

CONNECT PARENT GROUP



FALL 2006

Program Evaluation and Participant Satisfaction Report

Program Evaluation Office
Maples Adolescent Treatment Centre
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The Connect Program is a Community-University Partnership between researchers at Simon Fraser University, the Maples Adolescent Treatment Centre, and the BC Ministry of Children and Family Development.

Table of Contents

Introduction.....	2
Method.....	3
Program Evolution	3
Procedure	3
Participants	3
Measures	4
Results	6
Parenting Competence	6
Behavioural Problems and Youth Functioning	7
Emotional Regulation	8
Relationship Quality	8
Caregiver Strain.....	9
Parenting Tactics and Discipline	9
Conflict Tactics	10
Satisfaction and Feedback.....	11
Feedback Form Item Frequencies.....	12
Feedback Form Item Means.....	14
Attendance	19
Conclusions	20
References	22

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Introduction¹

The Connect Parent Group was developed drawing from research on attachment, child and adolescent development, and parenting effectiveness, in combination with clinical expertise derived from two decades of clinical work with clinically troubled children, adolescent, and parents. Unlike other parent group programs that adopt a behavioural management approach, Connect focuses on helping parents acquire knowledge and develop skills to enhance sensitivity, reflection, and effective emotional regulation in parenting. These components of parenting are the 'building blocks' of secure attachment and have been demonstrated to exert sizeable influence on children's social, emotional, and behavioural adjustment. In particular, Connect works to increase parenting competence by teaching skills that help parents 'reframe' their child's behaviour from an attachment or relational perspective; modulate their own emotional response to problem behaviour; practice and communicate empathy for their child's experience; and mindfully utilize parenting strategies that support their relationship with their child while clearly communicating expectations and setting limits.

Connect has been shaped through ongoing evaluation and parent feedback. The effectiveness of this program has been evaluated in three community-based trials (Moretti, Holland, Moore, & McKay, 2004;

Moretti, Obsuth, Holland, Braber, & Cross, 2006; Moretti & Peled, 2004; Obsuth, Moretti, Holland, Braber, & Cross, 2006). Briefly, two uncontrolled trials showed significant pre- to post-treatment reductions in parent reports of externalizing and internalizing problems in pre-adolescent and adolescent youth. A waitlist control study revealed no significant changes over the waitlist period, followed by significant pre- to post-treatment reductions in parent reports of youths' internalizing and externalizing problems. Parents also reported significant improvements in their perceived parenting efficacy and parenting satisfaction. All improvements were maintained at 6-12 months post-treatment and further significant changes were observed, including significant reductions in youth reports of their internalizing and externalizing problems.

Connect places a strong emphasis on continuing evaluation of client satisfaction and treatment effectiveness. Parents are invited to participate as partners in program development by completing baseline and end-of-treatment measures assessing parent and child functioning; they also participate in the Connect feedback and debriefing session which closes the program. Standardized baseline and end-of-treatment measures have been made available to leaders of established Connect groups. A standardized client satisfaction questionnaire (*Connect Feedback Form*) and outline of a semi-structured interview (*Connect Feedback and Debriefing Interview*) have also been provided.

¹ Introduction taken from Moretti, Holland, Braber, Cross, & Obsuth (2006). *Connect: Working with Parents from an Attachment Perspective. A Principle-Based Manual: Consultation Edition*.

Method

Program Evolution

During 2006 the Maples Adolescent Treatment Centre in Burnaby partnered with the five Child and Youth Mental Health regions in order to add the Connect Parent Group to their respective regional CYMH services. Six new Connect Parent Groups began operations in October 2006 following leader training at MATC in September, in addition to one previously established Group in Vancouver (Vancouver Coastal Health-Vancouver School Board partnership). These community-based groups include Parksville, Kitimat, Abbotsford, Surrey, Terrace, and Kelowna.

Support for community-based Connect Parent Groups is provided by a Provincial CPG Working Group led by Karla Braber from MATC. Ongoing clinical supervision of community-based CPG leaders is provided by experienced group leaders from MATC (Karla Braber, Ross Robinson, and Lesley Nicholas-Beck) as well as Drs. Susan Cross and Roy Holland (MATC) and Dr. Marlene Moretti (Simon Fraser University).

Procedure

Caregivers of youth recognized as having behavioural and social problems were invited to participate in the projects, typically through contact with school and district staff, and/or Child and Youth Mental Health. The target group was caregivers of youth (aged 10-18 years) displaying symptoms of functional impairments such as conduct disorder, oppositional defiant disorder, and attention deficit hyperactivity disorder. In some cases, youth were attending (or anticipated to attend) an Alternate Program school.

Caregivers were provided with a brief overview of the program, and invited to attend an orientation session, usually 1-2 weeks before the first group session. At the orientation sessions, 63 caregivers provided informed consent and completed questionnaire packages in order to obtain baseline data prior to the first weekly group session. A subset of those caregivers subsequently completed a similar package of measures ($n = 44$) and provided written and verbal feedback upon completion of the program at Session 10.

Participants

During the Fall and early Winter of 2006, 73 caregivers between the ages of 30 and 70 years of age ($M = 44.2$, $SD = 9.4$) participated in seven community-based Connect Parent Groups (10 caregivers ultimately dropped out early in their respective group cycles). The 73 caregivers represented 53 target youth: 31 male and 22 female, with a mean age of 13.8 years ($SD = 2.0$). (In addition to target youth, at least 47 siblings were expected to benefit from caregivers' experiences in these Connect Groups as well.) Caregivers spanned a wide range of family positions, although the majority ($n = 34 + 1$) were biological and adoptive mothers; the remaining caregivers were biological and adoptive fathers ($n = 12 + 2$), step-parents ($n = 8$), relatives ($n = 3$), and foster parents ($n = 11$). With respect to family structure, 48% of families comprised two-parent households, while the remaining families were primarily one-parent (44%) with some blended family (i.e., including relatives) households (8%). Approximately 60% of the caregivers had lived with the targeted child since birth; the 29 who had not done so had spent an average of 3.7 years together (ranging from 2 months to 17 years).

Most caregivers provided information regarding their educational background and current employment: 33% had completed high school only, and 53% had completed at least some post-secondary education. Based on current employment status and description, caregivers came from a predominantly lower-middle class socio-economic environment (26% upper-middle, 59% lower-middle, 15% lower).

Measures

Measures were selected based on their applicability to Connect program goals, review of their psychometric properties, and use of scales in other major research studies on child behaviour problems (Ontario Child Health Study, 1986; Conduct Problems Prevention Research Group, 2004). Selected measures used for the program tapped key symptom clusters relevant to socio-behavioural problems, emotional regulation, parenting practices and behaviour, and relationship quality (attachment).

PSOC: The Parental Sense of Competence scale (Johnston & Mash, 1989) contains 16 items using a 6-point scale ranging from "1 (Strongly Disagree) to "6 (Strongly Agree)". The scale yields two subscales based on the dimensions of Satisfaction (reflecting frustration, anxiety, and motivation) and Efficacy (reflecting competence and capability in the parenting role).

BCFPI: The Brief Child and Family Phone Interview is a mental health intake measure used in numerous jurisdictions across Canada to measure mental health, client and family functioning, and other risk factors and concerns (www.bcfpi.com). Some components of the BCFPI questionnaires, based in large part on measures developed as part of the Ontario Child

Health Study, were used for Connect program evaluation to measure youth functioning and mental health symptoms, including those related to attention-deficit hyperactivity disorder, conduct disorder, and oppositional defiant disorder (externalizing disorders), as well as separation anxiety disorder, generalized anxiety, and depression (internalizing disorders). The measure also assesses the quality of youth relationships as well as youth functioning in the social and educational domains. The resulting 44-item measure uses a 5-point scale ranging from "1 (Not True)" to "5 (Very True)".

