

CONNECT PARENT GROUP



FALL 2007

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.

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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. Initial group establishment and first cycle took place in the Fall of 2006 following leader training in September; several groups continued operations in the Spring and Summer of 2007. The fourth cycle of community-based Connect groups operated during the Fall of 2007. Nine groups from previous cycles continued operations in Fall 2007: Parksville 1, Abbotsford, Surrey 1, Surrey 2, Terrace, Kamloops, Kelowna, Vancouver, and Kitimat. In addition, two new Connect Parent Groups began operations in Fall 2007 following further rounds of leader training at MATC in April and September: Parksville 2, and Nelson.

Support for community-based Connect Parent Groups is provided by a Provincial CPG Working Group led by Karla Braber from MATC. Clinical supervision of community-based CPG leaders was provided by experienced group leaders (Karla Braber, Ross Robinson, Deneen Jensen, and Patricia McCormick) and as well as Drs. Susan Cross (MATC) and Marlene Moretti (SFU).

Procedure

Caregivers of youth recognized as having behavioural and social problems were invited to participate in the project through contact with school and district staff, and CYMH. The target group was caregivers of youth (aged 12-16 years) displaying symptoms of functional impairments such as conduct disorder, oppositional defiant disorder, and attention

deficit hyperactivity disorder, and who 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 Fall 2007 orientation sessions, 103 caregivers provided informed consent and completed questionnaire packages in order to obtain baseline data prior to the first weekly group session. A subset of 75 of those caregivers subsequently completed a similar package of measures and provided written and verbal feedback upon completion of the program at Session 10.

Participants

During the Fall of 2007 (September-December), 144 caregivers between the ages of 29 and 70 years of age ($M = 43.7$, $SD = 7.8$) participated in eleven community-based Connect Parent Groups (27 caregivers ultimately dropped out early in their respective group cycles). The 144 caregivers represented 111 target youth: 57 male and 54 female, with a mean age of 13.3 years ($SD = 2.2$). Caregivers spanned a wide range of family positions, although the majority were biological mothers ($n = 68$); the remaining caregivers were biological fathers ($n = 27$), adoptive parents ($n = 11$), stepparents ($n = 13$), relatives ($n = 7$), and foster parents ($n = 4$). With respect to family structure, 61% of families comprised two-parent households, a further 37% were one-parent households, and the remaining 2% comprised blended families (e.g., those including relatives). Approximately 75% of caregivers reported having lived with the targeted child since birth; the 29 who had not done so reported spending an average of 5.9 years together (ranging from 1 month to 16 years).

Most caregivers provided information regarding their educational background and current employment: 25% completed high school only, and 66% completed at least some post-secondary education. Based on current employment status and description, caregivers came from a predominantly middle-class socio-economic environment (8% upper, 36% upper-middle, 35% lower-middle, 21% 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 144 parents participating in the Connect program, 75 provided sufficient data at both the beginning and end of the program to enable analysis of their response patterns over time. Those 75 caregivers represented 65 target youth, resulting in the intentional exclusion of 10 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 $N = 65$.

Participants Included in Data Analysis

Caregiver Relationship	Mother (43) Father (11) Step Parent (4) Relative (6) Foster Parent (1)
Mean Age	43.0 years
Household Type	Two-parent (41) One-parent (23) Blended (1)
Target Youth	Male (36) Female (29) Mean age = 13.6 years
Mean Time Together	12.1 years ("Life" $n = 51$)

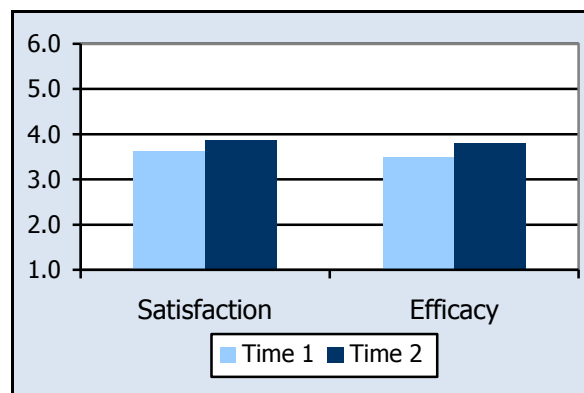
Caregivers' ratings on the scales were compared across Time 1 (Baseline) and Time 2 (Completion) using paired t -tests: a hypothesis test used for comparing means. The t -score that is output by a t -test can be compared to an established probability distribution (Student's t -distribution) in order 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 0.05 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.

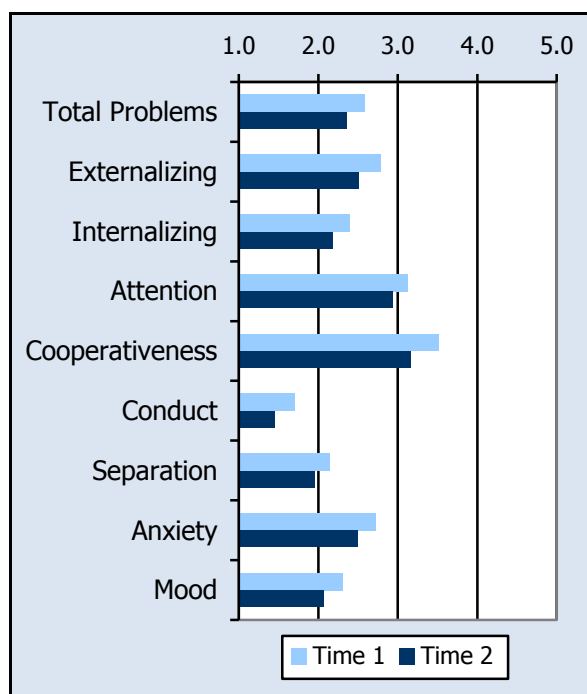


Caregivers' mean Satisfaction scores on the PSOC significantly increased from Time 1 to Time 2, indicating reduced frustration in the caregiver role, and greater motivation to parent. Mean Efficacy scores also increased significantly from Time 1 to Time 2, suggesting that participants felt more capable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

