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Applying the Nurtured Heart Approach® to resource parenting: a mixed methods approach

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ABSTRACT

Resource parents provide crucial services in systems of child welfare and must be prepared to manage a range of behaviors. The Nurtured Heart Approach® (NHA®) is a promising method to build positive parenting skills, but its effectiveness among resource parents remains unexplored. This mixed methods exploratory study evaluated NHA® training among resource parents in a system of child welfare services. Quantitative analyses revealed significant improvements in alignment with NHA® principles. Qualitative findings indicated an overall positive reception to NHA® and the desire for additional support addressing higher levels of need for some children in out-of-home care.

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Foster parents; parent training; child welfare; foster care; positive parenting

Background and purpose

Nearly 400,000 children are in foster care at any given time across the United States (United States Department of Health & Human Services, Administration for Children & Families, 2021). Resource parent homes, which include relative and non-relative caregivers providing temporary or long-term care, serve as the predominant placement type for youth living in out-of-home (OOH) care settings (Banesh & Cui, 2016). Children living in OOH settings often have complex family or trauma histories and related emotional or behavioral needs that may pose challenges for resource parents to manage, sometimes threatening the stability of resource home placements (Greeson et al., 2012; Lockwood et al., 2015). Strengthening parenting skills through resource parent training is a crucial factor in delivering high-quality care for children within the child welfare system (Herber & Kulkin, 2018). Such training equips parents with the necessary knowledge and skills to provide quality care to children in foster care until they can secure safe, permanent homes.

Ample evidence indicates that providing resource parents with learning opportunities is an effective way to provide these caregivers with the tools to

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handle various youth needs and improve both short- and long-term outcomes (Benesh & Cui, 2016; Randle et al., 2018; Solomon et al., 2017). Successful training approaches can also increase the satisfaction and retention of resource parents (Randle et al., 2018). Previous research has highlighted important modifiable resource parent constructs that support the well-being of children in foster care. One such factor is resource parent stress; findings indicate that lower levels of parental stress are associated with improvements in mental health outcomes for youth placed in their homes (Goemans et al., 2020). Providing skill-building opportunities to resource parents may help increase their sense of parenting competence as they learn and apply new strategies in the home, which in turn may ease feelings of parenting-related stress as strategies are successfully implemented. Molano et al. (2023) found that resource parent sense of competence partially mediated the relationship between a youth's psychological adjustment difficulties and level of parental stress, meaning that parents who felt competent had lower levels of stress when caring for children with higher levels of need.

Additionally, in a systematic review of characteristics of successful resource parents, effective communication, understanding of trauma, cultural responsiveness, and self-care were noted as important knowledge and skills that may promote permanency and placement stability for children living in foster care (Day et al., 2018). Although these characteristics are important, further research is needed to understand the conditions under which effective training and skill-building approaches help resource parents cultivate skills to support child and family well-being (Benesh & Cui, 2015; Hebert & Kulkin, 2018).

The Nurtured Heart Approach®

The Nurtured Heart Approach® (NHA®) is a therapeutic method and relational model with promising preliminary outcomes (Brennan et al., 2016; Damle et al., 2017; Roth, 2018). NHA® was originally developed by Glasser and Easley (2008) to assist in the behavioral management of youth diagnosed with attention deficit hyperactivity disorder (ADHD) and/or conduct disorder. While NHA® was developed without a specific theoretical foundation, the approach is grounded in the assumption that children have an innate desire for social connection with and attention from their caregivers (Hektner et al., 2013; Kausick & Hussain, 2020). In Glasser's own experience as an "intense" child and through observations from his work as a child and family therapist, he observed the intensity parents used in responding to perceived misbehavior as a dose of rewarding and focused attention for children in their care (Glasser & Lowenstein, 2025). NHA® seeks to redirect that intensity to positive aspects of child behavior and short circuit the connection between misbehavior and parental attention.

