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The Role of Family-Centered Practices in Supporting Children with Severe Problem Behaviors: A Case Study

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ABSTRACT

The Family Centered Practices have emerged as an essential framework for addressing the severe problem behaviors in children. Children with the severe problem behaviors often require the comprehensive support system that integrate the family centered practices. These practices emphasize the collaboration between families and the professionals to implement the tailored interventions that support the behavioral and the emotional development. In this paper, explore/investigate the role of parenting style, family engagement, and the socio-economic factors in shaping the child behavior. Furthermore, this research reviews the existing literature, applies the theoretical framework, and present the case study to highlight the effective family centered intervention strategies.

Keywords: *Family Centered practices, Child development, problem behavior, behavioral intervention, parent involvement, family engagement, parenting style, and socio-economic factors*

INTRODUCTION

Children with the severe problem behaviors often struggle with the social, emotional, and the academic challenges. The problem behaviors in children such as defiance, aggression, self-injury, extreme emotional dysregulation, and the hyperactivity can significantly impact their development and the well-being (Shepley, et al. 2021). These behaviors can negatively/adversely impact their ability to function in various settings, including school, home, and the community. The "Family-Centered Practices (herein after referred as to FCP)" have emerged as a critical approach in addressing these behaviors, emphasizing the collaboration between families and professionals to create the supportive environment (Brown, et al. 2022). The previous research indicates that the socio-economic factors, parental involvement, and the early interventions play the crucial role in behavioral outcomes (Case & Paxson, 2006; Carlson & Magnuson, 2011).The basic aim of FCP is to engage the families as active partners in the intervention planning and implementation, leading to the more consistent and effective behavioral support. The basic aim of this research is to explore FCP in managing severe problem behaviors through the case study approach.

Research Question

How do FCP contribute to managing severe problem behaviors in children? What specific strategies within family-centered approaches yield the most significant improvements?

Theoretical Framework

The FCP are rooted in the ecological and the behavioral theories, which emphasize role of environmental factors in shaping child's behavior. The Theoretical Models such as "Bronfenbrenner's Ecological Systems Theory and the Applied Behavior Analysis (herein after referred as to ABA)" support the importance of the parental involvement in the behavioral interventions. The previous research studies have demonstrated that the parent training programs (Lyu, 2023), structured behavioral support (Berger, & Font, 2015), and the collaborative school family partnership (Garbacz, et al. 2022). The positive reinforcement strategies, structured routines, and the emotional coaching have been identified as the key components of the successful interventions. This study is grounded on in the "Bronfenbrenner's Ecological Systems Theory", which emphasizes the interconnectedness of the community, family and the institutional influences on child development (Ryan, 2001). This theory examines a child's development within the framework of interconnected relationships that shape their environment. Bronfenbrenner's model outlines multiple layers of environmental influence, each playing a role in the child's growth. Recently renamed the "bio-ecological

systems theory," it highlights the importance of a child's biology as a key factor driving development. Interaction between a child's evolving biological traits, their immediate family and community, and broader societal context collectively influence their growth. Any change or conflict within one layer can have a ripple effect on others (Ryan, 2001). Therefore, "to fully understand a child's development, it is essential to consider not only their immediate surroundings but also the larger environmental influences at play" (Ryan, 2001).

Understanding Severe Problem Behaviors in Children

It refers to kids who exhibit persistent, disruptive, and often harmful behaviors that significantly impact their daily lives, relationships, and functioning at home, school, or in the community, including actions like aggression, defiance, destruction of property, lying, stealing, or extreme tantrums, which may be indicative of underlying mental health conditions such as "Oppositional Defiant Disorder (herein after referred as to ODD) or Conduct Disorder (herein after referred as to CD)" (Kazdin, 2017; BHC, 2012). Young children may occasionally display naughty, defiant, or impulsive behavior, which is completely normal. However, some children exhibit significantly challenging behaviors that go beyond what is expected for their age.

The severe problem behaviors in children can arise because of the several factors such as developmental disorders (e.g., autism spectrum disorder), environmental stressors, trauma, and the genetic predispositions (Kazdin, 2017). These behaviors often disrupt the daily functioning, affect the educational outcomes, and increase the family stress. Without the appropriate interventions, such behaviors may persist into adolescence and adulthood, leading to more severe consequences such as school failure, legal issues, and social isolation (Garbacz, et al. 2024).