ARC: Caregivers were asked to rate their child's emotional regulation using the Affect Regulation Checklist, a 13-item measure that yields 3 subscales representing Dysregulation (difficulty in controlling emotions), Reflection (thinking about feelings and experiences), and Suppression (actively avoiding emotional reactions). The ARC is measured using a 5-point scale ranging from "1 (Not like my youth)" to "5 (A lot like my youth)".

CAPAI: Relationship quality was measured using the Comprehensive Adolescent and Parent Attachment Inventory. The CAPAI is a measure of attachment which yields parent ratings of child attachment-related Avoidance and Anxiety. The measure is based on a revision of Brennan, Clark, and Shaver's (1998) Experiences in Close Relationships (ECR) scale (McKay & Moretti, 2001). Selected adult-targeted items from the ECR were modified to target youth-parent relationships. The 7-point scale ranges from "1 (Disagree Strongly)" to "7 (Agree Strongly)". Using this 36-item scale, caregivers rate their perception of their child's attachment to themselves.

CGSQ: Caregivers completed a 21-item measure to assess the impact of caring for a child with emotional and behavioural problems. The Caregiver Strain Questionnaire (Brannan, Heflinger, & Bickman, 1997) measures burden of care using a 5-point scale ranging from "1 (Not at all)" to "5 (Very much)". The measure yields 3 sub-scales for the dimensions of Objective Strain (negative occurrences resulting from intensive child care, such as financial strain or missing work), Internal Subjective Strain (feelings associated with child care such as anxiety, worry, and guilt), and External Subjective Strain (negative feelings such as resentment and anger directed at the child).

APQ: An assessment of parenting practices was conducted using the Alabama Parenting Questionnaire (Shelton, Frick, & Wootton, 1996). The APQ is a 42-item measure of the five parenting constructs which the developers report have been consistently associated with conduct problems and delinquency in youth: Parental Involvement, Positive Parenting, Poor Monitoring/Supervision, Inconsistent Discipline, and Corporal Punishment. The measure assesses the frequency of various parental behaviours using a 5-point scale ranging from "1 (Never)" to "5 (Always)".

CTS: Parent-child conflict was measured using a modified and significantly shortened version of the Conflict Tactics Scales (Strauss, 1979). The CTS measures aggression directed at caregivers by youth, and at youth by caregivers. The measure assesses the frequency of five types of verbal and physical conflict using a 4-point scale ranging from "1 (Never)" to "4 (Always)". Caregivers rate conflict frequency initiated by both themselves (directed at youth) and by youth (directed at themselves).

Summary of Domains and Measures

Parenting Competence	PSOC	16 items
		2 sub-scales
Behavioural Problems	BCFPI	36/44 items
		6 sub-scales
Youth Functioning	BCFPI	8/44 items
		3 sub-scales
Emotional Regulation	ARC	13 items
		3 sub-scales
Relationship Quality	CAPAI	36 items
		2 sub-scales
Caregiver Strain	CGSQ	21 items
		3 sub-scales
Parenting Tactics	APQ	42 items
		5 sub-scales
Conflict Tactics	CTS	10 items
		2 sub-scales

Results

Among the 73 parents participating in the Connect program, 44 provided sufficient data at both the beginning and end of the program to enable analysis of their response patterns over time. Those 44 caregivers represented 38 target youth, resulting in the intentional exclusion of 6 caregivers to avoid data overlap – exclusion was based on caregiver relationship and time spent together to ensure that the most significant caregivers were retained; final $N = 38$.

Participants Included in Data Analysis

Caregiver Relationship	Mother (28) Father (4) Foster Parent (4) Relative (2)
Mean Age	41.5 years
Household Type	Two-parent (17) One-parent (17) Blended (4)
Target Youth	Male (25) Female (13) Mean age = 13.9 years
Mean Time Together	11.5 years ("Life" $n = 26$)

Caregivers' ratings on the scales were compared across Time 1 (Baseline) and Time 2 (Completion) using paired t -tests: a hypothesis test used for comparing means. The t -score that is output by a t -test can be compared to an established probability distribution (Student's t -distribution) in order to determine the likelihood that the difference over time came about through random chance, or because of a controlled variable (e.g., participating in Connect).

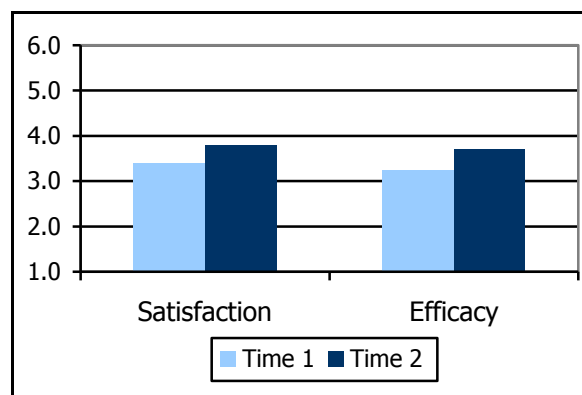
It is generally accepted that a t -score that yields a probability value (p -value) of less than .05 is

to be considered statistically significant – there is a less than 5% chance that the apparent difference is the result of random chance.

Significant effects and some trends are reported below in each domain of functioning. Ongoing evaluation will help to increase the sample size and provide the basis for even stronger conclusions over time (e.g., Time 3 follow-up).

Parenting Competence

Caregivers' self-ratings of competence, as measured by the Parental Sense of Competence (PSOC) scale, significantly increased over the course of the Connect program.

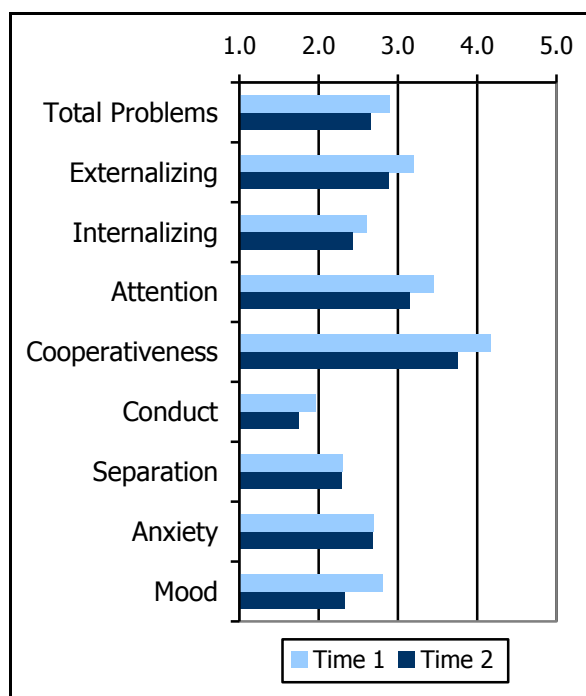


Caregivers' mean Satisfaction scores on the PSOC significantly increased from Time 1 to Time 2, indicating reduced frustration in the caregiver role, and greater motivation to parent. Mean Efficacy scores also increased significantly from Time 1 to Time 2, suggesting that participants felt more capable and competent as caregivers by the end of the Connect program.