The approach operates on three stands: stand one, “Absolutely No,” stand two, “Absolutely Yes,” and stand three, “Absolutely Clear.” The first stand refers to limiting attention and energy to youth’s negative behaviors, meaning parents avoid using negative reinforcement, sharp tones, or loud voices when rules are broken or children are disruptive. Because of every child’s innate desire to connect with their caregivers, the focused attention received from parental redirection becomes a form of connection children can rely on and easily produce (Glasser & Block, 2007; Kausick & Hussain, 2020). “Absolutely No” refers to the caregiver’s refusal to give energy to negative interactions. Instead, NHA® asks parents to reserve the energy typically used in redirection for vigorous reinforcement of positive behaviors through stand two, “Absolutely Yes” (Hektner et al., 2013). Here, parents provide children with specific details of what they are doing well as a way to build their feelings of self-worth and empowerment and strengthen their internal locus of control (Bennett et al., 2023). “Video Game Theory” is a metaphor used in NHA materials to relate the use of consistent positive affirmations given to children as similar to a leveling up process in a video game where each achievement, no matter how small, is celebrated.

The third stand, “Absolutely Clear,” refers to setting clear limits and consequences for undesirable behavior. When rules are broken, there are clear and expected consequences, which most often involve the use of a “reset.” A reset is a short moment of pause, similar to a timeout, where the focus is on child self-regulation and a pause in caregiver-child interaction until the reset concludes (Hektner et al., 2013). This video game metaphor is also used here to connect the use of resets in NHA® to video game mechanics, where pauses may be taken and the game rejoined without much fanfare. Importantly, in NHA®, youth are not given warnings before implementing consequences, as the approach requires caregivers and youth have already mutually clarified the rules and expectations as part of “Absolutely Clear.” When rules are broken, the caregiver announces the reset using a neutral tone and a consistent phrase they’re comfortable with – “reset,” “let’s take a break,” “pause for a moment,” and so on (Hektner et al., 2013). Establishing “Absolutely Clear” rules and expectations is key to de-energizing parent responses when rules are broken. Although the components of NHA® are largely aligned with other, well-tested positive parenting approaches, the evidence base for NHA® is still developing (Hektner et al., 2013). NHA® may be especially relevant for use in a public child welfare setting given its intuitive conceptual framework and focus on emotional regulation.

Nurtured Heart Approach® outcomes

Roth (2018) conducted a quasi-experimental investigation of the effect of NHA® on parental confidence, appropriate verbal discipline, and perception

of child strengths. Results indicated that although all three domains increased after NHA[®] training, only appropriate verbal discipline practices improved significantly more than the control group. Similarly, Brennan et al. (2016) conducted a quasi-experimental investigation of NHA[®]'s effect on well-being, positive attention given to youth, and reduced negative parenting behaviors, such as yelling. Findings showed a significant increase in all constructs compared to a control group. In addition to traditional in-home caregivers, the implementation of NHA[®] has also been evaluated within residential facilities for at-risk youth (Damle et al., 2017). Qualitative findings indicated that NHA[®] can positively impact relationships between staff and youth, which contributes to better youth outcomes. However, results also suggested that ongoing support and consistency in use are important factors for successfully sustaining the use of the approach (Damle et al., 2017). Although these studies offer important preliminary evidence for the effectiveness of NHA[®], no studies to the authors' knowledge have examined the approach for resource parents.

The current study

The current study uses data generated from an evaluation of one state's implementation of NHA[®] training in a public child welfare system with resource parents. The evaluation was completed by external evaluators who were not involved in the design or delivery of the training initiative. Using trainers certified by the Nurtured Heart Institute (2021), this initiative sought to train all resource parents on the application of NHA[®] in their homes. NHA[®] was delivered as an adjunctive course complimenting the core set of foster parent preservice and continuing education efforts in the child welfare system. Comprehensive descriptions of the NHA[®] training program have been previously published (Hektner et al., 2013; Nuño et al., 2020). Training sessions were brief by design and consisted of six total hours of instruction delivered in 2–3 sessions, conducted both in-person and online. Participants were given time at the beginning of the training session to complete the pretest survey and were provided with a link to the posttest survey at the completion of training. The completion of the pre and posttest surveys was completely voluntary and was not tied to receiving credit for completion of the training.

