

Last reviewed: February 2024

Intervention website: <https://penfieldchildren.org/early-pathways-training-program/>

GUIDEBOOK INTERVENTION INFORMATION SHEET

Early Pathways

Please note that in the 'Intervention Summary' table below 'child age', 'level of need', and 'race and ethnicities' information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
Description	Early Pathways is a home-based therapeutic intervention for disadvantaged families with concerns about the behaviour of a child between the ages of 1 and 5. It is delivered by a master's qualified social worker or therapist to families for 14 to 18 weeks.
Evidence rating	2+
Cost rating	N/A
Child outcomes	<ul style="list-style-type: none">• Preventing crime, violence and antisocial behaviour<ul style="list-style-type: none">- Improved behaviour.• Supporting children's mental health and wellbeing<ul style="list-style-type: none">- Improved social behaviour- Improved mental health.
Child age (population characteristic)	1 to 5 years
Level of need (population characteristic)	Targeted Indicated

Foundations Guidebook – Intervention information sheet

Visit the Foundations Guidebook | www.foundations.org.uk/guidebook

Intervention summary	
Race and ethnicities (population characteristic)	<ul style="list-style-type: none">• African American• Latino• White American.
Type (model characteristic)	Home Visiting
Setting (model characteristic)	<ul style="list-style-type: none">• Home• Early Years Setting.
Workforce (model characteristic)	<ul style="list-style-type: none">• Counsellor• Social Worker• Psychologist.
UK available?	No
UK tested?	No

Model description

Early Pathways is a home-based therapeutic intervention for disadvantaged families with concerns about the behaviour of a child aged between 1 and 5 years.

Early Pathways is delivered by a mental health professional (typically a master's qualified psychologist, counsellor, or social worker) who visits the parent and child in their home for 14 to 18 sessions. During these sessions, parents learn strategies for strengthening the parent–child relationship through activities which promote child-led play.

The first session introduces the parent to the Early Pathways principles and the parent and child participate in a joint play session. The practitioner then rates the quality of the interaction and introduces the parent to strategies which encourage child-led play. The family is also connected with advocacy resources as needed.

In subsequent sessions, further strategies are introduced, including age-appropriate expectations for the child's behaviour, responding calmly to challenging child behaviours, reinforcing positive child behaviours, establishing family routines, and implementing limit-setting strategies to reduce challenging behaviours in children. Parents also learn narrative techniques to facilitate discussions with children about their trauma experiences when necessary.

Foundations Guidebook – Intervention information sheet

Visit the Foundations Guidebook | www.foundations.org.uk/guidebook

Target population

Age of child	1 to 5 years old
Target population	Children from disadvantaged families who demonstrate behavioural and emotional problems associated with trauma.

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.



Theory of change

Why		Who	How	What		
Science-based assumption	Science-based assumption	Science-based assumption	Intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
Family disadvantage and trauma exposure during the early years increases the risk of behavioural and emotional problems as children grow older.	Sensitive and predictable parenting reduces the risk of behavioural and emotional problems in children living in disadvantaged circumstances.	Higher levels of family stress can interfere with parents' ability to respond to the emotional and behavioural needs of their child.	Parents learn strategies for understanding their child's needs and responding appropriately to them through home-based sessions involving child-led play.	<ul style="list-style-type: none"> • Parents feeling more confident in addressing negative behaviours using positive strategies • Parents spend more quality time with their children through child-led play. 	<ul style="list-style-type: none"> • Increased nurturing behaviours from parent • Improved parent–child relationship. 	<ul style="list-style-type: none"> • Decreased challenging behaviours in child • Increased prosocial behaviours in child.



