

CONNECT PARENT GROUP



SPRING 2007

Program Evaluation and Participant Satisfaction Report

Program Evaluation Office
Maples Adolescent Treatment Centre
3405 Willingdon Avenue, Burnaby, BC



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. Following their establishment and first group cycle in the Fall of 2006, six groups continued operations in the Spring of 2007: Vancouver, Abbotsford, Kitimat, Surrey, Terrace, and Parksville. In addition, one new Connect Parent Group began operations in January 2007 following leader training at MATC in September: Kamloops.

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 community-based Connect groups, typically referred 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 Spring 2007 orientation sessions, 76 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 ($n = 54$) and provided written and verbal feedback upon completion of the program at Session 10.

Participants

During the Spring of 2007 (January-June), 85 caregivers between the ages of 24 and 61 years of age ($M = 41.7$, $SD = 7.3$) participated in seven community-based Connect Parent Groups (14 caregivers ultimately dropped out early in their respective group cycles). The 85 caregivers represented 63 target youth: 31 male and 32 female, with a mean age of 13.6 years ($SD = 1.9$). (In addition to target youth, at least 66 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 ($n = 49 + 2$) were biological and adoptive mothers; the remaining caregivers were biological and adoptive fathers ($n = 18 + 1$), step-parents ($n = 7$), relatives ($n = 3$), and foster parents ($n = 5$). With respect to family structure, 40% of families comprised two-parent households, while the remaining families were primarily one-parent (54%) with some blended family (i.e., including relatives) households (6%). Approximately 74% of the caregivers had lived with the targeted child since birth; the 21 who had not done so had spent an average of 5.3 years together (ranging from 1 month to 16 years).

Most caregivers provided information regarding their educational background and current employment: 22% had completed high school only, and 60% 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 (4% upper, 24% upper-middle, 54% lower-middle, 18% 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 85 parents participating in the Connect program, 54 provided sufficient data at both the beginning and end of the program to enable analysis of their response patterns over time. Those 54 caregivers represented 45 target youth, resulting in the intentional exclusion of 9 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 $N = 45$.

Participants Included in Data Analysis

Caregiver Relationship	Mother (37) Father (4) Foster Parent (3) Relative (1)
Mean Age	42.1 years
Household Type	Two-parent (14) One-parent (30) Blended (1)
Target Youth	Male (24) Female (21) Mean age = 13.4 years
Mean Time Together	11.5 years ("Life" $n = 34$)

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).

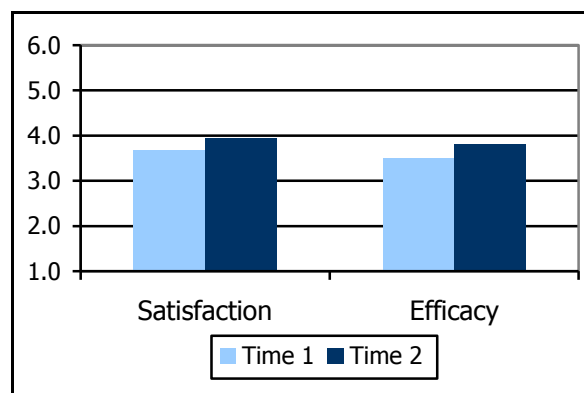
It is generally accepted that a t -score that yields a probability value (p -value) of less than .05 is

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.

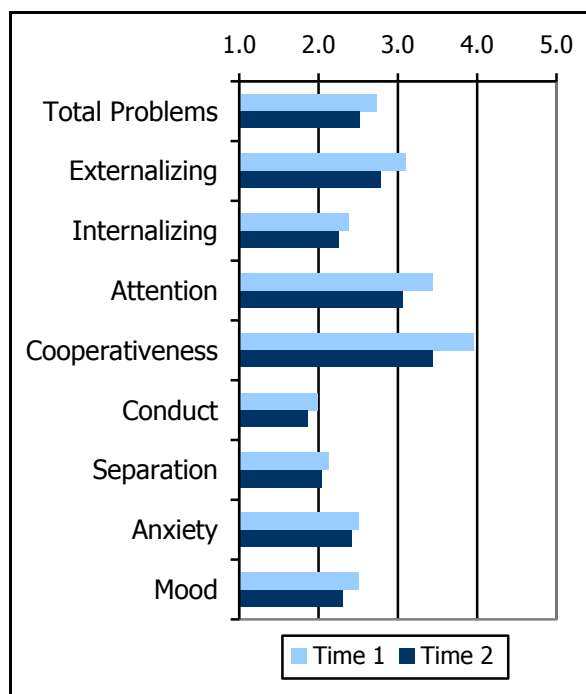


Caregivers' mean Satisfaction scores on the PSOC significantly increased from Time 1 to Time 2, indicating reduced frustration in the caregiver role, and greater motivation to parent. Mean Efficacy scores also increased significantly from Time 1 to Time 2, suggesting that participants felt more capable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