PSOC	Mean Change	Sig. Level
Satisfaction	0.41	.010
Efficacy	0.44	.001

Behavioural Problems and Youth Functioning

Caregivers' ratings of their youth's behavioural problems were measured by mean scores on BCFPI sub-scales. Overall, caregivers' reports of youth problem behaviour consistently decreased from Time 1 to Time 2, especially among symptoms of Externalizing disorders (Attention-Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Conduct Disorder), and less so among Internalizing disorders (Separation Anxiety Disorder, Generalized Anxiety Disorder, and Depression).

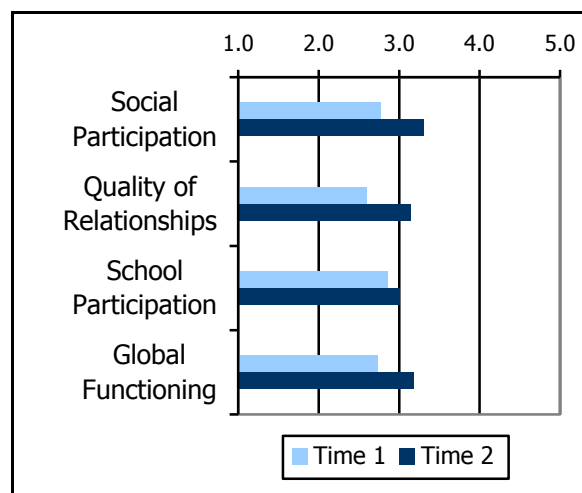


The measure of Total Problems, the mean score of all six domains of behaviour being measured, displayed a significant decrease from Time 1 to Time 2, indicating a global decrease in youth problem behaviour. The change was driven primarily by a significant decrease in externalizing problem behaviour – symptoms of ADHD, ODD, and CD – although internalizing problems showed a promising negative trend.

While symptoms of Separation Anxiety and general anxiety did not decrease, a highly significant decrease in symptoms of Depressive Disorder was present at Time 2.

BCFPI Behaviour	Mean Change	Sig. Level
Total Problems	-0.24	.007
Externalizing Disorders	-0.31	.001
Internalizing Disorders	-0.17	.092
Attention Regulation (ADHD)	-0.31	.013
Cooperativeness (ODD)	-0.42	.004
Conduct (CD)	-0.21	.038
Separation Anxiety (SAD)	-0.02	.876
Managing Anxiety (GAD)	-0.01	.932
Managing Mood (DD)	-0.48	.002

Caregivers' reports of youth functioning showed significant increases in most areas at Time 2. The mean Global Functioning score significantly increased from Time 1 to Time 2.

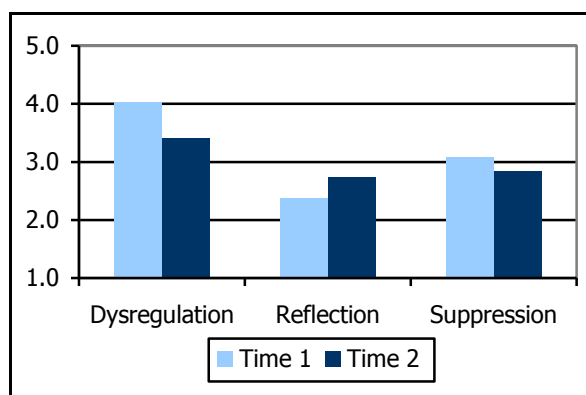


Mean scores on the Social Participation and Quality of Relationships sub-scales had increased significantly by the end of the Connect program. Results indicate that caregivers observed youth becoming less socially isolated and interacting more positively with peers, teachers, and caregivers.

BCFPI Functioning	Mean Change	Sig. Level
Social Participation	0.54	.024
Quality of Relationships	0.54	.010
School Participation and Achievement	0.14	.590
Global Functioning	0.45	.027

Emotional Regulation

Caregivers' ARC assessments of youth emotional regulation displayed trends in the expected directions for both Reflection and Suppression, as well as a substantial and significant decrease in emotional Dysregulation over the course of the Connect program.



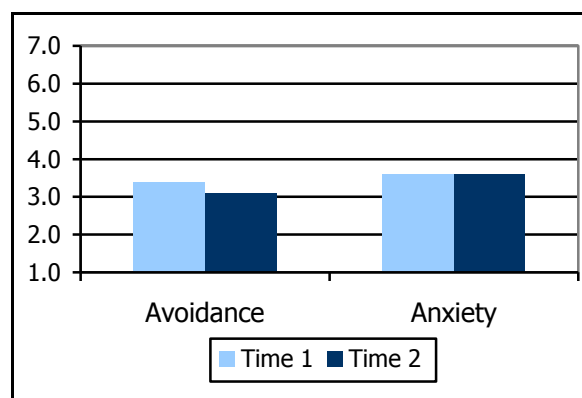
Mean scores on the Dysregulation sub-scale indicate that caregivers observed improvements in their youth's emotional control by the conclusion of the Connect program. A further marginally significant increase in youth

emotional Reflection is an additional positive finding, suggesting that youth may be spending more time thinking about their emotions and experiences in a constructive fashion.

ARC	Mean Change	Sig. Level
Dysregulation	-0.63	.001
Reflection	0.37	.061
Suppression	0.24	.209

Relationship Quality

Caregivers' ratings of youth attachment showed some improvement over the course of the Connect program, although almost exclusively in the domain of Avoidance behaviour.

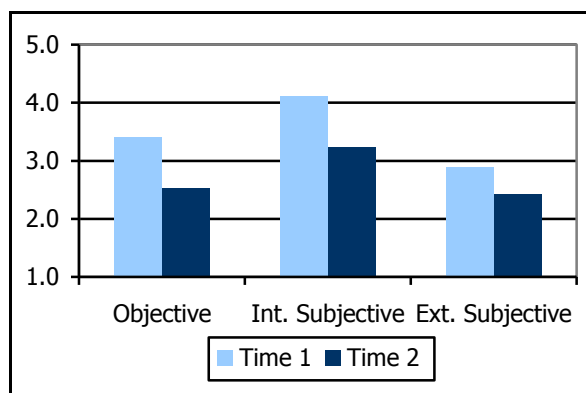


Mean scores on the CAPAI dimension of Avoidance displayed a significant decrease from Time 1 to Time 2. Results indicate that caregivers felt their youth were more comfortable depending on them and being emotionally close and open with them by the end of the Connect program.

CAPAI	Mean Change	Sig. Level
Youth Avoidance	-0.30	0.050
Youth Anxiety	-0.01	0.949

Caregiver Strain

Caregivers' reported strain at the conclusion of the Connect program was substantially reduced from initial reports at Time 1. Mean scores on all three CGSQ sub-scales (Objective, Internal Subjective, and External Subjective) had decreased significantly by Time 2.



Caregivers reported having experienced significantly fewer negative experiences (Objective Strain) due to intensive child care by the conclusion of the Connect program: experiences such as interruption of personal time, missing work, financial strain, or involvement of law enforcement.