Implementation requirements

Who is eligible?	Disadvantaged families with children aged 1 to 5 years who exhibit significant behavioural and emotional problems and may have been exposed to trauma.
How is it delivered?	Early Pathways is delivered in 14 to 18 sessions of one-hour duration each by one practitioner, to individual families. Sessions are delivered separately in two components: one for caregivers (up to two in each session), and children from the same family (between one to three children in each session).
What happens during the intervention?	<p>The intervention aims to reduce child trauma or behavioural and/or mental health symptoms by teaching caregiver's effective trauma-informed parenting skills.</p> <p>Parenting skills are delivered through a structured psychoeducational intervention where clinicians provide direct instruction and counsel to caregivers to learn trauma-informed parenting strategies.</p> <p>Sessions progressively build upon prior knowledge, involving observation of parent–child play, coaching in engagement, setting play time, identifying effective praise methods, and utilising narrative techniques to support children in discussing trauma experiences.</p>
Who can deliver it?	The practitioner who delivers this intervention is a licensed professional therapist or social worker.
What are the training requirements?	The practitioners have 340 of training in the intervention model. Booster training of practitioners is not required.
How are practitioners supervised?	It is recommended that practitioners are supervised by one clinical supervisor, with 30 hours of training in the intervention model.
What are the systems for maintaining fidelity?	<p>Fidelity to the intervention model is maintained through the following processes:</p> <ul style="list-style-type: none"> • Training manual • Other printed material • Other online material • Face-to-face training • Fidelity monitoring • Other (please specify).
Is there a licensing requirement?	No



Implementation requirements (cont.)

*Contact details	<p>Contact person: Heather Rotolo</p> <p>Organisation: Penfield Children's Center</p> <p>Email address: heatherrotolo@penfieldchildren.org</p> <p>Website/s: https://penfieldchildren.org/early-pathways-training-program/</p> <p>*Please note that this information may not be up to date. In this case, please visit the listed intervention website for up to date contact details.</p>
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Evidence summary

Early Pathway's most rigorous evidence comes from a single RCT conducted in the United States that is consistent with Foundations' Level 2+ evidence strength criteria. This study identified statistically significant improvements in children's behaviours and social interactions.

Early Pathway's has preliminary evidence of improving a child outcome, but we cannot be confident that the programme caused the improvement.

'Search and review

	Number of studies
Identified in search	20
Studies reviewed	2
Meeting the L2 threshold	2
Meeting the L3 threshold	0
Contributing to the L4 threshold	0
Ineligible	18



Individual study summary: Study 1

Study 1	
Study design	RCT
Country	United States
Sample characteristics	199 disadvantaged families with children between 1 and 5 years old (average age of 2.88 years) who experience externalising behavioural problems and where families are living in poverty.
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> • 41.2% Latino • 38.7% African American.
Population risk factors	Families receiving public assistance with an annual income below the federal poverty line.
Timing	<ul style="list-style-type: none"> • Baseline (T1) • Post-intervention for the intervention group, and second pretest session for the wait-list control group (T2) • Three-month follow-up (T3).
Child outcomes	<p><i>Post-intervention</i></p> <ul style="list-style-type: none"> • Improved prosocial behaviour (parent report) • Decreased challenging behaviours (parent report) <p><i>Three-month follow-up</i></p> <ul style="list-style-type: none"> • Improved prosocial behaviour (parent report) • Decreased challenging behaviours (parent report)
Other outcomes	<p><i>Post-intervention</i></p> <ul style="list-style-type: none"> • Improved interaction with child (researcher observation) • Reduced parental use of harsh discipline (parent report) • Increased nurturing behaviours (parent report) <p><i>3-month follow-up</i></p> <ul style="list-style-type: none"> • Reduced parental use of harsh discipline (parent report) • Increased parental use of nurturing behaviours (parent report).
Study Rating	2+



Study 1

Citation	Harris, S. E., Fox, R. A. & Love, J. R. (2015) Early pathways therapy for young children in poverty: A randomized controlled trial. <i>Counseling Outcome Research and Evaluation</i> . 6 (1), 3–17.
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Brief summary

Population characteristics

This study involved a sample of 199 disadvantaged families living in an urban, midwestern community. 38.7% of the sample was Black American and 41.2% Latino. All families were receiving public assistance.

Families with child between the ages of 1 and 5 years identified as having behavioural problems were eligible for the study. Children with prior diagnoses of autism spectrum disorders and those who were not receiving public assistance or met the federal definition for poverty were excluded from the study.

Study design

102 families were randomly assigned to the Early Pathways intervention and 97 to the wait-list control condition via computer-generated numbers. Participants allocated to the wait-list group were required to wait at least four to six weeks for treatment services after completing baseline measures.

Measurement

Assessments took place at baseline (pre-intervention), post-intervention, and a three-month follow-up.

Post intervention

- **Parent report** measures included the Early Childhood Behaviour Screen (ECBC) and the Parent Behaviour Checklist (PBC).
- **Researcher-led** assessment included coded video-tape recordings of the parent and child interacting during the Parent-Child assessment.

