knowledge of the need to regularly associate with other adults. - Participants identify activities that they enjoy (reading, clubs, sports, hobbies, etc.). - Participants identify their personal needs for health and safety.	- Informal Program Checklist - Class Discussion
Parents understand the dynamics of domestic violence (physical and emotional).	- Participants demonstrate knowledge of what constitutes physically violent behavior. - Participants demonstrate knowledge of what constitutes emotionally violent behavior. - Participants demonstrate knowledge of typical cycles of abuse. - Participants demonstrate knowledge of the laws related to domestic violence.	Class Discussion
Parents understand the effects of domestic violence (physical and emotional) on children.	- Participants demonstrate knowledge of the emotional effects on children who witness domestic violence. - Participants demonstrate knowledge of the effects on the cognitive functioning of children who witness domestic violence.	Class Discussion

Parents know how to manage child behavior in a nurturing and effective manner (behavior management, discipline).	• Participants demonstrate knowledge of the importance of noticing and encouraging their children's positive behaviors. • Participants demonstrate knowledge of the importance of spending time positively interacting with their children. • Participants demonstrate knowledge of the importance of positive role modeling. • Participants demonstrate knowledge of the importance of predictable and developmentally appropriate routines for their children (bedtime, meals, homework, etc.). • Participants demonstrate knowledge of the importance of consistency in setting and maintaining rules. • Participants demonstrate knowledge of realistic expectations for their children's behavior. • Participants demonstrate knowledge of effective and appropriate alternatives to corporal punishment. • Participants demonstrate knowledge of the negative consequences of physical punishments and coercion.	• Adult-Adolescent Parenting Inventory (AAPI-2) • Nurturing Skills Competency Scale (NSCS) • Family Nurturing Plan
Parents understand the dynamics of their children's challenging behaviors.	• Participants recognize and acknowledge their children's positive attributes and behaviors. • Participants demonstrate knowledge of possible reasons for children's inappropriate behaviors.	• Nurturing Skills Competency Scale (NSCS)
Parents know appropriate and effective strategies for mediating their children's challenging behaviors (behavior management).	• Participants demonstrate knowledge of appropriate and effective methods for encouraging their children's positive behaviors. • Participants demonstrate knowledge of appropriate, effective, and nonabusive methods of reducing negative behaviors.	• Class Discussion
Participants understand typical infant development.	• Participants demonstrate knowledge of typical developmental sequences for infants. • Participants demonstrate knowledge of the developmental "red flags" that indicate a need for further assessment. • Participants demonstrate knowledge of healthy brain development (brain architecture).	• Class Discussion • Family Nurturing Plan
Parents understand how to foster their children's optimal developmental achievement.	• Participants identify developmentally appropriate activities and materials appropriate for fostering cognitive development. • Participants identify developmentally appropriate activities and materials appropriate for fostering physical development. • Participants identify developmentally appropriate activities and materials appropriate for fostering language and literacy development. • Participants provide developmentally appropriate activities that foster social/emotional development. • Participants describe a daily routine that provides their infants or children with ample time for rest, nourishment, and play. • Participants correctly identify their children's verbal and nonverbal cues. • Participants correctly identify appropriate responses to their children's verbal and nonverbal cues.	• Nurturing Skills Competency Scale (NSCS) • Class Discussion • Family Nurturing Plan
Parents understand typical development.	• Participants identify developmental milestones and the age range when the milestones generally occur. • Participants demonstrate knowledge of when it is reasonable to expect children to perform daily tasks such as dressing, eating, and using the toilet unassisted.	• Class Discussion
Parents understand the need for and know how to foster optimal cognitive, academic, and literacy development.	• Participants identify developmentally appropriate materials and activities they can provide their children to encourage optimal learning. • Participants demonstrate knowledge of the importance of routinely spending time positively interacting with their children and how that time contributes to their children's cognitive/educational/literacy achievement. • Participants demonstrate knowledge of the importance of reading to and with their children and can select age-appropriate reading materials.	• Home Observations
Parents understand the nature of parent/child attachments (bonding).	• Participants demonstrate knowledge of the characteristics of a healthy parent-child attachment. • Participants demonstrate knowledge of how healthy parent-child attachments can be developed and maintained. • Participants demonstrate knowledge of the benefits to child and parent of a healthy attachment.	• Nurturing Skills competency Scale (NSCS)
Parents understand their infants' needs.	• Participants demonstrate knowledge of the basic survival needs of infants and children. • Participants demonstrate knowledge of the verbal and nonverbal cues infants use to express their needs. • Participants demonstrate knowledge of appropriate parental responses to infant cues. • Participants understand the relationship between meeting their infants' needs and attachment (bonding).	• Class Discussion • Family Nurturing Plan

