

CONNECT PARENT GROUP



SUMMER 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 of 2007. The third cycle of community-based Connect groups operated over the Summer of 2007. Five groups from Fall 2006 and/or Spring 2007 cycles continued operations in Summer 2007: Vancouver, Kamloops, Abbotsford, Kelowna, and Kitimat. In addition, one new Connect Parent Group began operations in Summer 2007 following a second round of leader training at MATC in April: Surrey 2.

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

Procedure

Caregivers of youth recognized as having behavioural and social problems were invited to participate in the 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 Summer 2007 orientation sessions, 51 caregivers provided informed consent and completed questionnaire packages in order to obtain baseline data prior to the first weekly group session. A subset of 29 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 Summer of 2007 (April-July), 72 caregivers between the ages of 29 and 62 years of age ($M = 42.8$, $SD = 7.3$) participated in six community-based Connect Parent Groups (17 caregivers ultimately dropped out early in their respective group cycles). The 72 caregivers represented 55 target youth: 38 male and 17 female, with a mean age of 13.9 years ($SD = 2.0$). Caregivers spanned a wide range of family positions, although the majority ($n = 41$) were biological mothers; the remaining caregivers were biological fathers ($n = 14$), adoptive parents ($n = 5$), stepparents ($n = 6$), relatives ($n = 3$) and foster parents ($n = 1$). With respect to family structure, 46% of families comprised one-parent households, a further 40% were two-parent households, and the remaining 14% comprised blended families (e.g., including relatives). Approximately three quarters of caregivers reported having lived with the targeted child since birth; the 23% who had not done so reported spending an average of 6.9 years together (ranging from 1 month to 14.2 years).

Fifty-three caregivers provided information regarding their educational background and current employment: 30% completed high school only, and 55% 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 (2% upper, 30% upper-middle, 44% lower-middle, 24% 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 72 parents participating in the Connect program, 29 provided sufficient data at both the beginning and end of the program to enable analysis of their response patterns over time. Those 29 caregivers represented 26 target youth, resulting in the intentional exclusion of 3 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 $N = 26$.

Participants Included in Data Analysis

Caregiver Relationship	Mother (24) Relative (2)
Mean Age	42.6 years
Household Type	Two-parent (13) One-parent (11) Blended (2)
Target Youth	Male (18) Female (8) Mean age = 13.3 years
Mean Time Together	12.3 years ("Life" $n = 21$)

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).

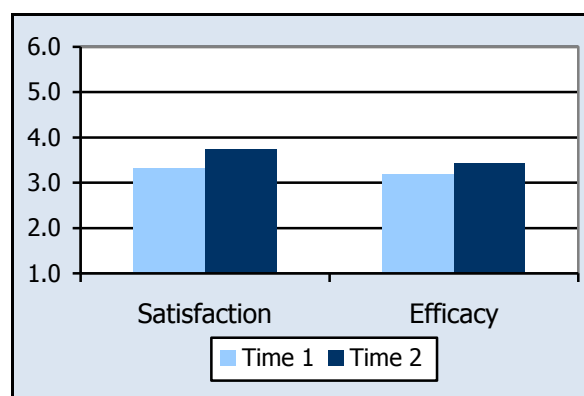
It is generally accepted that a t -score that yields a probability value (p -value) of less than 0.05 is to be considered statistically significant – there

is a less than 5% chance that the apparent difference is the result of random chance.

Trends are reported below in each domain of functioning, but in many cases the relatively small sample size results in a lack of power, leading to failure to achieve significant measures of change over time. Fall 2006 and Spring 2007 cycles contained larger final sample sizes of 38 and 45 respectively, and displayed a larger number of significant findings as a result.

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.

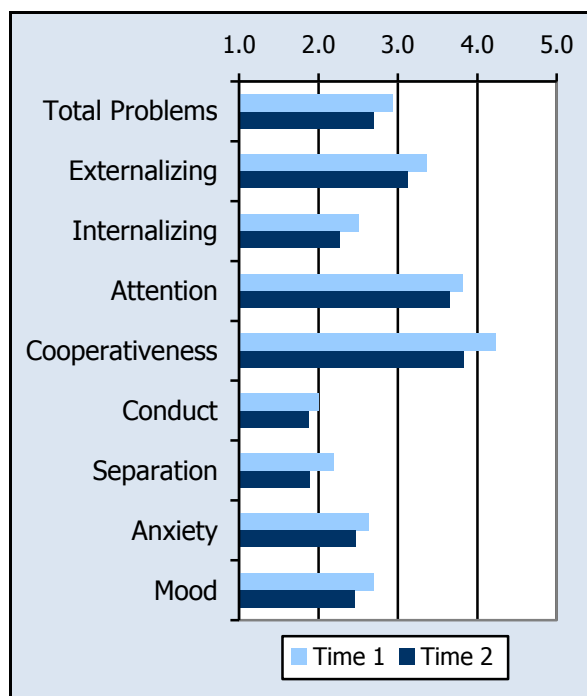


Caregivers' mean Satisfaction scores on the PSOC significantly increased from Time 1 to Time 2, indicating reduced frustration in the caregiver role, and greater motivation to parent. Mean Efficacy scores increased slightly from Time 1 to Time 2 but not by a significant degree.