Some other most prevalent "disruptive behavior disorders include oppositional defiant disorder (herein after referred as ODD), conduct disorder (herein after referred as CD), and attention deficit hyperactivity disorder (herein after referred as ADHD)". These conditions share certain symptoms, making diagnosis complex and time-consuming. It is also possible for a child to have more than one disorder at same time. Other contributing factors may include "emotional difficulties, mood disorders, family conflicts, and substance abuse" (BHC, 2012).

The "Oppositional defiant disorder (ODD)" is estimated to affect about one in ten children under the age of 12, with boys being diagnosed twice as often as girls. Children with ODD often display frequent irritability, annoyance, and anger. They may have repeated temper tantrums and argue regularly with adults, particularly their parents. A persistent refusal to follow rules is common, along with deliberate attempts to irritate or provoke others. Many children with ODD have low self-esteem, a low tolerance for frustration, and a tendency to blame others for their problems or misbehavior (BHC, 2012).

The "Conduct disorder (CD)" is often associated with defiant and delinquent behavior, leading to children with this condition being perceived as troublemakers. It is estimated that "around 5% of ten-year-olds have CD, with boys outnumbering girls four to one; and about one-third of children diagnosed with CD also have ADHD" (BHC, 2012). Children with CD frequently defy authority figures and may skip school regularly. Many engage in substance use, including cigarettes, alcohol, and drugs, from an early age. A lack of empathy for others is common, along with aggressive behavior towards people or animals, which can include bullying and physical or sexual violence. They may instigate physical fights and even use weapons. Other signs of CD include habitual lying, engaging in criminal activities such as theft, arson, breaking into homes, and vandalism. Some children with CD have a tendency to run away from home, and although less common, some may display suicidal tendencies (BHC, 2012).

Attention deficit hyperactivity disorder (ADHD) affects an estimated 2% to 5% of children, with boys being diagnosed three times more often than girls. The main characteristics of ADHD include inattention, impulsivity, and over activity (Lyu, 2023). Children with ADHD often struggle to concentrate, frequently forget instructions, and move between tasks without completing them. They may also exhibit impulsive behavior, such as interrupting conversations, reacting quickly with frustration, and being accident-prone. Over activity is another key characteristic, with children displaying continuous fidgeting and restlessness (Lyu, 2023).

The exact causes of ODD, CD, and ADHD remain unknown, but several risk factors may contribute to their development. For example, "boys are more likely than girls to be diagnosed with behavioral disorders, though it is unclear whether this is due to genetic factors or socialization experiences" (BHC, 2012). Furthermore, some other factors such as "the premature birth, low birth weight, and difficult pregnancies, may increase the likelihood of behavioral problems later in life" (BHC, 2012). Children who are naturally difficult, aggressive, or hard to manage from an early age are at a higher risk (Frugone-Jaramillo, & Gràcia, 2023). Dysfunctional family environments, such as "exposure to domestic violence, poverty, poor parenting, or substance abuse, also play a significant role" (BHC, 2012). In addition, learning difficulties, particularly with reading and writing, are often linked to behavioral challenges. Children with intellectual disabilities are twice as likely to develop behavioral disorders. Research indicates that "brain regions responsible for attention appear to be less active in children with ADHD" (Lyu, 2023).

Disruptive behavioral disorders are complex and often involve multiple contributing factors. For example, a child with CD may also experience ADHD, anxiety, depression, or difficulties at home. Diagnosis typically involves an evaluation by a specialist, such as a pediatrician, psychologist, or child psychiatrist. In previous studies, comprehensive interviews with parents, child, and teachers are conducted, along with the use of standardized behavioral checklists or questionnaires. A "diagnosis is confirmed if the child's behavior aligns with the criteria for disruptive behavior disorders outlined in the *Diagnostic and Statistical Manual of Mental Disorders* by the American Psychiatric Association" (BHC, 2012). In addition, it is essential to rule out temporary stressors, such as family illness or bullying, that may be affecting the child's behavior (BHC, 2012).

Family Centered Practices

The "FCP is founded on the principle that the most effective way to address an individual's needs is within the context of their family" (Espe-Sherwindt, 2008). This approach emphasizes that ensuring safety, stability, and overall well-being is best achieved by offering services that actively engage, involve, empower, and support families. Professionals working within a family-centered framework focus on preserving families and avoiding out-of-home placements whenever it is safe to do so (Espe-Sherwindt, 2008). Unlike models where professionals make decisions independently or with minimal family input, the family-centered approach recognizes families as capable decision-makers who can actively participate in shaping their own outcomes (Espe-Sherwindt, 2008).