PSOC	Mean Change	Sig. Level
Satisfaction	0.27	.026
Efficacy	0.33	.015

Behavioural Problems and Youth Functioning

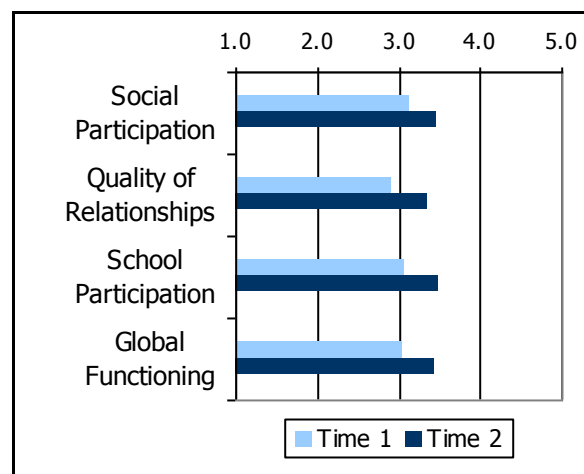
Caregivers' ratings of their youth's behavioural problems were measured by mean scores on BCFPI sub-scales. Overall, caregivers' reports of youth problem behaviour consistently decreased from Time 1 to Time 2, especially among symptoms of Externalizing disorders (Attention-Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Conduct Disorder); although not significantly 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 – in particular symptoms of ADHD, and ODD.

BCFPI Subscale	Mean Change	Sig. Level
Total Problems	-0.21	.028
Externalizing Disorders	-0.31	.011
Internalizing Disorders	-0.12	.219
Attention Regulation (ADHD)	-0.38	.003
Cooperativeness (ODD)	-0.52	.001
Conduct (CD)	-0.13	.381
Separation Anxiety (SAD)	-0.08	.437
Managing Anxiety (GAD)	-0.08	.415
Managing Mood (DD)	-0.19	.247

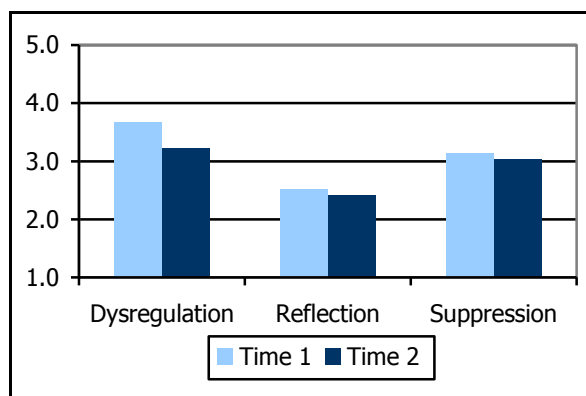
Caregivers' reports of youth functioning showed significant increases in most areas at Time 2. Mean scores on the Social Participation, Quality of Relationships, and School Participation sub-scales all increased significantly by the end of the Connect program. Results indicate that caregivers observed 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	0.30	.044
Quality of Relationships	0.43	.018
School Participation and Achievement	0.42	.038
Global Functioning	0.39	.008

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.

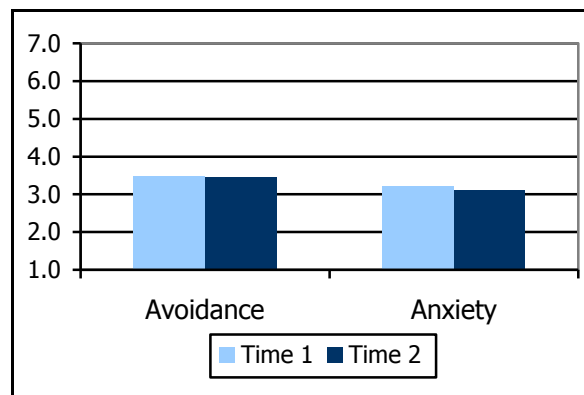


Mean scores on the Dysregulation sub-scale indicate that caregivers observed improvements in their youth's emotional control by the conclusion of the Connect program.

ARC	Mean Change	Sig. Level
Dysregulation	-0.44	.017
Reflection	-0.11	.453
Suppression	-0.10	.530

Relationship Quality

Caregivers' ratings of youth attachment showed no significant changes over the course of the Spring 2007 Connect program. The Fall 2006 results displayed a significant decrease in mean scores on the CAPAI dimension of avoidance, but those results have not replicated in the present analysis.

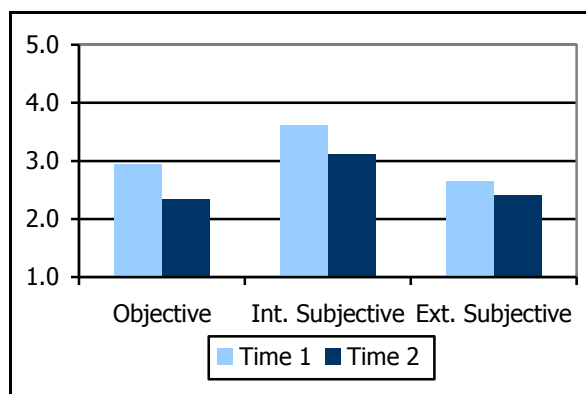


Although mean scores of Avoidance and Anxiety appeared to slightly decrease from Time 1 to Time 2, the change was non-significant for both sub-scales of the CAPAI.