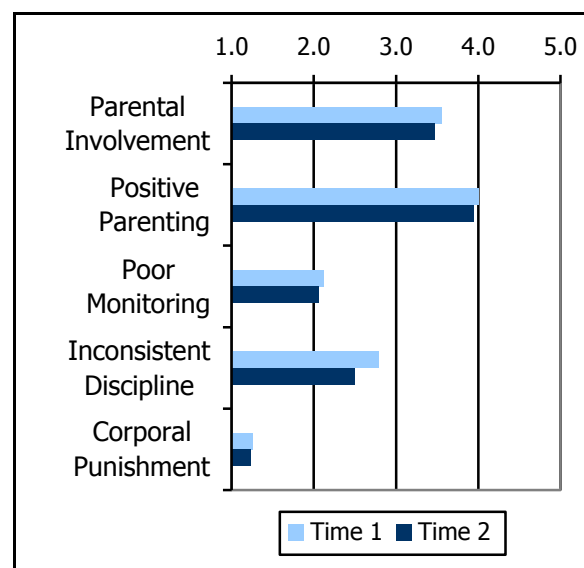
CGSQ	Mean Change	Sig. Level
Objective Strain	-0.87	.001
Internalized Subjective Strain	-0.87	.001
Externalized Subjective Strain	-0.47	.011

Caregivers reported subjective strain also decreased, indicating that caregivers were feeling fewer negative emotions regarding and directed towards their youth. Internalized strain such as social isolation, embarrassment, and worry significantly decreased, as did caregivers'

reported externalized strain such as anger and resentment towards their youth.

Parenting Tactics and Discipline

Caregivers' self-reports of parenting behaviour and disciplinary practices using the APQ exhibited few changes from Time 1 to Time 2.

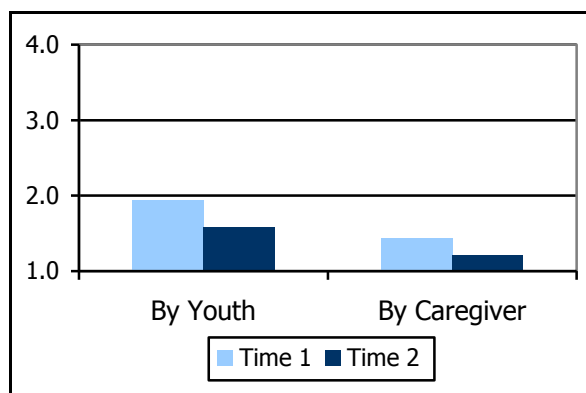


Caregivers did not report significant changes on the APQ in their involvement, positive parenting, monitoring, or corporal punishment. However, results did indicate a significant reduction in inconsistent discipline from Time 1 to Time 2, suggesting that caregivers became more thoughtful in their disciplinary practices.

APQ	Mean Change	Sig. Level
Parental Involvement	-0.09	.186
Positive Parenting	-0.06	.382
Poor Monitoring	-0.06	.411
Inconsistent Discipline	-0.29	.011
Corporal Punishment	-0.03	.740

Conflict Tactics

Reports of verbal and physical conflict significantly decreased by the end of the Connect program. Mean CTS scores of caregivers' reported conflict initiated by youth, and conflict initiated by caregivers both decreased at Time 2 compared to Time 1.



CTS	Mean Change	Sig. Level
Conflict by Youth	-0.34	.001
Conflict by Caregiver	-0.23	.001

Satisfaction and Feedback

The tenth session of the Connect Parenting Group (CPG) is devoted to soliciting feedback from participants regarding the Connect Group, its components and format, as well as providing further information about the rationale behind Connect. This feedback session includes guided feedback (group interview) led by an external facilitator, as well as the opportunity for participants to complete a short satisfaction survey.

The *Connect Feedback Form* includes 15 items for participants to complete in order to provide quantitative feedback about their experience in the group. Initial items (1A to 1I) inquire about the extent that particular components of CPG (e.g., Learning about attachment, Role-plays) were helpful, using a 4-point scale ranging from *Unhelpful* (0), to *Not that Helpful* (1), *Helpful* (2), and *Very Helpful* (3). Further questions (Items 2-11) use similar 4-point rating scales and ask participants to rate the ways in which participating in CPG changed their

understanding of relationships, how welcome and respected they felt in the group, and their satisfaction with the CPG compared to other groups, among other things. Last, the Feedback Form asks caregivers if they would be interested in any follow-up sessions, and provides room for comments regarding difficulties in attendance and suggested changes to the CPG, as well as the number of sessions missed.

Responses to the *Connect Feedback Form* are illustrated graphically by examining the mean score per item across the 7 community-based Connect Groups. Mean satisfaction scores of the 3 annual Connect Parent Groups held at the Maples Adolescent Centre (as part of the Bifrost program) during 2006 ($N = 33$) as well as a 2005 ($N = 33$) are included for comparison purposes. Bolded data labels indicate that caregivers in Community-based Connect Groups reported significantly higher responses on that particular item than have caregivers in Bifrost Connect groups over the past two years (mean responses of six groups).

Feedback Form Item Frequencies

Based on 52 Respondents

To what extent were each of the following helpful to you?	Unhelpful	Not that Helpful	Helpful	Very Helpful
Opportunity to talk about my child's behaviour and issues.	0%	4%	58%	38%
Hearing other parents discuss their child's behaviour and issues.	0%	8%	37%	56%
Opportunity to get support from other parents.	0%	17%	46%	37%
Learning about attachment.	0%	0%	29%	71%
Discussing how attachment might be related to my child's behaviour.	0%	4%	37%	60%
Discussing how attachment might be related to my behaviour.	0%	0%	44%	56%
Role plays to illustrate points.	0%	6%	31%	63%
Other group exercises that illustrated points.	0%	6%	53%	41%
Handouts, suggestions of things to think about or try at home.	0%	4%	47%	49%

	Not at All	Not Really	Somewhat	A Great Deal
To what extent do you feel the Parenting Group helped you to understand your child better?	0%	2%	38%	60%
To what extent do you feel the Parenting Group helped you to understand yourself better?	0%	2%	56%	42%
To what extent do you feel the Parenting Group helped you to understand your family better?	0%	0%	55%	45%

	Never	Rarely	Sometimes	Frequently
Did you apply the ideas and/or exercises discussed during the Group when parenting your child?	0%	4%	38%	58%

	Not at All	Not Really	Somewhat	A Great Deal
Was there a change in the relationship between you and your child as a result of you applying what you learned in Connect?	2%	12%	65%	22%
Did you feel safe and welcomed in the Group to discuss your experiences and concerns as a parent?	0%	0%	23%	77%
Were your experiences as a parent/foster parent respected in the Group?	0%	0%	12%	88%
Do you feel more confident in your ability to parent your child as a result of attending the Group?	0%	6%	48%	46%
Did the Parenting Group meet your expectations?	0%	2%	31%	67%

	Worse	About the Same	Better	Much Better
How does this Parent Group compare to other parent groups you have attended in terms of what you got out of it ($n = 41$)?	0%	22%	41%	37%

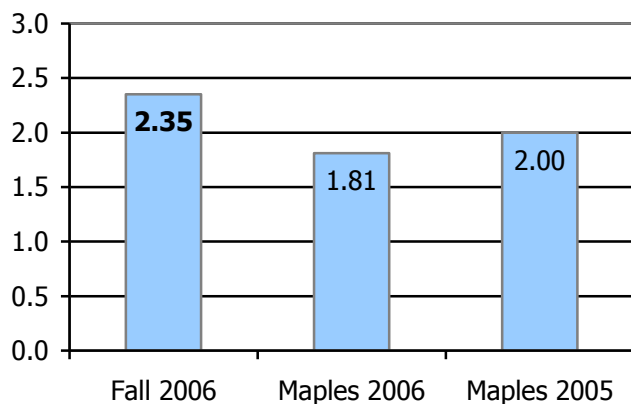
	No	Yes
Would you be interested in attending any follow-up sessions?	10%	90%

	More than Five	Five	Four	Three	Two	One	None
How many sessions did you miss?	0%	0%	0%	6%	25%	40%	29%

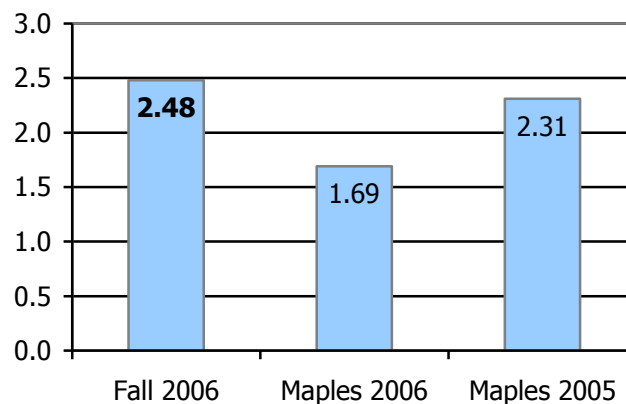
Feedback Form Item Means

To what extent were each of the following helpful to you?

