

Early Pathways

Review:

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

Early Pathways is a home-based parent-child therapy programme targeting children between the ages of 0 and 5 years with significant behavioural and/or emotional problems often occurring from exposure to traumatic events, and who are living in poverty. It aims to improve child externalising behaviours through strengthening parent-child relationships.

The Early Pathways programme is designed to improve the wellbeing of children with externalising behavioural problems and/or experience of trauma by supporting parents to develop trauma-informed parenting skills and strengthening the parent-child relationship through child-led play.

It is targeted at families living in poverty because children in poverty are at increased risk for developing externalising behavioural problems. Families living in poverty contend with various stressors and environmental risks, which can result in the use of more punitive and less responsive parenting approaches.

The programme is delivered across 14-18 weeks by a trained clinician. Sessions focus on teaching parents to maintain appropriate expectations and respond calmly to challenging behaviours, reinforcing positive behaviours, establishing family routines, and implementing limit-setting strategies to reduce challenging behaviours in children. Throughout the programme, clinicians employ child-led play to bolster the parent-child relationship, while also utilising narrative techniques to facilitate discussions with children about their trauma experiences.

Evidence
rating: **2+**

Cost rating: **3**

EIF Programme Assessment

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

Evidence
rating: **2+**

What does the evidence rating mean?

Level 2 indicates that the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

This programme does not receive a rating of 3 as its best evidence is not from a rigorously conducted RCT or QED evaluation.

What does the plus mean?

The plus rating indicates that a programme's best available evidence is based on an evaluation that is more rigorous than a level 2 standard but does not meet the criteria for level 3.

Cost rating

A rating of **3** indicates that a programme has a **medium cost** to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of **£500–£999**.

Cost rating: **3**

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Supporting children's mental health and wellbeing

Improved prosocial behaviour

Based on study 1

Improved trauma symptoms

Based on study 2

Preventing crime, violence and antisocial behaviour

Decreased challenging behaviour

Based on study 1

Based on study 2

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Infants
- Toddlers
- Preschool

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Individual
- Home visiting

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Home
- Children's centre or early-years setting

The programme may also be delivered in these settings:

How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted selective

Where has it been implemented?

United States

UK provision

This programme has not been implemented in the UK.

UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

Spotlight sets

EIF does not currently include this programme within any Spotlight set.

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About the programme

What happens during delivery?

How is it delivered?

- Early Pathways is delivered in 14-18 sessions of 1 hour duration each by a trained clinician. Sessions are delivered separately in two components: one for caregivers (up to two in each session) and children from same family (between 1-3 children in each session).

What happens during the intervention?

- The programme aims to reduce child trauma or behavioural and/or mental health symptoms by teaching caregiver's effective trauma-informed parenting skills. Parenting skills are delivered through a structured psychoeducational programme where clinicians provide direct instruction and counsel to caregivers to learn trauma-informed parenting strategies. 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.

What are the implementation requirements?

Who can deliver it?

- The practitioner who delivers this programme is a licensed professional counsellor or social worker with QCF 7/8 level qualification.

What are the training requirements?

- The practitioners have 34 hours of programme training. Booster training of practitioners is not required.

How are the practitioners supervised?

- It is recommended that practitioners are supervised by one clinical supervisor (qualified to QCF-7/8 level), with 30 hours of programme training.

What are the systems for maintaining fidelity?

Programme fidelity is maintained through the following processes:

- Training manual
- Other printed material
- Other online material
- Face-to-face training
- Fidelity monitoring

Is there a licensing requirement?

There is no licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- Strong parenting skills protect young children from experiencing adverse trauma symptoms or behavioural/mental health concerns.
- The programme aims to teach caregivers effective trauma-informed parenting skills (e.g., redirection, ignoring, time-out, establishing safety) for managing trauma or behavioural/mental health symptoms.
- Short-term outcomes children being more able to self-regulate their trauma symptoms or behavioural and/or mental health concerns.
- Long-term outcomes of this programme are that young children are less likely to experience severe trauma symptoms or behavioural and/or mental health concerns.

Intended outcomes

Supporting children's mental health and wellbeing

Contact details

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About the evidence

Early Pathways' most rigorous evidence comes from two Randomised Control Trials which were conducted in the United States.

These studies identified a statistically significant positive impact on a number of child outcomes.

A programme receives the same rating as its most robust study. The second study (Love and Fox, 2017) achieved a lower rating of Level 2, whilst the Harris, Fox & Love (2015) study received a Level 2+ rating, so the programme receives a Level 2+ rating overall.

Study 1

Citation: Harris, Fox & Love, 2015.