CAPAI	Mean Change	Sig. Level
Youth Avoidance	-0.01	.908
Youth Anxiety	-0.12	.439

Caregiver Strain

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



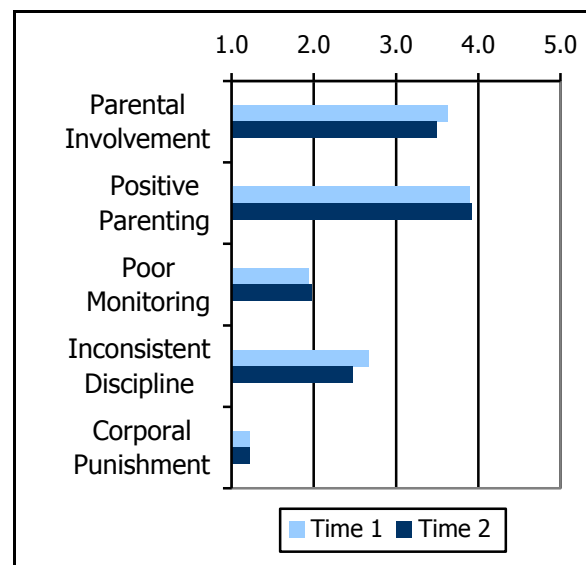
Caregivers reported having experienced significantly fewer negative experiences (Objective Strain) due to intensive child care by the conclusion of the Connect program: experiences such as interruption of personal time, missing work, financial strain, or involvement of law enforcement.

CGSQ	Mean Change	Sig. Level
Objective Strain	-0.61	.002
Internalized Subjective Strain	-0.50	.005
Externalized Subjective Strain	-0.24	.062

Caregivers' reported (internalized) subjective strain also decreased, indicating that caregivers were feeling fewer negative emotions regarding their youth, such as embarrassment and worry. Caregivers' reported externalized strain, such as anger and resentment towards their youth, showed a marginally significant decrease ($p = .06$) at Time 2.

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, consistent with similar results obtained during the Fall 2006 cycle of Connect.

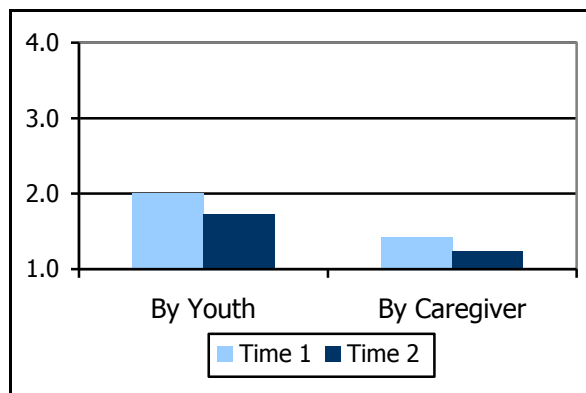


Caregivers did not report significant changes on the APQ in their positive parenting, monitoring, or corporal punishment. However, results did indicate a significant reduction in inconsistent discipline from Time 1 to Time 2, suggesting that caregivers became more thoughtful in their disciplinary practices. The sole additional finding amongst the APQ results was a significant decrease in the Parental Involvement sub-scale. Considering that the Involvement sub-scale measures activities that could be hampered in the short-term by Connect participation (e.g., help with homework, attending PTA meetings), it is possible that caregivers were accurately reporting a temporary decrease in involvement.

APQ	Mean Change	Sig. Level
Parental Involvement	-0.14	.049
Positive Parenting	0.03	.656
Poor Monitoring	0.03	.655
Inconsistent Discipline	-0.19	.045
Corporal Punishment	-0.01	.838

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	-0.27	.015
Conflict by Caregiver	-0.18	.007

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 six community-based Connect Groups. Mean satisfaction scores of the seven Fall 2006 community-based Groups ($N = 52$) and the four most recent Connect Parent Groups held at the Maples Adolescent Centre (as part of the Bifrost program) during 2006-2007 ($N = 42$) are included for comparison purposes.

Feedback Form Item Frequencies

Based on 62 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%	15%	47%	39%
Hearing other parents discuss their child's behaviour and issues.	0%	12%	42%	47%
Opportunity to get support from other parents.	0%	23%	56%	21%
Learning about attachment.	0%	0%	47%	53%
Discussing how attachment might be related to my child's behaviour.	0%	0%	51%	49%
Discussing how attachment might be related to my behaviour.	0%	3%	42%	55%
Role plays to illustrate points.	0%	3%	29%	68%
Other group exercises that illustrated points.	2%	7%	62%	29%
Handouts, suggestions of things to think about or try at home.	0%	11%	53%	35%

	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%	3%	41%	56%
To what extent do you feel the Parenting Group helped you to understand yourself better?	0%	5%	52%	44%
To what extent do you feel the Parenting Group helped you to understand your family better?	0%	5%	60%	35%

	Never	Rarely	Sometimes	Frequently
Did you apply the ideas and/or exercises discussed during the Group when parenting your child?	2%	7%	57%	34%

	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%	21%	56%	21%
Did you feel safe and welcomed in the Group to discuss your experiences and concerns as a parent?	0%	2%	19%	79%
Were your experiences as a parent/foster parent respected in the Group?	0%	0%	16%	84%
Do you feel more confident in your ability to parent your child as a result of attending the Group?	0%	6%	58%	35%
Did the Parenting Group meet your expectations?	0%	10%	34%	56%