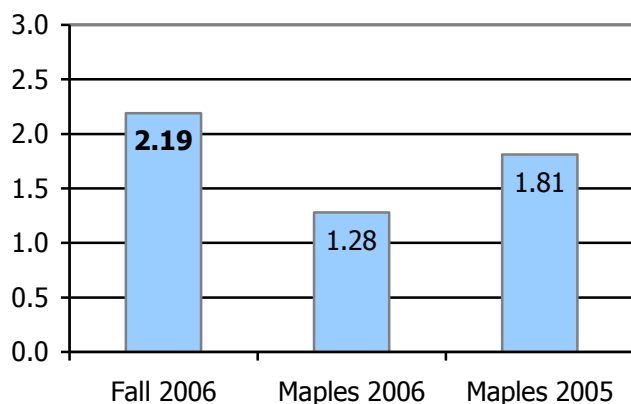
Opportunity to talk about my child's behaviour and issues.



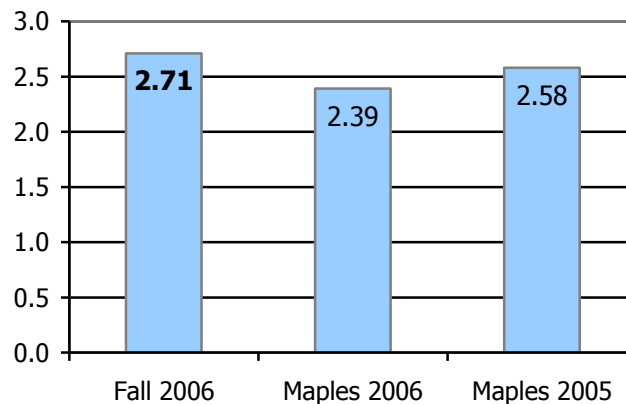
Hearing other parents discuss their child's behaviour and issues.



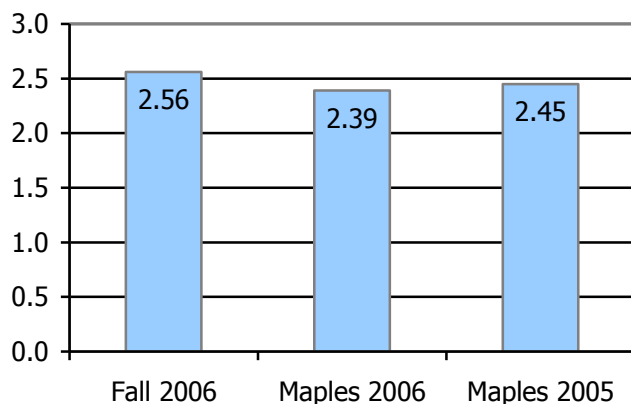
Opportunity to get support from other parents.



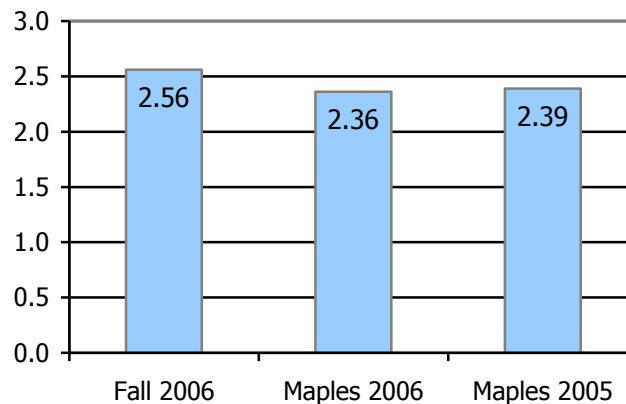
Learning about attachment.



Discussing how attachment might be related to my child's behaviour.

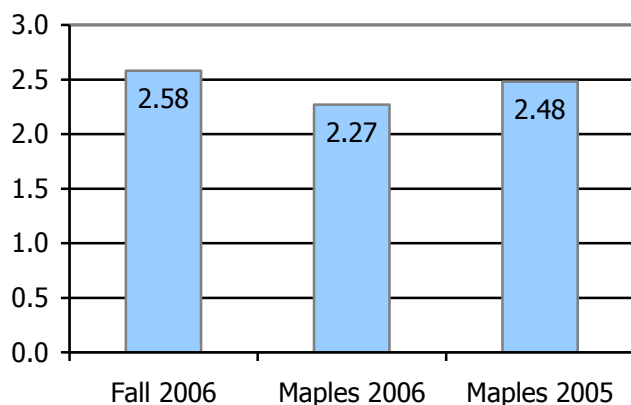


Discussing how attachment might be related to my behaviour.

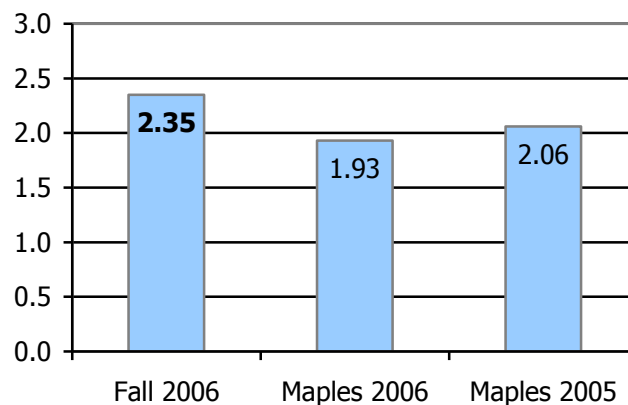


To what extent were each of the following helpful to you?

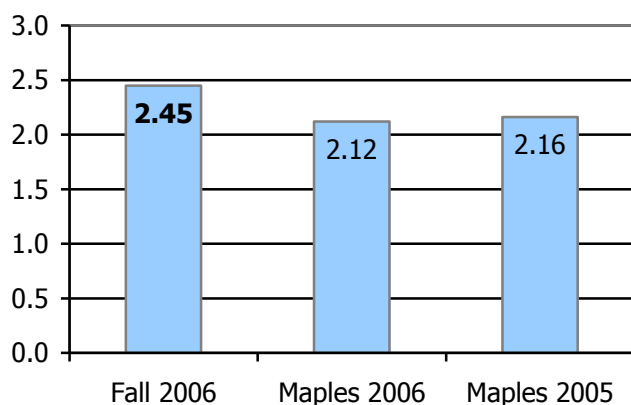
Role-plays to illustrate points.