The goal of this study was to understand the feasibility of NHA[®] in a child welfare setting and resource parents' experience using skills learned in the NHA[®] training. While NHA[®] has been applied in multiple contexts including individual and family therapy, educational settings, and in communities, its use with resource parents is unexplored. The current study seeks to confirm previous findings on NHA[®] related to increasing parent confidence and applying skills from the three stands and extend this work to child welfare settings by examining resource parent experience applying NHA[®] and how it has impacted their parenting.

NHA® may be well suited to public child welfare settings given its universal focus, brief duration, and that it is delivered to parents free of charge. Other well-tested positive parenting programs are often comprised of large numbers of training sessions targeted to specific age ranges and/or psychiatric diagnoses and may come with associated costs to parents for completion (Furlong et al., 2021; Sanders, 2023).

The research questions guiding the qualitative design elements were centered around resource parent understanding of NHA and experience applying it in their homes. The specific research questions for interviews were:

- (1) What was resource parents' understanding of NHA®'s conceptual framework?
- (2) How was NHA® received by resource parents in terms of its usefulness and feasibility?
- (3) What were the experiences of resource parents applying NHA® with the youth in their homes?

The hypotheses used in the quantitative design elements included:

- (1) Resource parents will increase alignment with the principles of NHA®'s conceptual framework (the three stands).
- (2) Resource parents will report higher parental competence at the conclusion of NHA® training.
- (3) Resource parents will perceive reduced parental stress at the conclusion of NHA® training.

Materials and methods

Data collection

A mixed methods approach was employed to explore how resource parents experienced and understood NHA®. Quantitative and qualitative data were concurrently collected from resource parents who completed the NHA® training between March and August 2022. Every resource parent who completed NHA® training was invited to participate in each aspect of the study. Electronic surveys, which were administered by the trainers, were delivered before the NHA® training began and again at its conclusion. Participants were asked to create a non-identifying identification number through a series of questions in order to match pre- and posttest data. At the conclusion of the pretest survey, participants were asked to complete a separate short demographic survey, [Table 1](#) presents the descriptive statistics for participant race, ethnicity, gender, and age. Demographic data were not connected to individual responses.

Using the NHA[®] training attendance rosters, all training participants were then invited to complete in-depth semi-structured interviews 3 months after the conclusion of their training. Participants received \$40 as remuneration for interview participation. At the conclusion of each interview, participants were invited to follow a link to complete a short demographic survey, [Table 1](#) presents the descriptive statistics for interview participants' race, ethnicity, gender, and age. This study was approved by the authors' university Institutional Review Board (Pro2021001204).

Measures

Interviews used a semi-structured guide containing 20 questions exploring participant understanding, reception, and application of NHA[®]. The semi-structured interview guide was developed through review of NHA[®] training materials; observation of NHA[®] learning communities held with certified trainers to support effective transfer of skills; and the research literature on NHA[®] outcomes, positive parenting, and the experience of resource parents caring for children placed in their home. Interviews were conducted by two of the authors via Zoom video software. Interviews ranged from 13 to 60 minutes, and on average lasted 27 minutes. Audio from each interview was recorded and transcribed for analysis.

Quantitative survey data were collected to measure resource parent perception of three constructs before and after the NHA[®] training. These included alignment with NHA[®] principles, parental competence, and parental stress. A one-group pre/post design was employed to assess resource parents' alignment with NHA[®] principles and changes in their sense of competence and stress levels related to parenting. Every resource parent who attended the NHA[®] training was invited to complete the pre and post surveys.

Table 1. Demographic profile of qualitative and quantitative samples.

Variable	Qualitative Sample (N = 27)		Quantitative Sample (N = 571)	
	n	%	n	%
Race/Ethnicity*				
American Indian or Alaskan Native	–	–	7	1.2
Asian	1	3.7	12	2.1
Black or African American	7	25.9	216	37.8
Hispanic or Latino	3	11.1	88	15.4
White	17	63	263	46.1
Other	1	3.7	14	2.5
Prefer not to say	–	–	7	1.2
Sex				
Female	21	77.8	424	74.3
Male	6	22.2	132	23.1
Non-binary	–	–	2	.4
Other	–	–	1	.2
Prefer not to say	–	–	1	.2
Age				
	Mean	sd	Mean	sd
	47.1	11.6	45.1	11.6

*values add up to more than 100 as participants could choose all options that applied.