PSOC	Mean Change	Sig. Level
Satisfaction	0.42	0.010
Efficacy	0.26	0.113

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).

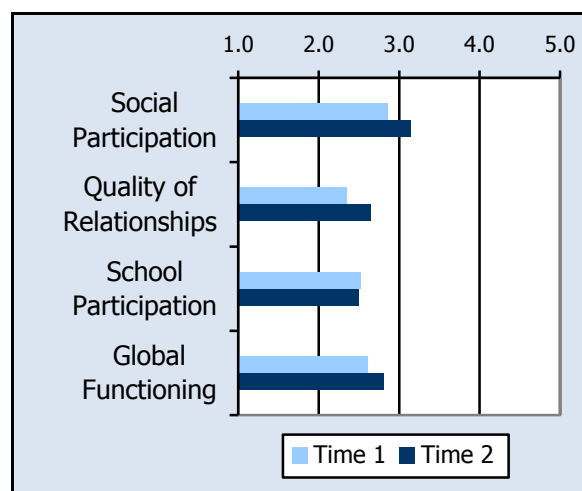


In several domains of behaviour being measured problem scores displayed downward trends over the course of the Connect program, however the smaller sample size than that used in previous cycles limits power to detect significant change. In only one case, that of Cooperativeness (the BCFPI sub-scale which maps to Oppositional Defiant Disorder), was a

statistically significant decrease in problem behaviour reported by caregivers.

BCFPI Behaviour	Mean Change	Sig. Level
Total Problems	-0.24	0.028
Externalizing Disorders	-0.24	0.044
Internalizing Disorders	-0.24	0.068
Attention Regulation (ADHD)	-0.17	0.278
Cooperativeness (ODD)	-0.41	0.018
Conduct (CD)	-0.13	0.255
Separation Anxiety (SAD)	-0.30	0.096
Managing Anxiety (GAD)	-0.17	0.340
Managing Mood (DD)	-0.25	0.155

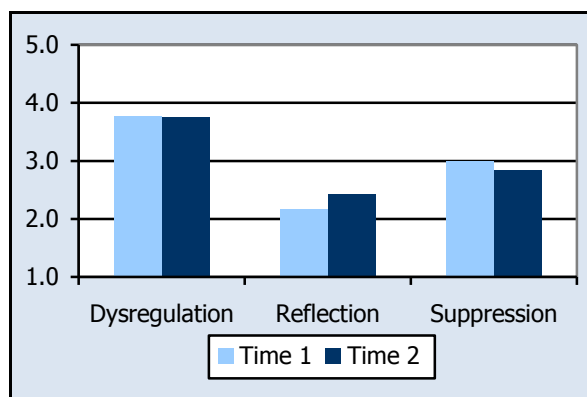
Caregivers' reports of youth functioning displayed positive trends over the course of the Connect program. Mean scores on the sub-scales consistently increased, but not significantly. A larger sample size would likely have revealed more evidence of change over time.



BCFPI Functioning	Mean Change	Sig. Level
Social Participation	0.28	0.191
Quality of Relationships	0.29	0.165
School Participation and Achievement	0.03	0.889
Global Functioning	0.20	0.250

Emotional Regulation

Caregivers' assessments of youth emotional regulation displayed trends in the expected directions but did not change to a significant degree over the course of the Connect program.

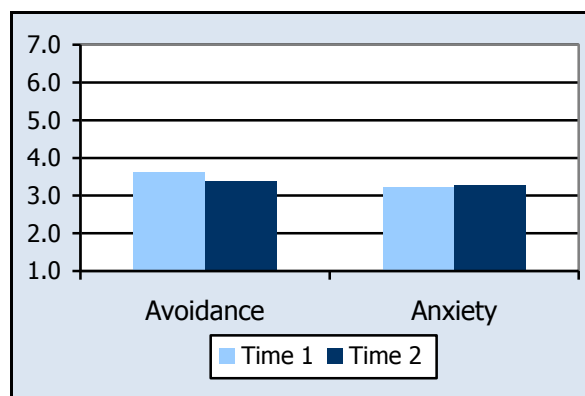


Mean scores on the ARC sub-scales of emotional Dysregulation, Reflection, and Suppression, all trended in expected directions.

ARC	Mean Change	Sig. Level
Dysregulation	-0.01	0.958
Reflection	0.26	0.279
Suppression	-0.17	0.415

Relationship Quality

Caregivers' ratings of youth attachment remained stable from Time 1 to Time 2.

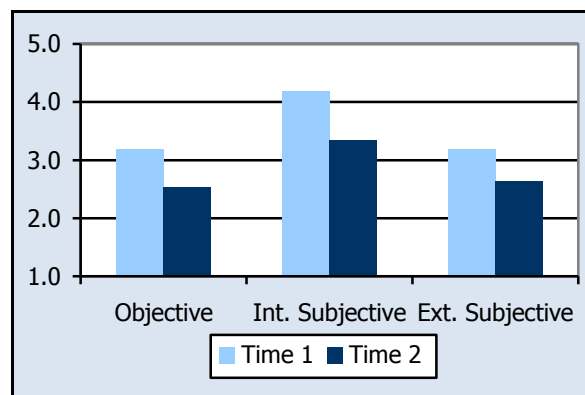


Mean scores on the CAPAI dimensions of Avoidance and Anxiety did not display significant change over the course of the program.