PSOC	Mean Change	Sig. Level
Satisfaction	0.24	0.005
Efficacy	0.30	0.001

Behavioural Problems and Youth Functioning

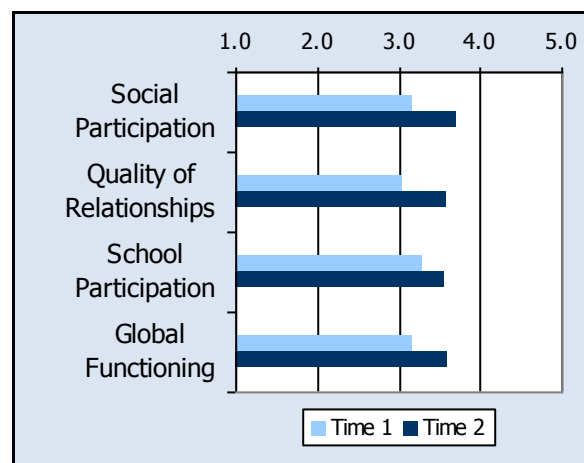
Caregivers' ratings of their youth's behavioural problems were measured by mean scores on BCFPI sub-scales. Overall, caregivers' reports of youth problem behaviour consistently decreased from Time 1 to Time 2, among symptoms of both Externalizing disorders (Attention-Deficit Hyperactivity Disorder, Oppositional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



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 to be expected given significant decreases in almost all categories of externalizing and internalizing problem behaviour – including symptoms of ODD, CD, SAD, GAD, and Depression.

BCFPI Behaviour	Mean Change	Sig. Level
Total Problems	-0.24	0.001
Externalizing Disorders	-0.27	0.001
Internalizing Disorders	-0.22	0.001
Attention Regulation (ADHD)	-0.20	0.068
Cooperativeness (ODD)	-0.36	0.001
Conduct (CD)	-0.26	0.001
Separation Anxiety (SAD)	-0.18	0.030
Managing Anxiety (GAD)	-0.22	0.042
Managing Mood (DD)	-0.24	0.015

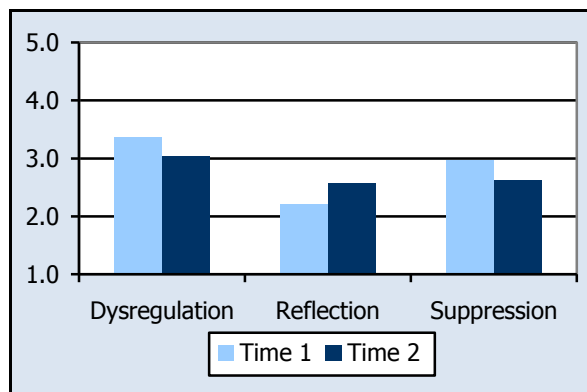
Caregivers' reports of youth functioning showed significant increases in all areas at Time 2. Mean scores on the Social Participation, Quality of Relationships, and School Participation sub-scales all increased significantly by the end of the Connect program. Results suggest that caregivers observed youth becoming less socially isolated and interacting more positively with peers, teachers, and caregivers, as well as experiencing less academic distress.



BCFPI Functioning	Mean Change	Sig. Level
Social Participation	0.56	0.001
Quality of Relationships	0.55	0.001
School Participation and Achievement	0.27	0.028
Global Functioning	0.45	0.001

Emotional Regulation

Caregivers' assessments of youth emotional regulation displayed trends in expected directions in previous cycles, but changed to a significant degree in all respects over the course of the Fall 2007 Connect program.



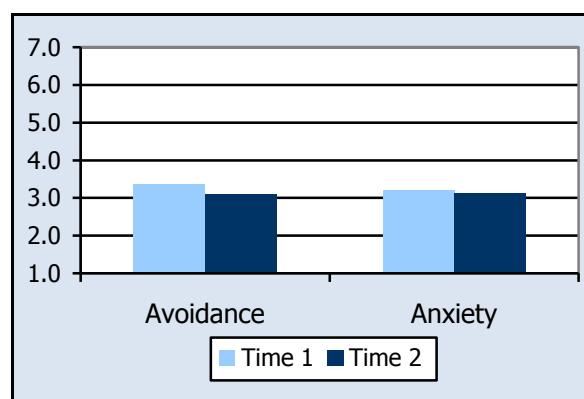
Caregivers' ARC assessments of youth emotional regulation displayed substantial and significant decreases in emotional Dysregulation and Suppression over the course of the Connect program, as well as a significant increase in emotional Reflection.

ARC	Mean Change	Sig. Level
Dysregulation	-0.34	0.009
Reflection	0.36	0.008
Suppression	-0.33	0.002

Mean scores on the Dysregulation and Suppression sub-scale indicate that caregivers observed improvements in their youth's emotional control by the conclusion of the Connect program. The significant increase in youth emotional Reflection suggests that caregivers perceived youth as spending more time thinking about their emotions and experiences in a constructive fashion.

Relationship Quality

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

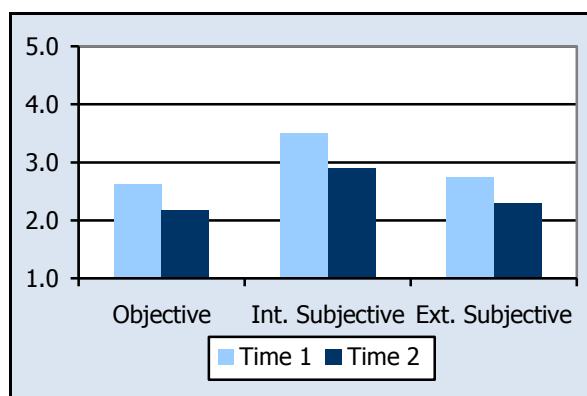


Mean scores on the CAPAI dimension of Avoidance displayed a significant decrease from Time 1 to Time 2. Results suggest that caregivers felt their youth were more comfortable depending on them and being emotionally close and open with them by the end of the ten-week Connect program.