	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> = 39)	3%	26%	31%	41%

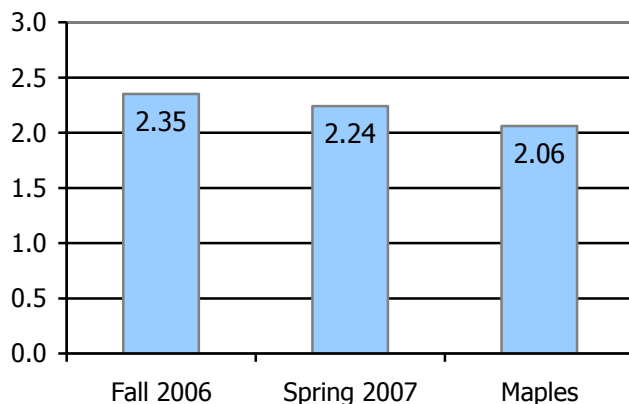
	No	Yes
Would you be interested in attending any follow-up sessions?	10%	90%

	More than Five	Five	Four	Three	Two	One	None
How many sessions did you miss?	0%	0%	3%	5%	18%	42%	32%

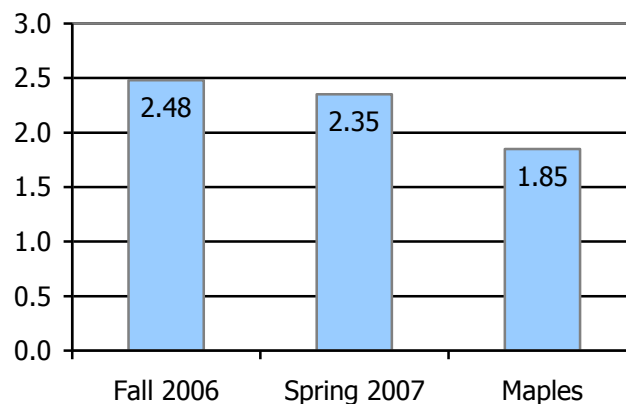
Feedback Form Item Means

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

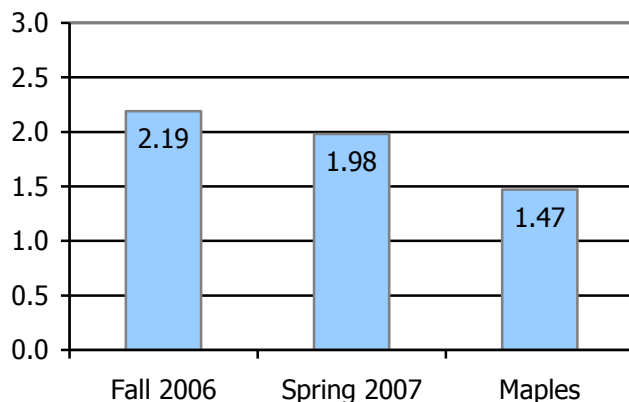
Opportunity to talk about my child's behaviour and issues.



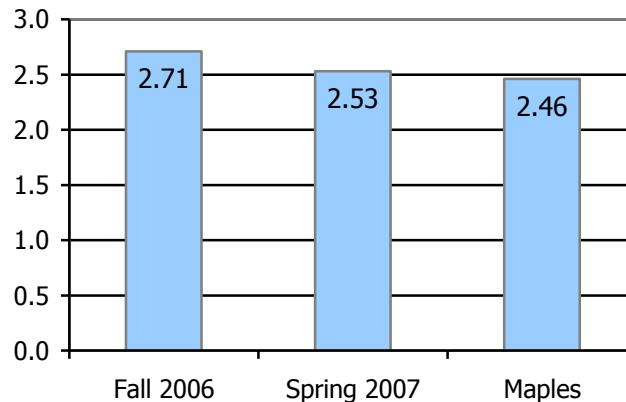
Hearing other parents discuss their child's behaviour and issues.



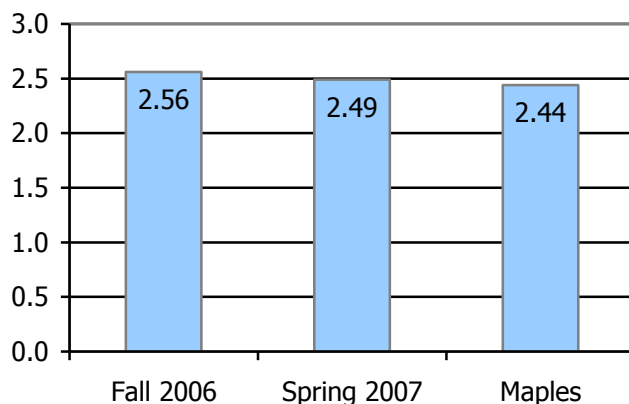
Opportunity to get support from other parents.



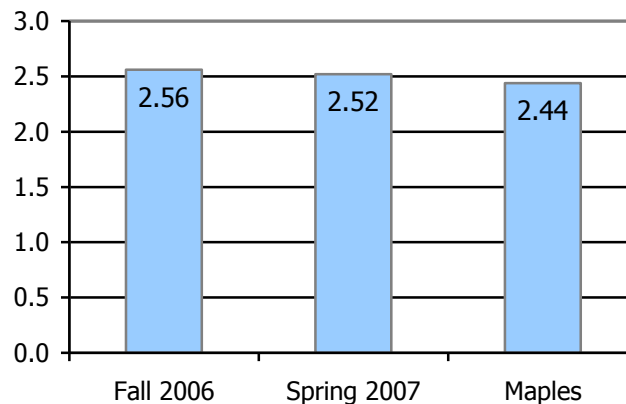
Learning about attachment.