CAPAI	Mean Change	Sig. Level
Youth Avoidance	-0.24	0.152
Youth Anxiety	0.04	0.768

Caregiver Strain

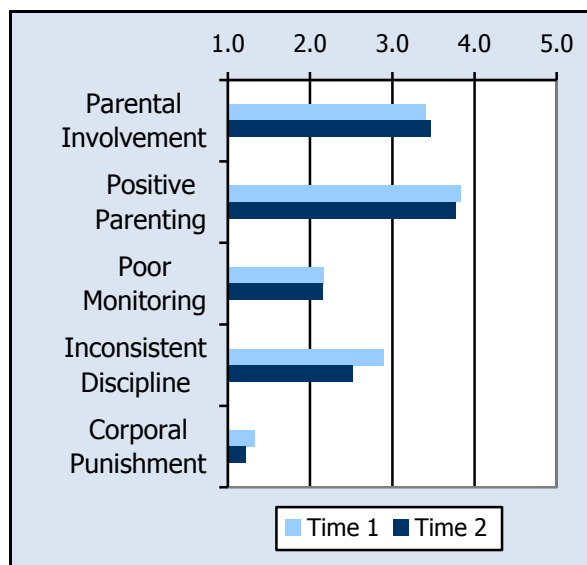
Caregivers' reported strain at the conclusion of the Connect program was substantially reduced from initial reports at Time 1. Mean scores on all three CGSQ sub-scales (Objective Strain, Internalized Subjective Strain, and Externalized Subjective Strain) had decreased significantly by Time 2.



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) and anger and resentment towards their youth (externalized strain), at Time 2.

CGSQ	Mean Change	Sig. Level
Objective Strain	-0.65	0.001
Internalized Subjective Strain	-0.85	0.001
Externalized Subjective Strain	-0.56	0.001

Parenting Tactics and Discipline



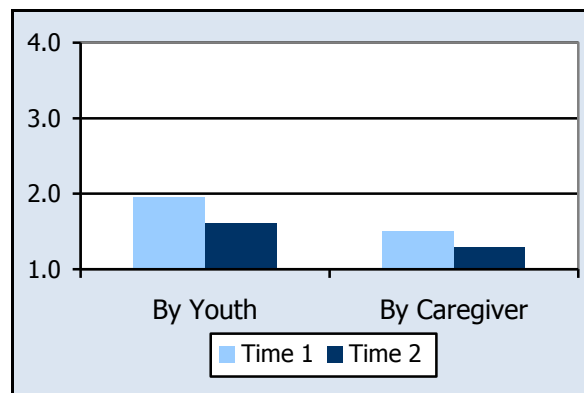
Caregivers did not report significant changes on the APQ in their involvement, positive parenting, monitoring, or corporal punishment. However, results did indicate a significant

reduction in inconsistent discipline from Time 1 to Time 2, suggesting that caregivers became more thoughtful in their disciplinary practices.

APQ	Mean Change	Sig. Level
Parental Involvement	0.07	0.438
Positive Parenting	-0.06	0.426
Poor Monitoring	-0.02	0.859
Inconsistent Discipline	-0.38	0.006
Corporal Punishment	-.10	0.188

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	-0.35	0.001
Conflict by Caregiver	-0.22	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 Fall 2006 community-based groups ($N = 52$) and the seven Spring 2007 community-based groups ($N = 62$) 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

39 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.	3%	10%	49%	38%
Hearing other parents discuss their child's behaviour and issues.	3%	5%	46%	46%
Opportunity to get support from other parents.	0%	31%	44%	26%
Learning about attachment.	0%	0%	38%	62%
Discussing how attachment might be related to my child's behaviour.	0%	5%	38%	56%
Discussing how attachment might be related to my behaviour.	0%	3%	33%	64%
Role plays to illustrate points.	0%	3%	26%	72%
Other group exercises that illustrated points.	0%	5%	51%	44%
Handouts, suggestions of things to think about or try at home.	0%	3%	62%	36%

	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%	44%	54%
To what extent do you feel the Parenting Group helped you to understand yourself better?	0%	5%	38%	56%
To what extent do you feel the Parenting Group helped you to understand your family better?	0%	10%	41%	49%

	Never	Rarely	Sometimes	Frequently
Did you apply the ideas and/or exercises discussed during the Group when parenting your child?	0%	5%	56%	38%

	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?	5%	11%	58%	26%
Did you feel safe and welcomed in the Group to discuss your experiences and concerns as a parent?	5%	3%	21%	72%
Were your experiences as a parent/foster parent respected in the Group?	3%	0%	15%	82%
Do you feel more confident in your ability to parent your child as a result of attending the Group?	0%	3%	56%	41%
Did the Parenting Group meet your expectations?	3%	5%	38%	54%