Nurtured Heart Approach® questionnaire. This 12-item measure was developed by McGrellis et al. (2022) to assess attitudes and beliefs about the core components of NHA®. Previous studies have indicated that this measure has a stable factor structure and is internally consistent. The items on this measure range from one (*strongly disagree*) to four (*strongly agree*) and are divided into three subscales, Stand 1 (“Absolutely No,” four items, $\alpha = -.59$), Stand 2 (“Absolutely Yes,” four items, $\alpha = -.6$), and Stand 3 (“Absolutely Clear,” four items, $\alpha = -.59$) reflective of the NHA® model (McGrellis et al., 2022).

Parenting Sense of Competence Scale (PSOC). This 17-item self-report measure gauges parental satisfaction, interest, and efficacy (Gilmore & Cuskelly, 2009). Nuño et al. (2019) have previously used this scale to assess the competence of parents before and after being trained in NHA®. Items on the PSOC measure ($\alpha = .81$) range from one (*strongly disagree*) to six (*strongly agree*). Subscales for this measure assess parental satisfaction (nine items, $\alpha = .78$), parental efficacy (eight items, $\alpha = .77$), and parental interest (two items, $\alpha = .9$).

Parental Stress Scale (PSS). This instrument, originally developed by Berry and Jones (1995), is widely used to measure a parent’s perception of their parenting-related stress. In the current study, the 13-item version developed by Nærde and Hukkelberg (2020) was used. This 13-item scale ($\alpha = .88$) ranges from one (*strongly disagree*) to five (*strongly agree*). The PSS-13 can be split up into two subscales: lack of rewards that parents feel from parenting (seven items, $\alpha = .85$) and parental stressors (six items, $\alpha = .83$).

Qualitative analytic approach

The qualitative data was analyzed using a pragmatic thematic analytic approach. This approach allowed for a deep understanding of the most salient and practical areas related to training resource parents in NHA®. We followed the six phases of thematic analysis outlined by Braun and Clarke (2006). First, interview audio recordings were transcribed and four of the research team members familiarized themselves with the data. Second, two of the authors independently coded an initial set of 20 interviews. Through consensus meetings on initial codes, a collaborative approach led to the development of the initial codebook, which was then reviewed by all team members. This initial codebook was used by two of the authors to code the remaining 12 interviews, in which new emerging codes were captured and added to the codebook. These authors met to discuss codes and reached consensus before moving on to the third stage of searching for themes. After searching for themes, two of the authors conducted phase four, in which themes were reviewed in relation to coded data extracts. Finally, stages five and six involved defining and writing the themes as a team for presentation.

Quantitative analytic approach

Statistical analyses were performed utilizing SPSS 29.0. Descriptive statistics were calculated for each measure and subscale. Using the one-Sample Kolmogorov–Smirnov test to compare the mean distribution of each measure’s change from pre- to posttest, we found none of the variables to be normally distributed, due to moderate skewness in each of the measures (Siebert & Siebert, 2017). Because of the non-normal distribution, a repeated measures MANOVA was chosen to assess differences in pre- and posttest measures given its robustness to violations of normality, particularly with repeated measures (Finch, 2005). In the MANOVA analysis, responses with missing repeated measures data were excluded which resulted in a sample of 87 participants with matched pre- and posttest data. Partial eta-squared coefficients were calculated as indicators of effect size using cutoffs established by Richardson (2011).

Results

Qualitative results

Thirty-two resource parents who attended NHA[®] training completed semi-structured qualitative interviews. In general, participants responded positively to NHA[®] and its associated parenting and relational skills. Four overarching themes emerged from the analysis of data: 1) resource parent experience applying NHA[®] 2) perception of suitability of NHA[®] for resource parents, 3) the importance of mindfulness in the application of NHA[®], and 4) NHA[®] and the impact on parenting stress.