CAPAI	Mean Change	Sig. Level
Youth Avoidance	-0.29	0.001
Youth Anxiety	-0.09	0.253

Caregiver Strain

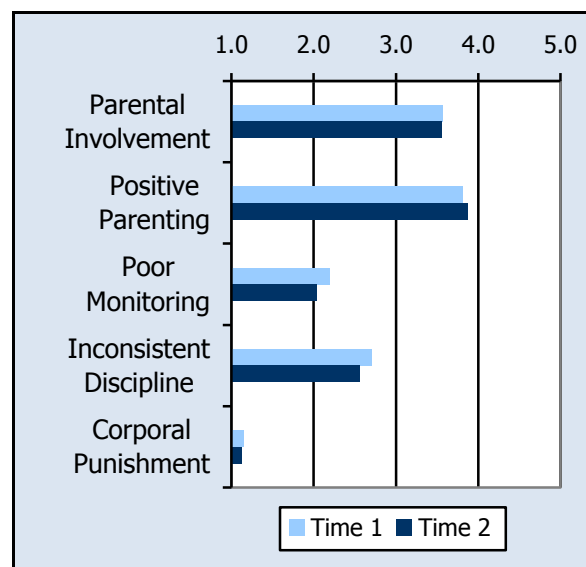
Caregivers' reported strain at the conclusion of the Connect program was substantially reduced from initial reports at Time 1. Mean scores on all three CGSQ sub-scales (Objective Strain, Internalized Subjective Strain, and Externalized Subjective Strain) had decreased significantly by Time 2.



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. Caregivers' reported subjective strain also decreased, indicating that caregivers were feeling fewer negative emotions regarding their youth, such as embarrassment and worry (internalized strain) as well as anger and resentment towards their youth (externalized strain), at Time 2.

CGSQ	Mean Change	Sig. Level
Objective Strain	-0.45	0.001
Internalized Subjective Strain	-0.59	0.001
Externalized Subjective Strain	-0.45	0.001

Parenting Tactics and Discipline

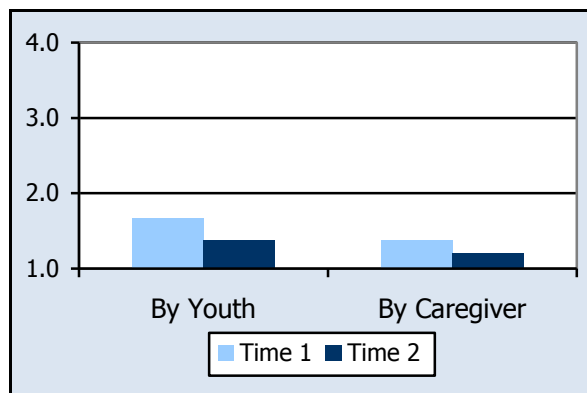


Caregivers did not report significant changes on the APQ in their involvement, positive parenting, or corporal punishment. However, results did indicate a significant reduction in poor monitoring and inconsistent discipline from Time 1 to Time 2. Results suggest that caregivers felt they were more attentive to their youth's activities, and had improved communication regarding social plans, as well as having become more thoughtful in their disciplinary practices.

APQ	Mean Change	Sig. Level
Parental Involvement	-0.02	0.670
Positive Parenting	0.05	0.372
Poor Monitoring	-0.16	0.006
Inconsistent Discipline	-0.14	0.029
Corporal Punishment	-0.03	0.388

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.



CTS	Mean Change	Sig. Level
Conflict by Youth	-0.29	0.001
Conflict by Caregiver	-0.17	0.001

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 displaying the mean score per item. Mean scores of the seven Spring 2007 community-based groups ($N = 62$) and the six Summer 2007 community-based groups ($N = 39$) are included for comparison purposes. This data can aid program coordinators and leaders in reviewing certain CPG components or addressing concerns that have come up in previous cycles of CPG.

Feedback Form Item Frequencies

99 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%	13%	60%	27%
Hearing other parents discuss their child's behaviour and issues.	0%	6%	56%	38%
Opportunity to get support from other parents.	2%	27%	49%	22%
Learning about attachment.	0%	1%	38%	61%
Discussing how attachment might be related to my child's behaviour.	0%	1%	36%	63%
Discussing how attachment might be related to my behaviour.	0%	2%	40%	58%
Role plays to illustrate points.	0%	2%	38%	60%
Other group exercises that illustrated points.	0%	3%	68%	28%
Handouts, suggestions of things to think about or try at home.	0%	6%	62%	32%

	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?	1%	3%	39%	57%
To what extent do you feel the Parenting Group helped you to understand yourself better?	1%	8%	43%	47%
To what extent do you feel the Parenting Group helped you to understand your family better?	0%	4%	55%	41%

	Never	Rarely	Sometimes	Frequently
Did you apply the ideas and/or exercises discussed during the Group when parenting your child?	0%	2%	53%	45%

	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 the Group?	0%	10%	66%	24%
Did you feel safe and welcomed in the Group to discuss your experiences and concerns as a parent?	0%	1%	29%	70%
Were your experiences as a parent/foster parent respected in the Group?	0%	0%	19%	81%
Do you feel more confident in your ability to parent your child as a result of attending the Group?	0%	10%	55%	35%
Did the Parenting Group meet your expectations?	1%	1%	41%	57%

	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? (<i>n</i> = 59)	3%	31%	32%	34%

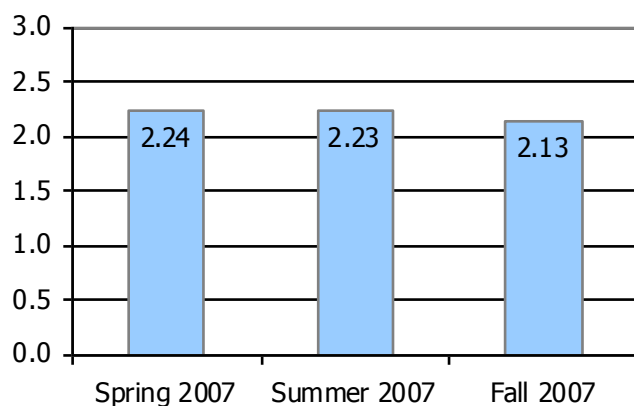
	No	Yes
Would you be interested in attending any follow-up sessions?	13%	87%