Design: RCT

Country: United States

Sample: 199 families, with children between 0 and 5 years old (average age of 2.88 years) who experience externalising behavioural problems and where families are living in poverty.

Timing: Post-test; 3-month follow up

Child outcomes:

- Improved prosocial behaviour
 - Decreased challenging behaviour
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Other outcomes:

- Improved parental behaviour
-

Study rating: 2+

Harris, S. E., Fox, R. A., & Love, J. R. (2015). Early pathways therapy for young children in poverty: A randomized controlled trial. *Counselling Outcome Research and Evaluation*, 6(1), 3-17. Available at <https://psycnet.apa.org/record/2015-20850-001>

Study design and sample

The first study is an RCT.

In this study children were randomly assigned to a treatment group (who received the Early Pathways program) and a wait-list control group, who received the intervention 4–6 weeks after the treatment group started the intervention.

This study was conducted in the USA, with a sample of children aged between 0 and 5 years old who were living in poverty. Children who did not meet the federal definition of poverty were excluded from this study. Children were predominantly male (70.4%) from a Latino/a (41.2%) or African American (38.7%) ethnic background.

Measures

Challenging and prosocial behaviours were measured using the Early Childhood Behaviour Screen (parent report). Parental behaviour was measured using the Parent Behaviour Checklist parent report.

Findings

This study identified statistically significant positive impact on a number of child outcomes.

This includes challenging behaviours and prosocial behaviours on the Early Childhood Behaviour Screen Challenging Behaviour Scale and Prosocial Scale respectively.

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 2

Citation: Love and Fox, 2017.

Design: RCT

Country: United States

Sample: 64 families, with children between 1 and 5 years old (average age of 39 months) with externalising behavioural problems, living in poverty and who have experienced a potentially traumatising event.

Timing: Post-test; 4-6 week follow up

Child outcomes:

- Decreased challenging behaviour
 - Improved trauma symptoms
-

Other outcomes:

- Improved quality of caregiver-child relationship
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Study rating: 2

Love, J. R., & Fox, R. A. (2017). Home-based parent child therapy for young traumatized children living in poverty: A randomized controlled trial. *Journal of Child & Adolescent Trauma*, 12, 73-83.

Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7163864/>

Study design and sample

The second study is ?an RCT?. In this study children were randomly assigned to a treatment group (who received the Early Pathways program) and a wait-list control group, who received the intervention 4–6 weeks after the treatment group began the intervention.

This study was conducted in the USA, with a sample of children aged between 1 and 5 years old who had experienced at least one potentially traumatising event and who were living in poverty.

Children who did not meet the federal definition of poverty were excluded from this study.

Traumatic experiences were screened and measured using the Traumatic Events Screening Inventory parent report. Children were predominantly male (68.8%) from an African American (42.2%), multi-racial (28.1%) or Latino/a or Hispanic (18.8%) ethnic background.

Measures

Challenging and prosocial behaviours were measured using the Early Childhood Behaviour Screen ?parent report?. Trauma symptoms were measured using the Paediatric Emotional Distress Scale parent report. Parent-child relationship was measured using the Parent-child Relationship Scale clinician report. Treatment adherence was measured using the Therapist Treatment Report clinician report.

Findings

This study identified statistically significant positive impact on a number of ?child? outcomes and adult outcomes. This includes a reduction in challenging behaviours on the Early Childhood Behaviour Screen measure and a reduction in trauma symptoms on the Paediatric Emotional Distress Scale measure. Improvements in the quality of the caregiver-child relationship were identified on the Parent-Child Relationship Scale measure.

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.

Other studies

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

Fung, M.P. and 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), p.131. + Fung, M.P., 2015. *A parent-child therapy program for Latino families*. Marquette University.

This study has been excluded as it is a cultural adaptation of the programme.

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Fung, M.P., Fox, R.A. and 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), pp.623-641.

This study has been excluded as the methodology and/or findings preclude it from contributing to the EIF strength of evidence rating, over and above the included studies

1

Gresl, B.L., Fox, R.A. and 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), p.249.

This study has been excluded as the methodology and/or findings preclude it from contributing to the EIF strength of evidence rating, over and above the included studies.

1

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

This study has been excluded as the methodology and/or findings preclude it from contributing to the EIF strength of evidence rating, over and above the included studies.

1

Panahipour, H., Hosseinian, S. and 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), pp.78-88.

This study has been excluded as no translation of the study was available.

1

Carrasco, J.M. and 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), pp.621-630.

This study has been excluded as it is a superiority trial comparing two different interventions.

1

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

[How to read the Guidebook](#)

[EIF evidence standards](#)

[About the EIF Guidebook](#)

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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