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

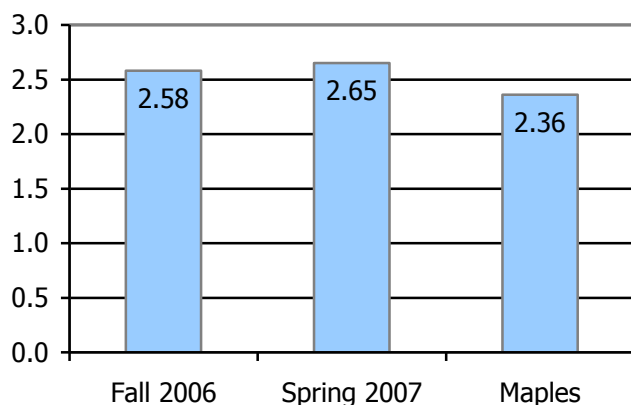


Discussing how attachment might be related to my behaviour.

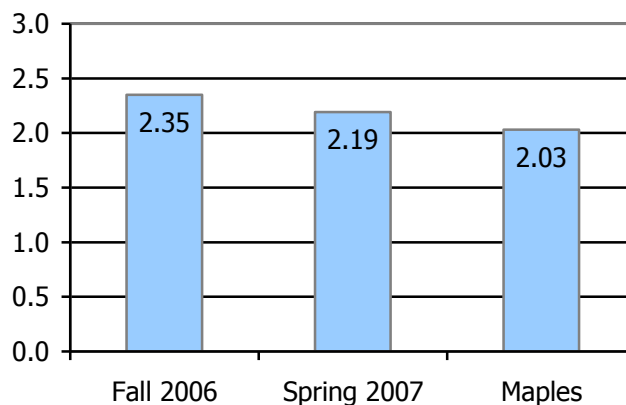


To what extent were each of the following helpful to you?

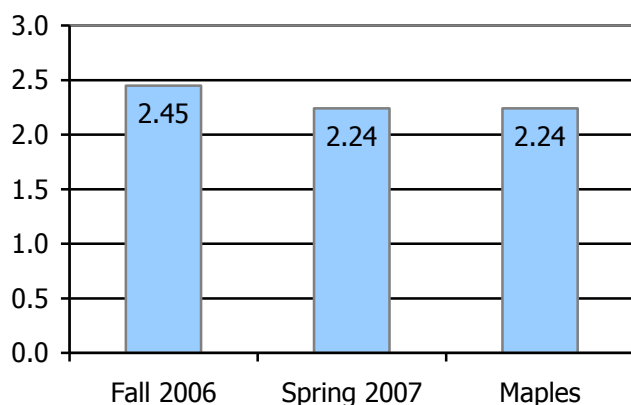
Role-plays to illustrate points.



Other group exercises that illustrated points.



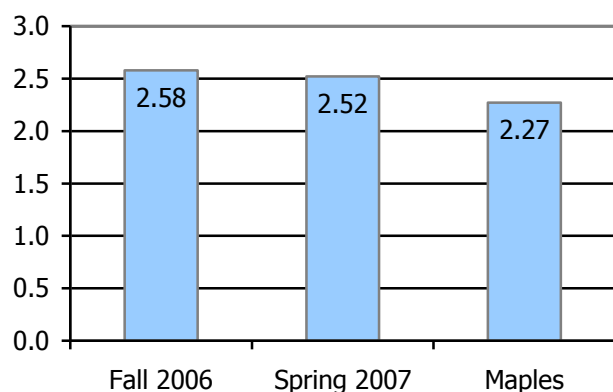
Handouts, suggestions of things to think about or try at home.



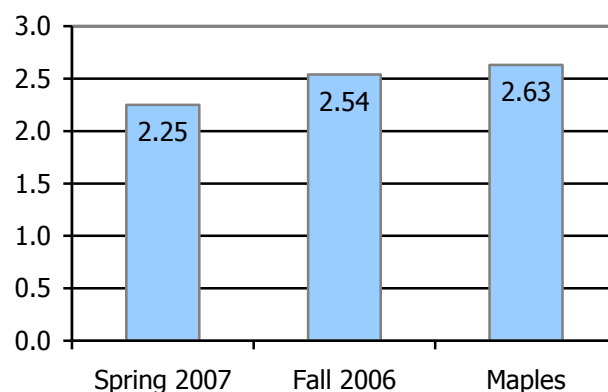
Particular group exercises mentioned:

- Positive suggestions on interacting with youth or any family member.
 - Feedback on role-plays.
- Talking about our own childhood.
 - Empathy.
- Able to look back on them at home while issues happen.
 - Handouts, role-playing.
- Sharing the principles so I could take notes.
- Reflection of own experiences.
- Group discussion, feedback from other parents.
 - Seeing stuff in writing.
- Conversation with related issues.
 - Discussions.
- Written views - feelings/thought, parents/child.
- Discussions in all sessions - feelings vs. thoughts, opportunities for parenting to improve.

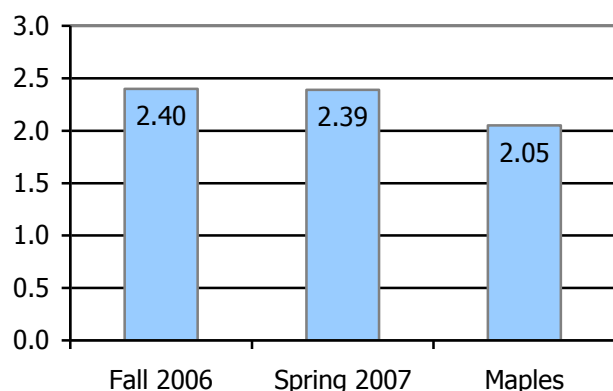
To what extent do you feel the Parenting Group helped you to understand your child better?