	More than Five	Five	Four	Three	Two	One	None
How many sessions did you miss?	0%	0%	4%	9%	23%	30%	33%

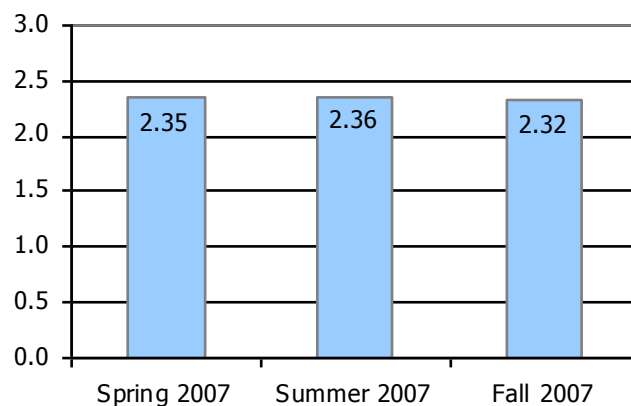
Feedback Form Item Means

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

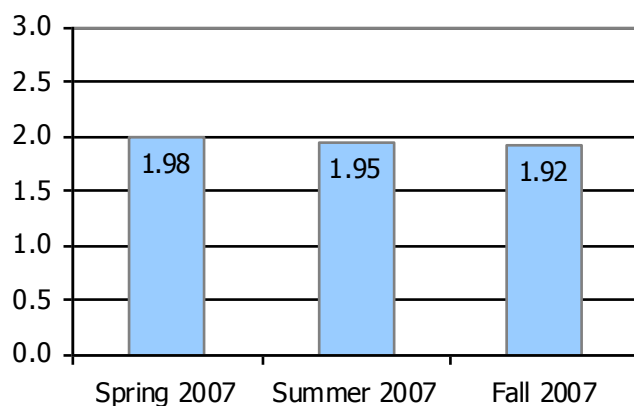
Opportunity to talk about my child's behaviour and issues.



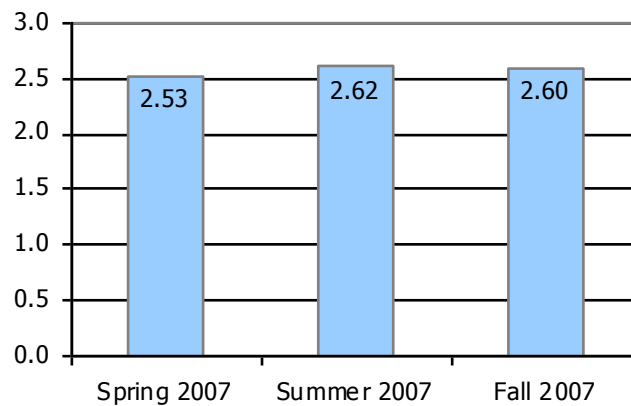
Hearing other parents discuss their child's behaviour and issues.



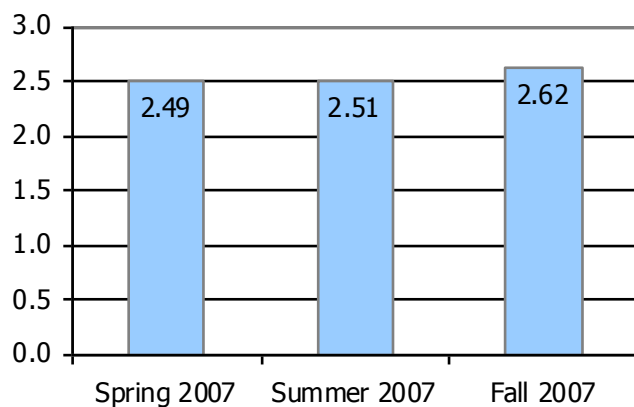
Opportunity to get support from other parents.



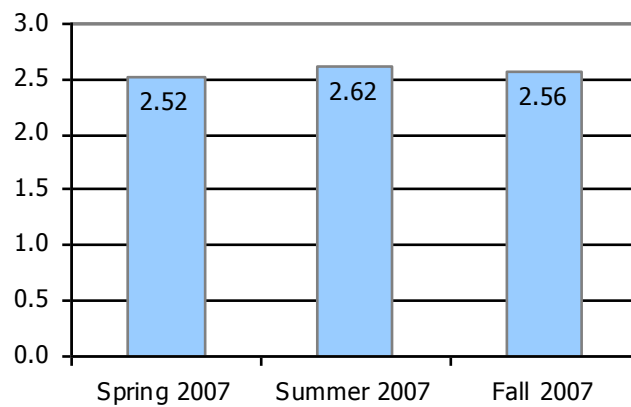
Learning about attachment.



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

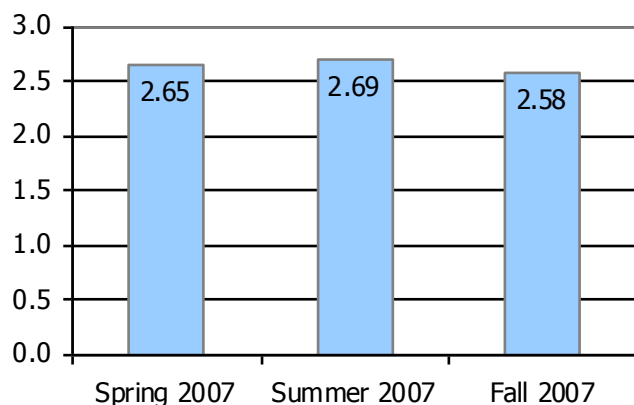


Discussing how attachment might be related to my behaviour.