Key aspects of FCP include building relationships with family members to understand their unique experiences, aspirations, strengths, and challenges. Practitioners collaborate with families to establish goals, enhance their capacities, and guide decision-making (Espe-Sherwindt, 2008). In addition, services are tailored to meet specific needs of each family, ensuring they are individualized, culturally appropriate, and based on proven practices (NRCFCP, 2025). FCP is not confined to a single type of service or model but extends across a broad range of community-based services. It includes preventive support for those at risk of facing more significant difficulties, targeted in-home services designed to prevent family breakdown, and guidance for families when temporary out-of-home placements are necessary. Furthermore, it emphasizes strong post-adoption support to reduce the likelihood of further disruptions and trauma. A combination of systemic reforms and evidence-based interventions contributes to a more effective and family-oriented service system (NRCFCP, 2025).

The "National Resource Center for Family-Centered Practice (herein after referred as to NRCFCP)" plays a crucial role in promoting this approach within organizations and across service systems. By building the evidence base for family-centered interventions and applying research findings to social work practice, the center enhances the implementation of family-centered principles. With over 35 years of experience in research, evaluation, training, and technical assistance, the center continues to support and advance family-centered practices (NRCFCP, 2025).

FCP in addressing severe Problem Behaviors

The FCP involves the multiple strategies, which focus on engaging, supporting, and empowering families. These includes the:

Parent Training and Education: The programs such as "Parent-Child Interaction Therapy (herein after referred as to PCIT) and Positive Behavior Support (herein after referred as to PBS)" equip parents with skills to manage their child's behaviors effectively (Eyberg & Funderburk, 2022). These interventions focus on reinforcing positive behaviors while minimizing reinforcement of negative behaviors. A range of individual and group-based parent training programs are available outside the home, complementing home visitation services (Badduke, 2023; Gafni-Lachter, & Ben-Sasson, 2022). These programs vary significantly in their theoretical foundations, target populations, intensity, duration, service delivery methods, provided services, and the qualifications of their facilitators, making direct comparisons challenging. A recent meta-analysis categorized these programs into three dimensions (Lundahl, Risser, & Lovejoy, 2006). First, "they were classified as either behavioral or non-behavioral. Behavioral programs emphasize how parents' reinforcement and discipline choices influence children's behavior, while non-behavioral programs focus on aspects such as parent-child communication and problem-solving; Second, programs were identified based on whether they targeted only the parent, both the parent and child, or multiple systems; and lastly, they were grouped according to their delivery method—whether through group sessions, individual sessions, or self-directed approaches" (Berger & Font, 2015; Lundahl, Risser, & Lovejoy, 2006).

Furthermore, the study by Lundahl et al. (2006), in which "meta-analysis found that behavioral parent training programs led to moderate short-term improvements in parenting and child behavior, but these effects generally diminished within a year" (Lundahl, Risser, & Lovejoy, 2006). Non-behavioral programs, though less extensively evaluated, showed limited evidence of effectiveness, with some short-term benefits related to parental stress and attitudes toward parenting. In addition, Bennett et al. (2013) conducted "a systematic review of group-based parenting programs indicated that behavioral and cognitive-behavioral approaches contributed to short-term improvements in parental well-being, including stress, depression, anxiety, anger, guilt, self-esteem, and satisfaction in romantic relationships" (Bennett, et al. 2013). However, these benefits were not sustained beyond a year.

Overall, parent training programs, particularly those not integrated into broader community-level initiatives. For example, in the US the parent training programs such as "Durham Family Initiative (herein after referred as to DFI) in North Carolina" and Positive Parenting Program (herein after referred as to PPP or Triple P), appear to have limited long-term impact on caregiving practices and home environments. However, programs that provide parents with hands-on skills, allowing them to practice under professional guidance, show promise. For example, the "Incredible Years (IY) program", a group-based intervention, emphasizes problem-solving, self-management, discipline, and communication strategies, leading to more responsive parenting and reduced child behavior issues. Similarly, "Parent-Child Interaction Therapy (PCIT) helps parents manage their children through developmentally appropriate attention, feedback, and discipline, resulting in improved parent-child interactions and reduced child maltreatment" (Berger & Font, 2015). Lastly, since parental education and health strongly influence child well-being, interventions that enhance parental education and health, such as "two-generation programs may be effective in improving child health by fostering positive health behaviors within families" (Berger & Font, 2015).