	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> = 26)	4%	12%	58%	27%

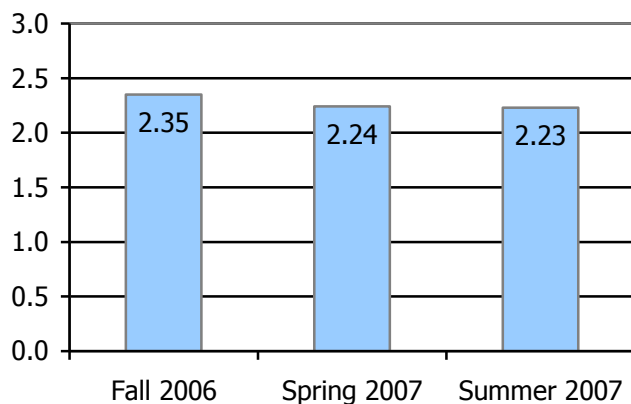
	No	Yes
Would you be interested in attending any follow-up sessions?	5%	95%

	More than Five	Five	Four	Three	Two	One	None
How many sessions did you miss?	0%	0%	0%	8%	15%	46%	31%

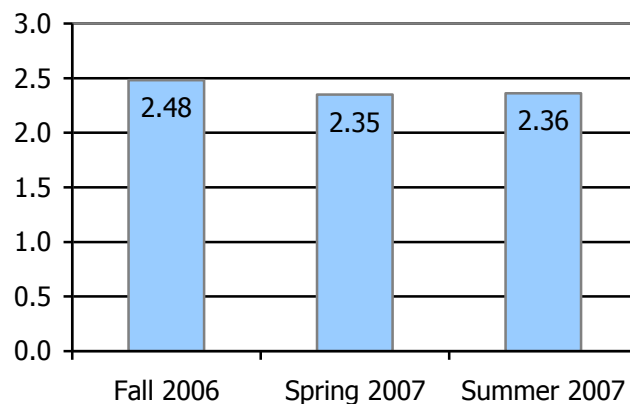
Feedback Form Item Means

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

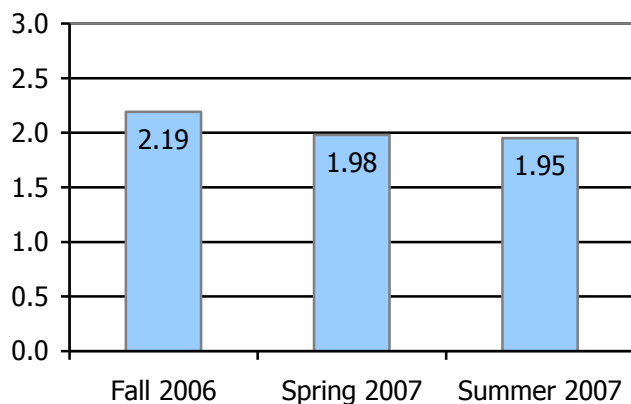
Opportunity to talk about my child's behaviour and issues.



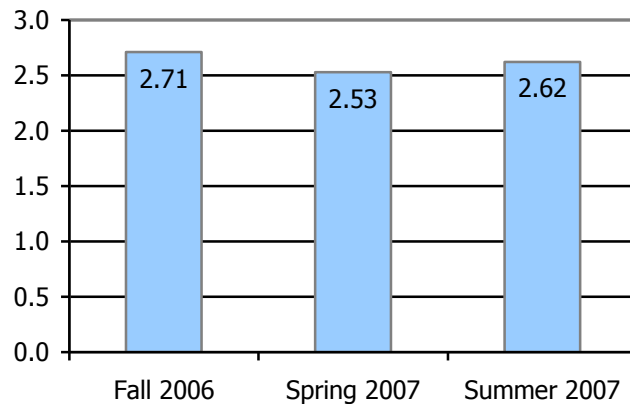
Hearing other parents discuss their child's behaviour and issues.



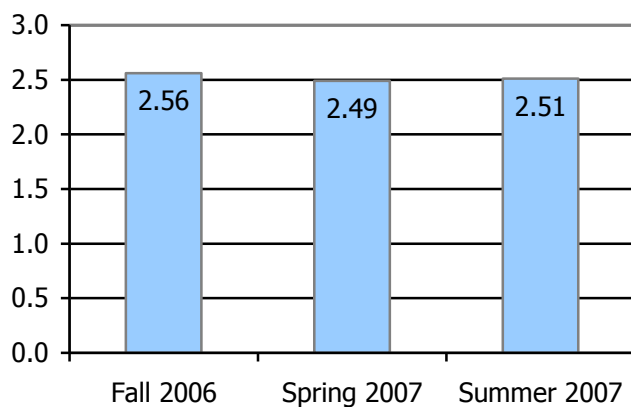
Opportunity to get support from other parents.



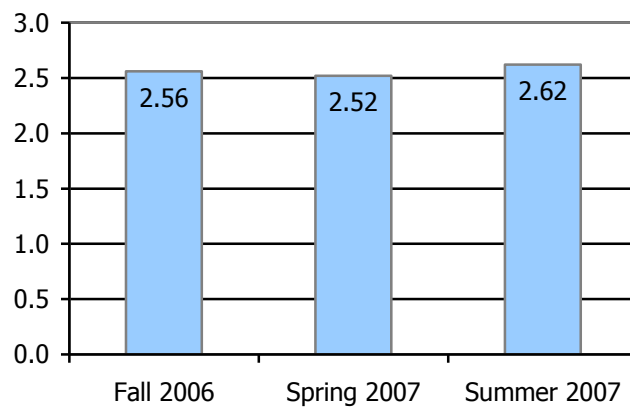
Learning about attachment.