Parents know how to develop healthy relationships with peers.	• Participants identify the characteristics of a healthy relationship with peers. • Participants identify appropriate (safe, healthy) activities that they can engage in with their peers. • Participants understand the dynamics of peer pressure. • Participants know how to avoid negative peer pressure. • Participants identify characteristics that indicate a situation or individual that may place the participant in danger (date rape, exposure to illegal drugs, involvement in criminal activities, etc.).	• Informal Class Inventory
Parents maintain a healthy lifestyle during pregnancy.	• Parents who are pregnant refrain from using drugs, including alcohol, during pregnancy. • Parents maintain a healthy diet. • Parents who are pregnant have an appropriate exercise routine. • Parents live in violence-free environments. • Parents practice effective and healthy strategies to reduce stress in their lives.	• * Class Discussion
Parents meet their children's needs for health and safety.	• Parents maintain a healthy standard of hygiene for their infants and children. • Parents obtain routine medical examinations (including well-baby visits) and immunizations. • Parents have selected appropriate caregivers for their infants or children. • Parents access and use appropriate child restraints whenever their children are in automobiles. • Parents do not spank, hit, slap, or yell at their children.	• Home Observations • Family Nurturing Plan
Parents practice pro-social methods of stress and anger management.	• Parents share their feelings and concerns in productive ways. • When parents are losing control of their emotions, they practice effective and healthy methods of relaxation. • Parents use healthy coping methods to reduce stress and/or anger. • Parents communicate with others without yelling or name-calling.	• Observations during group and home visitations • Family Nurturing Plan
Parents make alterations to their homes as needed to create a safe environment.	• Parents access and install materials and supplies needed to have a child-safe home. • Parents remove household hazards (including outside hazards) that jeopardize child safety. • Parents post or have ready access to a list of emergency numbers.	• Home Visit Safety Scale • Family Nurturing Plan
Parents maintain a safe home environment.	• Parents update their household safety modifications based on their children's developmental changes. • Parents maintain a home that is free of household hazards (including outside hazards) that jeopardize child safety.	• Home Visit Safety Scale • Family Nurturing Plan
Parents create a violence-free household.	• Parents use nonviolent means of child discipline. • Any member of the participants' households who has perpetrated domestic violence is receiving appropriate treatment.	• Adult Adolescent Parenting Inventory (AAPI-2) • Family Nurturing Plan
Parents manage child behavior in a nurturing and effective manner (behavior management, discipline).	• Participants encourage their children's positive behaviors. • Participants spend time daily interacting positively with their children. • Participants verbalize their positive regard for their children to their children and others. • Participants model behaviors that they wish for their children to adopt (cooperative problem-solving and negotiating, helping others, keeping commitments, etc.). • Participants maintain consistent, predictable, and developmentally appropriate routines for their children (waking and bedtimes, meals, homework, etc.). • Participants maintain a set of developmentally appropriate and reason-based limits and expectations for their children's behaviors. • Participants express their expectations to their children clearly and positively. • Participants use nonviolent and effective consequences and/or guidance when their children do not follow rules. • Participants coach and positively assist their children to understand and follow household rules and expectations. • Participants correct and redirect their children's inappropriate behaviors without corporal punishment or coercion.	• Adult-Adolescent Parenting Inventory (AAPI-2) • Nurturing Skills Competency Scale (NSCS) • Home and group observations • Family Nurturing Plan

Parents provide appropriate monitoring and supervision according to the developmental needs/stages of their children.	• Participants appropriately monitor and supervise their children according to the children's developmental levels and individual needs. • Participants can see or hear their infants at any given time (unless the children are in the care of another responsible adult). • Participants have child-safe inside and outside play areas that meet their children's developmental levels and individual needs.	• Home Observation • Family Nurturing Plan
Parents practice appropriate and effective strategies for mediating their children's challenging behaviors.	• Participants structure their children's environment to facilitate positive behaviors. • Participants practice appropriate and effective methods for encouraging their children's positive behaviors. • Participants practice appropriate, effective, and nonabusive methods of discouraging their children's negative behaviors.	• Group and home observations • Family Nurturing Plan
Children use pro-social behaviors to communicate and to get their needs met.	• Children use positive methods to initiate interactions with others. • Children articulate or otherwise express their needs in appropriate ways.	• Group and home observation • Family Nurturing Plan
Parents provide that fosters their children's optimal developmental achievement.	• Participants provide a daily routine that provides their infants and children with ample time for rest, nourishment, and play. • Participants respond appropriately to their children's verbal and nonverbal cues. • Participants read with their children daily.	• Home Observations • Family Nurturing Plan
Parents apply knowledge of child development in selecting activities for their children.	• Participants provide opportunities, encouragement, and support for their children to develop and exercise social skills such as sharing, playing games involving rules, and delaying gratification when it is developmentally appropriate to do so. • Parents do not use punishments, humiliation, or harsh criticism towards their children when they do not meet the parents' expectations for developmental achievement.	• Adult Adolescent parenting Inventory (AAPI-2) • Family Nurturing Plan
Parents demonstrate empathy and responsiveness to infants' physical and emotional needs.	• Participants demonstrate that they can accurately read infant cues. • Participants respond to infants' vocalizations with verbal responses. • Participants provide infants with age-appropriate toys, play materials, and activities.	• Group and home observations • Family Nurturing Plan
Parents understand the importance of prenatal care.	• Participants demonstrate knowledge of what prenatal care entails. • Participants demonstrate knowledge of the benefits of prenatal care for infants. • Participants demonstrate knowledge of the benefits of prenatal care for mothers.	• Class Discussion • Class Observations