Other group exercises that illustrated points.



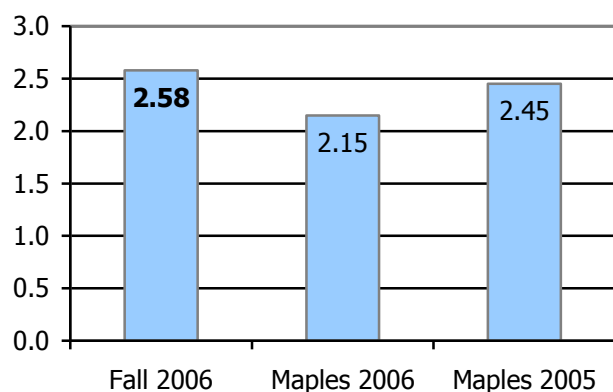
Handouts, suggestions of things to think about or try at home.



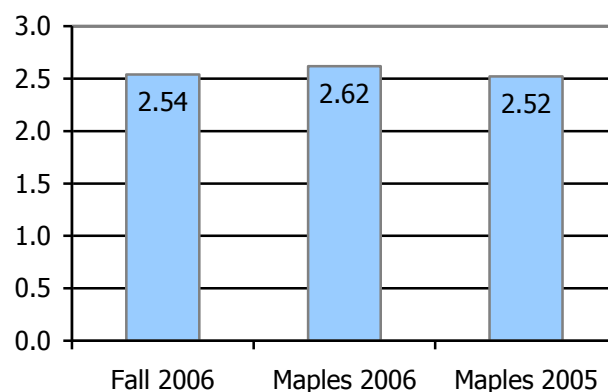
Particular group exercises mentioned:

- Answering questions as a group and identifying problems.
- Attachment "glasses".
 - Balls of wool.
- Brainstorming, feedback from role-playing.
- Comparison analogies (e.g., rowing a boat, see-saw balance).
- I love the baking a cake handout at the end.
- Open forum of sharing viewpoints and solutions.
- Other people's comments and experiences.
- Seeing it in action so to speak.
 - The list we made.
 - Wool: pulling, tugging.

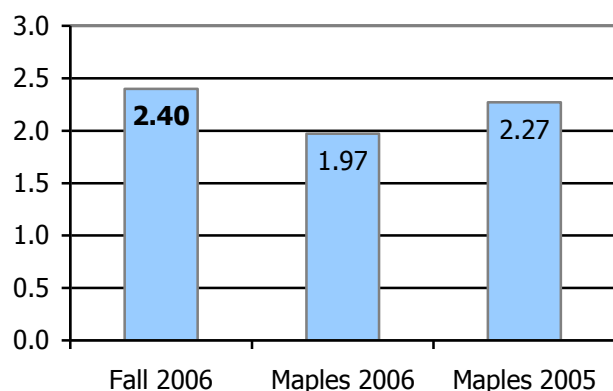
To what extent do you feel the Parenting Group helped you to understand your child better?



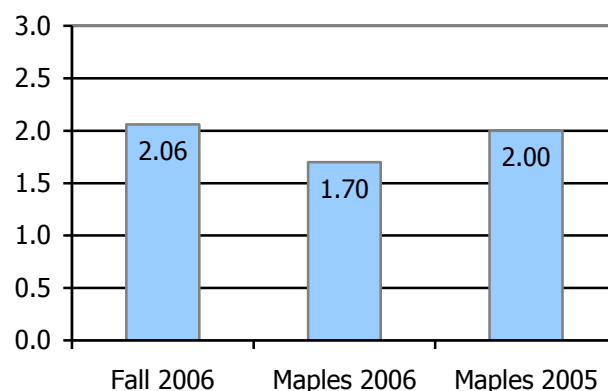
Did you apply the ideas and/or exercises discussed in the Group when parenting your child?



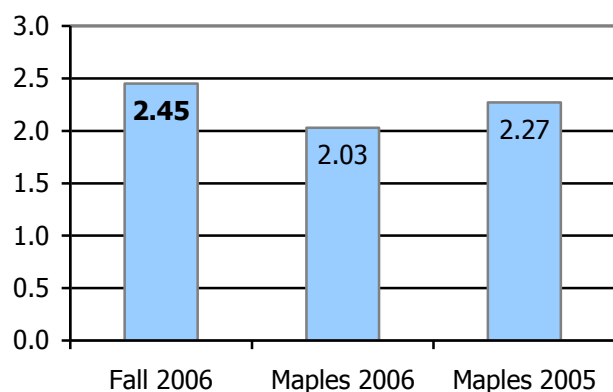
To what extent do you feel the Parenting Group helped you to understand yourself better?



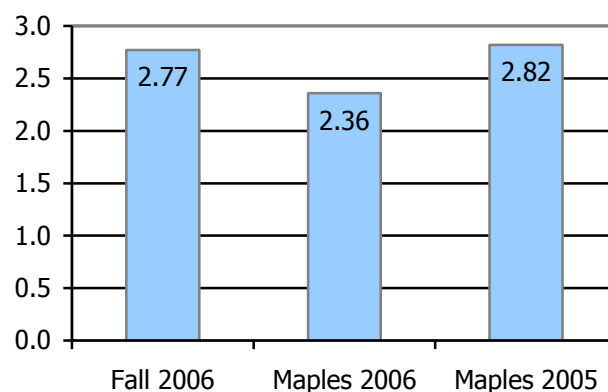
Was there a change in the relationship between you and your child as a result of you applying what you learned?



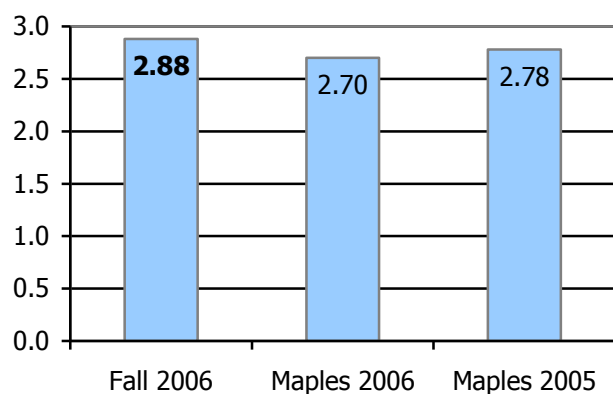
To what extent do you feel the Parenting Group helped you to understand your family better?



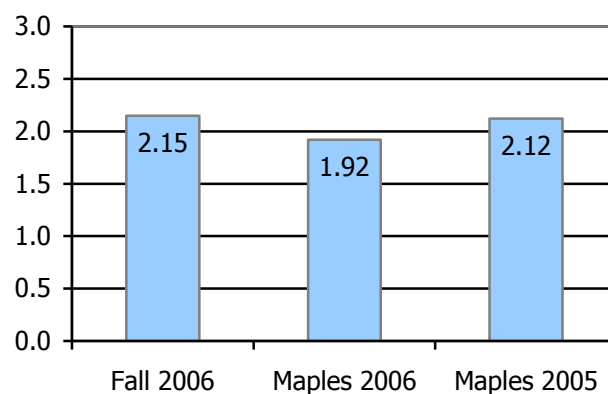
Did you feel safe and welcomed in the Group to discuss your experiences and concerns as a parent?