Three-month follow-up

Parent report measures included the Early Childhood Behaviour Screen (ECBS) and the Parent Behaviour Checklist (PBC).



Study retention

Post-intervention

68% (132) of the participants completed the parent report measures and participated in the parent–child play assessment. This included 53% (54) of the Early Pathways participants and 84% (81) of those in the wait-list control.

Three-month follow-up

36% of the participants completed the three-month follow-up assessments, including 43% (44) of the Early Pathways participants and 28% (27) of the wait-list controls.

The level of overall and differential attrition at both post-intervention points prevents the evaluation from meeting Foundations’ threshold for a Level 3 rating.

Results

Data-analytic plan

Analysis of covariance (ANCOVAs), with pretreatment scores as covariates, was used to determine whether the immediate group differed from the delayed group on post-test measures.. The analysis included intent-to-treat, using the Last Observation Carried Forward method account for missing data so that the entire sample could be retained in the analysis.

Findings

Children in the intervention group showed statistically significant reductions in challenging behaviours and improvements in prosocial behaviours. Statistically significant improvements were also observed in parents’ use of discipline and nurturing behaviours.

High levels of satisfaction were reported by the families completing the intervention.

Limitations

The conclusions that can be drawn from this study are limited by methodological issues pertaining to inconsistent measurement across study groups and high attrition, hence why a higher rating is not achieved.



Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Improved prosocial behaviour	Early Childhood Behaviour Screen (parent report)	$d = .31$	Yes	107	Post-intervention
Improved prosocial behaviour	Early Childhood Behaviour Screen (parent report)	$d = .46$	Yes	71	Three-month follow-up
Decreased challenging behaviours	Early Childhood Behaviour Screen (parent report)	$d = .72$	Yes	107	Post-intervention
Decreased challenging behaviours	Early Childhood Behaviour Screen (parent report)	$d = .88$	Yes	71	Three-month follow-up
Parent outcomes					
Improved interaction with child	Parent Child Play Assessment (researcher observation)	$d = .43$	Yes	107	Post-intervention
Reduced harsh discipline	Parent Behaviour Checklist (parent report)	$d = .31$	Yes	107	Post-intervention
Reduced harsh discipline	Parent Behaviour Checklist (parent report)	$d = .47$	Yes	71	Three-month follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Increased nurturing behaviours	Parent Behaviour Checklist (parent report)	$d = .30$	Yes	107	Post-intervention
Increased nurturing behaviours	Parent Behaviour Checklist (parent report)	$d = .17$	Yes	71	Three-month follow-up

Individual study summary: Study 2

Study 2	
Study design	RCT
Country	United States
Sample characteristics	64 disadvantaged families with a child between the ages of 1 and 5 living in an urban community in the midwestern United States.
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> • 42% Black African • 28.1% Mixed racial background • 18.8% as Latino/Hispanic • 10.9% as White European.
Population risk factors	Children who were receiving public assistance, which required that their annual family income was below the federal poverty line. and who have experienced a potentially traumatising event. 20.3% of children were diagnosed with a developmental delay.
Timing	<ul style="list-style-type: none"> • Baseline (T1) • Post-intervention (T2) • 4-to-6-week follow-up (T3).
Child outcomes	<ul style="list-style-type: none"> • Challenging and prosocial behaviour • Reductions in trauma symptoms.
Other outcomes	Improved parent–child relationship



Study 2	
Study Rating	2
Citation	Love, J.R. & Fox, R.A. (2019) Home-based parent child therapy for young traumatized children living in poverty: A randomized controlled trial. <i>Journal of Child & Adolescent Trauma</i> . 12, 73–83.

Brief summary

Population characteristics

This study involved 81 disadvantaged children between 1 and 5 years referred to a midwestern community-based clinic for behaviour problems and emotional difficulties. All had experienced one or more potentially traumatic events, meeting the DSM-5's criteria for Post-Traumatic Stress Disorder in Children Six Years of Age and Younger. 20.3% of the children were diagnosed with a developmental delay.

42% of the families identified as Black African, 28.1% as mixed racial background, 18.8% as Latino/Hispanic and 10.9% as White European. 84.4% of the parents were single and 51% were unemployed. All families were receiving government financial assistance.

Study design

44 children were randomly assigned to the Early Pathways intervention and 37 to a wait-list control condition via computer-generated random numbers. Those in the wait-list control were required to wait at least 4 to 6 weeks for treatment services after completing baseline measures.