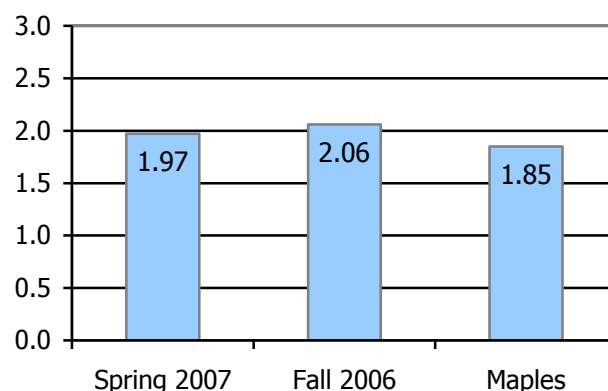
Did you apply the ideas and/or exercises discussed in the Group when parenting your child?



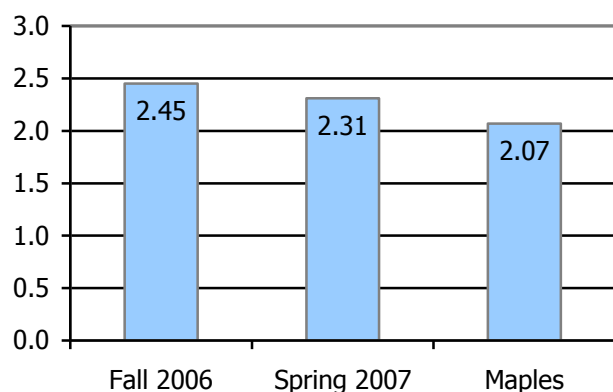
To what extent do you feel the Parenting Group helped you to understand yourself better?



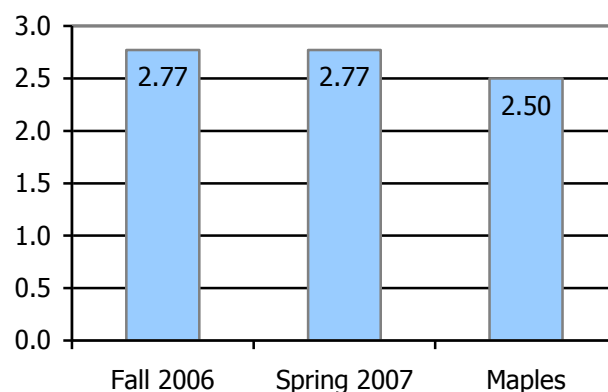
Was there a change in the relationship between you and your child as a result of you applying what you learned?



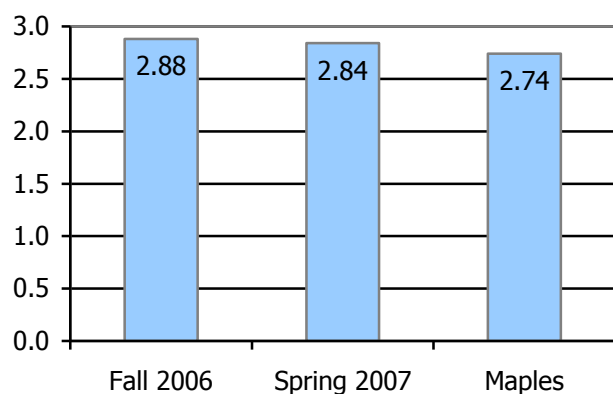
To what extent do you feel the Parenting Group helped you to understand your family better?



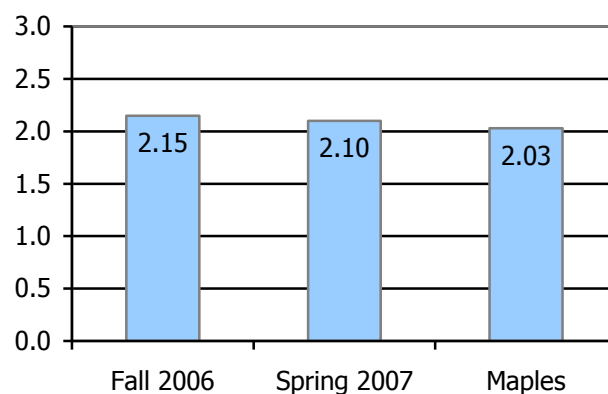
Did you feel safe and welcomed in the Group to discuss your experiences and concerns as a parent?



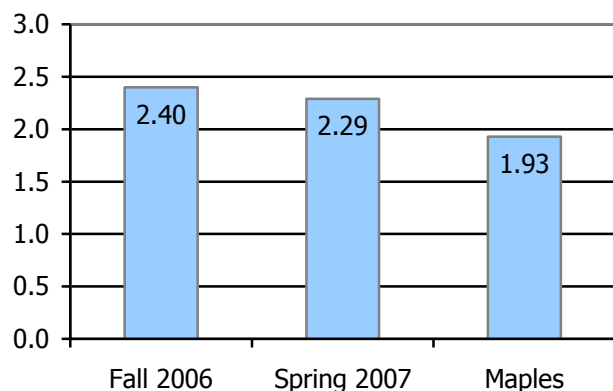
Were your experiences as a parent/foster parent respected in the Group?