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

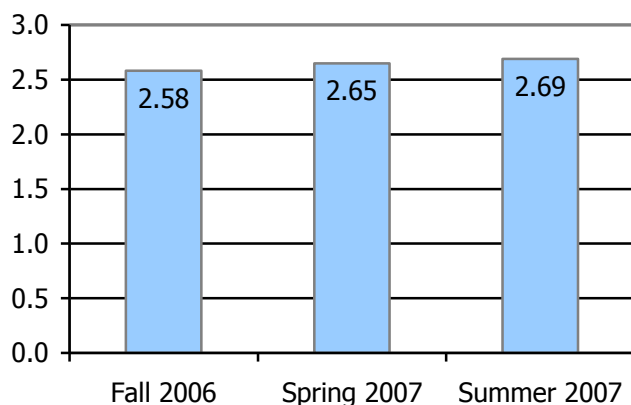


Discussing how attachment might be related to my behaviour.

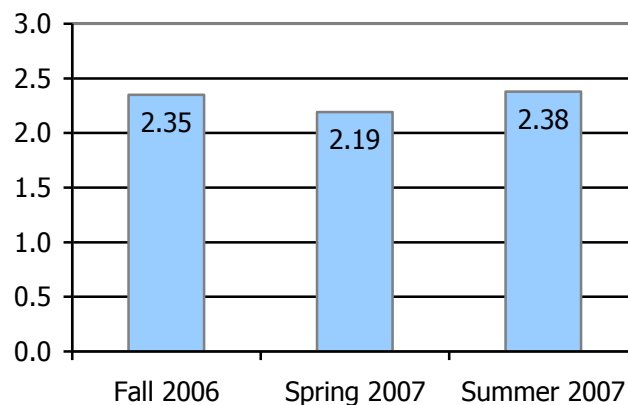


To what extent were each of the following helpful to you?

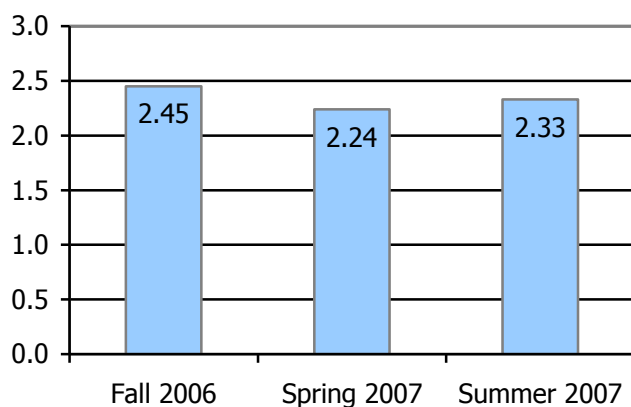
Role-plays to illustrate points.



Other group exercises that illustrated points.



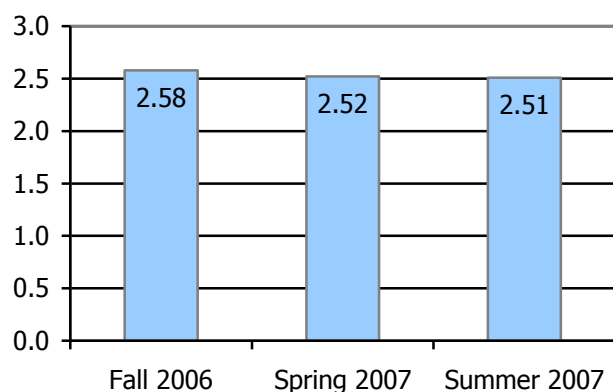
Handouts, suggestions of things to think about or try at home.



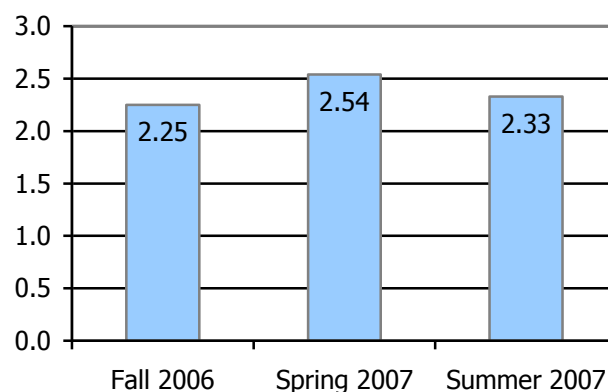
Particular group exercises mentioned:

- It is important to be able to see stuff from your head outside your head.
- Going around the room and everyone getting a chance to participate.
- Open discussion on topics.
 - Personal goals.
- Interaction with instructors.
 - Group discussion.

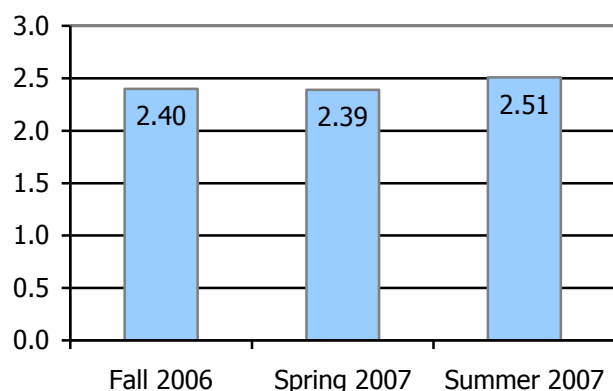
To what extent do you feel the Parenting Group helped you to understand your child better?