Measurement

Assessments were conducted for both groups at baseline (pre-intervention) and at the time the intervention group completed the intervention. Early Pathways participants also completed a follow-up assessment 4 to 6 weeks after they were offered and completed the intervention.

Post-intervention and four-to-six-week follow-up

- **Parent report** measures included the Early Childhood Behaviour Screen (ECBS) and the Paediatric Emotional Distress Scale (PEDS)
- **Clinician report** measures included the Parent-child Relationship Scale (PCRS).

Study retention

Post-intervention

79% (64) of the study participants completed assessments immediately after the Early Pathway participants completed the intervention. 73% (32) had received Early Pathways and 86% (32) were from the wait-list control.



While the study reported no statistically significant difference between the families who were retained in the study and those who dropped out, this level of differential attrition prevents the study from meeting Foundations' threshold for a Level 3 rating.

Four-to-six-week follow-up

26% (21) families participated in the four-to-six-week follow-up, including 25% (11) from the Early Pathways group and 27% (10) in the wait-list control group.

Results

Data-analytic plan

A repeated measures design, controlling for baseline variables and involving intent-to-treat, was used to analyse the findings. For all participants who met inclusion criteria, intention-to-treat (ITT) analyses were used with the last observation carried forward.

Findings

The study observed statistically significant improvements in children's behaviour and symptoms of trauma at post-intervention, favouring the Early Pathways families. Similarly, the quality of the parent–child relationship improved significantly in comparison to families not receiving the intervention.

Statistically significant improvements appeared to be retained for the Early Pathways participants at the 4-to-6-week follow-up. Given the extremely high levels of attrition, however, the findings are unreliable, so are not reported here.

High levels of satisfaction were reported by the families completing the intervention.

Limitations

The conclusions that can be drawn from this study are limited by methodological issues pertaining to a lack of intention-to-treat analysis, inconsistent measurement across study groups, and high attrition, hence why a higher rating is not achieved.



Study 2: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Challenging and prosocial behaviour	The Early Childhood Behaviour Screen – Challenging Behaviour Scale (ECBS-CBS) (parent report)	$d = .97$	Yes	64	Post-intervention
Trauma symptoms (Anxious/withdrawn)	The Paediatric Emotional Distress Scale – Anxious/withdrawn (PEDS-AW) (parent report)	$d = 1.05$	Yes	64	Post-intervention
Trauma symptoms (fearful)	The Paediatric Emotional Distress Scale – Fearful (PEDS-F) (parent report)	$d = .59$	Yes	64	Post intervention
Parent outcomes					
Parent–child relationship	Parent-child relationship scale (PCRS) (Clinician report)	$d = .52$	Yes	64	Post-intervention



Other studies

The following studies were identified for this intervention but did not count towards the intervention's overall evidence rating. An intervention receives the same rating as its most robust study or studies.

Carrasco, J. M. & Fox, R. A. (2012) Varying treatment intensity in a home-based parent and child therapy program for families living in poverty: a randomized clinic trial. *Journal of Community Psychology*. 40 (5), 621–630.

Fung, M. P. & Fox, R. A. (2014) The culturally-adapted Early Pathways program for young Latino children in poverty: A randomized controlled trial. *Journal of Latina/o Psychology*. 2 (3), 131.

Fung, M. P. (2015) *A parent-child therapy program for Latino families*. Marquette University.

Fung, M.P., Fox, R. A. & Harris, S. E. (2014) Treatment outcomes for at-risk young children with behavior problems: Toward a new definition of success. *Journal of Social Service Research*. 40 (5), 623–641.

Gresl, B. L., Fox, R. A. & Besasie, L. A. (2016) Development of a barriers scale to predict early treatment success for young children in poverty with behavior problems. *Clinical Practice in Pediatric Psychology*. 4 (3), 249.

Mattek, R. J., Harris, S. E. & Fox, R. A. (2016) Predicting treatment success in child and parent therapy among families in poverty. *The Journal of Genetic Psychology*. 177 (2), 44–54.

Panahipour, H., Hosseinian, S. & Ghasemzadeh, S. (2018) The efficacy of Early Pathways program on parent-child interaction and warmth. *Contemporary Psychology, Biannual Journal of the Iranian Psychological Association*. 13 (1), 78–88.

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Note on provider involvement: This provider has agreed to Foundations' terms of reference (or the Early Intervention Foundation's terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.