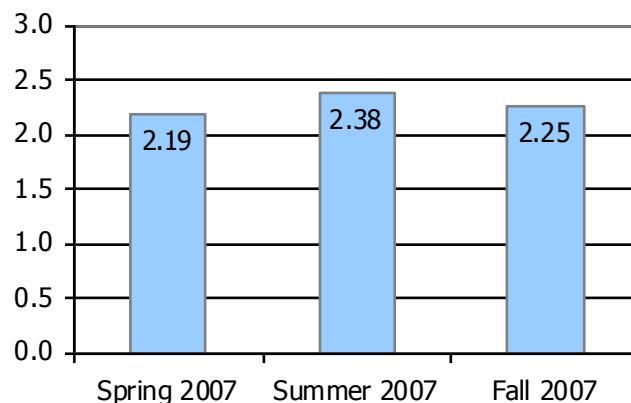


To what extent were each of the following helpful to you?

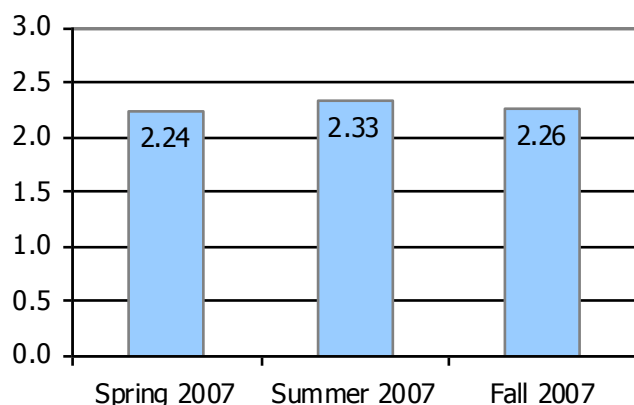
Role-plays to illustrate points.



Other group exercises that illustrated points.



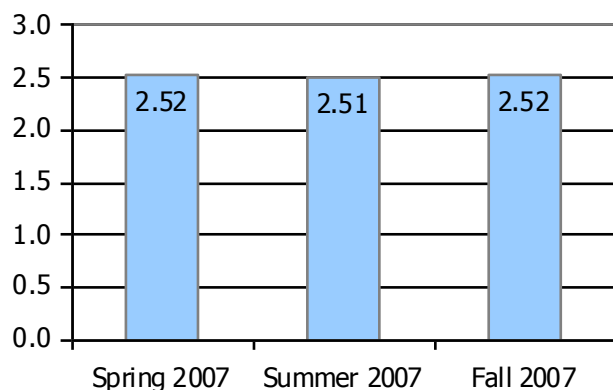
Handouts, suggestions of things to think about or try at home.



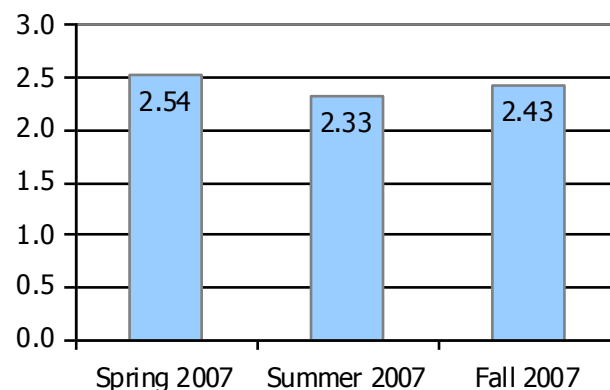
Group exercises mentioned:

- Yarn ball exercise.
- Attachment needs list.
- Instructors relating experience.
- Review, discussion among facilitators.
- When we discussed the weekly at home exercises.
- Reviewing the week before.
- Discussions after/about role-plays and relationships.
- Group discussion and personal examples.
- Re-writing role-plays, re-visiting childhood behaviours and feelings.

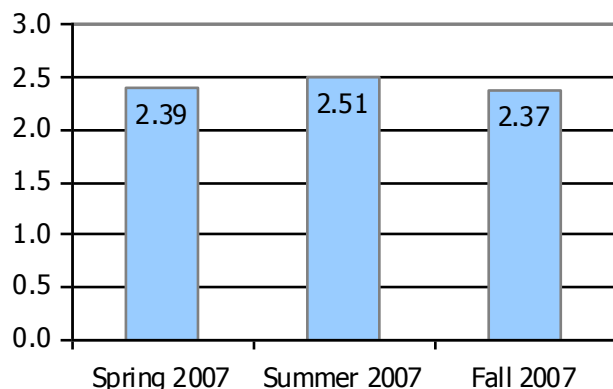
To what extent do you feel the Parenting Group helped you to understand your child better?



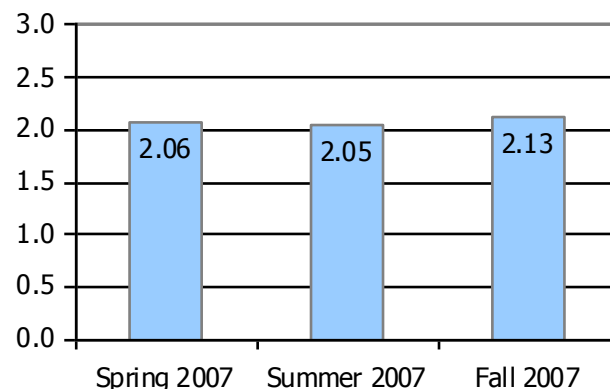
Did you apply the ideas and/or exercises discussed in the Group when parenting your child?



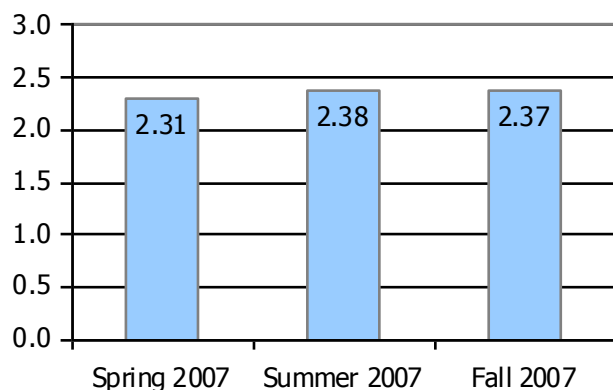
To what extent do you feel the Parenting Group helped you to understand yourself better?



