Parent Child Center of Tulsa

2013 Final Report

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February 2014

Technical Report No.: ARC-FY-01-001

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Executive Summary

Adult Treatment is a tertiary prevention program whose goal is to break the cycle of child abuse or neglect. The Adult Treatment program has shown consistently throughout 4 years to be effective in reducing the risk of child abuse and neglect. The change from pre-test to post-test was significant for every year with exception of 2009, in which only nine individuals were included in the sample. The paired samples t-test showed significance with all variables from the years 2010-2013, with the exception of one variable from 2013. Overall, the program has shown remarkably consistent results throughout the years.

Child Therapy has a goal of improving the parent-child relationship, and providing the parent with strategies for dealing with their children's behaviors. Using the Crowell assessment allows the team to observe the parent and child and provide suggestions on how to improve that relationship. Results from the Crowell Assessment showed positive change, particularly with such variables as positive effect, emotional responsiveness, and behavioral responsiveness. The pre and post-test results showed 11 of the 31 total variables on the Crowell to change in a statistically significant way, and again, many of these were centered on positive affect and emotional/behavioral responsiveness. Overall, the program appears to be having a positive effect on the relationship between the parent and child.

Great Beginnings enrolls pregnant women and families with children up to one year old who are at moderate to high risk for abuse and neglect due to circumstances such as teen mother, single head of household, unemployment, lack of support system, or poverty. The Healthy Families Parenting Inventory (HFPI) examines 9 different subscales and a total score in an effort to examine parental attitudes and beliefs within families. Generally speaking, mean scores increased across time, indicating positive change. However, unlike last year, none of the change in the mean scores was statistically significant from pre to post.

Kids on the Block program has a goal to provide children of various ages the knowledge needed to deal with tough situations and the motivation to pursue help when necessary. The results for the Kids on the Block program were consistently positive. The program used a new survey this year that focused on two main aspects of the program: knowledge and behavior. The goal of the program is to increase knowledge of bulling and abuse as well as hopefully change the behavior of individuals who experience bullying and abuse. For the bullying program, both the knowledge subscale and the total score were statistically significant from pre to post. For the abuse program, all three variables, including knowledge, behavior, and the total score, were statistically significant from pre to post. Teacher comments were also positive towards the program, both in terms of content of the program as well as the presentation itself.

Never Shake a Baby has a mission to teach parents about normal infant behaviors, techniques to calm a crying baby, and the dangers of shaking a baby. The Never Shake a Baby program used a new version of the survey this year to focus on what was determined to be the most important aspects of the program. For the pre-test, the goal was to determine whether individuals already had knowledge of the concepts being presented in the program as well as determine whether individuals learned any new strategies for staying calm with their child. Perhaps most interesting in the pre-test was most people had heard of Shaken Baby Syndrome, but most had not heard of the Period of Purple Crying. For the post-test, results regarding the DVD were similar to those of the past, i.e., those who watched the DVD were more likely to share it. Future analysis will hopefully include a deeper look at the aforementioned differences, as well as differences between responses of the mother and father as well as those for whom it was the first child.

Supervised Visitation is utilized to provide a safe place and a structured environment for children to visit and maintain a relationship with their non-custodial parent in a way that protects them from further abuse, neglect and conflict. The Supervised Visitation program received very good ratings on almost every aspect of the program. With all but two variables having a score of 3 or above, and most of those being 4 or above, the program was doing very well according to respondents. There were two areas where respondents listed little change as a result of using visitation services, those being reduction of conflict and making a positive difference for the child. Otherwise, program participants were generally positive about the program.

Adult Treatment

Goal

Adult Treatment is a tertiary prevention program whose goal is to break the cycle of child abuse or neglect. The objective of the first phase is to assist parents in taking responsibility for court involvement and to assist them in understanding what changes they need to make in their life to break the cycle of abuse and neglect. The objective of the second phase is to reduce the risk of child abuse and neglect through parenting education.

Purpose

The goal of research within Adult Treatment is twofold: first, analyzing the current data being collected to determine improvement from pre to post; second, to determine improvements that can be made in both data collection and use of instruments.

Procedure

Upon entrance to the adult treatment program, participants are put in either the Compassion Workshop or the Responsibility Processing Group. Upon completion, participants will enter the Nurturing Parenting program, and when completed, will fill out the Adult-Adolescent Parenting Inventory (AAPI), which was also filled out upon entrance to the program. For this report, all of the data on the AAPI was collected since 2009 and analyzed to determine the effectiveness of the program over a longer period of time.

Instruments

Adult-Adolescent Parenting Inventory (AAPI-2) – The AAPI-2 is comprised of 40 items that measure parenting attitudes and child rearing practices of both adults and adolescents. The goal of the AAPI-2 is to ascertain the level of risk of child abuse and neglect based upon 5 constructs: parental expectations, empathy, corporal punishment, family roles, and oppression of child's independence. The AAPI-2 has a Form A and Form B as a pre-test and post-test, respectively. The AAPI-2 has been normalized to the general population. Individuals' raw scores are converted to sten scores, or risk scores, in order to compare their scores with that of the general population. Risk scores are best used to determine where an individual stands in relation to a normal distribution of scores, and in this case, is used to determine risk of child abuse or neglect. Risk scores of 1-3 are considered high risk, 4-7 are moderate risk, and 8-10 are low risk.

Knowledge Quiz - The Parent Child Center also developed a knowledge quiz for both Compassion Workshop and Responsibility Processing. These quizzes are administered before the program begins and immediately after. The results are then analyzed to determine whether the change in correct scores was significant.

Descriptive Statistics

- **Gender**: Of the 557 respondents, 40% (224) were male, and 60% (335) of them were female.

- **Race**: 63% were Caucasian, 16% Native American, 16% Black, 4% Hispanic, with the other 1% being Pacific Islander, Asian, or Unknown.

- **Education**: The majority of respondents completed at least some college (27%) or was a high school graduate (31%). 13% completed 11th grade, 12% 10th grade, 7% 9th grade, 5% 8th grade, and 1% 7th grade.

- **Employment**: 39% of respondents reported being unemployed, while 35% reported being employed full-time. 14% stated they were employed part-time, 8% were not employed due to a disability, and 3% employment was unknown.

- **Income Level**: The majority of respondents, 43%, reported making under $15,000. 29% stated they did not know how much they made per year. 13% made between $15,001 and $25,000, while 14% made $25,001 to $60,000.

- **Marital Status**: The majority of respondents were either single (36%) or married (31%). 13% were unmarried partners, 11% separated, and 7% divorced.

- **Abuse Inside of Home**: 35% of respondents indicated having experienced abuse within their family as a child while 57% had not. 8% did not know.

- **Abuse Outside of Home**: 21% reported experiencing abuse outside of their family while 67% did not. 12% did not know.

Graph 1: Adult Treatment Risk Scores

Adult Treatment Risk Scores
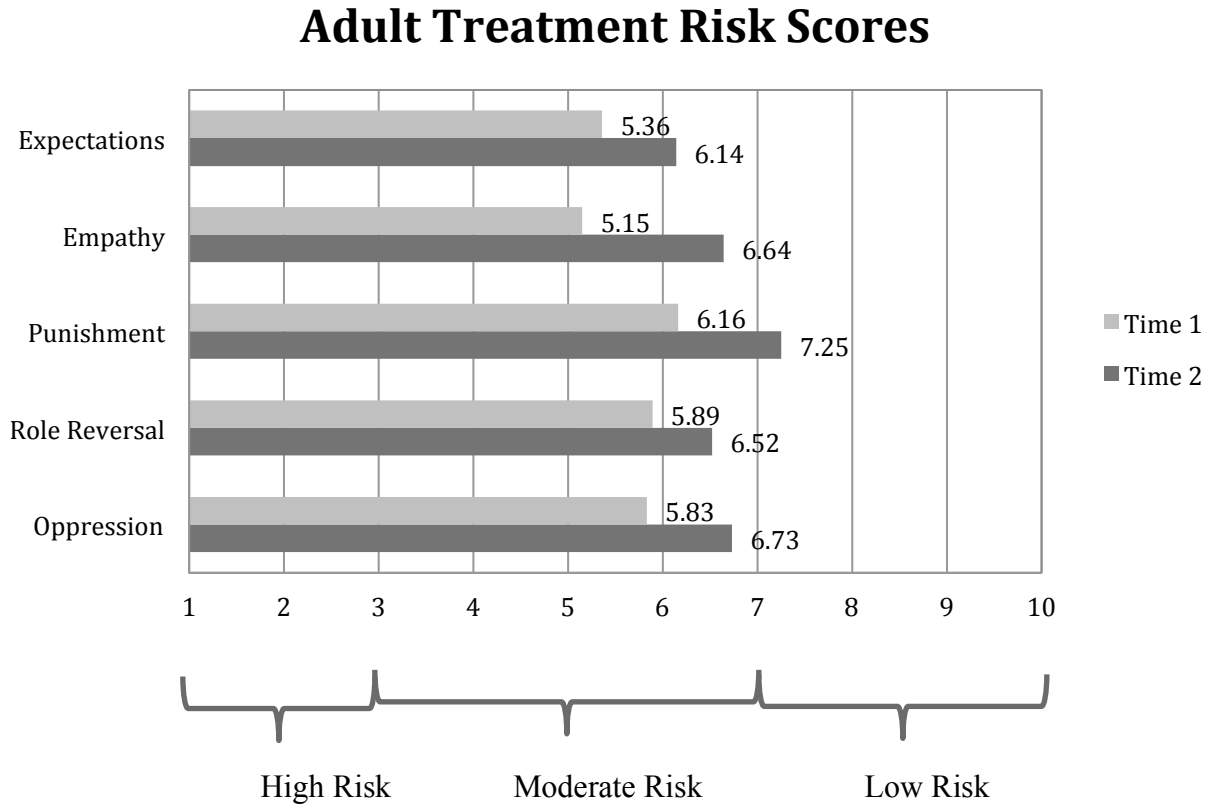
Time 1 N = 557
Time 2 N = 557

The above graph displays risk scores within the Adult Treatment program. Risk scores are measured on five constructs, including Expectations of Child, Empathy, Corporal Punishment, Role Reversal, and Oppression. Individuals are placed into a category of low, moderate, or high risk based upon these scores. High risk individuals fall between 1-3, moderate risk between 4-7, and low risk between 8-10. Thus, higher scores indicate lower risk, while lower scores indicate higher risk. In the graph above, the mean scores remain in the moderate risk category despite showing improvement from time 1 to time 2. However, the more important question is whether the change is significant change, as well as what percentage of individuals moved from one risk category to another. The following pages will answer that question.

Summary of Adult Adolescent Parenting Inventory (AAPI)

Table 1.0: What is the level of risk?

Construct	Time 1: Percentage of Clients in High or Moderate Risk Group	Time 2: Percentage of Clients in High or Moderate Risk Group	Time 1: Percentage of Clients in Low Risk Group	Time 2: Percentage of Clients in Low Risk Group
STEN A: Expectations of Children	89	80.6	11	19.4
STEN B: Empathy Towards Children's Needs	89.5	58.2	10.4	41.8
STEN C: Use of Corporal Punishment as a Means of Discipline	78.5	57.8	21.5	42.2
STEN D: Parent-Child Role Responsibilities	79.2	70.7	20.8	29.3
STEN E: Children's Power and Independence	79	64.3	21	35.7
	Decrease Indicates Progress		**Increase Indicates Progress**	

Time 1 N = 557
Time 2 N = 557

The goal of this program is to reduce risk to the lowest group. The above table illustrates the percentage of clients in the moderate to high risk group at time 1 and time 2 of analysis. For example, 89.5% of respondents at time 1 were considered high or moderate risk regarding empathy (construct B), but that percentage dropped to 58.2% at time 2. In addition, at time 1 only 10.4% of people were in the low risk group for empathy, while at time 2, that percentage rose to 41.8%.

Summary of Adult Adolescent Parenting Inventory (AAPI)

Table 2.0: Change in number of respondents in risk categories from time 1 to time 2

	High 1	High 2	Mod 1	Mod 2	Low 1	Low 2
Expectations	81	54	415	395	61	108
Empathy	125	47	374	277	58	233
Punishment	40	11	397	311	120	235
Role	67	45	374	349	116	163
Oppression	76	44	364	314	117	199

N = 557

The above table displays the actual number of people in the high, moderate, and low risk groups at time 1 and time 2. For the high and moderate risk categories, the total number of respondents in each group decreased, with STEN B (Empathy) showing the largest decrease. The low risk group increased in total numbers from time 1 to time 2. This is yet another example of the progress in this program when examining overall improvement in client's risk for abuse and neglect.

Table 3.0: Number of individuals in the moderate risk categories from time 1 to time 2

	Expectations		Empathy		Punishment		Role		Oppression	
	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2
4	84	64	91	55	57	16	72	47	70	38
5	114	67	84	81	80	46	108	66	101	47
6	146	122	103	95	146	132	83	124	89	124
7	71	142	96	46	114	117	111	112	104	105

N = 557

The AAPI does not specify differences in the risk numbers 4-7, instead grouping them all as moderate risk. However, examining the differences from time 1 to time 2 shows an overall movement towards the low risk category, which would be scores 8-10. Considering a 4 to be very high moderate risk, and a 7 to be very low moderate risk, all categories show a decrease of total individuals with scores 4 and 5. Ultimately, while all of these individuals are still considered moderate risk, the movement towards low risk is encouraging.

Summary of Adult Adolescent Parenting Inventory (AAPI)

How has risk changed across time? Specifics of direction of change based upon their rating at time 1 (N=557).

Construct A: Expectations of Children
High Risk: 74% improved to moderate or low risk, 26% stayed the same.
Moderate: 18% improved, 74% stayed the same, 8% moved to high risk.
Low: 41% stayed the same and 59% moved to moderate risk.

Construct B: Empathy Towards Children's Needs
High Risk: 73% improved to moderate or low risk, 27% stayed the same.
Moderate: 43% improved, 54% stayed the same, 3% moved to high risk.
Low: 79% stayed the same, 19% moved to moderate risk.

Construct C: Use of Corporal Punishment as a Means of Discipline
High Risk: 88% improved to moderate or low risk, 12% stayed same.
Moderate: 36% improved, 63% stayed same, 1% moved to high risk.
Low: 69% stayed the same, 30% moved to moderate.

Construct D: Parent-Child Role Responsibilities
High Risk: 73% improved to moderate or low risk, 27% stayed the same.
Moderate: 25% improved, 67% stayed the same, 7% moved to high risk.
Low: 56% stayed the same, 44% moved to moderate risk.

Construct E: Children's Power and Independence
High Risk: 83% improved to moderate risk or low risk, 17% stayed the same.
Moderate: 30% improved, 63% stayed the same, 7% moved to high risk.
Low: 62% stayed the same, 32% moved to moderate, 6% moved to high risk

Thus, for Construct A, of those identified as high risk, 74% improved to the moderate or low-risk group. For Construct C, 88% of those identified as high-risk improved, while 36% of those in the moderate group improved. Construct E also showed improvement, with 83% of those in the high-risk group moving to the moderate or low risk group, while 30% of those in the moderate group improved to low risk.

Paired Samples T-Test

The next goal was to determine whether this change across time was significant. To achieve this goal, a paired samples t-test was used. The purpose of a paired samples t-test is to determine whether the change in mean scores from pre- to post- are statistically significant. As the table below displays, all of the risk factors measured by the AAPI showed significant change from time 1 to time 2. This indicates that those in the Adult Treatment program showed a reduced risk of child abuse and neglect from the beginning of the program to the end. Furthermore, not only were individuals showing movement from one risk group to another, or simply showing improvement in their risk scores, but also these changes were statistically significant.

Table 4.0: Significance of mean change from time 1 to time 2

	Variable	N	Mean 1	Mean 2	Difference	Sig.
Construct A	Expectations	557	5.36	6.14	.783	.000*
Construct B	Empathy	557	5.15	6.64	1.488	.000*
Construct C	Punishment	557	6.16	7.25	1.093	.000*
Construct D	Role Reversal	557	5.89	6.52	.628	.000*
Construct E	Oppression	557	5.83	6.73	.892	.000*

The goal of adult treatment is to reduce caregiver risk. The data presented for AAPI scores show that this goal is being achieved across all constructs for those in the high risk and moderate risk categories, respectively. The next page displays the paired-samples t-test for each year from 2009-2013.

Paired Samples T-Test (split by year)

The following tables show the results of the paired-samples t-test for each year from 2009-2013. The results are overwhelmingly impressive and show consistent and significant change from pre to post in every year on all variables with two exceptions. The year 2009 only has nine individuals in the sample, which reduces the likelihood of significance from the start. The other exception is one construct (oppression) from the year 2013, which was not significant.