Integrated Care Approach: Collaboration between educators, therapists, and medical professionals ensures a holistic approach to intervention. Integrated care models help address the child's behavioral, emotional, and medical needs simultaneously (Stroul & Blau, 2010). Large-scale community prevention efforts differ in their focus on universal versus targeted components. One example of a universal approach is the "Durham Family Initiative (DFI) in North Carolina", which aimed to identify and assist at-risk families (Berger & Font, 2015). The program sought to enhance social cohesion, community resources, and the accessibility of services by fostering agency collaboration, engaging communities through outreach, and reforming policies to support families in meeting their children's needs. A key focus was reducing child maltreatment by implementing universal screening for pregnant women. Although the program yielded positive results, it was later restructured as "Durham Connects, which now primarily offers nurse home

visits for all newborns and their families, referring those at risk to appropriate services" (Berger & Font, 2015).

Hence, the system-of-care models such as DFI are challenging to evaluate through experimental methods. However, "when compared to similar counties in North Carolina during the same period, Durham County saw a relative decrease in substantiated child maltreatment cases and maltreatment-related hospital visits after DFI's implementation" (Berger & Font, 2015). Additionally, research suggests that DFI contributed to reductions in spanking, parental stress, and inadequate parenting while enhancing parental confidence and nurturing caregiving (Rosanbalm, et al. 2010).

Another promising approach, the "Los Angeles Prevention Initiative Demonstration Project (PIDP)", shares similarities with DFI but is designed to be adaptable across different communities (Berger & Font, 2015). PIDP places a stronger emphasis on improving families' economic stability by offering financial literacy programs, education and job training, and free tax preparation to help families access the "Earned Income Tax Credit (EITC)" (Berger & Font, 2015). Evaluations of PIDP's impact on Child Protective Services (CPS) involvement have been mixed. However, some findings indicate that the program has helped reduce the likelihood of repeated CPS referrals and has increased chances of timely family reunification for children in foster care (McCroskey, et al. 2012; Berger & Font, 2015).

Community-Based Support Services: Families benefit from access to community resources such as counseling, support groups, and respite care. These services provide families with additional tools and social support to navigate challenges (Turnbull, 1995). The social learning approach is the community based support service and it is well represented by PPP or Triple P, which describes itself as a "comprehensive public health model of intervention. This program consists "of a structured system of parenting interventions that include universal public education, voluntary parenting seminars, skills-training sessions, and specialized group or individual services offered in various settings" (Sanders, 2008). It also fosters coordinated efforts among local service providers to promote key aspects of healthy and developmentally appropriate parenting. The primary focus of these services is family, with an emphasis on self-sufficiency, self-regulation, and personal agency. The basic purpose of this program is to enhance caregiving by shaping how parents perceive and respond to their children, using techniques grounded in developmental science.

This program (PPP or Triple P) is designed to address specific needs of at-risk families and operate at different levels of intensity. At most basic level, this program provides general parenting information through media campaigns, while its most intensive form involves parents participating in at least ten sessions that cover topics such as mood management, partner support, and identifying ineffective parenting behaviors. These services are delivered in various formats, including "individual and group sessions, media-based materials, self-directed modules, and telephone consultations" (Sanders, 2008). This flexibility ensures that parents with scheduling constraints can still access valuable parenting information and training (Thomas, & Zimmer-Gembeck, 2007). Additionally, media-based materials and self-directed modules are more cost-effective than in-person sessions. The program's combination of varying levels of intensity and diverse delivery methods reflects its ambitious scope.

Several experimental evaluations have demonstrated that Triple P leads to improvements in child behavior, parenting skills, and reductions in child maltreatment, out-of-home placements, and hospital admissions for child injuries. Although the effects vary depending on the intervention module and whether the outcomes were measured by parental self-reports or clinical and teacher observations, overall, impact of PPP or Triple P is considered significant. For example, "a randomized study conducted in 18 counties in South Carolina found that Triple P contributed to reductions of 25 percent or more in substantiated child maltreatment, out-of-home placements, and hospital admissions for child injuries" (Sanders, 2008).

In summary, evidence from well-implemented social learning interventions, particularly DFI and Triple P, is promising. These programs have been linked to better parenting practices and reduced child maltreatment, both of which contribute positively to child health and development. Furthermore, Triple P has been associated with child behavior problems, a key indicator of social-emotional well-being. However,

because these programs are often designed for universal implementation, they can be challenging to execute and rigorously evaluate. Additionally, their high costs make them difficult to sustain at a community level. For example, DFI required approximately $1 million per year to serve a single county. Despite these financial challenges, the significant impact of these programs suggests that their long-term economic benefits may outweigh their costs (Sanders, 2008).