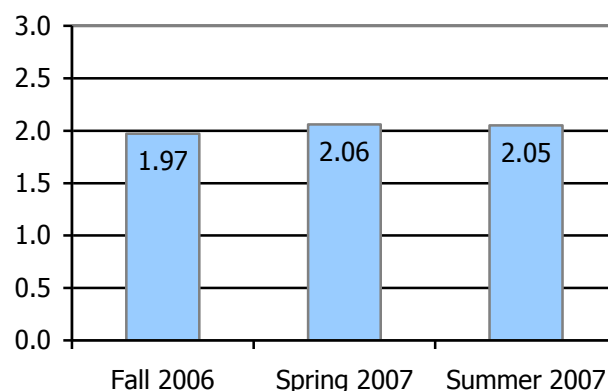
Did you apply the ideas and/or exercises discussed in the Group when parenting your child?



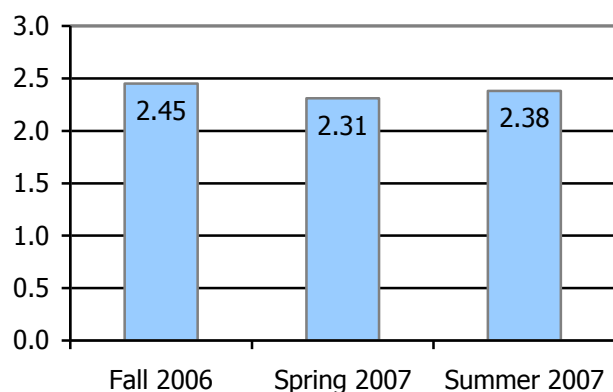
To what extent do you feel the Parenting Group helped you to understand yourself better?



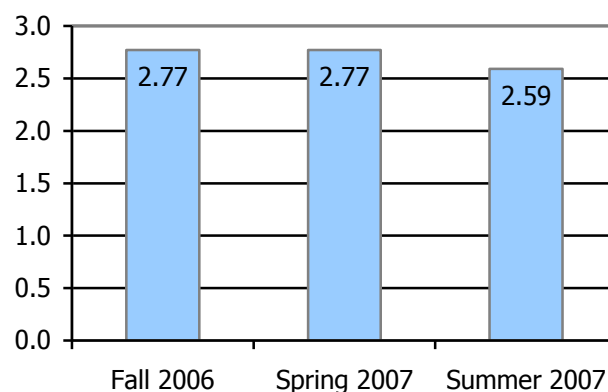
Was there a change in the relationship between you and your child as a result of you applying what you learned?



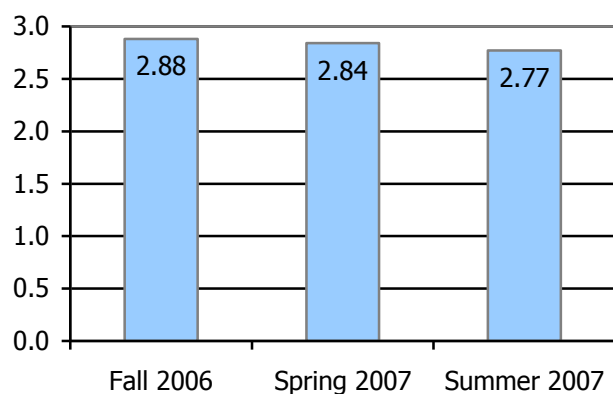
To what extent do you feel the Parenting Group helped you to understand your family better?



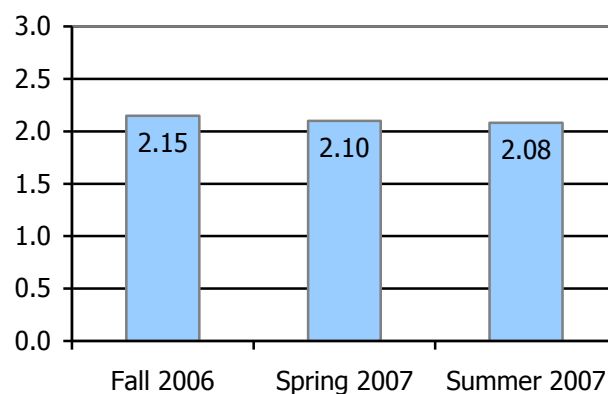
Did you feel safe and welcomed in the Group to discuss your experiences and concerns as a parent?



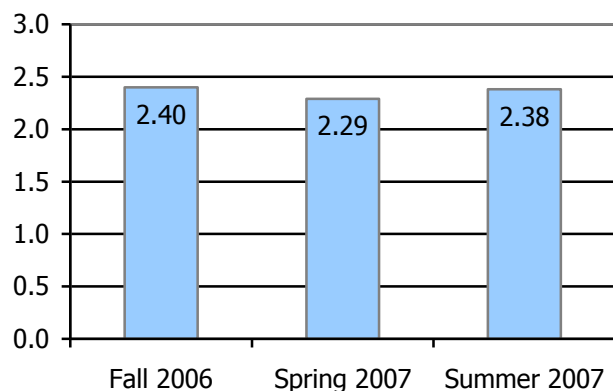
Were your experiences as a parent/foster parent respected in the Group?