Table 5.1: Significance of mean change from time 1 to time 2 **(2009)**

	Variable	N	Mean 1	Mean 2	Difference	Sig.
Construct A	Expectations	9	6.67	7.89	1.222	.023*
Construct B	Empathy	9	5.11	6.11	3.082	.359
Construct C	Punishment	9	6.00	6.22	1.394	.645
Construct D	Role Reversal	9	6.00	6.67	1.936	.332
Construct E	Oppression	9	5.89	6.22	2.739	.724

Table 5.2: Significance of mean change from time 1 to time 2 **(2010)**

	Variable	N	Mean 1	Mean 2	Difference	Sig.
Construct A	Expectations	150	5.22	6.04	.820	.000*
Construct B	Empathy	150	4.80	6.37	1.573	.000*
Construct C	Punishment	150	5.98	7.01	1.033	.000*
Construct D	Role Reversal	150	5.71	6.39	.687	.000*
Construct E	Oppression	150	5.55	6.43	873	.000*

Table 5.3: Significance of mean change from time 1 to time 2 **(2011)**

	Variable	N	Mean 1	Mean 2	Difference	Sig.
Construct A	Expectations	172	5.27	6.08	.808	.000*
Construct B	Empathy	172	5.21	6.93	1.721	.000*
Construct C	Punishment	172	6.01	7.38	1.378	.000*
Construct D	Role Reversal	172	5.90	6.63	.733	.000*
Construct E	Oppression	172	5.65	6.90	1.256	.000*

Paired Samples T-Test (split by year, cont.)

Table 5.4: Significance of mean change from time 1 to time 2 **(2012)**

	Variable	N	Mean 1	Mean 2	Difference	Sig.
Construct A	Expectations	129	5.60	6.29	.690	.001*
Construct B	Empathy	129	5.49	6.83	1.341	.000*
Construct C	Punishment	129	6.60	7.47	.876	.000*
Construct D	Role Reversal	129	6.12	6.68	.558	.002*
Construct E	Oppression	129	6.21	7.03	.822	.000*

Table 5.5: Significance of mean change from time 1 to time 2 **(2013)**

	Variable	N	Mean 1	Mean 2	Difference	Sig.
Construct A	Expectations	96	5.24	6.05	.813	.000*
Construct B	Empathy	96	5.09	6.31	1.219	.000*
Construct C	Punishment	96	6.13	7.20	1.073	.000*
Construct D	Role Reversal	96	5.81	6.30	.490	.021*
Construct E	Oppression	96	6.08	6.50	.417	.109

As the above tables illustrate, and with the exception of the year 2009, there is statistically significant change consistently throughout the last 4 years. Only one construct was not significant from 2010-2013. In 2013 the construct of "oppression" was the lone construct that was not significant from pre to post.

The tables above show a couple of important facts about the Adult Treatment program. First, the program has been consistent on an annual basis in reducing risk scores as evidenced by the paired samples analysis. Perhaps more impressive is that this change was shown to be significant not just on a yearly basis, but also when examining the entire sample from years 2009-2013.

Knowledge Quizzes

Participants in the adult treatment program go through one of two initial groups, Compassion Workshop or Responsibility Processing, and then continue on to the Nurturing Parenting group. This analysis involved examining the correct responses at time 1 with time 2 to determine whether the increase in correct responses was significant and indicative of an increase in knowledge. The table below is similar to the tables from the previous pages, which show the mean score pre and post, the change in the mean scores, and whether this change was significant. The sample for the quizzes only includes participants from 2013.

Table 6.0: Significance of mean change from time 1 to time 2 for all three groups

Variable	N	Mean 1	Mean 2	Difference	Sig.
Compassion Workshop	100	19.33	22.58	3.250	.000*
Responsibility Processing	116	21.36	23.38	2.017	.000*
Nurturing Parenting	146	17.45	21.03	3.575	.000*

As can be seen, the number of correct responses from time 1 to time 2 changed in a statistically significant way, indicating that those going through the program are displaying an increase in knowledge of the presented material.

Summary

The Adult Treatment program has shown consistently throughout 4 years to be effective in reducing the risk of child abuse and neglect. The change from pre-test to post-test was significant for every year with exception of 2009, in which only nine individuals were included in the sample. The paired samples t-test showed significance with all variables from the years 2010-2013, with the exception of one variable from 2013. Examining the different risk categories also showed a movement towards low risk, i.e., even those who remained at the moderate risk level improved overall and were moving towards lowered risk. Compassion Workshop, Responsibility Processing, and Nurturing Parenting all displayed an increase in knowledge gained through the program on the part of the participants, and that change was statistically significant. Overall, the program has shown remarkably consistent results throughout the years.

Child Therapy

Goal

The Parent Child Center of Tulsa Children's Treatment Department offers a comprehensive range of services to children ages 0-12 and their families. Children of all ages, including infants and toddlers, can be impacted by traumatic events such as separation or loss of a caregiver, painful medical procedures, or frightening events that impact their world. Child Therapy uses two main treatment models: Child Parent Psychotherapy and Play Therapy. The former is used to help caregivers effectively manage infant/toddler behavior problems such as aggression, depression, and feeding and sleeping problems that may result from their exposure to traumatic experiences. For the latter, the child therapy services for children age 6-12 include a combination of individual and family therapy interventions to help children and families heal and improve their relationships with one another. PCCT acknowledges that parents are the most effective agents of change for their children, and it is our goal to empower parent-child relationships to grow and become sources of stability for both parent and child.

Purpose

The purpose of research within the Child Therapy program is to analyze current outcome measures being used by PCCT as well as examine the relationship between hope and parent-child behavior.

Procedure

PCCT staff use a variety of instruments with the clients in their program and these clients fill them out upon entering the program. The scores from these assessments are entered into a database and used for analysis. The Crowell Assessment is administered every six months, as is the Hope Scale.

Instruments

Hope Questionnaire – This scale was developed by staff at PCCT and consists of questions regarding hope in the parent and hope in the child. It is administered every 6 months.

Crowell Assessment – The Crowell Assessment is a method for evaluating parent-child interaction within a variety of situations, including free play, clean up, and separation/reunion. The goal is to ascertain the quality of the parent-child relationship. All structured assessment observations are videotaped and scored by trained staff at PCCT. The Crowell is designed for use with children aged 0-5.

Trauma Symptoms Checklist for Young Children (TSCYC) – The TSCYC is a 90-item caregiver report questionnaire designed to assess for trauma symptoms with their children. A variety of

categories are measured, including posttraumatic stress, sexual concerns, anxiety, and depression. This measurement is used with children aged 6-12.

Trauma Symptoms Checklist for Children (TSCC) – the TSCC is a child self-report assessment for ages 8-12. It contains 54-items, two validity scales and six clinical scales. For validity, the Under-response and Hyper-response scales measure whether the respondent is in denial (the former) or is over-responding due to being overwhelmed or needing to seem symptomatic. Under-response scores 70 or over, and Hyper-response scores 90 or over deem the assessment invalid. Scores above 65 are considered clinically significant for the other scales.

Parent and Child Hope Means
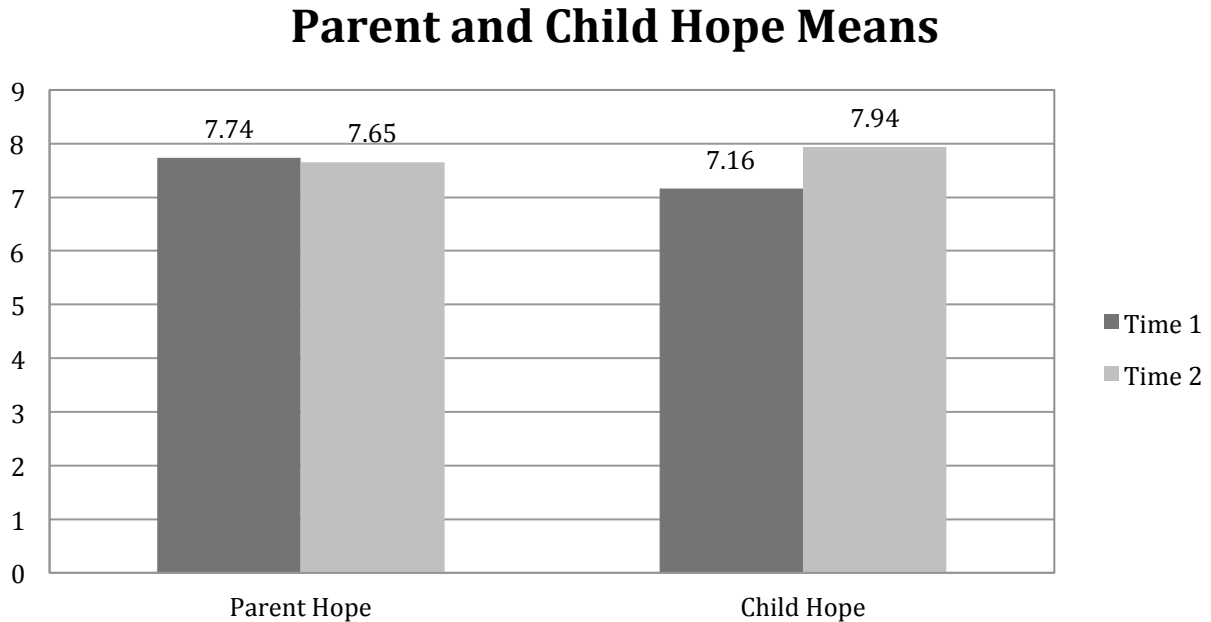
Time 1: N = 31
Time 2: N = 31

The range for both parent and child hope is 9. The above graph illustrates the mean scores for parent and child hope. Parent hope decreased from 7.74 to 7.65, while child hope increased from 7.16 to 7.94. Higher scores indicate higher total hope. It should be noted that these means are only representative of paired samples, that is, of individuals who have both a pre and post-test. If looking at all 93 pre-tests for parents, there is actually an increase from 7.48 to 7.65. The children scores, with 92 individuals, increase from 6.80 to 7.94.

Parent and Child Hope Paired-Samples T-Test

Table 7.0: One-Sample T-Test Statistics

Quiz	N	Mean 1	Mean 2	Difference	Sig.
Parent Hope	31	7.74	7.65	-.096	.761
Child Hope	31	7.16	7.94	.77	.037*

As can be seen in the above table, the difference in caregiver hope from time 1 to time 2 *was not* statistically significant. However, the difference in child hope scores from time 1 to time 2 *was* statistically significant.

Cohen's D Statistic

Further analysis using the Cohen's D statistic was used to measure the effect size between the parent and child hope scores. As previously mentioned, Cohen's D is a test designed to determine the effect size in a pre-post analysis. .20 would indicate a small effect size, .50 a moderate effect size, and .80 a large effect size. For caregiver hope, the effect size was found to be .05, which indicates no effect size. For child hope scores, the effect size was .41, which is a small effect size. Ultimately, this means that only the children became more hopeful from pre to post and, because of the nature of Cohen's D, this change could be seen as clinically significant in regards to the parent/child relationship.

Correlations

The table on the next page provides the correlation matrix for all the scales described above. A correlation represents the level of relationship between two variables. The interpretation is based upon the strength of the relationship as well as the direction. Strength of a correlation is based upon Cohen's (1990) effect size heuristic. More specifically, a correlation (+ or -) of .10 or higher is considered small; a correlation (+ or -) of .30 is considered moderate, and a correlation (+ or -) of .50 is considered strong. With regards to direction, a positive correlation indicates that higher scores on one variable are associated with higher scores on the other variable. A negative correlation indicates that higher scores on one variable are associated with lower scores on the other variable. Using a correlation matrix is an easy way to present several correlations among multiple variables. Identifying a specific correlation is based upon matching a row to a particular column.

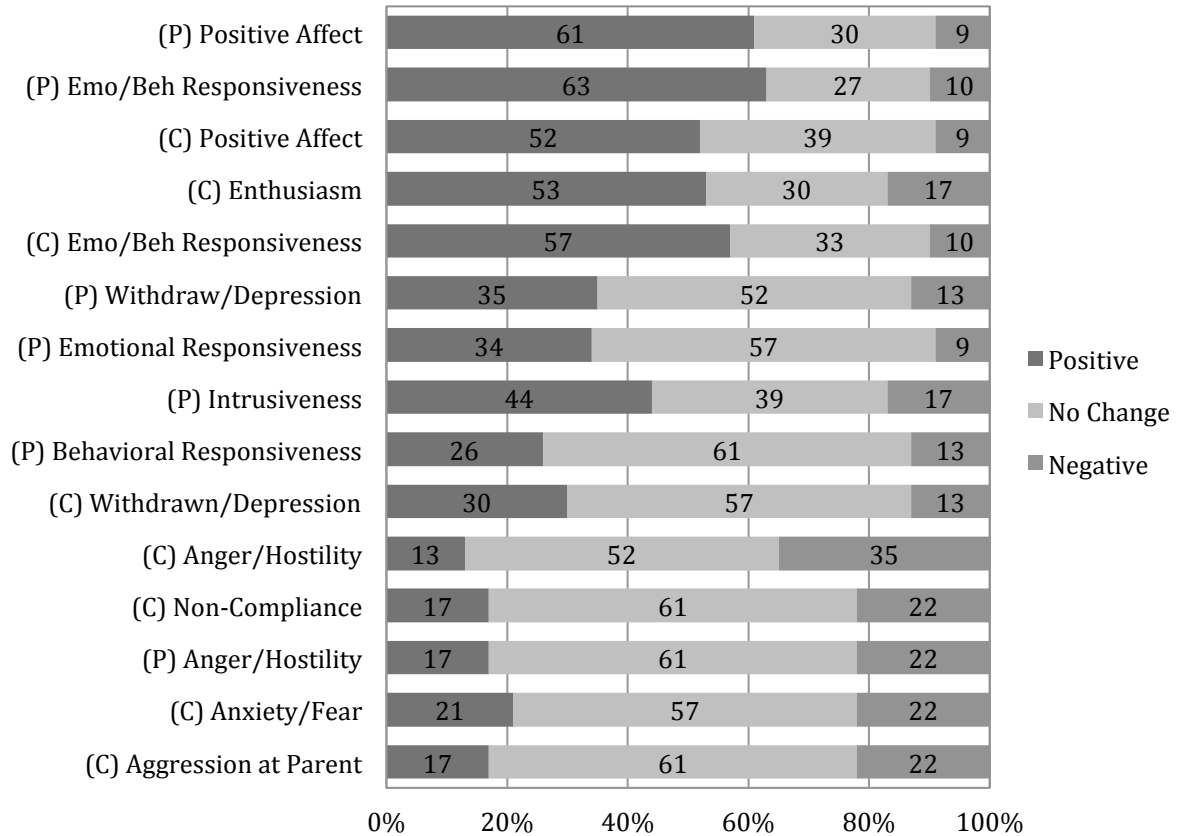# Hope and Crowell Free Play Correlations

Table 8.0: Correlations Time 1

	Caregiver Hope (1)	Child Hope (1)
Caregiver Hope (1)	1	
Child Hope (1)	.503*	1
(P) Positive Affect	.266*	.197
(P) Withdraw/ Depression	.234*	.319*
(P) Anger/Hostility	.232	.224
(P) Intrusiveness	.136	.168
(P) Behavioral Responsiveness	.241*	.329*
(P) Emotional Responsiveness	.239*	.325*
(C) Positive Affect	.328*	.432*
(C) Withdraw/ Depression	.205	.545*
(C) Anxiety/Fear	.131	-.032
(C) Anger/Hostility	.272*	.198
(C) Non-Compliance	.238*	.346*
(C) Aggression	.101	.172
(C) Enthusiasm	.136	.417*

* denotes statistical significance

The above table displays correlations between hope scores of the parent and child with scores on the free play Crowell assessment. Correlations examine whether the relationship between two variables is significant. Those numbers with asterisks indicate significant correlations. Again, a positive number means that as one variable increases the other increases as well, while a negative number would mean that as one variable increases the other variable decreases. Child hope and parent withdraw/depression are positively correlated, such that higher child hope is related to lower parent withdraw/depression. Higher child hope is related to higher child positive affect. Higher caregiver hope is related to lower anger/hostility in the parent. In the above table, only one negative correlation was found; however, it was not found to be significant.