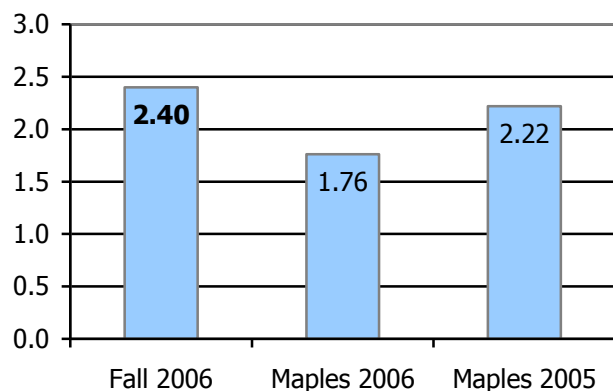
Were your experiences as a parent/foster parent respected in the Group?



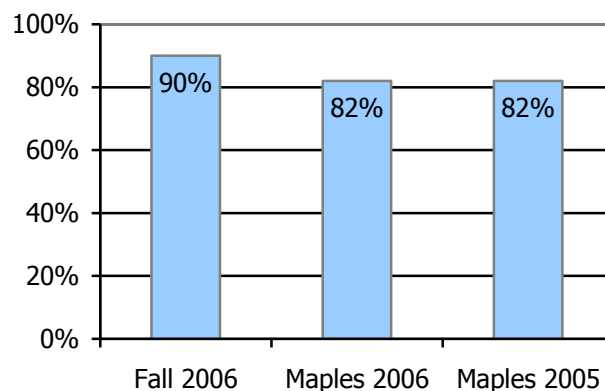
How does this Parent Group compare with other Parent Groups you have attended in terms of what you got out of it?



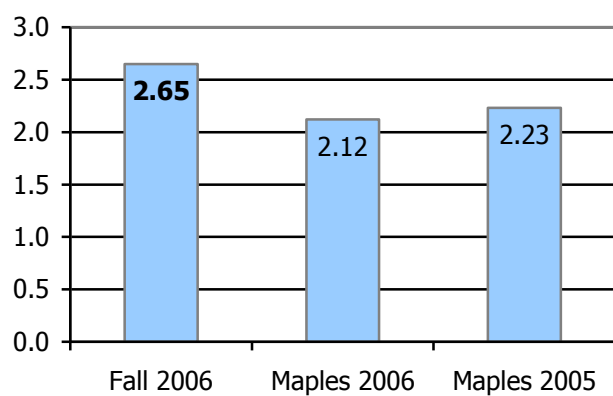
Do you feel more confident in your ability to parent your child as a result of attending the Group?



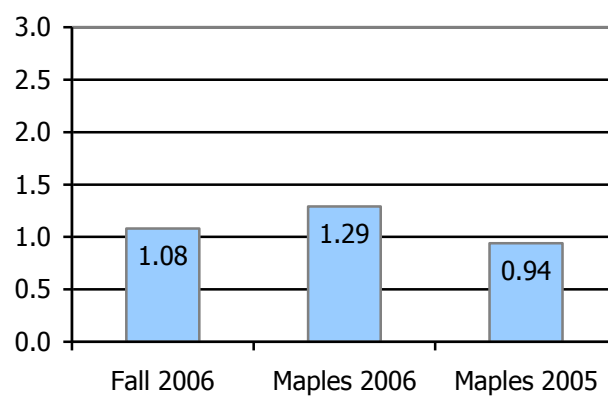
Interest in attending follow-up sessions:



Did the Parenting Group meet your expectations?



How many sessions did you miss?



Was there anything that made it difficult for you to attend the Group?

- Attending to children.
- Because we have a four day school week, Thursday night is like a weekend. There were two school dances during this class. I found it difficult to arrange parenting on those times.
- Being away for work.
- Busy schedule.
- Getting here for 5:30.
- Just work.
- I missed one class because of the flu. There was no reason to miss - the time was great, food provided, plus \$10 gift card. No reason to miss!
- Not trusting kids home alone together - they physically fight. Providing sandwiches and coffee made it easier to be here.
- Other than prior commitments, no.
- Scheduling my children so we could be away every Thursday for 10 weeks.
- Sickness.
- Snow!
- Sometimes just the weather and time.
- To get a responsible person to watch my child weekly for 11 weeks was my biggest challenge. He can't be left alone.
- Weather, child's behaviour.
- Weather.
- Work-related issues.

What changes would you like to see in the Group?

- 15 minutes longer each session.
- A part 2 is needed with different scenarios with parents and children in real conflicts that can be role-played and discussed. The principles can be applied to real life problems.
- Addressing children who have experienced abuse from other homes.

- After each session, have the opportunity for the group to provide scenarios in their own lives and get feedback from the instructors or the group as to how to resolve the issue using what's been learned.
- Focus on adoptive parents, as attachment issues are much different.
- It would be great if it went on for a few more weeks to support and interact. Expand on what we have been taught.
- Less open discussion, more focused discussion. Less role-plays, more interactive hands-on. Should involve kids and their views as well.
- Longer sessions so we all get a chance for expression and questions.
- Maybe 1.5 hours.
- Maybe add an extra 30-60 minutes.
- More parents' input/discussion on the topics and home situations.
- More parents, and 1.5 hour sessions.
- More repair role-plays.
- More role-plays, perhaps in small teams. Acting out and responding properly would be good exercises, ideally we'd all experience this. I think empathy could use some good role-play exercises; it is a real skill that is very powerful.
- More time could be used for open discussion but the hour would have to be extended to fit in all the info.
- More time for parents to discuss their issues and how they deal with them.
- Possibly a follow-up in 3 months to go over the principles again.
- Perhaps a chance to meet others with their children.
- Sometimes 1 hour did not seem long enough.
- The ability to have someone share a real life challenge and have the group's input and advice.

Attendance

The Connect Information Nights were attended by 73 caregivers. At program conclusion 63 caregivers were still attending group sessions on a regular basis. Any caregiver who ceased attending after Session 5 (thus missing Sessions 6-10 – comprising more than one third of the teaching sessions) was considered a dropout. The Community groups witnessed a total of 10 dropouts across the 7 groups (dropouts are not included in attendance statistics).

The overall attendance rate for Sessions 1-10 was 86%. The attendance rate for the teaching sessions (1-9) was 85%. The most attended teaching session was Session 3 (94% present), and the least attended was Session 7 (73%).

During the Feedback and Debriefing Session, caregivers self-reported missing an average of 1.08 sessions, while official records suggest an average of 1.33 sessions. There is a significant Pearson correlation of $r = .74$ between self-reported and actual attendance data; meaning that caregivers' own recall and reports of their attendance were 54% (r^2) in agreement with the group leaders' records.

Community Connect Groups

Overall Attendance: 86%

Dropout Rate: 14%

Group Attendance	Info Night	1	2	3	4	5	6	7	8	9	Feed-back
Vancouver ($n = 9$)	100%	89%	89%	100%	89%	100%	89%	89%	89%	89%	78%
Parksville ($n = 10$)	100%	90%	90%	100%	90%	100%	80%	70%	80%	80%	100%
Kitimat ($n = 7$)	71%	71%	100%	86%	100%	71%	86%	71%	86%	100%	100%
Abbotsford ($n = 13$)	92%	85%	100%	85%	77%	85%	69%	77%	69%	54%	69%
Surrey ($n = 10$)	100%	90%	90%	100%	80%	60%	100%	80%	100%	100%	100%
Terrace ($n = 7$)	100%	100%	100%	86%	71%	71%	86%	57%	100%	100%	100%
Kelowna ($n = 7$)	86%	100%	57%	100%	100%	86%	71%	57%	86%	86%	86%
TOTAL ($N = 63$)	96%	89%	90%	94%	86%	83%	83%	73%	86%	84%	89%

Conclusions

The first cycle of the expanded Connect Parent Group produced numerous encouraging findings in program evaluation and satisfaction feedback. Seven CPGs encompassing 63 caregivers across all five mental health regions were conducted between October 2006 and January 2007, benefitting 53 youth with behavioural and social problems, as well as their many siblings – at least 100 youth in total. A low dropout rate of only 14% and an overall attendance rate of 86% ensured that caregivers were able to fully benefit from the educational and skill development focus of Connect. As a result, caregivers reported very high rates of participant satisfaction in addition to many significant improvements in the particular domains of parenting strategy targeted by Connect – sensitivity, reflection, and effective emotional regulation.