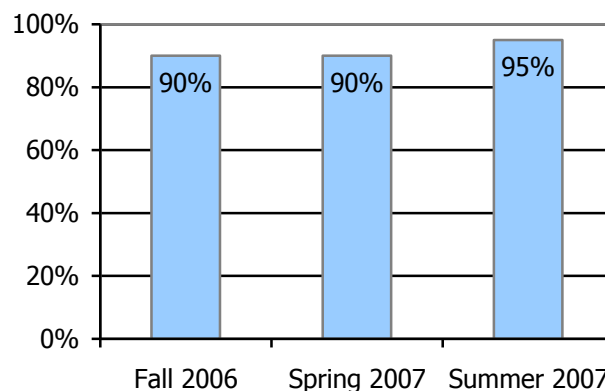
How does this Parent Group compare with other Parent Groups you have attended in terms of what you got out of it?



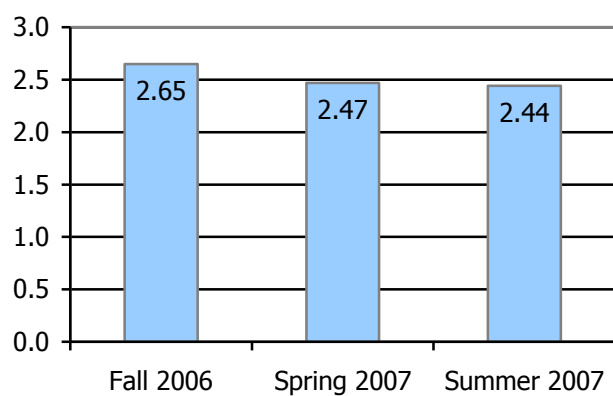
Do you feel more confident in your ability to parent your child as a result of attending the Group?



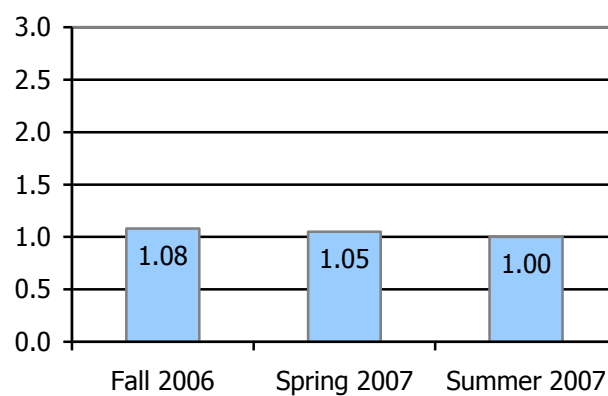
Interest in attending follow-up sessions:



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?

- There was negativity from some parents, and they would not get the full benefit from this.
- No; I made an arrangement to either change appointments for another day or time. Just once when I had extra children and appointments that couldn't be moved; after that it was okay.
- Time.
- One crisis day with my child; one vehicle accident.
- Family life.
- My van broke down.
- Sometimes the start time was difficult because of the nature of my work.
- Daycare - glad I had it.
- Some distractions at home with children, family members.
- My spouse had shift-work.
- During the winter may have been better.
- Too close to the start of summer.
- Tiredness; would like to see it earlier in the week.
- No (x 19 times).

What changes would you like to see in the Group?

- Like to have a time limit for each parent to talk. Would like all the parents to be able to talk about their parent-child relations.
- More exercises and practice.
- I think some more time to share, at least the last few groups.
- Longer times, more sessions.
- Could be a little longer.
- Discussions on non-typical child behaviour, i.e., kids who are more sensitive, or have greater range, or distracted.
- More control over certain parents who dominate conversations and use the group as a support group; this was very distracting!
- Just a little bit longer would be good.
- To be a little bit longer, and a second one to attach to it.
- A little longer each night.
- Child involvement in separate class.
- Stay 10-15 minutes later for those want to debrief, ask questions, share.
- Extend the modules for a little longer.
- I would like to see less of people explaining their problems with their children as if to be looking for approval, and more of just discussing how to fix problems.
- To ensure that the people who attend the group are in the proper group. Too many people left the group and stated that they felt the lesson couldn't be applied to them.
- Follow-up in 6 months.
- 90 minute session, fewer weeks.
- A few more couples; more time to share experiences/problems.
- None (x 4 times).

Attendance

The Connect Information Nights were attended by 62 of 72 caregivers. At program conclusion 55 caregivers were still attending group sessions on a regular basis. Any caregiver who ceases attending prior to Session 6 (thus missing Sessions 6-10 – comprising more than one third of the teaching sessions) is considered a dropout. The groups experienced a total of 17 dropouts across the 6 groups (dropouts are not included in attendance statistics).

The overall attendance rate for Sessions 1-10, not including the dropouts, was 83%. The attendance rate for the teaching sessions (1-9) was 84%.