Free Play and Reunion Percent of Change

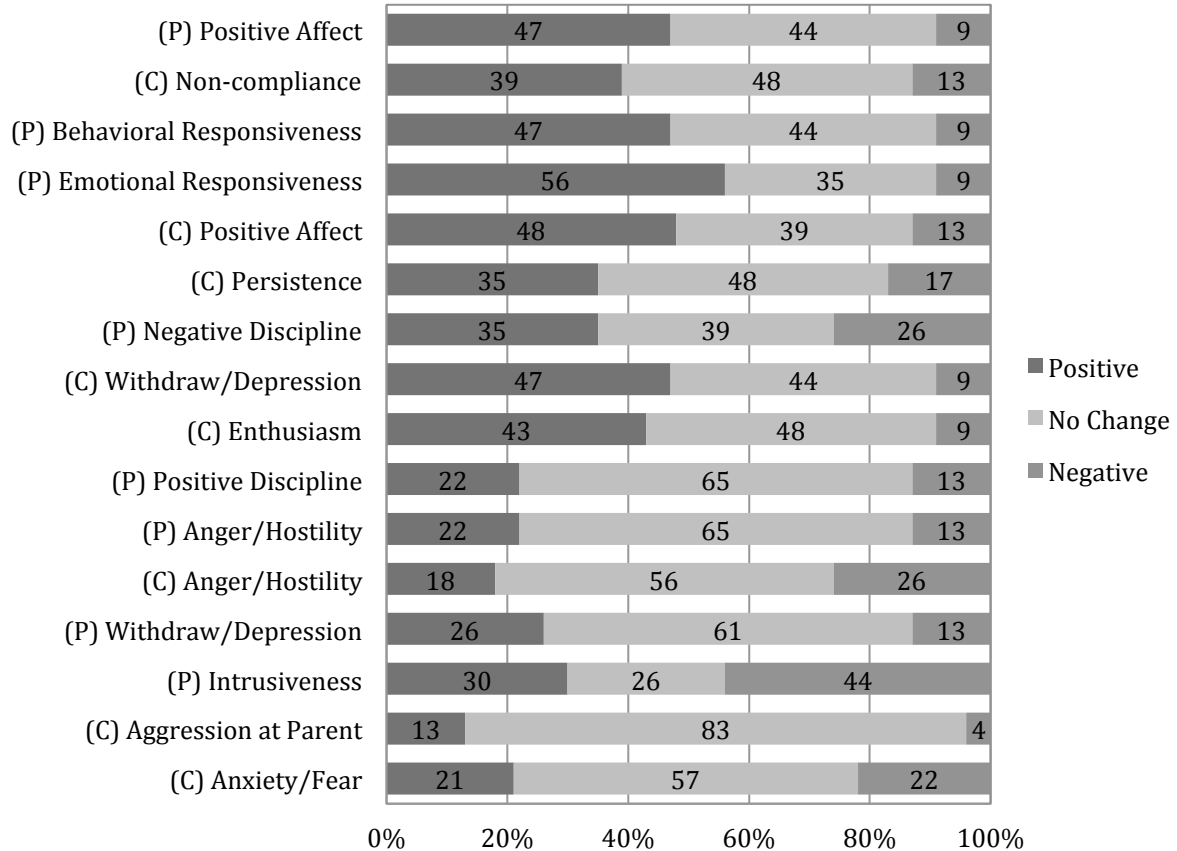| Variable	Positive	No Change	Negative
(P) Positive Affect	61	30	9
(P) Emo/Beh Responsiveness	63	27	10
(C) Positive Affect	52	39	9
(C) Enthusiasm	53	30	17
(C) Emo/Beh Responsiveness	57	33	10
(P) Withdraw/Depression	35	52	13
(P) Emotional Responsiveness	34	57	9
(P) Intrusiveness	44	39	17
(P) Behavioral Responsiveness	26	61	13
(C) Withdrawn/Depression	30	57	13
(C) Anger/Hostility	13	52	35
(C) Non-Compliance	17	61	22
(P) Anger/Hostility	17	61	22
(C) Anxiety/Fear	21	57	22
(C) Aggression at Parent	17	61	22

N = 23

The above table displays the percentage of change for parent and child within the free play and reunion episodes of the Crowell Assessment. (P) Emo/Beh Responsiveness and (C) Emo/Beh Responsiveness are both part of the reunion, whereas the rest of the variables are from free play. For the most part, most individuals showed positive change on the various scales, including Parent Positive Affect (61%), Child Positive Affect (52%), and Child Enthusiasm (53%).

Graph 4: Cleanup and Task Change

Cleanup and Task Percent of Change

Category	Positive	No Change	Negative
(P) Positive Affect	47	44	9
(C) Non-compliance	39	48	13
(P) Behavioral Responsiveness	47	44	9
(P) Emotional Responsiveness	56	35	9
(C) Positive Affect	48	39	13
(C) Persistence	35	48	17
(P) Negative Discipline	35	39	26
(C) Withdraw/Depression	47	44	9
(C) Enthusiasm	43	48	9
(P) Positive Discipline	22	65	13
(P) Anger/Hostility	22	65	13
(C) Anger/Hostility	18	56	26
(P) Withdraw/Depression	26	61	13
(P) Intrusiveness	30	26	44
(C) Aggression at Parent	13	83	4
(C) Anxiety/Fear	21	57	22

N = 23

Parent emotional responsiveness had the highest positive change at 56%, while parent positive effect, parent behavioral responsiveness, and child withdraw/depression all had 47% positive change. Child aggression towards parent had the lowest positive change at 13%; however, 83% in the group stayed the same. Parent intrusiveness had the most negative change at 44%.

Crowell Paired Samples T-Test

The Crowell consists of 31 variables that are observed for the parent/child dyad. While the above analysis displays the percent of change for each of these variables, a paired samples t-test was also run to determine whether the change in mean scores was statistically significant. In this case, 11 of the 31 total variables were significant, and are shown in the table below.

Table 9.0: Significance of mean change from time 1 to time 2

	Subject	Variable	N	Mean 1	Mean 2	Difference	Sig.
Free Play	Parent	Positive Affect	23	3.30	4.09	.783	.002*
Free Play	Child	Positive Affect	23	3.00	3.65	.652	.004*
Free Play	Child	Enthusiasm	23	3.35	3.96	.609	.016*
Reunion	Parent	Emotional/Behavioral Responsiveness	21	3.81	4.62	.810	.002*
Reunion	Child	Emotional/Behavioral Responsiveness	21	3.52	4.24	.714	.003*
Cleanup/Task	Parent	Positive Affect	23	3.61	4.09	.478	.008*
Cleanup/Task	Parent	Behavioral Responsiveness	23	3.52	3.96	.435	.009*
Cleanup/Task	Parent	Emotional Responsiveness	23	3.43	4.04	.609	.002*
Cleanup/Task	Child	Withdrawal	23	4.04	4.43	.391	.036*
Cleanup/Task	Child	Non-compliance	23	3.78	4.22	.435	.038*
Cleanup/Task	Child	Enthusiasm	23	3.48	4.00	.522	.015*

Indicates statistical significance

As the above table illustrates, variables such as positive affect and enthusiasm saw change both with the Free Play portion of the Crowell Assessment, as well as with the Cleanup and Task portion. Also of note is the change in the parent's emotional and behavioral responsiveness throughout the program. Other variables that saw significant change included the amount of withdrawal the child displayed, as well as the amount of non-compliance on the child's part towards the parent. The enthusiasm of the child also increased as the assessment progressed.

Trauma Symptoms Checklist for Young Children (TSCYC) Mean Scores
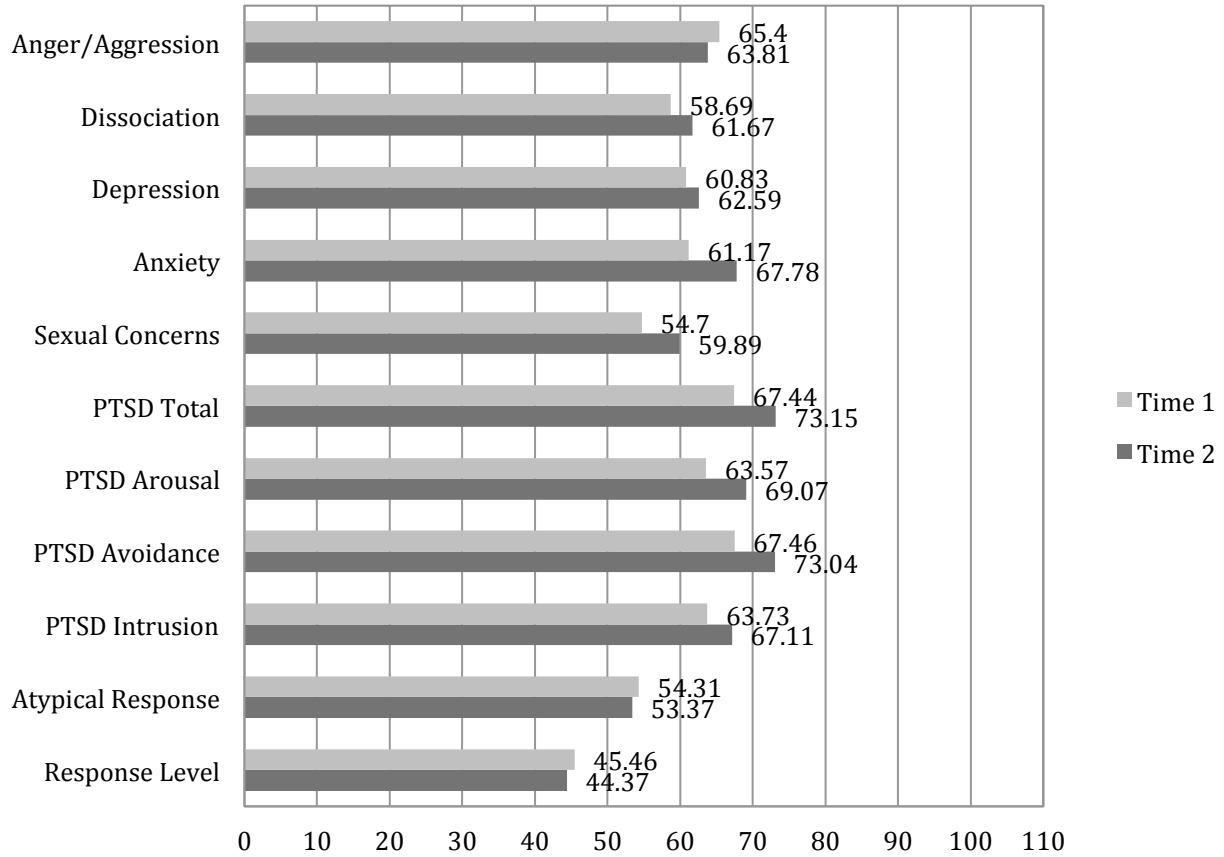
N = 103
N = 27

The above graph displays the mean scores for the TSCYC at time 1 and time 2, although it should be noted only 27 TSCYC scores were acquired for time 2 at the time of this report. The TSCYC was implemented to assist in gaining a more detailed perspective of clinical trauma symptoms in children. The TSCYC has 11 subscales that are scored to determine whether an individual falls into a clinical range. Those scores that are greater than or equal to 70 are considered clinically significant. Those scales ranging from 65-69 are considered problematic. Scores can range from 35 to 110.

Graph 6: Number of individuals in the Clinical Range

Number of Individuals in the Clinical Range
Time 1 to Time 2 (TSCYC)
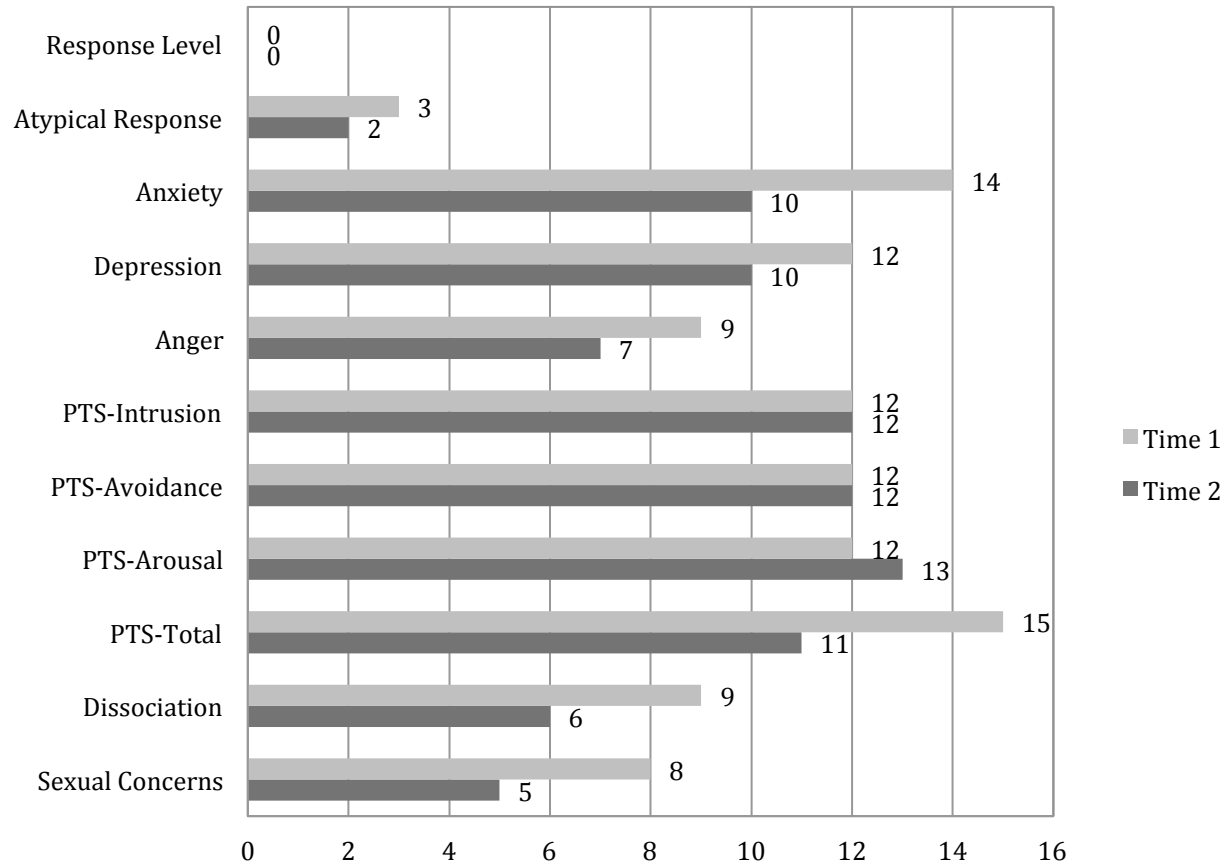
Time 1: N = 27
Time 2: N = 27

The above graph displays the number of individuals with scores in the clinical (70 or greater) at time 1 and time 2. For this graph only paired samples were used, resulting in 27 responses for time 1 and time 2. The PTS-Total score had the highest number of individuals in the clinically significant range at time 1 with 15, while PTS-Arousal and PTS-Anxiety had 13 and 14 respectively. At time 2, PTS-Arousal had the highest number with 13 individuals, which was actually an increase from time 1.