Resource parent experience applying NHA[®]

Overall, participants reported having a generally positive reception of NHA[®] and saw it as a useful and important skillset for parents. NHA[®]’s focus on de-energizing parent responses when rules are broken (“Absolutely No”) helped parents reevaluate their approach to discipline and be less reactive in their interactions with children. One participant stated:

I tend to be a person who reacts very highly in the moment, and I think trying to implement some of these strategies allows me to give myself like a beat to think about how I’m responding as opposed to just responding.

Participants strongly resonated with the “Absolutely Yes” stand of NHA[®]. Even for resource parents who otherwise felt NHA[®] didn’t have a large impact on their parenting practices, the positive engagement and reinforcement strategies in NHA[®] did seem to impact their approach with children. In

describing the effect of NHA® on their parenting approach, one participant stated,

The one thing that I think has changed . . . I am cognitively more aware of trying to be more, you know, like give him praise for those things, especially the things that I have to repeat myself over and over and over again . . . I have to say that I will try harder to make sure that I do give him the praise.

A few resource parents could describe specific ways in which children placed in their home had responded to the use of NHA®. One participant stated they “noticed a decrease in negative attention seeking behavior” since their family started to use NHA®. Another resource parent described how the focus on telling children what they’re doing right impacted a child in their home: “I would not say I see a certain change, but it’s nice to see, like, it’s nice to see him feel good about himself and what he’s doing.”

Lastly, resource parents often described the transferability of NHA® to multiple settings, resonating with the success-focused relational style of NHA®. Here, a resource parent described how after the training, they found the NHA® approach suitable in multiple aspects of their life,

I use it on my husband and he’s thirty-four. I work in a pre-school, I use it with my three-, four- and five-year olds that are here. I use it with the faculty. I use it on my siblings; I really, truly feel like it could—it’s beneficial in all different age groups.

Perception of suitability of NHA® for resource parents

While resource parents described NHA® as generally effective, there was some disagreement over whether it was the best choice when serving children with higher levels of need. For instance, a few participants described feeling confused about how to apply the approach in the context of more severe trauma histories. One participant explained,

I don’t know if this is really necessarily meant for kids that had a lot of abuse or trauma. I think that there’s something else going on with some of these kids where they might need something more - a different kind of response. I don’t know what it is, but I just think that there needs to be something else.

Others agreed that the training appeared to target more typical youth behavioral issues and did not adequately address how to work with youth exhibiting more complicated behavioral issues. As a participant shared,

It’s not just like the normal childhood behaviors like just growing up, children without trauma. Like, what do you do if you have one child, you know, trying to break a window and another one ready to jump off the steps? Like how are you supposed to deal with the positive? And you’re already exhausted. And as a foster parent, there’s a lot of stress involved with fostering . . .

Some participants expressed that while NHA® may be more difficult to apply in certain contexts, those situations would be difficult regardless. As another participant explained,

I think it might be challenging with some kids that have severe emotional problems. But I think that would be challenging for just about anybody to try to deal with. I think in general that this [NHA®] is something that can be applied across the board. I don't know that it would make any interaction worse than it would have been otherwise.

In line with this, others expressed how difficult being a resource parent can be, regardless of training or individual skill set. Participants expressed how building trust between resource parents and children placed in their home takes time, and that NHA® may need to be applied more gradually. One participant elaborated,

I can see it being really, really, really hard for resource parents who are getting kids with attachment, or with baggage, or with abuse, you know, breaking into, breaking that cycle, and getting the kids to trust. Our kids trust us, our kids will talk to us because our kids trust us, where they're [in a] safe space. If there are kids that don't have a safe space, it's going to take a lot longer for the Nurtured Heart Approach to see results. And I can see how parents would be like, "This isn't working. I'm done."

These responses indicate that resource parents relate to the conceptual underpinnings of NHA®, and resources developed to support further application in their home are best when reflective of the behaviors and needs of children placed in out of home care.