Collaborative Goal-Setting: Family-centered practices emphasize setting individualized goals based on the child's strengths and challenges. The collaborative goal setting is considered as the foundational element of patient and FCP. This approach ensures that interventions are relevant and meaningful to the family (Dunst, Trivette, & Hamby, 2007). In this process, the healthcare professionals and families can work together for Children.

Culturally Responsive Interventions: The effective family-centered interventions respect the cultural values, cultural background, beliefs, and adapt strategies to fit the family's beliefs and practices. The culturally responsive practices foster trust and cooperation between families and professionals (Kalyanpur & Harry, 2012).

Case study

Family-Centered Intervention for a Child with Severe Aggression

Case 1 Background: John, an eight-year-old boy diagnosed with "Autism Spectrum Disorder (herein after referred as to ASD)", exhibited severe aggression towards his siblings and caregivers. His aggressive behaviors are including the biting, hitting, and throwing objects, which significantly impacted his family's well-being. Traditional behavioral interventions had minimal success due to inconsistent implementation and lack of family involvement.

Intervention Approach: A family-centered intervention was implemented, incorporating the following strategies: Firstly, John's parents participated in PCIT sessions (Parent training), where they learned behavior management techniques, de-escalation strategies, and positive reinforcement methods. Secondly, the family worked with a behavioral therapist to set specific goals, such as reducing aggression incidents by 50% within three months. Thirdly, the home environment was adjusted to include designated calm-down areas and structured routines to reduce anxiety triggers. Lastly, the family joined a local support group for parents of children with ASD, providing emotional support and shared resources. Hence, over six months, John's aggressive behaviors decreased by 60%, and his parents reported improved confidence in handling challenging situations. The family's overall stress levels reduced, and John showed increased engagement in positive social interactions.

Case 2 Background: Antonia, an 18-month-old girl, was diagnosed with cerebral palsy (CP) at 17 months. She lives with her parents and four older siblings in a small mobile home community. Antonia's father, John, has a history of addiction but has been in recovery for six months. The family experienced frequent relocations, leading to delayed medical care and a late CP diagnosis. Antonia was automatically eligible for early intervention (EI) services through her state insurance.

Intervention Approach: A family-centered intervention was implemented, incorporating the following strategies:

i. **Parent Education and Support**: Antonia's mother, Jennifer, received the guidance from an early intervention service coordinator on how to advocate for Antonia's needs and access available resources.
ii. **Collaborative Goal-Setting**: During the IFSP meeting, Jennifer shared her goals for Antonia, including improving her sitting tolerance, participating in family meals, and enhancing communication.
iii. **Environmental Modifications**: The physical therapist (PT) worked with Jennifer to create sitting supports using household materials to help Antonia sit in a grocery cart, highchair, and play area.
iv. **Community and Professional Support**: The intervention team included a PT, occupational therapist (OT), special instructor, and a teacher for the visually impaired. These professionals

collaborated to ensure the holistic care and weekly meetings helped to address Antonia's evolving needs.

v. **Assistive Communication Techniques**: A simple picture board was introduced to help Antonia express her needs using gestures and sounds.

vi. Hence, over six months, Antonia showed significant progress in sitting independently with support, engaging more with her siblings, and using a picture board to communicate. Jennifer reported feeling more confident in managing Antonia's needs, and the family experienced reduced stress. The collaborative efforts among the intervention team, family, and community resources played a pivotal role in these improvements.

Culturally Responsive Collaboration in Behavior Management

Case Study: 3 Background

The case study of Luna, a three-year-old diagnosed with "Autism Spectrum Disorder (ASD)", illustrates the importance of family-centered practices. Luna's primary caregiver, Eve, is a Vietnamese immigrant with limited English proficiency. Her child exhibited difficulties in communication and social interaction, prompting intervention from early childhood educators.

Intervention Approach: Luna's teacher, Mike, initially struggled to engage with Eve in meaningful discussions about intervention strategies. Understanding the cultural differences in parent-teacher relationships, Mike adapted his approach by using a communication method preferred by Eve—a daily backpack note. Over time, this bi-directional communication fostered trust, leading to more collaborative discussions about Luna's progress.

Additionally, Mike planned a home visit to better understand Luna's family environment and cultural context. Through these culturally responsive efforts, Luna's parents became active partners in implementing behavior interventions at home, resulting in noticeable improvements in her communication and social interactions.