Number of Individuals in the Problematic Range Time 1 to Time 2 (TSCYC)
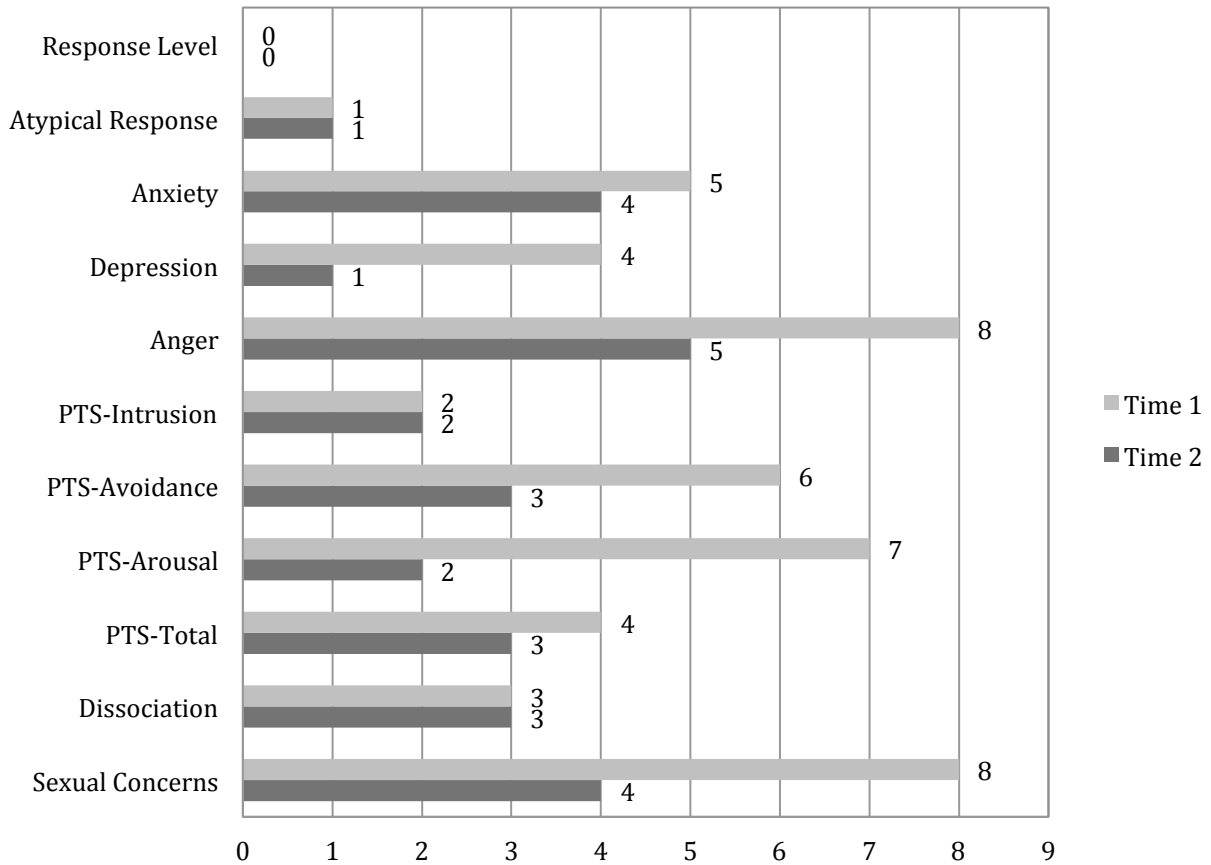
Time 1: N = 27
Time 2: N = 27

The above graph displays the number of individuals with scores in the problematic (65-69) range at time 1 to time 2. For this graph, only paired samples were used. At time 1, Anger and Sexual Concerns were the categories with the most individuals in the problematic range with 8, while PTS-Arousal had 7. At time 2, Anger had the highest with 5, while both Anxiety and Sexual Concerns had 4.

Trauma Symptoms Checklist for Children (TSCC) Mean Scores

Category	Time 2	Time 1
Sexual Concerns	52.8	50.79
Dissociation	44.6	50.33
PTS	56.4	53.07
Anger	45.6	50.33
Depression	49.4	51.07
Anxiety	62	56.13
Hyperresponse	67.6	56.93
Underresponse	53.6	50.93
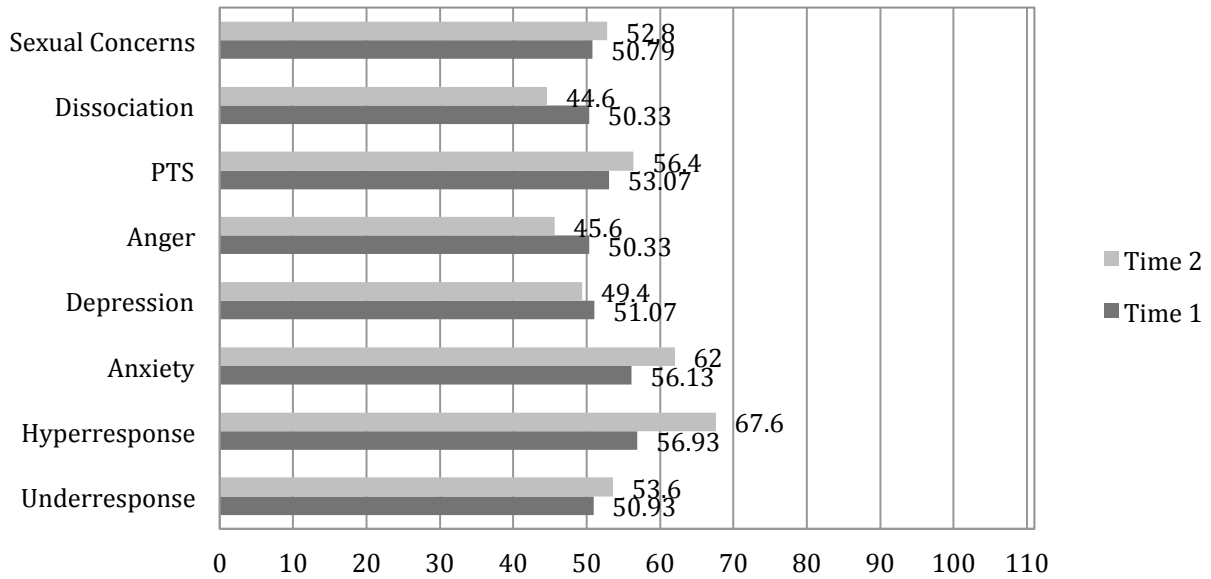
Time 1: N = 14-15
Time 2: N = 5

The above graph displays the mean scores for the TSCC. None of the mean scores were in the clinically significant range. Only anxiety, sexual concerns, and depression had individuals that were in the clinical range, with one person in each. Scores can range from 35 to 111.

Summary

The Child Therapy program used all of the same surveys this year as last year, and generally speaking, results were very similar. Child Therapy has a goal of improving the parent-child relationship, and providing the parent with strategies for dealing with their children's behaviors. Using the Crowell assessment allows the team to observe the parent and child and provide suggestions on how to improve that relationship. Results from the Crowell Assessment showed good positive change, particularly with such variables as positive effect, emotional responsiveness, and behavioral responsiveness. The pre and post-test results showed 11 of the 31 total variables on the Crowell to change in a statistically significant way, and again, many of these were centered on positive affect and emotional/behavioral responsiveness. The mean scores for the TSCYC also showed some decrease in the mean from time 1 to time 2. Generally speaking, the number of those individuals in the clinical and problematic range on the TSCYC also decreased. Overall, the program appears to be having a positive effect on the relationship between the parent and child.

Great Beginnings and SafeCare

Goal

Great Beginnings enrolls pregnant women and families with children up to one year old who are at moderate to high risk for abuse and neglect due to circumstances such as teen mother, single head of household, unemployment, lack of support system, or poverty. The mission is to provide these families with the tools necessary to prevent child abuse and neglect.

SafeCare provides broad-based, individualized parenting support and education to families with children ages 0-5. It is a voluntary, home-based program designed to strengthen parent/child relationships and enhance home safety and child-well being. SafeCare enrolls pregnant women and families with at least one child under the age of 5 who are interested in improving their parenting skills and/or their ability to nurture and care for their child.

Purpose

The purpose of research in these departments is to determine the degree to which individuals progressed every six months on a number of different skill sets.

Procedure

Primary caregivers complete all ten subscales on the HFPI every six months. The family support worker also fills out two scales on the HFPI, the Parent-Child Behavior scale and the Home Environment Scale, every six months. These scores are entered into a database that is then transferred to SPSS, quantitative data software, for analysis.

Instruments

The Healthy Families Parenting Inventory (HFPI) – The HFPI is a self-report measurement that examines 9 different subscales, as well as a total score. Its goal is to measure a variety of areas related to child safety and protective factors, such as home environment, parenting skills, and parent-child interaction. In clinical practice, the HFPI can assess severity, identify strengths or critical needs, and identify targets for treatment. Again, higher scores are better and responses are on a 5-point Likert format. Two subscales, home environment and parent/child behavior, were also rated by the support worker because they are observable directly by the support worker rather than relying on inference or opinion.

Individualized Family Service Plan (IFSP) – The IFSP is used to set goals with parents and measure progress. Parents set goals in five areas: Safety, Parenting, Medical, Concerns, and Self-Sufficiency.
Hope Scale – A program specific Hope scale was developed for Great Beginnings/SafeCare. The scale consists of eight items and has two subscales (pathways and agency). A total score is also calculated. For this program, both a clinician report and self-report version was used.

Healthy Families Parenting Inventory (HFPI) Subscales Combined

Subscale	Time 1	Time 2
Social Support	20.18	20.08
Problem Solving	23.28	22.93
Depression	37.05	37.23
Personal Care	19.13	18.87
Resources	23.23	23.8
Role Satisfaction	25.2	25.77
Parent/Child Behavior	43.69	43.6
Home Environment	38.92	40.75
Parenting Efficacy	25.08	24.82
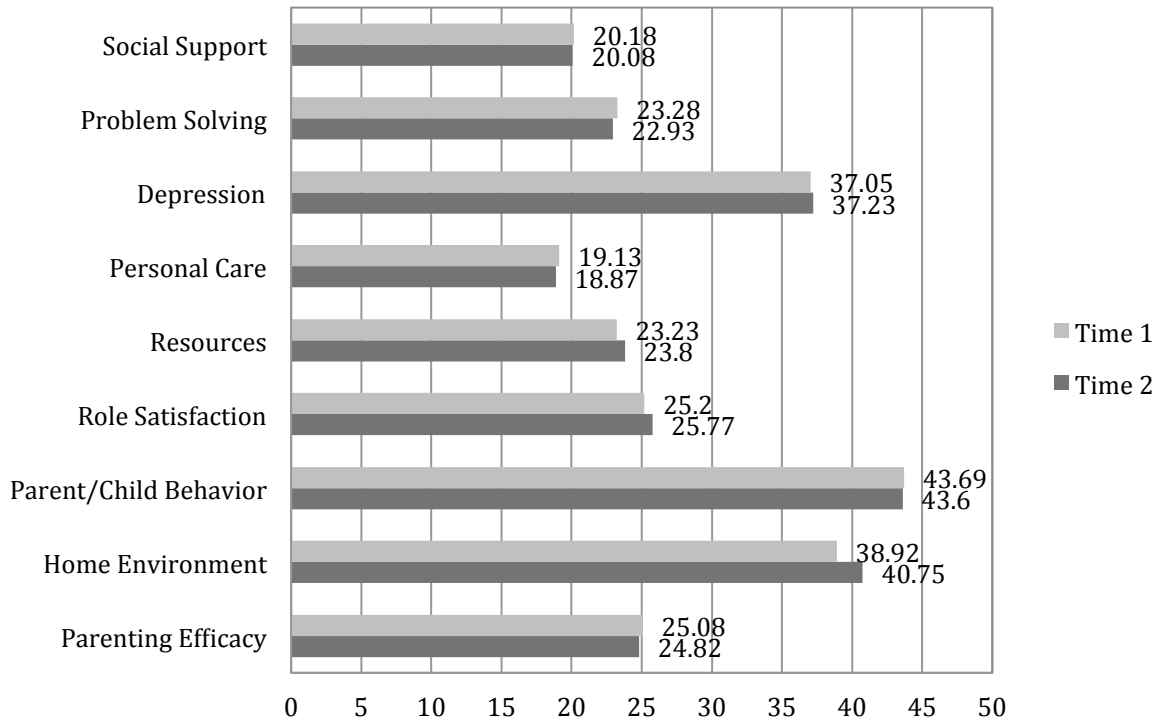
N = 61

The goal of the HFPI is to see an increase in scores. The above graph is a display of the means for the nine subscales of the HFPI for time 1 to time 2. Time 1 scores are gathered at intake, while time 2 scores are gathered after the first six months. Home Environment increased by 1.83, while Role Satisfaction increased by .57. Improvement was also seen with the Total Score, with scores increasing from 255.31 to 257.18. The question is what is the percentage of those that changed from time 1 to time 2, and was this change significant?

Healthy Families Parenting Inventory (HFPI) Subscales Great Beginnings

Subscale	Time 1	Time 2
Social Support	20.43	20.16
Problem Solving	23.84	23.09
Depression	37.41	37.61
Personal Care	18.86	19.07
Resources	23.07	23.5
Role Satisfaction	25.11	26.09
Parent/Child Behavior	44.25	43.84
Home Environment	39.68	41.05
Parenting Efficacy	25.45	25
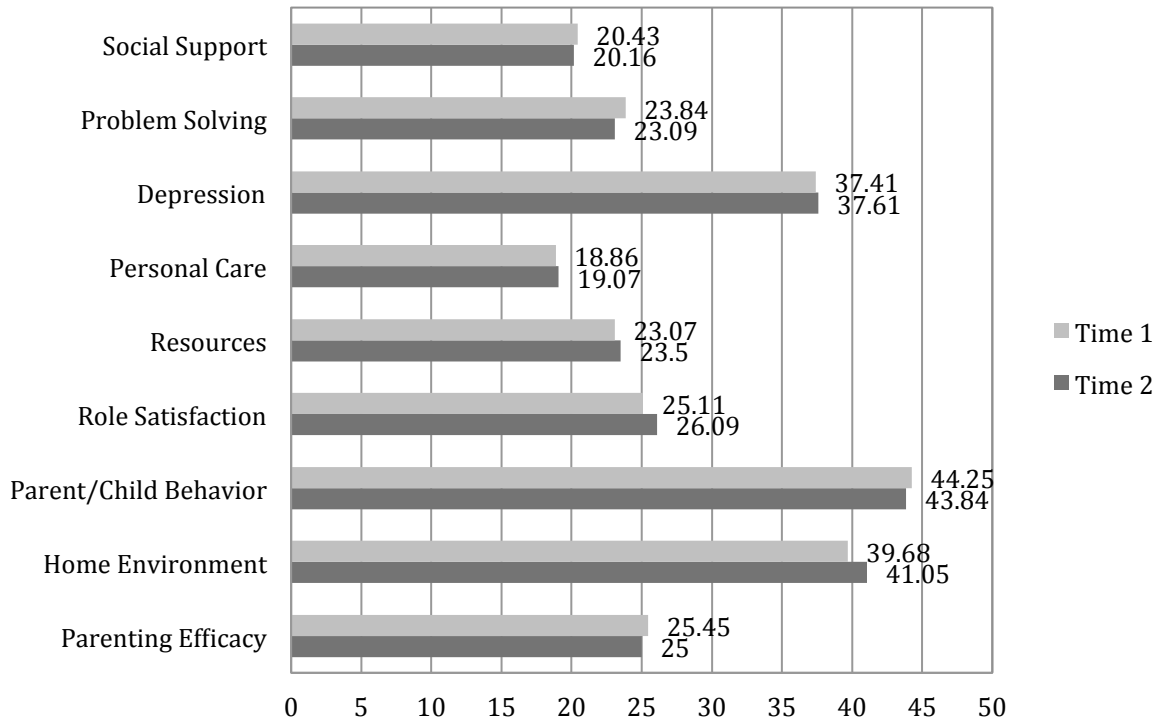
N = 44

The total score for the HFPI at time 1 was 257.18, and at time 2 it was 258.98. Generally speaking, the scores of the Great Beginning program are very similar to the overall scores. Great Beginning had 5 subscales see increases in mean scores, while 4 had decreases. However, with the exception of Home Environment, which increased by 1.37, all the other scores increased or decreased by less than one point.

Healthy Families Parenting Inventory (HFPI) Subscales SafeCare

Subscale	Time 1	Time 2
Social Support	19.53	19.88
Problem Solving	21.82	22.53
Depression	36.12	36.24
Personal Care	19.82	18.35
Resources	23.65	24.59
Role Satisfaction	25.41	24.94
Parent/Child Behavior	42.24	43
Home Environment	36.94	40
Parenting Efficacy	24.12	24.35
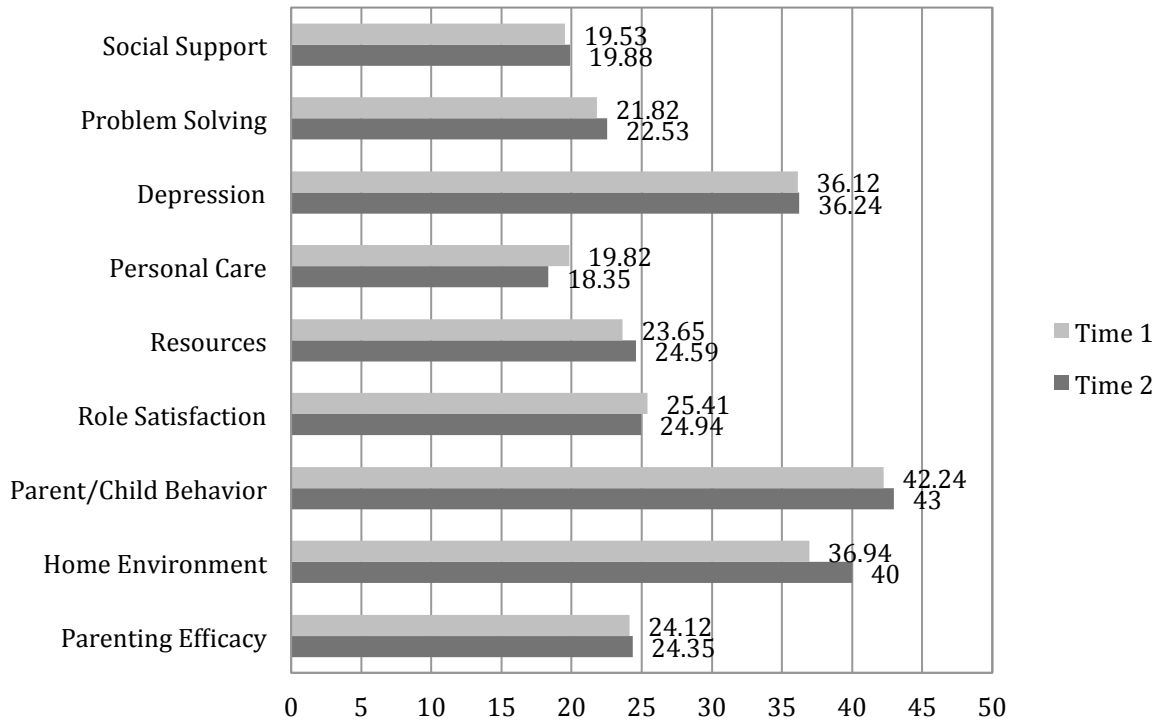
N = 17

At time 1, the total score mean was 250.57, while at time 2 the mean increased to 252.53. The SafeCare program mean scores were generally lower than the Great Beginnings and overall mean scores. However, SafeCare also displayed increases on almost all variables, with the exception of Personal Care and Role Satisfaction. As with Great Beginnings, the largest increase was with Home Environment, which saw an increase 3.06.