Caregivers who participated in Connect reported several key improvements in not only their own parenting skills and strategies but also in their youth's mental health, functioning, and attachment – based on a comprehensive package of measures provided both before and after the ten-session Connect Group. One of the Connect Program's primary goals to increase parenting competence was clearly met, as seen by significant increases in caregivers' reported Satisfaction and Efficacy – upon reflection, caregivers felt more comfort and motivation in the parenting role, as well as a greater sense of expertise in the skills required of a caregiver.

Caregivers' improved sense of competence was reflected in both their objective parenting strategies and in their subjective emotional response to parenting. The Connect Program's goal to encourage more mindful utilization of parenting strategies was observed to have been

met in part when caregivers reported a significant reduction in inconsistent disciplinary practices. Caregivers displayed greater sensitivity to the needs of their children during times of conflict through reflection and greater consideration of their actions. Indeed, caregivers' reports of actual verbal and physical conflict, by themselves and by youth, significantly decreased by the conclusion of the Connect Program.

More mindful strategies and reduced conflict no doubt contributed to the highly significant reduction in Caregiver Strain reported by caregivers themselves. On top of significant decreases in Objective Strain – the actual material costs of intensive childcare – caregivers' emotional regulation was much improved by the end of the Connect Group. Caregivers reported significantly lower degrees of subjective emotions such as guilt and anxiety concerning their youth, as well as less anger towards the youth themselves.

Caregivers' more positive emotional reactions concerning their youth comes as no surprise considering the many ways in which they reported that youth substantially improved their behaviour, functioning, and attachment. By the conclusion of the Connect Program caregivers reported that youth had made significant reductions in their externalizing problem behaviour, including symptoms of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Conduct Disorder, as well as symptoms of Depression. It would appear that caregivers' new perspective on parenting and their improved interactions had a significant impact upon their youth. Youth also exhibited significantly improved Social Participation and Quality of Relationships, not only with caregivers but with their peers and teachers as well. Furthermore, caregivers reported a

significant increase in attachment, through a decrease in their youth's Avoidance behaviour. Teaching caregivers to reframe their youth's behaviour from an attachment perspective enabled them to nurture their youth's mental health and to develop a more securely attached parent-child relationship.

The many improvements in caregivers' reported skills and relationships were reflected in the highly positive feedback received upon program conclusion. During the tenth session of the Connect Group, caregivers provided verbal feedback about their particular group and program personnel, as well as qualitative measures of satisfaction that reveal how pleased they were to participate in the Connect Program. Caregivers appreciated every component of the program – more than 90% of respondents felt elements such as handouts, group exercises, role-plays, and discussions were helpful, and in most cases the majority felt they were "very helpful". Indeed, 71% of caregivers reported that learning about attachment was "very helpful". Of the 52 caregivers who completed feedback surveys, 98% felt that the Connect Parenting Group helped them to understand both their child and themselves at least somewhat better – often "a great deal" better; and 100% of respondents felt that the Group helped them to understand their family better.

Not only did caregivers appreciate and value the experience of Connect, they put the program principles into practice in their lives. All parents reported applying the ideas and exercises discussed during the Group when parenting – 38% "sometimes", and 58% did so "frequently". As has already been determined, a number of significant improvements in parent-child functioning were witnessed by the end of Connect, which is reflected in that 86% of

caregivers agreed that there had been a change in the relationship between themselves and their youth as a result of applying what they learned in Connect. Feedback Form results also backed up the statistically significant improvement in Parental Sense of Competence, revealing that 94% of caregivers felt more confident in their ability to parent; 46% "a great deal" more confident.

The Connect Parent Group was a positive experience for attendees, having met the expectations of 98% of caregivers, and in fact 90% would be interested in attending follow-up sessions. Not a single caregiver reported getting less out of Connect than other groups they had attended, and 78% compared Connect more favourably to other parent groups. With significant improvements on several clinical measures of parenting competence, caregiver strain, parent-child conflict and attachment, as well as multiple decreases in youth maladaptive behaviour coupled with increases in functioning, many caregivers and their families have benefited substantially from their experiences. The highly encouraging findings from the first cycle of community-based Connect Parent Groups make a strong case for continued and expanded implementation of the program. Ongoing program evaluation and improvement (including long-term follow-up research) will ensure that the program continues to operate effectively in a manner best suited to the clientele it serves to well.

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References

- Brannan, A. M., Heflinger, C. A., & Bickman, L. (1997). The Caregiver Strain Questionnaire: Measuring the impact on the family of living with a child with serious emotional disturbance. *Journal of Emotional and Behavioral Disorders, 5*, 212-222.
- Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment Theory and Close Relationships* (pp. 46-76). New York: Guilford Press.
- Conduct Problems Prevention Research Group. (2004). The Fast Track experiment: Translating the developmental model into a prevention design. In J. B. Kupersmidt & K. A. Dodge (Eds.), *Children's Peer Relations: From Development to Intervention* (pp. 181-208). Washington, DC: American Psychological Association.
- Johnston, C. & Mash, E. J. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology, 18*, 167-175.
- McKay, S., & Moretti, M. M. (2001, August). *The Comprehensive Adolescent-Parent Attachment Inventory: Preliminary validation*. Poster presented at the meeting of the American Psychological Association, San Francisco, California.
- Moretti, M. M., Holland, R., Moore, K., & McKay, S. (2004). An attachment-based parenting program for caregivers of severely conduct disordered adolescents: Preliminary findings. *Journal of Child and Youth Care Work, 19*, 170-179.
- Moretti, M. M., Obsuth, I., Holland, R., Braber, K., & Cross, S. (2006). An attachment-focused intervention for strengthening parent-adolescent relationship. Paper presented at the *International Association for Relationship Research Conference*, Rethymno, Crete.
- Moretti, M. M., & Peled, M. (2004). *Reducing risk of conduct disorder in pre-adolescent youth: An attachment-based skills development group for parents*. Research report for Vancouver Community Mental Health Services, Vancouver Coastal Health, Vancouver, British Columbia, Canada.
- Obsuth, I., Moretti, M. M., Holland, R., Braber, K., & Cross, S. (2006). Conduct Disorder: New directions in promoting effective parenting and strengthening parent-adolescent relationships. *Canadian Child and Adolescent Psychiatry Review, 15*, 6-15.
- Ontario Child Health Study: Summary of Initial Findings*. (1986). Queen's Printer for Ontario.
- Shelton, K. K., Frick, P. J., & Wootton, J. (1996). Assessment of parenting practices in families of elementary school-age children. *Journal of Clinical Child Psychology, 25*, 317-329.
- Strauss, M. A. (1979). Measuring intra-family conflict and violence: The Conflict Tactics Scales. *Journal of Marriage and the Family, 41*, 75-81.