The importance of mindfulness in the application of NHA®

Parents reported being mindful of their *own* behavior and emotions, in addition to the youth's ability to self-regulate, was important to the successful implementation of NHA® in their home. For several participants, a key takeaway from their training was that parental self-regulation was essential to successful implementation of NHA®. Others described applying the "video game theory" concept from NHA® training to their own self-regulation and parenting skills. One participant provided an example of using a pause to reduce their own reactivity to a challenging parenting situation:

I was having a hard time when I took this training because I was getting angry a lot, because there were a lot of tantrums and like things that I didn't understand. Like, "We just played two hours at the park, it's time to go home, and why are you reacting like this?" So, then I might have got angry, more angry at that. And then after the training, I felt like . . . I could see it a little more like a game . . . like I could relax a little without getting so excited . . . I can take that time out to jump back in the game.

In connection with self-regulation, participants reported an increase in awareness of their own behaviors and tone. One participant shared an example of how the NHA® training affected her communication style:

It just made me more aware . . . of my language and my engagement. It's not to say that I still don't start a sentence with, "Why didn't you pick up the dog poop when you walked in?" I do that sometimes, but I am also trying to be more aware to not just focus on that when I talk to my kids . . . "Thank you. I'm glad you walked the dog. Did you remember to pick up his poop?" . . . It's just trying to be very mindful of my engagement.

Another participant described how increasing their awareness helped them approach the youth in their home with more care:

I'm a little more careful, with an open mind. Before the Nurtured Heart training, it was my way, I was right. Now, through the training, I see that I'm not always right and what's right is what's best for the child.

Mindfulness emerged as an important resource parent characteristic assisting in the successful implementation of NHA® in homes, highlighting the importance of parental self-regulation and awareness of language and tone in the successful use of NHA.

NHA® and the impact on parenting stress

Resource parents consistently described reductions in parenting stress as a result of applying skills learned in NHA® training. Participants expressed immense stress associated with being a resource parent, including fluctuating feelings of competence and confidence in the role. However, participants expressed a nuanced account of the ways they perceive NHA® impacted parenting competence and confidence. Some participants felt less stress after implementing NHA® by becoming more aware of their emotions and experiences. As one participant explained,

It's probably impacted a little bit of my stress level because I'm more cognizant of the fact that I need to be regulated, I have to be present and if I'm triggered or if I'm feeling not okay, I cannot be meeting their [children's] needs because they're feeding off of my energy. And my energy is what needs to be stable because that's the only way we're going to stabilize them.

Another participant described how implementing NHA® can reduce parental stress levels through a de-emphasis on punishment:

[It lowered] my stress level number one, because, you know, it's really hard to really put a child in time out and let them sit in a room for four minutes without them, you know, tearing up the room or whatever the case may be . . . If you can talk to them and they seem like they get it and they're understanding you, I think that's a better approach than to keep putting them in a timeout or take any stuff away from them, because that makes them angry.

Other parents felt that NHA[®] had a larger impact on their competence by helping them put more thought into their actions. One participant stated, “I don’t know that it impacts my stress level, but maybe competence, because I’m thinking more about certain things before I do it.” Improvements in these areas may depend on how NHA[®]-aligned a parent’s skills are prior to the training. Many participants who felt that their confidence or competence was affected by the training explained that it reinforced the type of parenting approach they were already using. One participant described,

I would say it’s helped with the confidence. I think any parent is worried . . . you worry that you’re doing something wrong. And I think it has helped me with the confidence because it makes it a little clearer in terms of how important it is that you do these things to help the kids have the tools that they need to develop and become successful.

Quantitative results

The means and standard deviations from each scale are presented in Table 2. The NHA[®] Questionnaire (NHA[®]Q) scores pre-training ranged from 29 to 42, with a mean of 34.39 ($sd = 2.7$), with higher scores suggesting greater alignment with NHA[®] principles. Post-training NHA[®]Q scores ranged from 28 to 48, with a mean of 36.49 ($sd = 4.45$). Pre-test Parenting Sense of Competence (PSOC) scores ranged from 51 to 99, with a mean of 77.47 ($sd = 9.98$), with higher scores representing a higher sense of parental competence. Post-test PSOC scores ranged from 52 to 102, with a mean of 79.41 ($sd = 10.64$). Lastly, Parental Stress Scale (PSS) scores for the pretest ranged from 13 to 42, with a mean of 24.34 ($sd = 7.10$), with lower scores indicating lower levels of stress.