Graph 12: Healthy Families Parenting Inventory

HFPI Level of Change
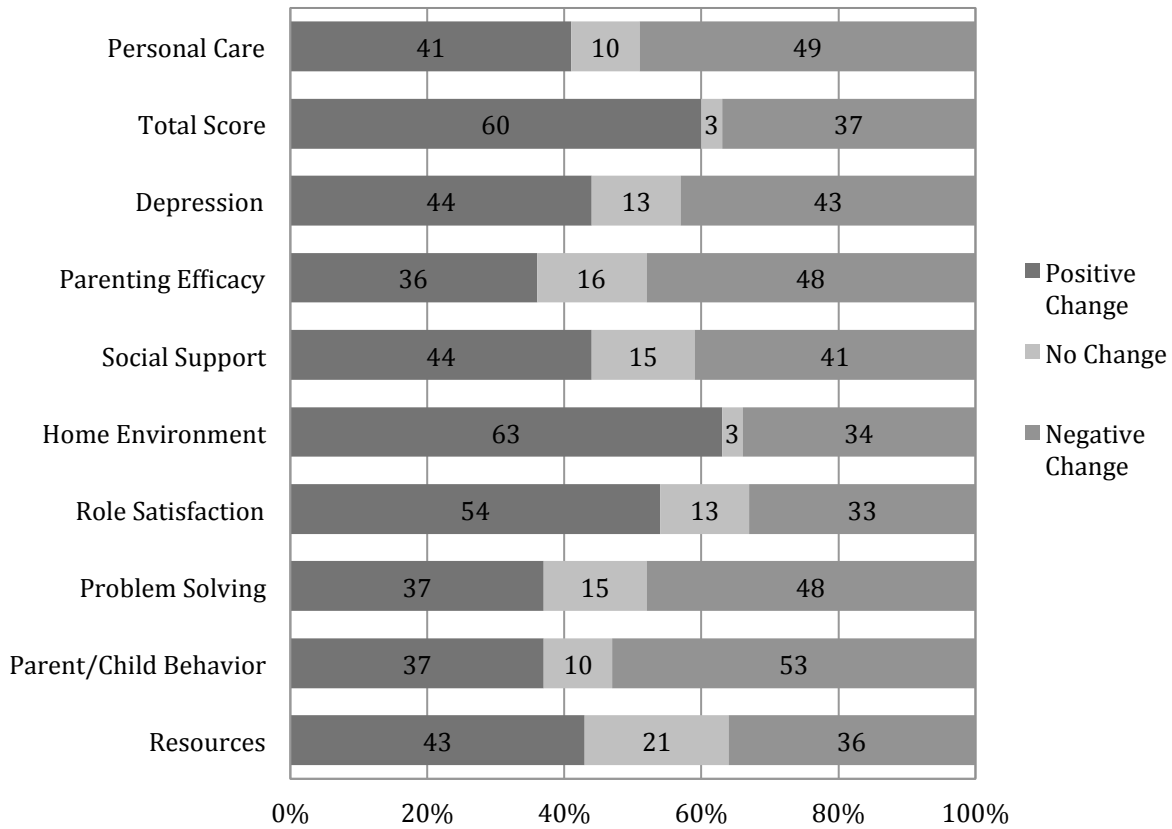
N = 61

The graph above displays the level of change from time 1 to time 2 for each subscale of the HFPI, including the total score. All variables showed improvement, with Home Environment having 63% improvement, and Role Satisfaction displaying 54% improvement. The three variables that had the lowest percentage of change were Parenting Efficacy (36%), Problem Solving (37%), and Parent/Child Behavior (37%). Parent/Child Behavior had the highest percentage of negative change at 53%. Negative change may *not* be an indicator of poor program performance, but rather a change in perception on the part of the primary caregiver that is more realistic to their situation.

HFPI One-Sample T-Test

The one-sample t-test was run to help determine how those remaining in services compare to all who started. A one-sample t-test compares a population mean to a sample mean to determine if differences between the two means are significant. A one-sample t-test was used for the HFPI data, using time 1 scores as the population mean, which allowed for the mean of all the scores from time 1 to be used as a comparison.

Table 10.0: One-Sample T-test from time 1 to time 2

Variable	Test Mean	Post Mean	Sig.
Social Support	20.18	20.08	.844
Problem Solving	23.28	22.93	.573
Depression	37.05	37.23	.839
Personal Care	19.13	18.87	.628
Mobilizing Resources	23.23	23.80	.349
Role Satisfaction	25.20	25.77	.237
Parent/Child Behavior	43.78	43.60	.773
Home Environment	39.03	40.75	.120
Parenting Efficacy	25.08	24.82	.655
Total Score	255.31	257.18	.628

*Denotes statistical significance
N = 60-61

As the above table illustrates, none of the 10 variables proved to be significantly different from time 1 to time 2, as compared to last year, when 2 of the 10 were significant.

Graph 13: Healthy Families Parenting Inventory

Parent-Child Behavior Mean Scores (HFPI)
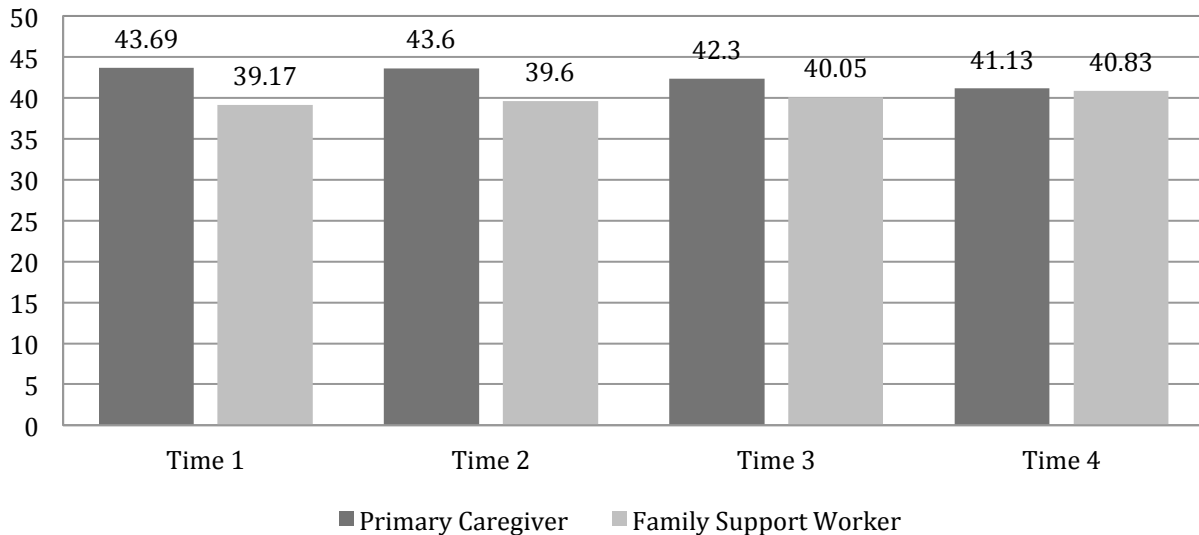
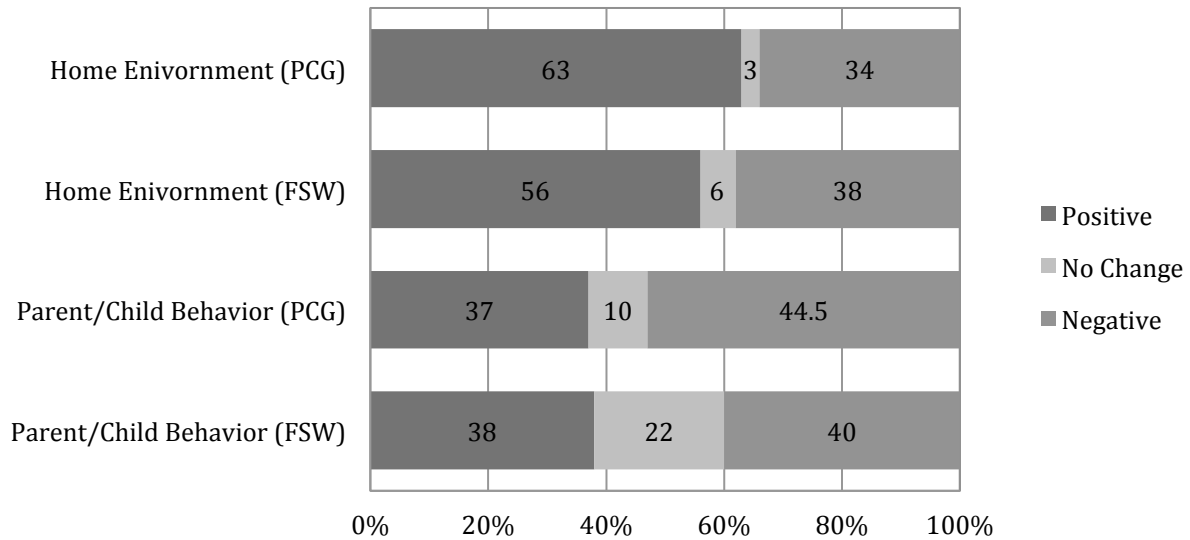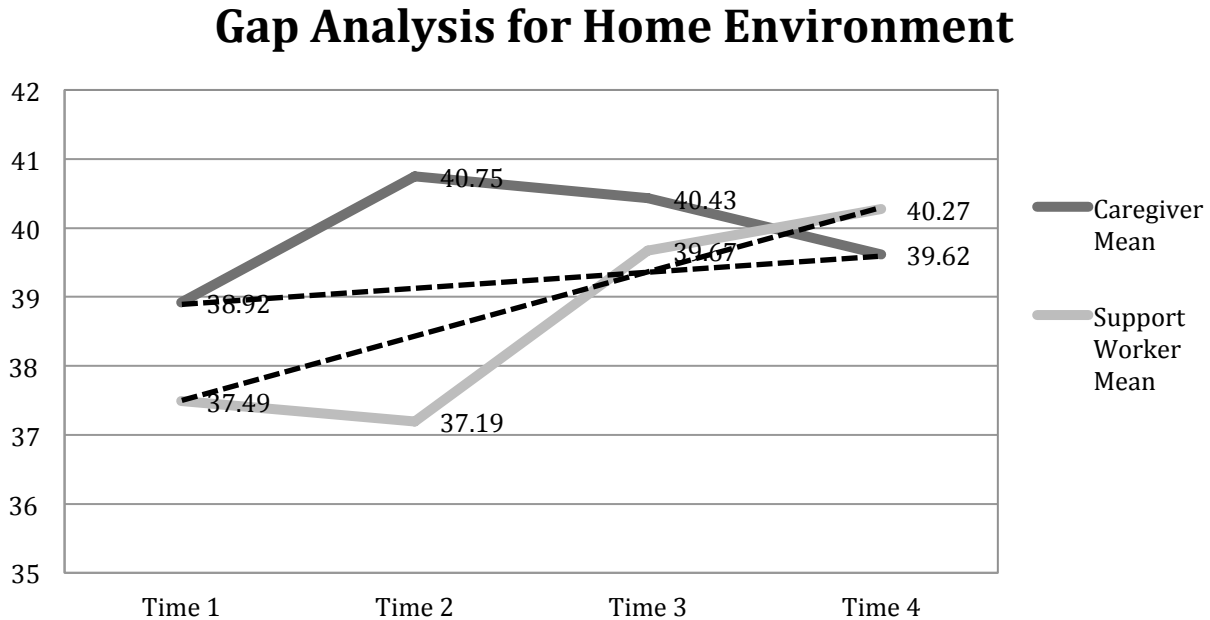PCG(Bx): Time 1 N=61, Time 2 N=60, Time 3 N= 23, Time 4 N=16
FSW(Bx): Time 1 N=35, Time 2 N=48 Time 3 N= 21, Time 4 N=15

Parent /Child Behavior attempts to examine the interaction between the parent and child in terms of a number of variables including, managing child's behavior, responding to the child's needs, and remaining calm.

The above graph illustrates the change in mean scores from Time 1 through Time 4 on the parent/child behavior variable of the HFPI. This graph represents a comparison between the viewpoint of the caregiver and the support worker, which should become more similar as the program progresses. As can be seen, the Primary Caregivers' (PCG) scores steadily decreased from time 1 to time 4, starting at 43.69 and ending at 41.13. The Family Support Workers' (FSW) scores steadily increase from time 1 to time 4. Time 4 is looking at those individuals who have not been able to complete the program in a two -year period, while those that were successful in completing the program are no longer a part of the data.

Graph 14: Healthy Families Parenting Inventory

Home Environment Mean Scores (HFPI)
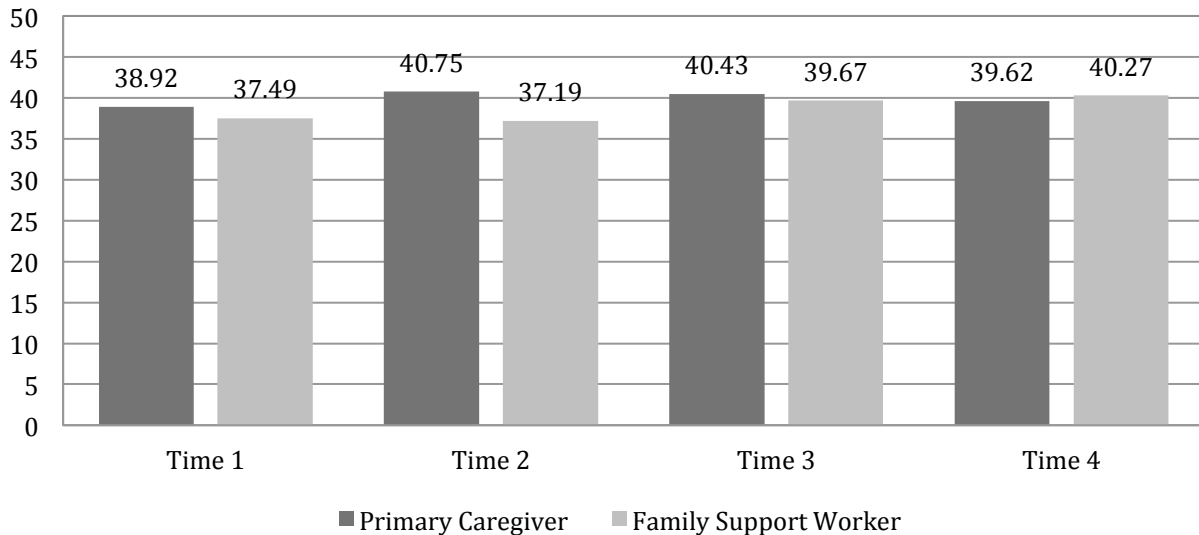
PCG(Home Env): Time 1 N=61, Time 2 N=60, Time 3 N= 23, Time 4 N=16
FSW(Home Env): Time 1 N=35, Time 2 N=48, Time 3 N= 21, Time 4 N=15

Home Environment examines the structure of the home atmosphere for the child, including variables such safety, activities, schedules, and rules.

In the above graph, the PCGs' scores increase from Time 1 to Time 2, but then level off at a mean of 39.62 by Time 4. The FSWs' scores decrease from time 1 to time 2, but then increase through time 4, ending with a mean of 40.27. Ultimately, the mean scores for both increased from time 1 to time 4. This graph also displays a comparison between the perceptions of the caregiver and support worker, which should become more similar.