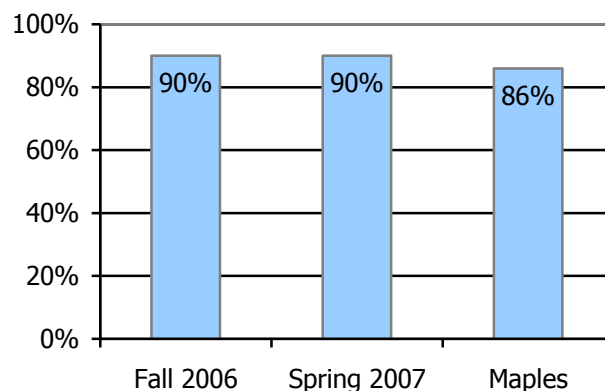
How does this Parent Group compare with other Parent Groups you have attended in terms of what you got out of it?



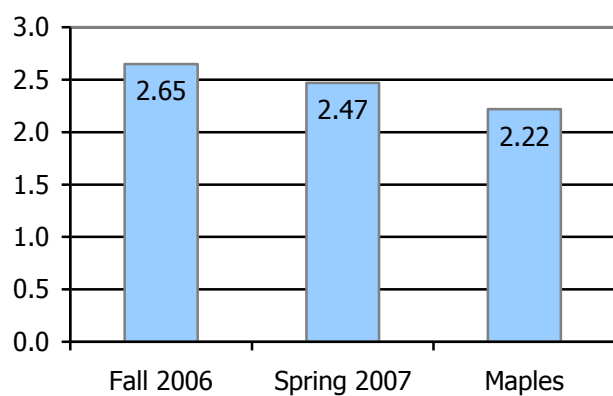
Do you feel more confident in your ability to parent your child as a result of attending the Group?



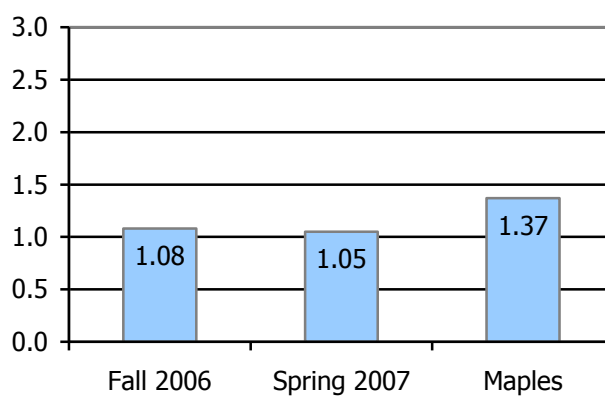
Interest in attending follow-up sessions:



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?

- No; it was at a good time and worked well with my schedule.
- A day-time meeting would have been more convenient but I managed.
- Yes - sometimes babysitting did not always come through.
- Location, due to bus transportation.
- Yes, work.
- Snowstorm, work.
- Got sick once.
- With our daughter not living at home and having very little contact with her it was hard not wondering if this group would be helpful to us or not. I think I was looking for more answers.
- Our foster child had to go somewhere while we attended the meetings. It was sometimes a rush to get here because of other commitments.
- No; I looked forward to each session. I think the sequence of principles made sense. I liked the way the leaders gave lots of time for us to reflect. I never felt rushed or pressured to give an answer.
- For me personally, no.
- My own apprehension, fear of being vulnerable.
- I didn't like having to bring the youth with me; she can be very distracting, even in the other room.
- My daughter being hit by a car, and that she does not live at home anymore.
- No; I enjoyed all aspects of dealing with and being able to understand what problems can occur and possible ways to fix them.
- A few things, nothing major.
- My two younger children; they were at the babysitter's during the day and in the evening, and they were upset about that.
- Yes, working overtime and spraining my ankle.
- Free time; child care; hard time participating in a group, better one-on-one.
- I took off work to attend.
- Kid's sports at the same time.
- 6 p.m. is too early, needed 15-30 minutes to get kids' dinner, etc.
- Work constraints – scheduling.
- Time of day and fact my children were being left at home alone.
- Out of town work needs; 6 p.m. start could have been later.
- Time - making the transition from work; sometimes difficult to leave behind the experiences of the day.
- No (x 17 times).

What changes would you like to see in the Group?

