

**Title:**

Trauma-Informed Parenting: Reaching Rural Kinship Families Through a Nursing Faculty and Extension Education Partnership

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**References:**

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**Abstract Summary:**

Collateral damage from the opioid crisis often creates kinship families who have experienced trauma. In this pilot study, nursing faculty and county Extension health educators delivered trauma-informed parenting classes to kinship parents in rural Indiana counties. We sought to promote parents' psychological health, improve parent-child nurturing and the family environment.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to identify the framework of trauma-informed parenting as identified by the National Child Traumatic Stress Network.	We will describe the essential components of trauma-informed care/parenting. We will discuss the eight modules that made up the curriculum. We will analyze strategies that parents could employ to facilitate healing from trauma.
The learner will be able to describe the partnership formed between nursing faculty and Extension Educators as the parenting classes were planned and implemented.	We will outline the university's land grant mission that includes embedded Extension Educators in counties across the state. We will discuss the Educators' prime responsibilities within their counties. We will compare and contrast the roles of nursing faculty/researchers and Extension Educators within the context of this project/study.
The learner will be able to discuss the impact of the intervention as described through kinship parent interviews and validated questionnaires.	We will provide mixed methods study results that include thematic analysis of interviews, as well as findings from validated surveys such as the Strengths and Difficulties Questionnaire and the Family Environment Scale. We will delineate limitations, recruitment challenges, and "lessons learned" from the pilot study.

**Abstract Text:**

**Background:**

As a society, we strive for children to be raised in stable, nurturing, trauma-free environments. Yet many children experience trauma, sometimes at the hands of their birth parents, and are subsequently removed from the home. Children are being increasingly cared for by nontraditional parents, such as kinship parents (close family friends or relatives), either through the foster care system or through informal arrangements. Nationally, 29% of all foster children are parented by individuals who are related to them (Child Welfare Information Gateway, 2016). Kinship families, typically grandparents and their grandchildren, represent the collateral damage from the opioid crisis in the United States. Birth parents,

who have grown dependent on substances, are unable or unwilling to parent their children, and their parents step in to help either temporarily or on a permanent basis.

Current, best evidence suggests that children in kinship care may do better than children in traditional foster care in terms of their behavior, development, mental health functioning, and placement stability (Winokur, Holtan, & Valentine, 2009). Yet all children who are transitioned to a new home have experienced trauma, if not for the reasons that necessitated their removal, then because of the transition to a new environment. Challenges arise as kinship parents receive fewer support services than traditional foster care parents do, and without specific training, these caregivers may not understand children's behaviors that stem from past trauma.

In order to meet the needs of rural-dwelling parents and their children, this project delivered a trauma-informed parenting curriculum to kinship parents. Given the land grant mission of the University, Extension Educators, embedded in counties across the state, were selected as partners with nursing faculty to deliver the classes. Rural nursing theory (Winters, 2013) supported the use of "insiders," Extension Educators who could assist in recruitment and implementation of the project. These Extension Educators are masters-prepared individuals who interface with residents year round; several individuals have resided in their communities for many years.

The parenting curriculum was specifically designed for kinship, adoptive, and foster parents or "resource parents" by the National Child Traumatic Stress Network (NCTSN). Eight modules were delivered over approximately 15 hours of class time (Grillo et al., 2010). Classes were held over two days (all day Saturdays) or four days (two evenings and two Saturday mornings), depending upon the county where the classes took place. Undergraduate student nurses provided childcare to support attendance. This multi-site, pilot project was supported by the National Institute of Food and Agriculture, a Rural Health Safety and Education (RHSE) grant.

**Purpose:** The purpose of this multi-site, mixed methods, pilot study was to evaluate the impact of a trauma-informed parenting curriculum presented to rural-dwelling kinship parents, which was delivered through a partnership between nursing faculty and Extension Educators.

### **Participants/Sample:**

Recruitment occurred across 11 rural counties in Indiana. Five classes were offered in four rural counties from 2014 to 2016. Forty-three parents registered for classes; however, 8 did not attend classes; 13 attended classes, but did not meet inclusion criteria/were not kinship parents or did not attend >75% of the classes; and 6 individuals registered in counties where classes were not offered due to low enrollment. The remaining 16 parents' data were used in the final analysis.

The average age of participants was 58.7 years; the majority were married ( $n=12$ ), White/Caucasian ( $n=16$ ); female ( $n=12$ ), in very good or excellent health ( $n=10$ ), with a high school diploma ( $n=6$ ) or a high school diploma with technical/vocational training ( $n=4$ ), and holding guardianship of the child(ren) ( $n=11$ ). Kinship parents reported in half the cases that a birth parent was incarcerated or in the legal system ( $n=8$ ). Twelve kinship parents reported that a birth parent had an "alcohol or drug addiction," with 7 participants reporting that the child had (possibly) suffered abuse and/or neglect.

### **Data Collection/Analysis**

This mixed methods study had both quantitative (self-report questionnaires) and qualitative (participant interviews) components. Data collection is complete and data analysis is underway. For the quantitative data, a pre- post-test design was used to measure the overall impact with validated questionnaires: The Child Rearing Practices Report – Modified; Scale: Nurturance (Rickel & Biasatti, 1982); Parenting Stress Index (Short Form) (Abidin, 1995); Strengths and Difficulties Questionnaire-Parent Report (Goodman, 1997); and the Family Environment Scale (Moos & Moos, 1994).

Depending upon the type of data, paired t-tests (continuous) and Fisher's exact test (categorical) will be used for analysis. For continuous variables, such as the Parenting Stress Index, paired t-tests will be performed to find whether before and after reports were significantly different. For categorical variables, such as Child Rearing Practices Report, Fisher's exact test will be used for the analysis. All analysis will be conducted by using statistical software, R (R Development Core Team, 2008).

As this was a mixed methods study, post-intervention interviews were also conducted to obtain qualitative feedback on the parenting classes; the interviews were conducted approximately two months after the last class was attended. A content analysis was conducted with themes derived from the data (DeSantis & Ugarriza, 2000; Elo, et al., 2014). Audiotapes were transcribed verbatim and analyzed by two independent coders. Preliminary themes include: parenting changes based on increased knowledge from the classes (i.e., giving the child more control and choices/ "lit up a light bulb in me"; increased awareness of trauma/ "[child behaviors] easier for us to understand"; improved parenting behaviors/ "I think before I yell"; and increased parental empathy/ "see things more though his eyes than mine.").

**Impact of Findings:** The findings from this study will advance our current knowledge of how the trauma-informed curriculum affects the health/psychological well-being of kinship parents as well as changes in parenting behaviors. We will be able to move forward with evidence as we continue to optimize interventions in these vulnerable families.