Graph 15: Healthy Families Parenting Inventory

HFPI Percentages (Time 1 to Time 2)

Home Enivornment (PCG)	63 / 3 / 34	
Home Enivornment (FSW)	56 / 6 / 38	
Parent/Child Behavior (PCG)	37 / 10 / 44.5	
Parent/Child Behavior (FSW)	38 / 22 / 40	

Legend: ■ Positive ■ No Change ■ Negative

X-axis: 0% 20% 40% 60% 80% 100%

N = 60 (PCG)
N = 32 (FSW)

Directly related to the mean scores is the percent that actually changed. For example, in regards to Parent-Child Behavior, 37% of primary caregivers showed positive change. In terms of Home Environment, 56% of family support workers reported positive change, with only 38% negative change. Time 1 is at enrollment while time 2 is after 6 months.

Gap Analysis for Parent/Child Behavior
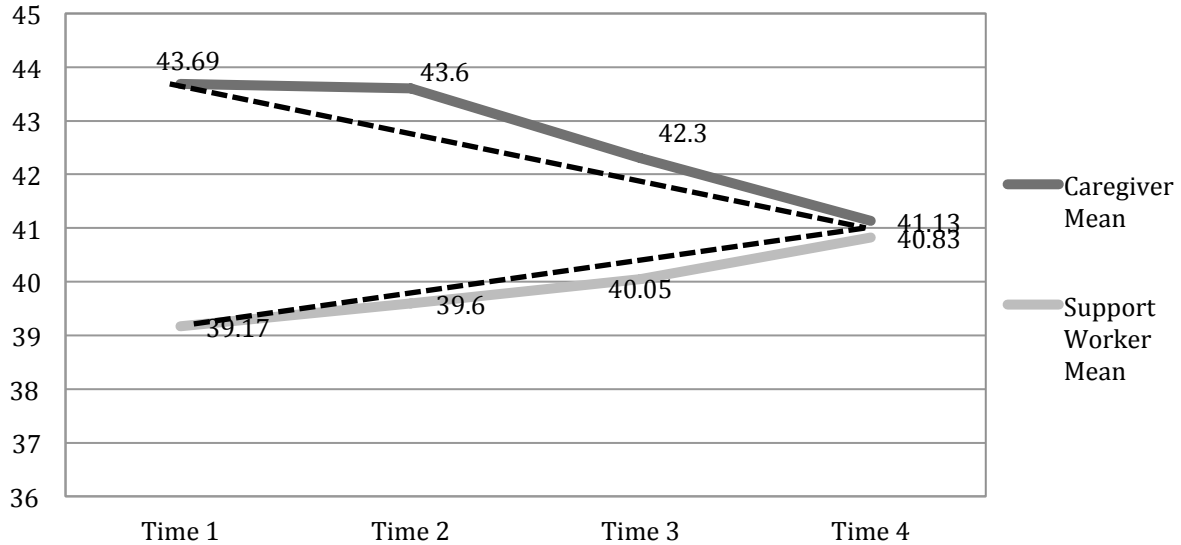
PCG(Bx): Time 1 N=61, Time 2 N=60, Time 3 N= 23, Time 4 N=16
FSW(Bx): Time 1 N=35, Time 2 N=48 Time 3 N= 21, Time 4 N=15

The above graph illustrates that from time 1 to time 2 the difference between the caregiver scores and family support worker scores steadily decreases. That is, the gap between the mean scores gets smaller. For example, the gap between time 1 and time 2 is 4.52, while the gap at time 4 is .3. Despite higher scores being better and the scores decreasing at time four, what is more important is how the scores are aligning, indicating congruence with the perceptions of both the caregiver and the support worker. Again, at time 4 there were only 16 PCG responses and 15 FSW responses. A low mean score at time 4 may be the result of high risk individuals who are still in the program after 2 years.

Graph 17: Gap Analysis

Gap Analysis for Home Environment

PCG: Time 1 N=61, Time 2 N=60, Time 3 N= 23, Time 4 N=16
FSW: Time 1 N=35, Time 2 N=48 Time 3 N= 21, Time 4 N=15

The above graph shows, again, that as time passes the gap between the caregiver and support worker scores decreases. As with Parent/Child Behavior, the time when the scores are closest is at time 4, with the scores being almost the same. This indicates that the perception of the FSW and the PCG are nearing alignment. Again, at time four, response rates for the PCG were 16, and the FSW were 15. Again, low mean scores at time 4 may be the result of high risk individuals who are still in the program after 2 years.

HFPI Gap Analysis

Table 11.0: Change in mean gap scores from time 1 through time 4

	N	Minimum	Maximum	Mean Dif.
Behavior 1	35	-7.00	20.00	4.89
Behavior 2	48	-8.00	19.00	4.15
Behavior 3	21	-5.00	14.00	3.19
Behavior 4	15	-3.00	14.00	.33
Environment 1	35	-15.00	22.00	1.26
Environment 2	48	-27.00	25.00	3.54
Environment 3	21	-10.00	21.00	2.05
Environment 4	15	-8.00	11.00	-.20

The above graph illustrates the gap between the caregiver and support worker's scores from time 1 through time 4 for both parent/child behavior and home environment. By subtracting the caregiver score from the support worker score, it is possible to see the actual mean gap score. The minimum and maximum scores represent the smallest and largest difference between the mean scores, and in this case, a smaller mean difference indicates that the support worker and the caregiver are rating the caregiver similarly. Thus, for Behavior, the difference between the caregivers and support workers' mean scores at time 1 was 4.89, whereas at time 4 the difference was .33. The negative for Home Environment simply means the support worker's scores were higher than the caregiver's, which was the case at time 4. A negative score in the minimum category means the caregiver score was lower than the family support worker score.

Cohen's D

Statistical significance does not necessarily address clinical significance. Therefore, effect size estimates are useful in describing how different two groups are on a given measure (e.g., parent's ability to manage child's behavior). A large effect size indicates there is difference, and many times this difference could be considered clinically significant. In this case, the means between the caregiver and support worker were compared, and what one would expect is to see a small or negligible effect by time 4, indicating that the means are not different. This lack of effect size by time 4 would show that the caregivers' perception of themselves has begun to align with that of the family support worker. A small effect size would have a value of + or - .20, medium effect size + or - .50, and a large effect size would be + or - .80. Again, time 1 is the difference between the Caregiver and Support Worker means for either Parent/Child Behavior or Home Environment using Cohen's D to determine the effect size.

Table 12.0: Effect size between caregiver and support worker scores

	Time 1	Time 2	Time 3	Time 4
Parent/Child Behavior	.84	.71	.38	.07
Home Environment	.22	.51	.11	-.11

PCG: Time 1 N=61, Time 2 N=60, Time 3 N= 23, Time 4 N=16
FSW: Time 1 N=35, Time 2 N=48 Time 3 N= 21, Time 4 N=15

As the above table illustrates, the effect size between the means decreases for both variables through time 2. At time 4, the parent/child behavior difference is negligible, indicating congruence at time 4. At time 3 and time 4, the difference between FSW scores and PCG scores is also negligible for home environment. The negative effect size at time 4 for home environment simply means the caregiver score was lower than the support worker score.

HOPE

Hope scores consist of two subscales and a total score. The range of scores of the subscales is 4-24, while the range for the total score is 8-48. As can be seen, scores were relatively high regardless of whether it was the clinician report or self-report. However, the family support workers' scores were lower on each of the subscales and total score.

Graph 18: Hope Scores
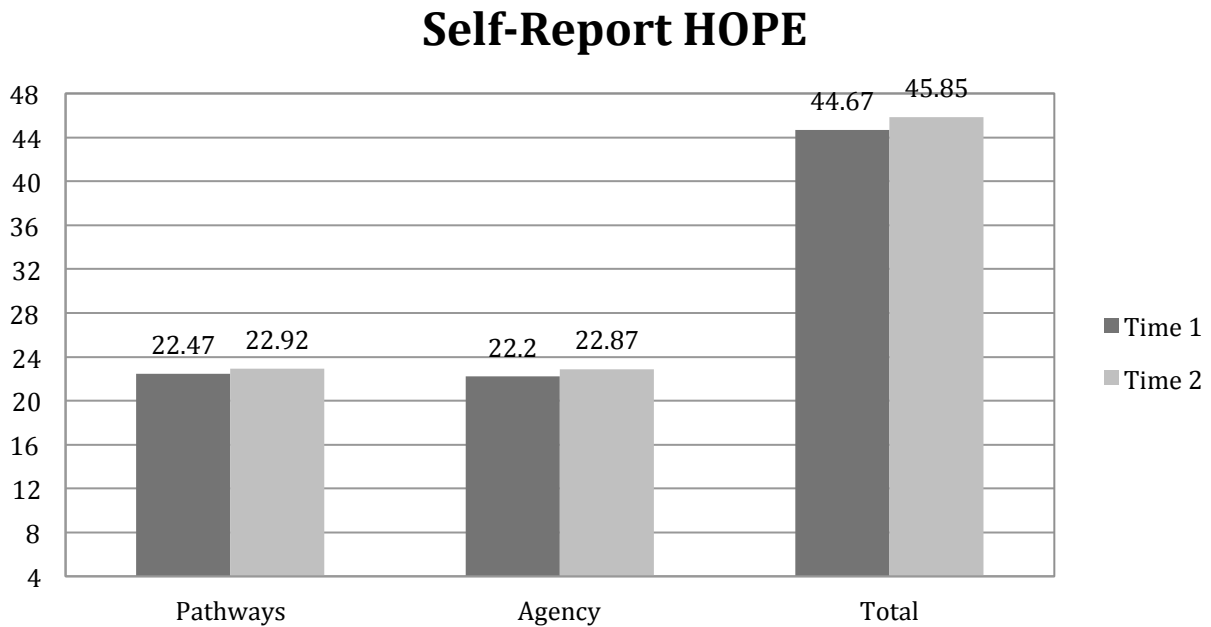
Self-Report HOPE

Graph 19: Hope Scores

Family Support Worker HOPE

Bar chart showing Family Support Worker HOPE scores for Time 1 and Time 2.

Pathways: Time 1 = 20.27, Time 2 = 21.02
Agency: Time 1 = 20, Time 2 = 20.65
Total: Time 1 = 40.27, Time 2 = 41.67
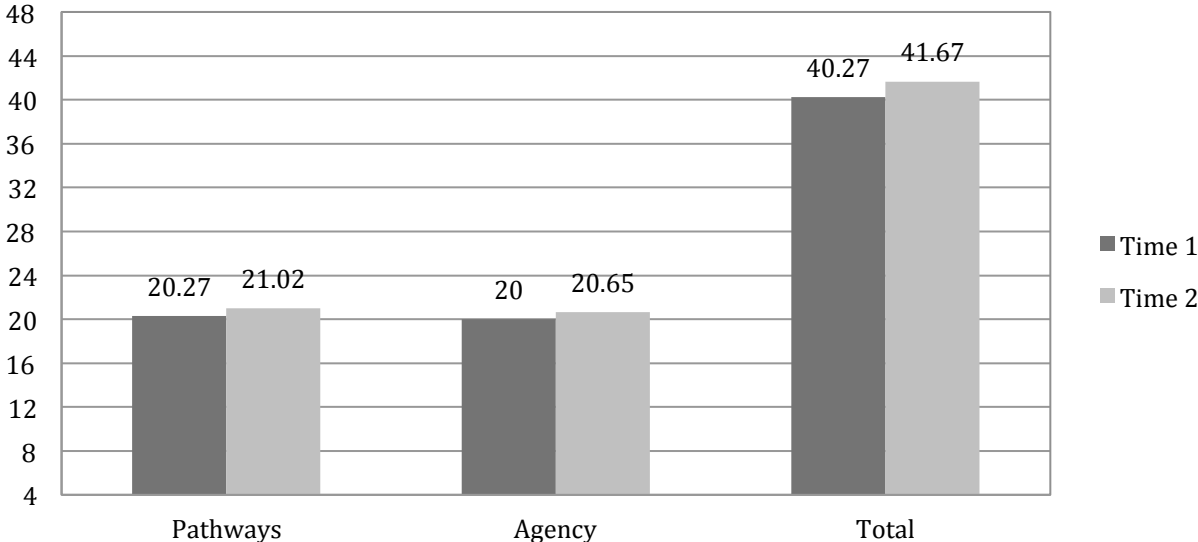
N = 54-55

Hope Correlations

Table 13.0: Correlations between Self-Report Hope Time 1 and select HFPI variables at Time 1

	Hope Pathways	Hope Agency	Hope Total
Problem Solving	.359	.245	.327
Depression	.235	.050	.155
PCG P/C Behavior	.611**	.374*	.533**
PCG Home Env.	.621**	.557**	.637**
Parent Efficacy	.424*	.262	.371*

N = 29
**significant at the 0.01 level
*significant at the 0.05 level

Table 14.0: Correlations between Self-Report Hope Time 2 and select HFPI variables at Time 2

	Hope Pathways	Hope Agency	Hope Total
Problem Solving	.313	.733**	.636**
Depression	.430*	.749**	.708**
PCG P/C Behavior	.272	.588**	.546**
PCG Home Env.	-.016	.319	.256
Parent Efficacy	.283	.659**	.626**

N = 28-29
**significant at the 0.01 level
*significant at the 0.05 level

The tables above display correlations between hope and five different HFPI variables at time 1 and time 2. Problem solving was positively correlated with hope agency and hope total at time 2, indicating that improved problem solving skills were associated with higher hope agency, and higher overall hope. More impressive was that all the hope scales were positively correlated with primary caregiver's parent/child behavior at time 1, and agency and pathways were positively correlated at time 2. Thus, better interactions between parent and child were associated with parent's having more pathways, higher agency, and overall higher hope. Other significant correlations at time 2 include all but home environment being correlated with hope agency at time 2.

Individualized Family Service Plan (IFSP)
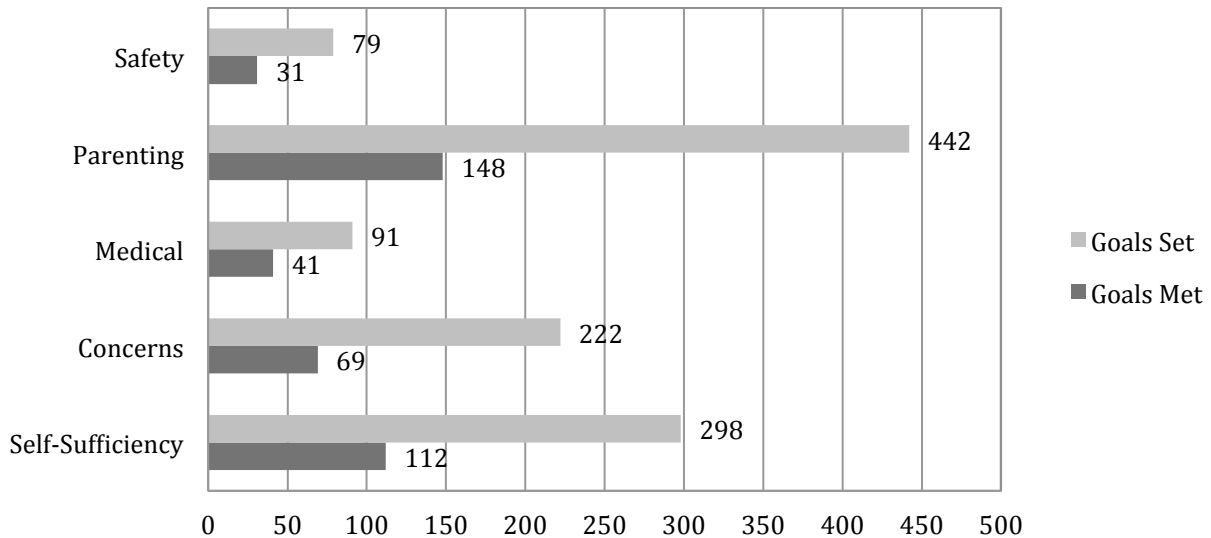
N = 166

The IFSP is used to help parents set goals in five different categories. The above graph displays the number of goals set and the number of goals met for each category. The total number of goals set was 1,132, while the total number met was 401. Parenting had the highest number of goals set (442) as well as the highest number met (148). Safety had the lowest number of goals set as well as the least amount of goals met.