- I liked all of it but sometimes it seemed too rushed.
- More discussion of child and support.
- A place where we can bring our younger children so we can attend the group more regularly.
- In first few sessions more clarification as to how the information relates directly to our families and our children.
- More discussion on resolution of conflicts - especially with a defiant child.
- Maybe a longer time.
- A bit more time added, as 1 hour is not long enough.
- More time for support - sharing experiences and how to deal with them.
- I feel more comfortable sitting around a table (for taking notes or to put our drinks on, etc.). There wasn't enough time allotted and not enough sharing time about our problems. Only time to get through the lesson for the week.
- Maybe more time for the parents to try doing the role-plays, without being taped. More opportunity to go deeper by sharing with one another. More info on what happens when attachment is weak or when a child is grieving.
- It felt that as we just got into a session, it was over.
- In hindsight, perhaps a slightly larger group, allowing more input and views to be discussed.
- Hearing more about others' experiences and how they handled it.
- Nothing. Each week was a complete "lesson". Having food and drinks was a great bonus.
- Parents role-play with their kids' experiences.
- Maybe a little more information on problem-solving, how to handle situations.
- No changes - but I would love to have my child take a similar course which can help educate him about the behaviours in relationships.
- Tough to say. The group/material doesn't help us deal with the 'major' issues - behavioural, anger management, family management.
- A session for our children as well.
- More real-life role-plays...like how to defuse a violent teen.
- Tim Horton's coffee.
- The group mentioned a lot of great ideas; take home exercises with family would be useful, and a bit more time each class.
- Have group earlier in the year - had to miss session due to end-of-school-year function.
- More people involved - bigger group; more time to share experiences.
- None; everything was excellent, more role-plays would be good.
- More role-playing; more tangible ideas/tools to apply at home.
- More time per session, more tools, take home reminders of the lesson/program.
- More time (x 3 times).
- Nothing (x 5 times).

Attendance

The Connect Information Nights were attended by 70 of 85 caregivers. At program conclusion 71 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 groups experienced a total of 14 dropouts across the seven groups (dropouts are not included in attendance statistics).

The overall attendance rate for Sessions 1-10 was 87%. The attendance rate for the teaching sessions (1-9) was 87%. The most attended teaching sessions were Session 2, 6, and 7 (90% present), and the least attended was Session 8 (80% present).

During the Feedback and Debriefing Session, caregivers self-reported missing an average of 1.05 sessions, while official records suggest caregivers who completed the Feedback Form missed an average of 1.10 sessions. There is a significant Pearson correlation of $r = .88$ between self-reported and actual attendance data; meaning that caregivers' own recall and reports of their attendance were 78% (r^2) in agreement with the group leaders' records.

Community Connect Groups

Overall Attendance: 87%

Dropout Rate: 16%

Group Attendance	Info Night	1	2	3	4	5	6	7	8	9	Feed-back
Vancouver ($n = 13$)	100%	100%	77%	92%	92%	92%	77%	100%	92%	92%	92%
Kamloops ($n = 11$)	73%	82%	91%	91%	64%	100%	100%	82%	73%	82%	82%
Abbotsford ($n = 6$)	67%	100%	100%	67%	100%	33%	83%	100%	100%	83%	100%
Kitimat ($n = 7$)	71%	71%	100%	100%	86%	100%	100%	57%	86%	100%	100%
Surrey ($n = 13$)	77%	77%	92%	92%	92%	69%	85%	100%	100%	85%	85%
Terrace ($n = 10$)	100%	100%	100%	80%	100%	80%	100%	90%	80%	80%	80%
Parksville ($n = 11$)	82%	82%	82%	82%	91%	82%	91%	91%	36%	73%	91%
TOTAL ($N = 71$)	83%	87%	90%	87%	89%	82%	90%	90%	80%	85%	89%

Conclusions

The second cycle of the expanded Connect Parent Group has continued to produce encouraging satisfaction results, as well as several reliable clinical improvements in youth and caregivers. Seven CPGs (6 continuing groups and 1 new group) encompassing 85 caregivers across all five mental health regions were conducted between January and May 2007, benefitting 63 youth with behavioural and social problems, as well as their many siblings – at least 129 youth in total. A low dropout rate of only 16% and an overall attendance rate of 87% ensured that caregivers were able to fully benefit from the educational and skill development focus of Connect. As a result, 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.

Caregivers who participated in Connect continued to report 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 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 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 likely 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.

Caregivers' less negative emotional reactions concerning their youth comes as no surprise considering the reports that youth substantially improved their behaviour and functioning. 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 and Oppositional Defiant Disorder. Caregivers' new perspective on parenting and their improved interactions appear to have had a significant impact upon their youth's behaviour and functioning. Youth exhibited significantly improved Social Participation, Quality of Relationships, and Academic Participation/Performance. Teaching caregivers

to reframe their youth's behaviour from an attachment perspective enabled them to nurture their youth's mental health and to facilitate improved functioning in many domains of their lives.

The many improvements in caregivers' reported skills and behaviour 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 – nearly 90% of respondents felt elements such as handouts, 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 62 caregivers who completed Feedback Forms, 100% reported that learning about attachment was helpful or very helpful. In fact, 97% felt that the Connect Parenting Group helped them to understand their child at least somewhat better – often "a great deal" better – and 95% 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 – 57% "sometimes", and 34% 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 that 77% 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; 35% "a great deal" more confident.

The Connect Parent Group was a positive experience for attendees, having met the expectations of 90% of caregivers, and in fact 90% would be interested in attending follow-up sessions. Only 1 caregiver out of 39 reported getting less out of Connect than other groups they had attended, and 72% compared Connect more favourably to other parent groups. Continuous replication of the Connect program evaluation methodology, along with long-term follow-up research, will provide a clearer picture of the few inconsistent results between Fall 2006 and Spring 2007 cycles, in particular results in the areas of parent-child attachment and parenting tactics.

With significant improvements 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, many caregivers and their families have benefited substantially from their experience. The encouraging findings from the second cycle of community-based Connect Parent Groups continue to make a strong case for ongoing and expanded implementation of the program.

Russell Ball
Program Evaluation Officer
Maples Adolescent Treatment Centre

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