Table 2. MANOVA testing the impact of Nurtured Heart Approach[®] training on perceived NHA alignment, parenting competence, and parental stress.

	Univariate Tests				
	Pre Mean (sd)	Post Mean (sd)	<i>F</i>	<i>p</i>	η^2
NHA [®] Questionnaire	34.39 (2.9)	36.49 (4.54)	32.14	<.001	.27
Stand 1	10.13 (1.23)	10.8 (1.61)	9.92	.002	.1
Stand 2	13.99 (1.60)	13.97 (1.97)	.02	.893	–
Stand 3	10.10 (1.19)	12.66 (1.72)	135.51	<.001	.61
Parenting Sense of Competence	77.47 (9.2)	79.41 (10.64)	7.12	.009	.08
Satisfaction	27.71 (4.73)	28.72 (4.81)	25.8	.029	.05
Efficacy	20.91 (4.70)	21.59 (4.55)	20.01	.062	–
Interest	16.09 (1.80)	16.01 (1.8)	.17	.678	–
Parental Stress Scale	24.34 (7.08)	23.21 (7.13)	4.69	.033	.05
Lack of Rewards	9.77 (3.09)	9.25 (3.05)	3.82	.054	–
Parental Stressors	14.57 (4.91)	13.95 (4.86)	2.95	.089	–

Note: $N = 87$; Significant univariate findings are shown with their respective effect size, eta squared (η^2).

Post-intervention PSS scores ranged from 13 to 40, with a mean of 23.51 ($sd = 7.13$).

A repeated measures multivariate analysis of variance (MANOVA) was conducted to assess the effects of time on the NHA®Q, PSOC, and PSS scales, as seen in [Table 1](#). The overall multivariate effect of time was statistically significant (Wilks' Lambda = .31, $F(1, 86) = 18.22$, $p < .001$). The MANOVA revealed a significant effect on the NHA® Questionnaire (NHA®Q) ($F(1, 86) = 32.14$, $p < .001$), indicating greater alignment toward NHA® principles from pretest to posttest with a strong effect size ($\eta^2 = .27$). Particularly, the NHA®Q subscale of Stand 1, "Absolutely No," ($F(1, 86) = 9.92$, $p < .01$) and the NHA®Q subscale of Stand 3 "Absolutely Clear," ($F(1, 86) = 135.51$, $p < .001$) saw significant improvement from pretest to posttest. Stand 3 had the strongest effect size ($\eta^2 = .61$) showing the greatest difference between pre- and posttest scores.

The overall PSOC scale scores had a statistically significant increase from pre- to posttest ($F(1,86) = 7.117$, $p < .05$), but only the parental satisfaction subscale had a significant increase after training ($F(1,86) = 4.912$, $p < .05$) with a moderate effect size ($\eta^2 = 0.08$). The PSS showed a significant decrease from pre- to posttest ($F(1,86) = 4.689$, $p < .05$) with caregivers reporting less stress after the training, though this relationship had a small effect size ($\eta^2 = .05$).

Discussion

This study investigated the feasibility and impact of implementing the Nurtured Heart Approach® (NHA®) among resource parents in one state's system of child welfare services. Findings suggest NHA® holds promise for improving relational outcomes between youth in foster care and resource parents, but further study is needed. Resource parents who participated in NHA® trainings saw an increase in their alignment with the NHA® conceptual stands, especially "Absolutely No" and "Absolutely Clear," had greater feelings of parenting competence, and less perceived parenting stress at the conclusion of the training. The findings on parental stress and competence are in line with other evaluations of NHA® (Brennan et al., 2016; Damle et al., 2017; Roth, 2018). Follow up interviews showed resource parents who used NHA® in their homes found it a promising approach to build parenting skills and reduce parenting-related stress. However, some resource parents questioned how to apply NHA® principles if children exhibit a higher level of need and wanted additional support connecting training content to their experience as resource parents, especially if children were exhibiting intense behavioral issues that required resource parent intervention. Additionally, it was noted that rapport building and the establishment of trust with children newly placed in resource homes are foundational to the successful application of NHA® and

considerations of how to implement NHA across the lifespan of an out of home placement would bolster its use in resource homes.