Graph 21: Individualized Family Service Plan

IFSP Percent of Goals Met
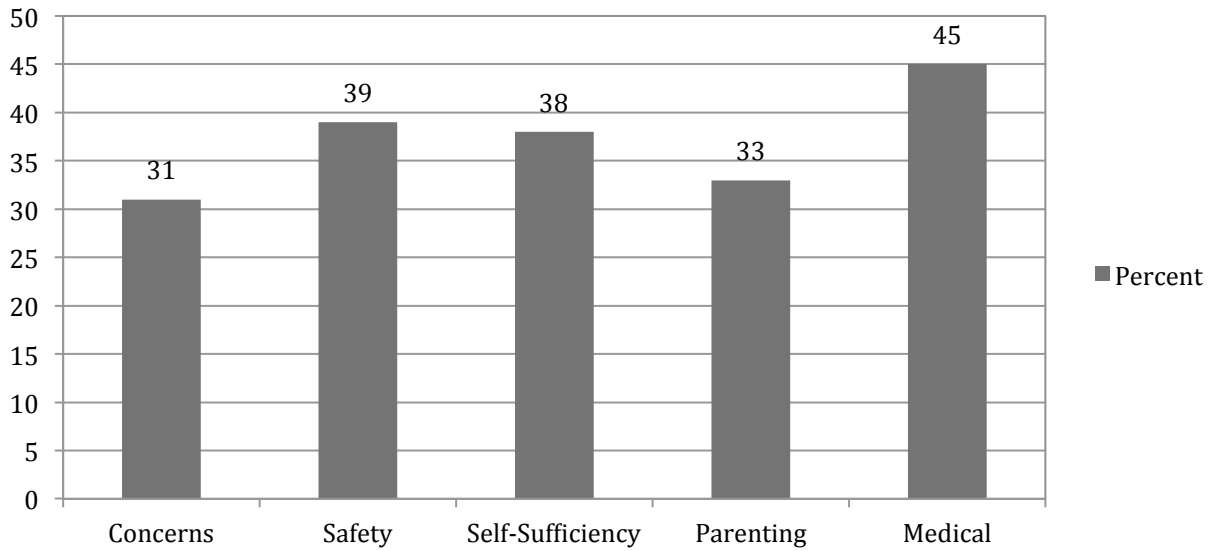
N = 166

As can be seen, the medical goals (45%) had the highest percent of goals met, while safety had the second highest (39%). Self-sufficiency and parenting had the 38% and 33% of goals met, respectively. Concerns had the lowest percent of goals met at 31%. Also, of the 1,132 total goals set, 35% were met.

Summary

The Healthy Families Parenting Inventory (HFPI) examines 9 different subscales and a total score in an effort to examine parental attitudes and beliefs within families. Generally speaking, mean scores increased across time, indicating positive change. However, unlike last year, none of the change in the mean scores was statistically significant from pre to post. The perception of the caregiver and support worker did become more similar from time 1 to time 4. A gap analysis revealed the difference between the two shrinking from time 1 to time 4 for both home environment and parent/child interaction. The effect size between the support worker scores and the caregiver scores began to become negligible, indicating congruency. Also of note is the correlation between hope and improved parent/child interactions. Across all aspects of the hope scale, including pathways, agency, and total hope, the relationship between these variables and the parent/child relationship was statistically significant at time 1, and all but pathways was significant at time 2. Increases in hope scores were related to perceived improvements in the parent and child relationship. In addition, a good percentage of the goals being set for the Individualized Family Service Plan are being met.

Kids on the Block

Goal

The mission of the Kids on the Block program is to provide children of various ages the knowledge needed to deal with tough situations and the motivation to pursue help when necessary. The program achieves these goals through the use of puppetry in the Japanese Bunraku style, and currently focus on five main themes: bullying, divorce, stranger danger, physical abuse and sexual abuse. KOB also has clear messages that it is attempting to communicate, such as "tell an adult and keep telling", or "abuse is not your fault".

Purpose

The aim of research within this program is to determine the effectiveness of Kids on the Block in educating children in various concepts related to abuse and bullying as well as determine whether a change in behavior is likely.

Procedure and Instrument

The Kids on the Block program was evaluated using self-report questionnaires for the children who attended the presentation. All of the children who attended the presentation were either 3rd or 4th graders. The self-report consists of eight total questions, four about bullying, and four about abuse. Bullying and abuse each have two subscales, knowledge and behavior, as well as a total score. PCCT staff in conjunction with OU developed the scale so that questions would be directly related to the content being presented to the children. Teachers were also given a survey to help evaluate the performance and overall developmental appropriateness of the presentation. These surveys were then given to the Center for Applied Research for Nonprofit Organizations for analysis.

- *The following pages consist of graphical representations of the survey results, as well as further analysis. The analysis will start with bullying and continue on to abuse.*

Bullying

The following graphs show the actual number of response per question on the bullying scale. Again, this scale consists of four questions, with two of those questions assessing knowledge gained, and the other two assessing behavior change.

Graph 22: Tattletale and Bullying

Tattletale if I report bullying
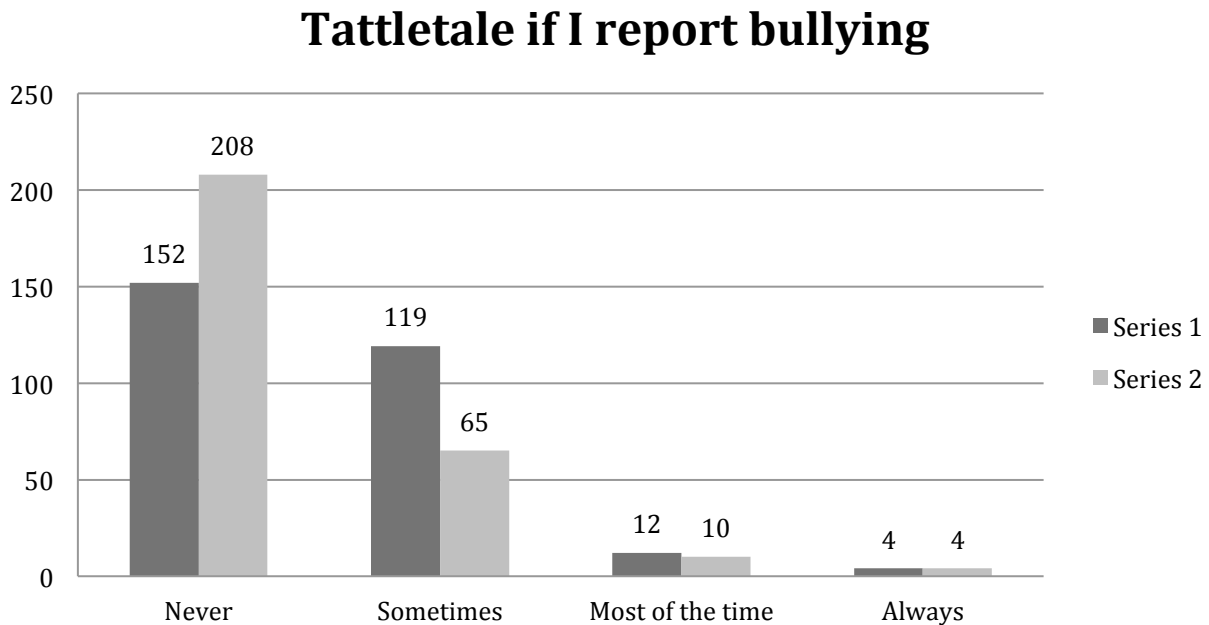
N = 287

The above graph displays the actual number of respondents for the statement "I am a tattle tale if I report bullying." As can be seen, the total number of respondents indicating they are "never" a tattletale if they report bullying increases from time 1 to time 2 by 56 individuals, while that number decreases from 119 to 65 (a change of 54) for the response "sometimes". The other two responses stay mostly the same. The responses for this graph are fairly high to begin with, the question is whether the change in number for the "never" and "sometimes" responses is significant. This will be addressed further in the report when examining the subscales.

Graph 23: Tell a Teacher and Bulling

Tell a teacher if a kid was being bullied
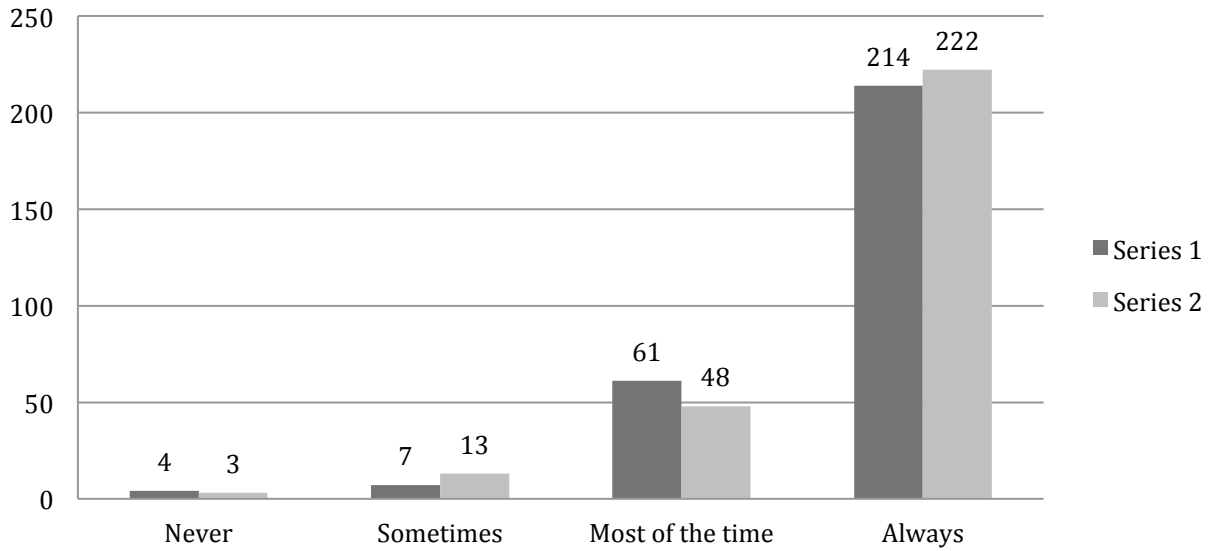
N = 286

The above graph displays the number of responses for the statement "I would tell a teacher if a kid was being bullied". Again, the numbers are fairly high to being with, and most of the respondents indicated they would "always" tell a teacher at time 1, with that number increasing slightly at time 2. Of note is the slight increase at time 2 for the response "sometimes".

Graph 24: Fighting Back

Fighting back is a good strategy
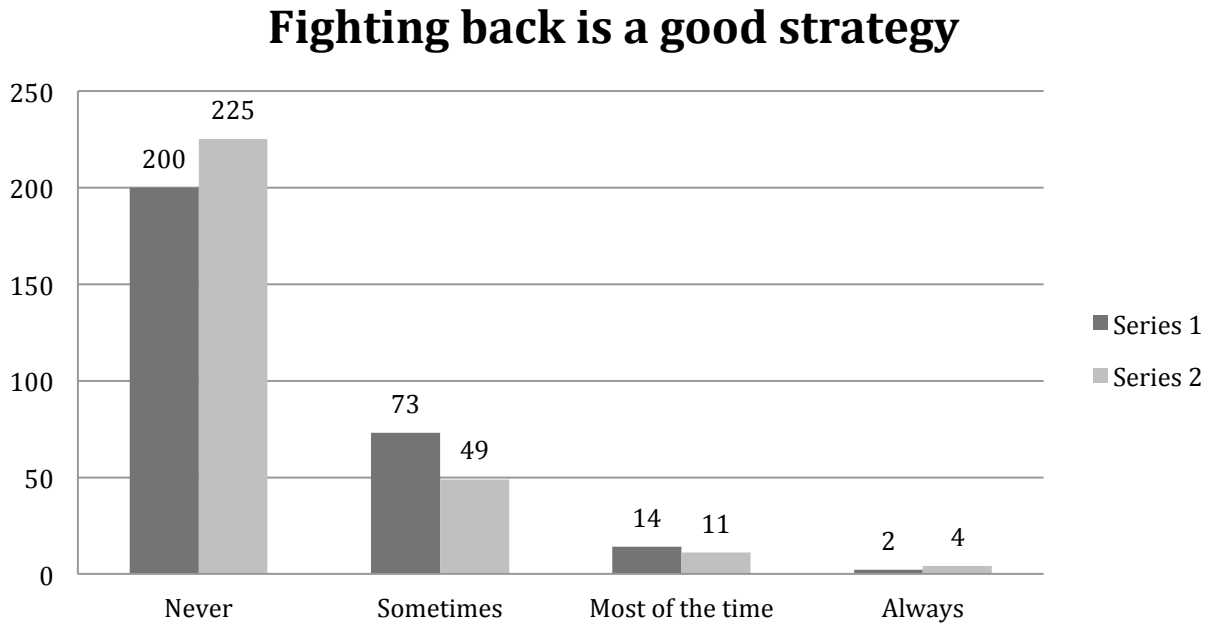
N = 289

The above graph displays the responses for the question "Fighting back is a good way to make a bully stop". For the most part, individuals responded this was "never" a good strategy to deal with bullies, with the number indicating that response increasing from 200 to 225 by time 2. As with the previous graph, there is a drop in those who responded "sometimes", although this drop obviously coincides with rise in the "never' response.

I would help a kid being bullied

Series 1
Series 2
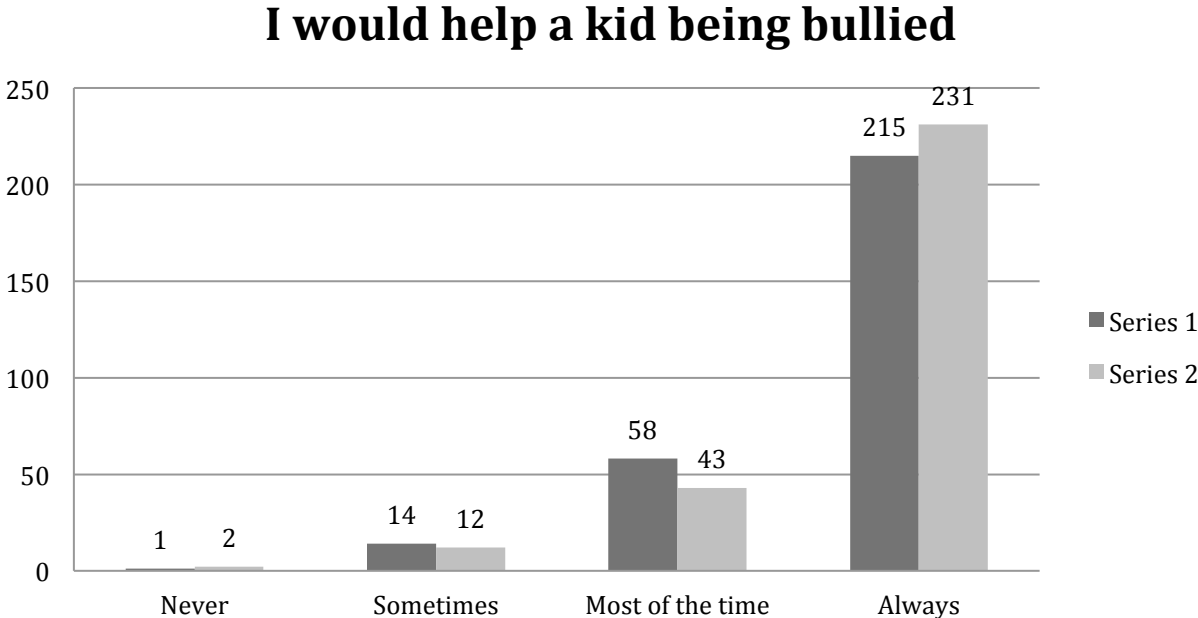
N = 288

For the question "If I saw a kid being bullied, I would help them", the numbers are again similar to other graphs. That is, responses were heavily weighted towards the two correct responses, according to the curriculum being taught. In this case, responses increased from 215 at the pre-test to 231 at the post-test.