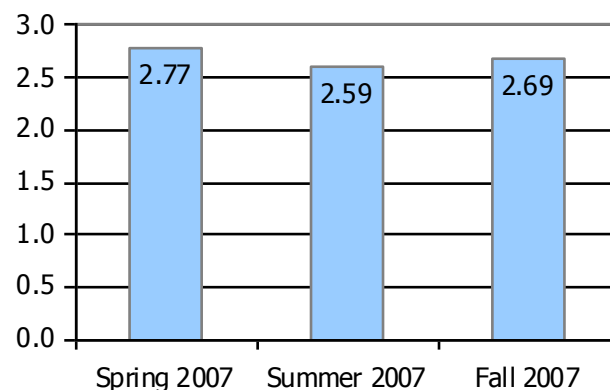
Was there a change in the relationship between you and your child as a result of you applying what you learned?



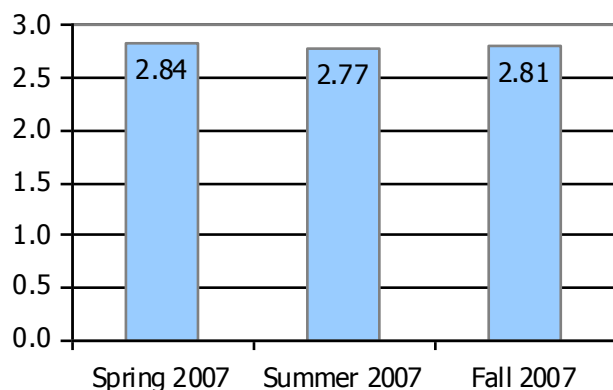
To what extent do you feel the Parenting Group helped you to understand your family better?



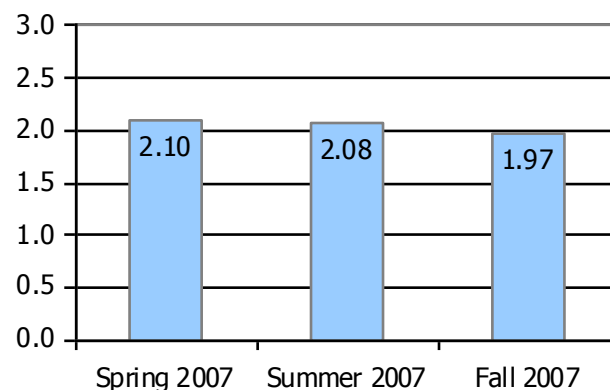
Did you feel safe and welcomed in the Group to discuss your experiences and concerns as a parent?



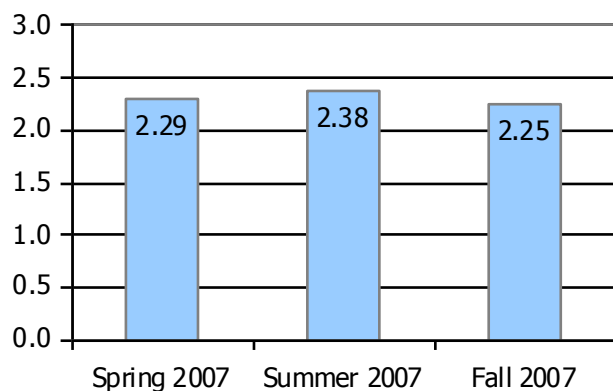
Were your experiences as a parent/foster parent respected in the Group?



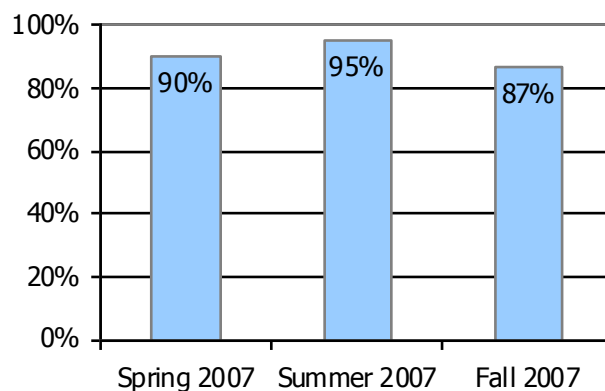
How does this Parent Group compare with other Parent Groups you have attended in terms of what you got out of it?



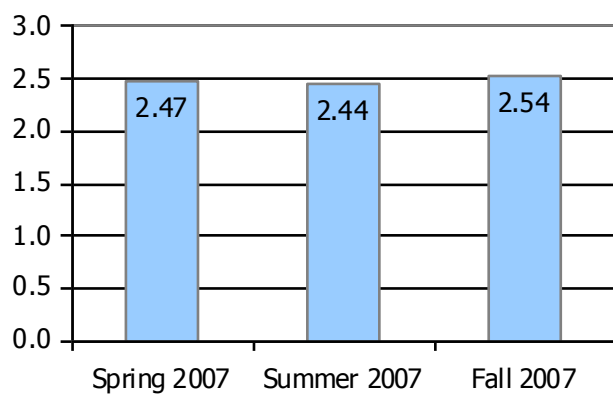
Do you feel more confident in your ability to parent your child as a result of attending the Group?



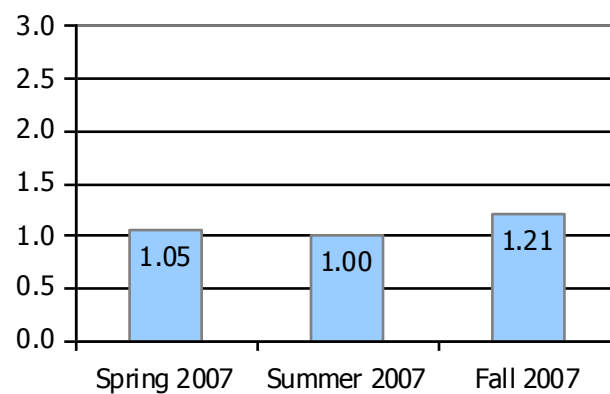
Interest in attending follow-up sessions:



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?