Resource parents emphasized the importance of emotional regulation, both in themselves and their youth, as crucial to effectively applying NHA®. The concept of resource parent mindfulness was identified as a key element of the successful application of the NHA® stands, especially in “Absolutely No” and “Absolutely Yes” stands. Parents who could describe the process of stepping outside of a challenging situation and responding in a way that didn’t energize negativity were able to connect that practice to positive changes in their parenting and in the behavior of children placed in their home. Training and support for resource parents aimed at strengthening emotional regulation may be especially conducive to the implementation of NHA® in their homes.

Taken together, the significant increases on the “Absolutely No” and “Absolutely Clear” subscales mirror interview findings related to resource parent descriptions of setting behavioral expectations in their home, using emotionally neutral resets, and reducing emotional reactivity when managing challenging behaviors. The overall increase in PSOC scale scores is aligned with interview findings related to resource parent descriptions of discrete changes in their skill set such as a heightened awareness of their relational approach with children and understanding how their own self-regulation drives parenting efficacy.

Results from this study provide key considerations for future resource parent training efforts. Most parents saw great value in NHA® and wanted opportunities for additional practice, support, and training to build confidence in applying NHA® in their homes. The findings underscore the need for adaptation of training content to ensure training materials and examples are reflective of the diverse set of youth living in out of home care, including considerations of age and level of need. Continued learning support for resource parents was also identified as a key area to enhance understanding and engagement with new parenting approaches as resource parents in this study largely wanted more practice and exposure to NHA® to feel more comfortable when using it in their home.

Limitations

This study offers important directions for future research on the use of NHA® by resource parents; however, certain limitations should be noted. Both the one group pre/post design and observed attrition from pre- to posttest surveys are potential sources of bias in the quantitative findings. The high rate of attrition may be associated with how posttest surveys were administered; participants received the survey link at completion of the training to complete on their own compared to the pretest which was administered at the beginning of the training session. Survey

participants were also responsible for creating a unique ID to match pre and posttest survey data which resulted in loss of usable data in repeated measures analyses. It should be noted that univariate tests with the larger, non-matched data produced results largely similar to multivariate tests presented here. Additionally, findings should be interpreted in light of possible self-selection bias as participation in the survey and interviews was voluntary and not connected to course completion. While the quantitative sample was representative of the diverse racial and ethnic composition of the state's resource parents, the qualitative sample saw a slight reduction in demographic representativeness through an overrepresentation of white participants in the interviews (New Jersey Department of Children and Families, 2023). The 3 month follow up period for interviews was relatively short, an examination of the long-term impact of NHA® on resource parenting practices is beyond the scope of this study. Because survey data and interview data were collected at different time points, the implications from each set of findings may represent different aspects of participant experience, where quantitative data represent the training experience and qualitative data represent experience applying NHA. Lastly, future research on NHA® in resource homes would be improved with the inclusion of children in research samples to track changes in behavioral outcomes and self-perception.

Conclusions

This mixed methods exploratory investigation of resource parents' response to NHA® training offers promising preliminary results for the application of the approach within an out of home care population. Findings suggest NHA® is useful for resource parents, although supportive training, coaching, and content adaptations for use with youth living in foster care would strengthen parents' confidence when applying NHA® in their homes. Results from this study offer several directions for future inquiry. Most importantly, future research is needed to understand the impact on youth behavior, out-of-home placement stability, and family permanency associated with the use of NHA®. Additionally, evaluating caregiver self-awareness and emotional regulation capabilities may be important measures of effectiveness on NHA® implementation in a resource home. In our study, parents who espoused mindful parenting practices reported the greatest success using NHA®. Future research could also explore which NHA® skills are most challenging for resource parents to apply and what additional resources they need to better implement NHA®.

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