During the Feedback and Debriefing Sessions, caregivers self-reported missing an average of 1.00 sessions, while official records suggest an average of 1.03 sessions. There is a significant Pearson correlation of $r = .82$ between self-reported and actual attendance data; meaning that caregivers' own recall and reports of their attendance were 67% (r^2) in agreement with the group leaders' records.

Community Connect Groups

Overall Attendance: 83%

Dropout Rate: 24%

Group Attendance	Info Night	1	2	3	4	5	6	7	8	9	Feed-back
Vancouver ($n = 12$)	92%	92%	83%	83%	100%	92%	75%	83%	75%	75%	92%
Kamloops ($n = 9$)	67%	100%	89%	100%	78%	78%	78%	89%	89%	89%	89%
Abbotsford ($n = 8$)	88%	75%	100%	75%	63%	75%	100%	88%	75%	63%	63%
Kelowna ($n = 8$)	100%	100%	100%	75%	75%	75%	50%	100%	88%	100%	100%
Surrey 2 ($n = 11$)	100%	100%	91%	91%	64%	73%	73%	64%	73%	55%	36%
Kitimat ($n = 7$)	71%	71%	100%	100%	100%	100%	86%	100%	86%	86%	86%
TOTAL ($N = 55$)	87%	91%	96%	87%	76%	84%	80%	84%	82%	76%	73%

Conclusions

The third cycle of the expanded Connect Parent Group has continued to produce encouraging satisfaction results despite a smaller number of participants in the summer sessions. Six CPGs (5 continuing groups and 1 new group) encompassing 72 caregivers across four of the five mental health regions were conducted between April and July 2007, benefitting 55 youth with behavioural and social problems, as well as their many siblings – at least 100 youth in total. The dropout rate of 24% for the summer cycle was noticeably higher than that witnessed in previous cycles (Fall 2006: 14%, Spring 2007: 16%), although the overall attendance rate of 83% did not differ substantially. 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.

Unfortunately, abnormally low return rates for program evaluation material plagued the Summer Connect Groups, and a useable sample size of only 26 individuals moderately hampered efforts to test statistically significant changes over the course of the groups. The Fall 2006 ($N = 38$) and Spring 2007 ($N = 45$) samples exhibited several significant changes not apparent in the Summer 2007 data. However, caregivers who participated in Connect program evaluation continued to report key improvements in not only their own parenting skills and strategies but also in their youth's mental health and functioning – 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 is to increase parenting competence, and this was achieved once again, as seen by a significant increase in caregivers' reported Satisfaction: upon reflection, caregivers felt more comfort and motivation in the parenting role. In previous cycles a significant increase in caregiver self-reported Efficacy has also been witnessed, however the increase in efficacy was only marginally significant in the Summer cycle.

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. The findings in the realm of parenting strategies and conflict are consistent with those found in previous cycles, despite the reduction in statistical power resulting from the smaller sample size.

An additional measure apparently unaffected by the smaller sample size was the Caregiver Strain Questionnaire. On top of significant decreases in Objective Strain – the actual material costs of intensive childcare – caregivers reported significantly fewer subjective emotions such as guilt and anxiety concerning their youth, as well as less anger and resentment

directed towards the youth themselves. Surprisingly, the decreases in caregiver strain across the board were more substantial in most cases in the Summer cycle than in either Fall 2006 or Spring 2007 cycles, indicating that a very large effect size is responsible for the change.

Caregivers' less negative emotional reactions towards their youth fits well with the significant improvements noted in youth problem behaviour. By the conclusion of the Connect Program caregivers reported that youth had made significant reductions in their externalizing problem behaviour, including symptoms of Oppositional Defiant Disorder. Caregivers' new perspective on parenting and their improved interactions may well have had an impact upon their youth's functioning as well: in previous cycles youth exhibited significantly improved Social Participation, Quality of Relationships, and Academic Performance; however in this case the smaller sample size may have compromised efforts to achieve statistically significant results on the BCFPI Functioning subscales. 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, as has been displayed in the larger Fall 2006 and Spring 2007 samples.

Although fewer significant improvements in caregivers' reported skills and relationship status were found, 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 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 39 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 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 – 56% “sometimes”, and 38% 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 84% 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 97% of caregivers felt more confident in their ability to parent, 41% “a great deal” more confident.

The Connect Parent Group was a positive experience for attendees, having met the expectations of 92% of caregivers, and in fact 95% would be interested in attending follow-up sessions. Only 1 caregiver out of 26 reported getting less out of Connect than other groups they had attended, and 85% compared Connect more favourably to other parent groups.

The Summer 2007 cycle of Connect Parent Groups in the greater community represents the third cycle of the expanded Connect program throughout British Columbia, and marks one full year of program evaluation. Twenty 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. Although a high dropout rate and lower materials return rate than expected somewhat hampered the third cycle's findings, several encouraging results continue to make a strong case for ongoing implementation of the program. In addition, the body of data and knowledge built up over the past year will facilitate an in-depth review of materials and procedures during the Fall 2007 cycle. This review will aim to improve upon and thoroughly evaluate the measures currently in use, and to ensure that the burden of participation upon caregivers and youth is kept at a minimum. Should program evaluation methods and materials be revised as a result, Group Leaders should be prepared to integrate revised procedures in the Spring of 2008.

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