- Child illness.
- Eleven weeks - that's quite a commitment!
- Kid's activities (if I wasn't on maternity leave, I normally work at night).
- My baby wasn't old enough to have the free babysitting.
- Only my schedule or logistics involved in parenting four kids as a single parent.
- Work-related travel.
- Getting home late from work and having only 10 minutes at home prior to leaving for the meeting.
- Time; always rushing.
- The time: 6:00-7:00 is difficult, supper-time for people. The parking sometimes was not good.
- Some people at the group.
- Scheduling; I was here during dinner-time so it was awkward at times. Perhaps 6:30-7:30 would be better.
- Just gas expense. Noise due to my bad hearing sometimes made it difficult to hear.
- Just juggling kids, but it's always a concern.
- Car accident, family appointment.
- Yes, when my youngest child got sick. Also, finding out my father was dying. Also, getting back and forth to sessions.
- Time is always hard to fit everything in, but I only missed one class (mother sick in hospital).
- Family time constraints.
- A bit too early; 6:00 p.m. start would have worked better.
- Parental commitments.
- Yes, a little bit - I can't speak English; I understand but it is difficult to me when I have to speak.
- Start time too early - hard to get there via transit.
- Other issues and priorities for my time.
- My daughter and I were going through crisis during the last few sessions, in fact I missed one night due to stress.
- Not really, only due to flu symptoms.
- Work conflicted on 2 occasions.
- Time - thank you for keeping sessions to 1 hour per week.
- Just being tired at the end of the day. I never wanted to come, but was always glad once I was there.
- The time of day that the sessions started.
- I worked until 5:00 p.m., therefore I had to get manager's approval to leave office early. If it started at 5:30 p.m. it would have been better.
- My home life is very upset right now; I'm burning out.
- Daycare was a bit of a problem (missed 2 sessions).
- Forgot one; closed highway (lots of snow!).
- Weather; held at dinner time.
- Shift work schedule, four kids at home.
- Besides the weather conditions, the transit is sometimes slow and far from where I live.
- Getting time away from work, and childcare.
- Just my work schedule: always 10 minutes late coming from work.
- Time with four kids.
- Small room with no windows made me very tired, sometimes it was hard to come here and stay awake.
- Language barrier for me (French is my first language).
- Memory!
- No (x 34 times).

What changes would you like to see in the Group?

- Compress the eleven sessions.
- I have had better results in parenting support groups where individual situations were discussed in detail, with people voicing different opinions and possible solutions.
- More communication between parents.
- Different times. More discussion time for parents to talk to one another. Actually listening to (all) the parents.
- More people doing the role-plays because it's really powerful to be a part of one.
- Sometimes we got very personal and off topic (not by the facilitators, but by some of the parents). Sometimes I enjoyed this but there were other times that I felt it monopolized the session.
- A follow-up group or Part 2.
- Keep chattering down to a minimum. Be careful of who knows who in group; one person's presence made it very difficult for me to share. Heat in room; airy sound made it hard to hear.
- This was an excellent course and presentation. Perhaps more detailed information such as statistical studies would be more interesting. Also, some referrals to reading materials would allow participants to continue beyond the course.
- Pre-recorded role-plays could be beneficial, to speed things up.
- Wished more dialogue with parents in similar age group, with same issues.
- More opportunities to discuss my individual problems. The sessions had to keep moving quickly and didn't leave a lot of time for everyone to elaborate on their own problems.
- Discussion period, opportunity for case studies for each real current issue with each parent situation, 30 minutes after each module.
- Maybe being able to discuss real life issues or situations happening in the home, and how to respond.
- Less patronizing presentation; although the facilitator's intentions were genuine, I found her overly enthusiastic.
- Fewer role-plays.
- More interaction of group members with each other.
- I would like 1-2 more weeks to make sessions more relaxed (less rushed); more role-plays.
- I liked it when the leaders gave their input or expertise. I often felt they were trying to drag responses from us; time was wasted.
- When I would discuss an issue, I always felt like I discussed it for nothing really, as there weren't any real answers I got to help with some issues. I realize that this wasn't the type of forum that is set up for this, but it did make it a bit frustrating.
- More examples of how to approach difficult situations with my child.
- Make it a little bit longer of a group; I had a fun time here and I would like to have it be more weeks.
- More sessions. Advertise the program more, such that more parents can benefit. Many parents need to be more informed and educated.
- The review first thing was sometimes hard for me to stay focused with the note reading.
- Longer sessions (x 21 times).
- None/Nothing (x 23 times).

Attendance

The Connect Information Nights were attended by 99 of 120 caregivers (of 144 total – some groups did not conduct Info Nights). At program conclusion 117 caregivers were still attending group sessions on a regular basis. Any caregiver who ceased attending prior to Session 6 (thus missing Sessions 6-10 – comprising more than one third of the teaching sessions) was considered a dropout. The eleven groups experienced a total of 27 dropouts (dropouts are not included in attendance statistics).

The overall attendance rate for Sessions 1-10, not including the dropouts, was 84%. The attendance rate for the teaching sessions (1-9) was 85%.

Community Connect Groups

Overall Attendance: 84%

Dropout Rate: 19%

Group Attendance	Info Night	1	2	3	4	5	6	7	8	9	Feed-back
Parksville 1 (n = 17)	76%	82%	100%	76%	88%	71%	82%	94%	82%	82%	88%
Parksville 2 (n = 14)	86%	93%	86%	93%	100%	79%	86%	93%	86%	93%	86%
Abbotsford (n = 6)	67%	67%	100%	83%	67%	67%	83%	83%	67%	100%	83%
Surrey 1 (n = 9)	N/A	100%	100%	89%	78%	89%	89%	89%	78%	78%	78%
Surrey 2 (n = 12)	67%	67%	92%	75%	83%	75%	83%	58%	92%	67%	67%
Terrace (n = 12)	92%	92%	100%	100%	75%	92%	92%	75%	100%	100%	100%
Kamloops (n = 13)	100%	92%	100%	85%	85%	77%	92%	85%	54%	62%	62%
Kelowna (n = 8)	75%	75%	100%	75%	75%	50%	88%	75%	62%	75%	75%
Vancouver (n = 11)	N/A	82%	91%	82%	73%	91%	64%	64%	73%	73%	73%
Nelson (n = 12)	92%	100%	100%	100%	100%	100%	83%	100%	100%	100%	100%
Kitimat (n = 3)	100%	67%	100%	100%	100%	67%	67%	33%	67%	100%	100%
TOTAL (N = 117)	84%	85%	97%	86%	85%	79%	84%	81%	80%	83%	82%