This case study highlights several best practices in family-centered interventions such as recognizing cultural differences in parental engagement, utilizing preferred communication methods to foster collaboration, conducting home visits to build stronger educator-family relationships, and encouraging parental involvement in intervention planning and execution. By implementing these strategies, educators can enhance the effectiveness of behavior management interventions and promote positive developmental outcomes for children with severe problem behaviors.

DISCUSSION

Hence, these case studies illustrate the effectiveness of the FCP in addressing the severe problem behaviors. By actively involving the parents, tailoring the interventions to the family needs, and integrating the community resources, children with the challenging behaviors can experience the significant improvements. Family-centered approaches foster resilience, enhance parent-child relationships, and promote sustainable positive outcomes (Sheridan et al., 2006).

Family-Centered Practices emphasizes critical role of families in supporting children with developmental disabilities (Lyu, 2023). Research has shown that families serve as the most consistent and reliable source of support for these individuals (Allen & Petr, 1996; Kim & Morningstar, 2005). A family-centered intervention approach involves organizing support in collaboration with the family while considering their unique needs, strengths, and preferences (Lyu, 2023). As defined by Dunst (2002), the concept of "family-centered" embodies specific principles, values, beliefs, and practices aimed at strengthening a family's ability to foster child development and learning (Dunst, 2002). This approach acknowledges and incorporates family strengths in assessment, goal-setting, and intervention, ensuring that support is tailored to unique needs of each family (Smith-Bird & Turnbull, 2005; Dunlap et al., 2008; Gore et al., 2013).

By late 1990s, researchers integrated FCP with Positive Behavior Support (herein after referred as PBS) to assist families of children with developmental disabilities (Lucyshyn, Albin, & Nixon, 1997; Gao, 2020). Family-Centered Approaches operates on several key principles, including recognizing family as a whole unit, building on family strengths, fostering genuine partnerships between families and professionals,

ensuring family involvement in decision-making, utilizing both formal and informal support systems, and actively engaging families in the intervention process through competency-enhancing and empowering strategies (Dunst, 1997). Within the PBS framework, family support aims to strengthen families by building on their existing capabilities, developing new skills essential for child development, and ultimately improving both family cohesion and overall quality of life (Lucyshyn et al., 2002; Mahoney & Wheeden, 1997).

Research by Lucyshyn et al. (2015), Lucyshyn, Miller, Cheremshynski, Lohrmann, & Zumbo (2018), Duda et al. (2008), and Gao (2020) outlines several essential components of FCP. These include conducting a functional assessment (FA), designing a comprehensive behavior support plan that incorporates preventive, teaching, and reinforcement strategies, using family routines as a primary context for intervention, ensuring contextual fit in intervention planning, fostering collaborative partnerships with families, providing implementation support such as in vivo coaching, measuring social validity alongside behavior outcomes, and focusing on enhancing both child behavior and family well-being.

CONCLUSION

Hence, it is concluded that FCP is widely applied in field of developmental disabilities, and this paper provides a thorough explanation of its principles. Research has consistently shown that FCP is effective in managing problem behaviors in children with developmental disabilities, leading to both a reduction in challenging behaviors and an improvement in overall quality of life. Additionally, FCP enhances social functioning and has lasting benefits for children and their families. Given its effectiveness, FCP is considered a valuable approach for supporting children with severe problem behaviors and addressing their behavioral challenges and complex needs. FCP has potential to significantly improve the well-being of children with severe problem behaviors and their families.

A variety of FCP strategies are designed to enhance children's caregiving environments. These programs differ significantly in terms of the rigor of their evaluation and extent to which empirical evidence supports their effectiveness. The "large-scale, community-based primary prevention initiatives, such as DFI and Triple P, provide a comprehensive and coordinated approach to fostering high-quality caregiving and promoting healthy child development". This approach contrasts sharply with the fragmented programs available in many communities. Evidence indicates that these large-scale efforts have significant potential to benefit children and families. However, their implementation poses challenges, requiring substantial coordination, collaboration, and resources.

The individual and group-based parenting programs are more cost-effective and have the potential to reach a larger number of families. While certain programs, such as IY and PCIT, show some promise, their long-term impact on parents and children remains uncertain. Overall, promoting child health by improving caregiving behaviors and environments is most effective when it involves a well-coordinated combination of prevention, intervention, and treatment services. This approach should focus on identifying and engaging at-risk families, ensuring access to preventive and support services, and assisting families in securing financial resources. Thus, support the expansion of large-scale community-based primary prevention programs and the growth of evidence-based home visiting initiatives.

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