PARENTS MAKE THE DIFFERENCE

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In low- and middle-income countries, 250 million children under 5 years old are at risk for not reaching their **developmental potential** [1]. For most of these children, this is not due to one isolated risk factor but rather to risk factors that accumulate, or pile up, over these first important years of life. These include physical health problems, lack of basic needs due to extreme poverty, and violence at community and family levels, among others.

In the lifecourse conceptual framework outlined by Black et al. (2017), the pathway to developmental potential begins with an enabling environment for the caregiver, family, and community, which creates the conditions for **nurturing care**. A household that provides nurturing care is one that meets a child's health and nutritional needs, provides safety and security, has responsive caregivers, and stimulates the child's early learning.

Therefore, a major threat to a child reaching his or her developmental potential is the excessive use of harsh discipline—both physical and verbal—that can have lasting negative impacts [2–4]. Risk for maltreatment seems to be higher for children in low-resource and conflict-affected settings, in which families face a wide range of stressors including displacement, separation, grief, poverty, and limited educational and employment opportunities [5–7]. Given this, decreasing harsh discipline—and replacing it with positive behavior management strategies—is a primary, specific target of **Parents Make the Difference** program, or PMD.

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Parents Make the Difference is a 10-session, group-based parenting skills intervention for caregivers of young children.

Caregivers meet weekly in small groups for about 2 hours. Non-specialist facilitators provide some teaching and demonstrations of new skills, but participants spend most of the time discussing ideas, practicing new skills, and receiving feedback and coaching from facilitators and peers. **PMD focuses on building positive parent-child relationships by teaching positive caretaking practices.** Caregivers learn about child development and what they can expect from their young children. They also learn specific ways to communicate with their children and ways to replace harsh discipline strategies, like beating, with non-violent but effective discipline methods, like giving attention to good behavior and removing positive attention during bad behavior through "time outs." Sessions also teach caregivers how to create consistent routines in their homes and how to cope with their emotions to reduce violence in the home. Caregivers also learn fun ways to help their children learn early reading and math skills that will help them succeed in school, even if parents themselves have very little education. Lastly, caregivers learn to teach children healthy behaviors specific to risks in their environment.

During **Home Coaching Visits**, a facilitator visits a family in their home three times during the PMD program, after sessions 3, 6, and 9. The facilitator briefly reviews the new skills taught during the most recent sessions and then watches the parent use the skills with their child. They coach the caregiver while they practice, providing individualized encouragement and corrective feedback.

In collaboration with the **International Rescue Committee**, and with funding from the **UBS Optimus Foundation**, we have conducted two randomized trials to evaluate the impact of PMD. In Study 1, we evaluated PMD with 270 caregivers in a rural area of Liberia, finding that the program decreased caregivers' use of harsh discipline and increased positive interactions with their children. However, we did not see direct impacts on the children's wellbeing.

Based on these results, we revised the intervention to increase use of evidence-based strategies, including active practice and learning in sessions. We also developed a home visiting protocol to provide individualized skills coaching to caregivers. To test the revised intervention, we conducted a second study in Monrovia—an urban setting—that was larger and allowed for longer follow-up. This trial includes more than 800 caregivers randomly divided into three groups. Some caregivers received the group PMD sessions only, some received the PMD sessions plus home visits, and others were assigned to a waitlist control group. The trial is ongoing with results from the 12-month post-intervention follow-up expected in late 2018. Preliminary data from the 3-month post-intervention follow-up show a similar decrease in harsh discipline and increase in positive parent-child interactions.

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