Conclusions

The fourth cycle of the expanded Connect Parent Group included the largest number of groups across the province yet: eleven groups in the community, in addition to the regular Maples and Tricities Youth Day Treatment Program groups. The substantial increase in participant numbers, and thus statistical power, revealed numerous highly encouraging program evaluation results. Eleven CPGs (9 continuing groups and 2 new groups) serving 144 caregivers (including 27 eventual dropouts) across all five mental health regions were conducted between September and December 2007. The groups ultimately benefited 92 youth with behavioural and social problems, as well as their many siblings – at least 214 youth in total. The dropout rate of 19% for the Fall cycle was within the range witnessed in previous cycles, and the overall attendance rate of 84% did not differ substantially either. Seeing as the average participant missed fewer than two sessions, caregivers were still ensured to fully benefit from the educational and skill development focus of Connect. Caregivers continued to report very high rates of participant satisfaction in addition to significant improvements in the particular domains of parenting strategy targeted by Connect – sensitivity, reflection, and effective emotional regulation.

Due to the increased number of groups, a large useable sample size of 65 individuals was available to test for statistically significant changes over the course of the groups. This sample size was much higher than that used to test previous cycles (Fall 2006, $N = 38$; Spring 2007, $N = 45$; Summer 2007, $N = 26$), thus substantially increasing statistical power (the ability to detect change). Based on a comprehensive package of measures provided

both before and after the ten-session Connect Group, it was clear that caregivers continued to report all of the key improvements in parenting skills, youth mental health, and family dynamics witnessed (or hinted at) in previous analyses.

One of the Connect Program's primary goals to increase parenting competence was once again achieved readily, 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 significant reductions in poor monitoring and inconsistent disciplinary practices. Caregivers reported improved communication regarding their families' activities (e.g., who was going where and with whom) and 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. The findings in the realm of parenting strategies and conflict are highly consistent with those found in previous cycles.

One of the most powerful measures used in Connect Program Evaluation, in terms of consistently displaying significant results, is the Caregiver Strain Questionnaire. As has been witnessed numerous times in previous cycles, caregivers continued to report significant decreases in Strain, including Objective strain –

the actual material costs of intensive childcare – as well as Subjective strain: caregivers reported significantly fewer negative emotions such as guilt and anxiety concerning their youth, as well as less anger and resentment directed towards the youth themselves.

Caregivers' reported reductions in negative emotional reactions towards their youth fits well with the significant improvements noted in youth problem behaviour. By the conclusion of the Fall 2007 Connect group caregivers had reported that youth had made significant reductions in nearly all forms of problem behaviour, including symptoms of Oppositional Defiant Disorder and Conduct Disorder, as well as anxiety and depression. Caregivers' new perspective on parenting and their improved interactions may well have had an impact upon their youth's functioning as well: consistent with some previous cycles, youth exhibited significantly improved Social Participation, Quality of Relationships, and Academic Performance. It is hoped that teaching caregivers to reframe their youth's behaviour from an attachment perspective enables them to nurture their youth's mental health and to facilitate improved functioning in many domains of their lives.

Given the number of significant changes reported by caregivers in personal and family functioning, it should come as no surprise that there was no change in the consistently 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 revealed how pleased they were to have participated in the Connect Program. Caregivers appreciated every component of the program – more than 95% of respondents felt elements

such as group exercises, role-plays, and discussions were helpful; in the case of discussions and role-plays the majority felt they were "very helpful". Of the 99 caregivers who completed Feedback Forms, 99% reported that learning about attachment was helpful (38%) or very helpful (61%). In fact, 96% felt that the Connect Parenting Group helped them to understand their child at least somewhat better – often "a great deal" better – and more than 90% of respondents felt that the Group helped them to understand themselves and their family better.

Not only did caregivers appreciate and value the experience of Connect, they put the program principles into practice in their lives. Almost all participants reported applying the ideas and exercises discussed during the Group when parenting: 53% "sometimes", and 45% did so "frequently". As indicated above, a number of significant improvements in parent-child functioning were witnessed by the end of Connect, which is reflected in the fact that 90% 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 90% of caregivers felt more confident in their ability to parent; 35% were "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 87% would be interested in attending follow-up sessions. Only 2 caregivers out of 59 reported getting less out of Connect than from other groups they had attended, and 66% felt Connect was better (32%) or much better (34%) than other parent groups.

The Fall 2007 cycle of Connect Parent Groups in the greater community represents the fourth cycle of the expanded Connect program throughout British Columbia. More than thirty groups have been run since September 2006 incorporating continuous replication of the Connect program evaluation methodology. Significant improvements have been consistently measured on several clinical measures of parenting competence, caregiver strain, and parent-child conflict, as well as multiple decreases in youth maladaptive behaviour coupled with increases in functioning. The benefits of a large sample size ensuring high statistical power in the Fall cycle provided for the replication and enhancement of many encouraging results from previous cycles, which continue to make a strong case for ongoing implementation of the program.

Following a review of materials and procedures during the Fall 2007 cycle, with the goal of improving upon and evaluating the measures currently in use, introduction of two new measures is being implemented for the Summer 2008 cycle. The BCFPI is scheduled to be replaced by the Child Behaviour Checklist, a measure of youth problem behaviour that is more accurate and in more widespread use; and the APQ is being replaced with a newly developed measure of caregiver sensitivity. The revised measures will be introduced to new leaders during a fourth round of Connect leader training, in April 2008, and distributed to existing groups during the Spring cycle.

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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.