Bullying Mean Scores
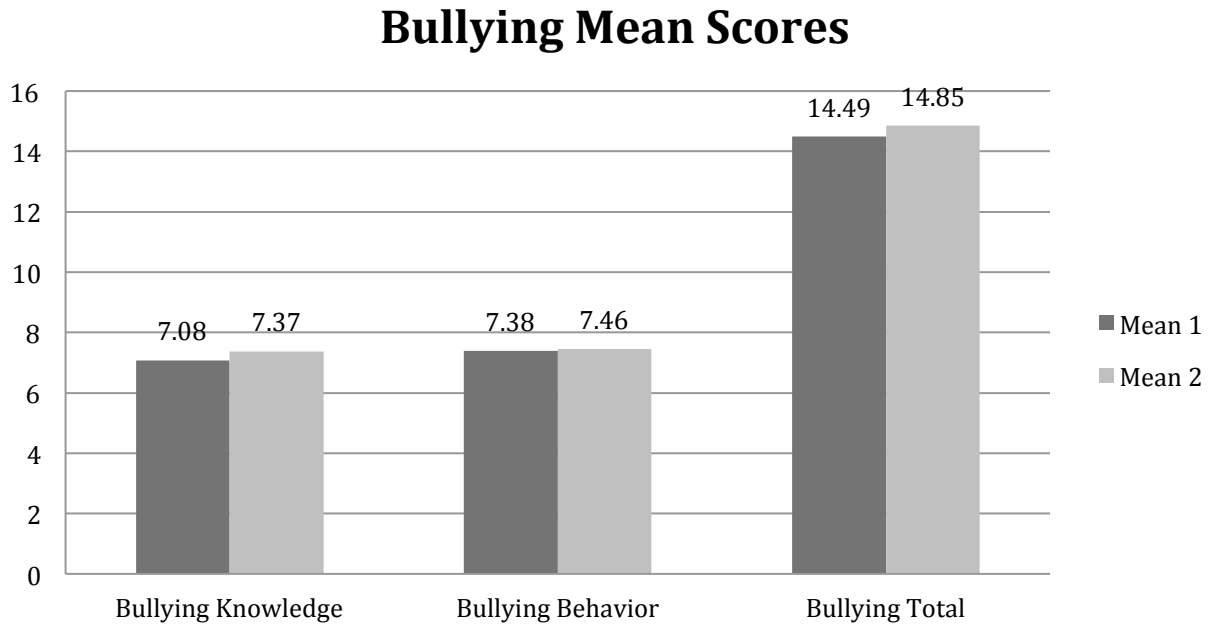
Knowledge N = 285; Behavior N = 284; Total Score N = 281

The above graph shows the mean scores for each of the subscales within the bullying scale. The knowledge mean increased from time 1 to time 2, as did the behavior scale and the overall total scale score. Of interest is whether this change in mean scores was a significant change statistically, indicating that the program was effective in increasing knowledge and potentially changing behavior.

Paired Samples T-Test

A paired samples t-test is used when trying to determine whether the change in mean scores in a pre- and post-test is a significant change, or rather, a change that is not due to chance. The table below shows the mean scores at time 1 and time 2, what the difference was between those mean scores, and gives a significance score. In order for the number to be significant, the significance number must be less than .05.

As can be seen, two of the three variables did prove to be significant for this scale, including the knowledge subscale and the overall scale score. Thus, the change in knowledge by the participants in the presentation was likely due to the presentation itself and not due to chance.

Table 15.0: Paired Samples T-Test

Construct	Variable	N	Mean 1	Mean 2	Difference	Sig.
Bullying	Knowledge	285	7.08	7.37	.288	.000*
Bullying	Behavior	284	7.38	7.46	.077	.152
Bullying	Total	281	14.49	14.85	.359	.000*

Denotes statistical significance

Abuse

The following graphs show the actual number of response per question of the abuse scale. Again, this scale consists of four questions, with two of those questions assessing knowledge gained, and the other two assessing behavior change.

Graph 27: Tell an Adult About Abuse

I would tell an adult about abuse
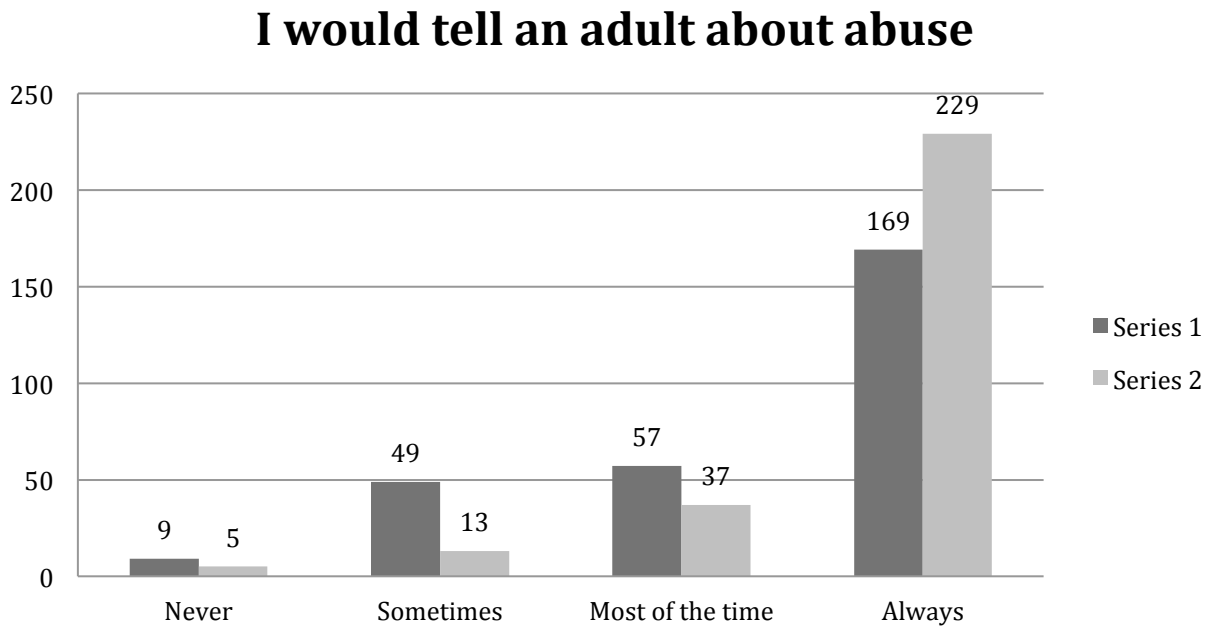
N = 284

For the statement "If I was being abused, I would keep telling an adult until it stopped", there appears to be a sharp increase in the number of those responding "always" from time 1 to time 2, with the number in increasing from 169 to 229. This increased coincides with the decrease of those responding in the three other response categories, including "never" and "sometimes".

Parents can get help
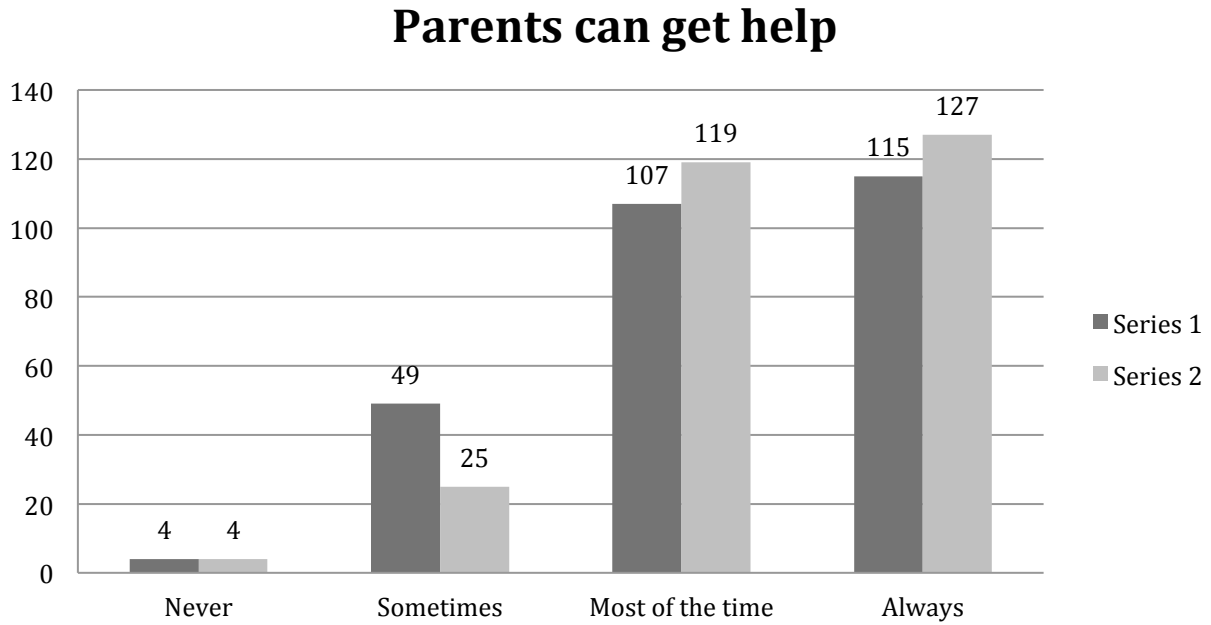
N =275

The above graph displays the responses for the statement "Parents can get help if a kid tells about abuse". Interestingly, the "most of the time" and "always" responses were very similar, and both increased by 12 responses from time 1 to time 2. The "sometimes" response decreased from 49 to 25, while the "never" response stayed the same.

Abuse is being hurt over and over
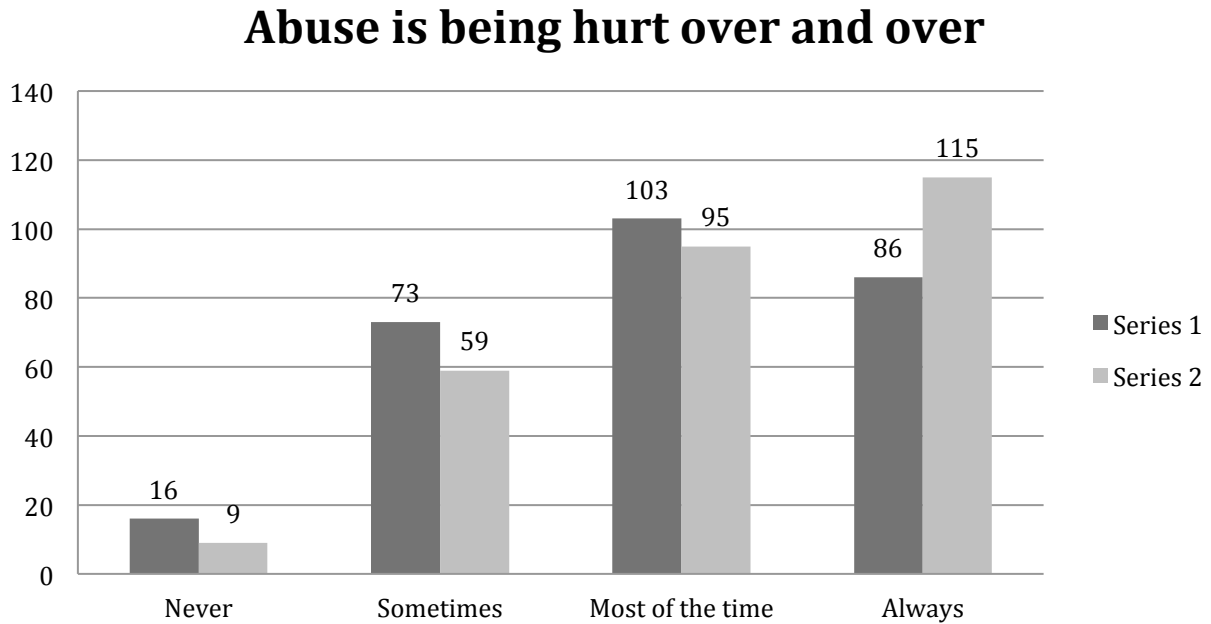
N = 278

For the statement "Abuse is when someone older hurts a kid over and over", responses were more evenly distributed between the "sometimes", "most of the time", "always" response. "Most of the time" had the highest response rate at time 1 with 103 responses. However, this change at time 2, with "always" having the highest response rate with 115 responses.

Even if scared, I would tell an adult
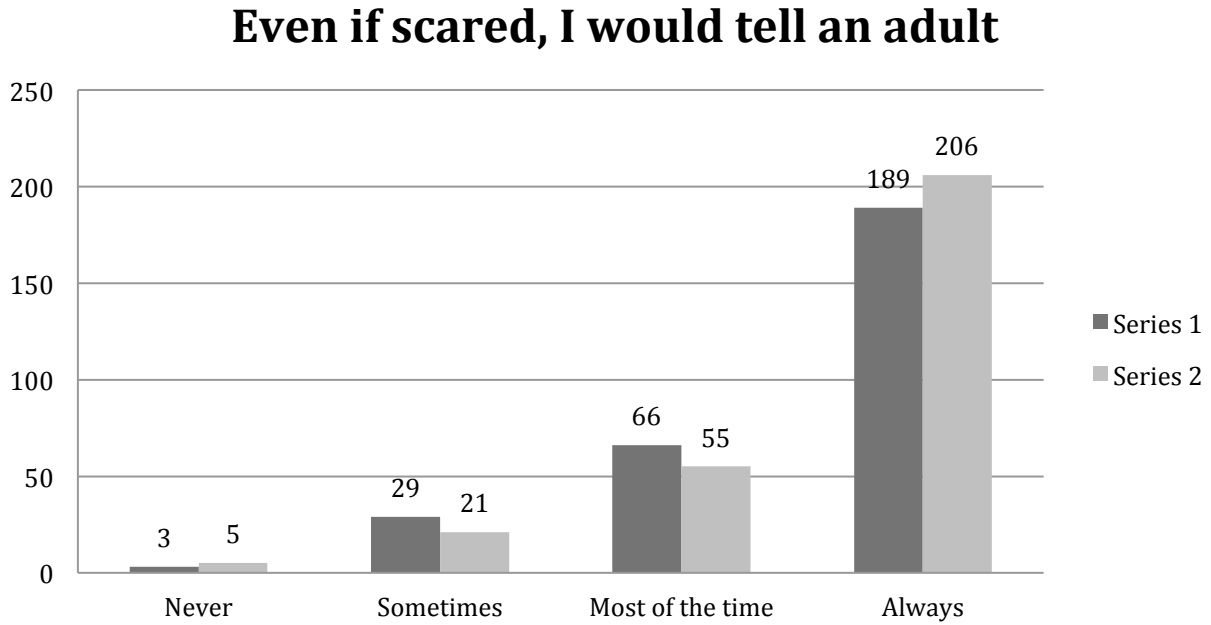
N = 287

The above graph displays the responses for the statement "Even if I was scared, I would tell an adult about the abuse to get help". The "always" response received 189 responses at time 1, but increased to 206 responses at time 2. The other responses all decreased from time 1 to time 2, with the exception of "never", which saw a slight increase of 2 responses, going from 3 to 5.

Graph 31: Abuse Mean Scores
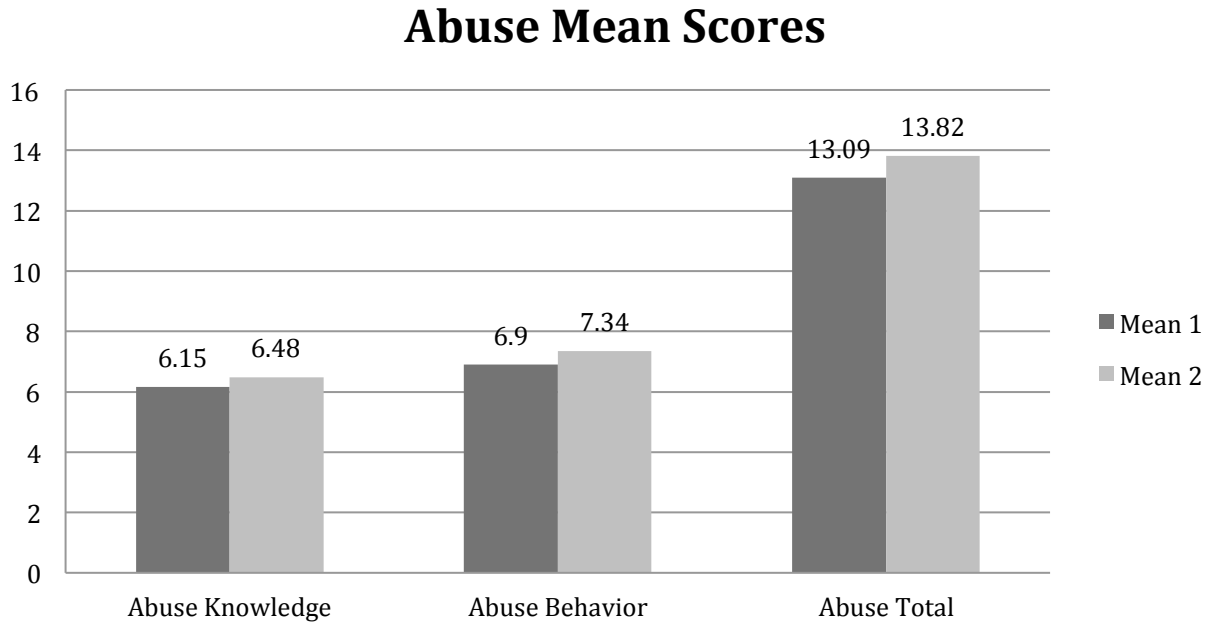
Abuse Mean Scores

Knowledge N = 6.15; Behavior N = 7.34; Total Score N = 270

The above graph shows the mean scores for each of the subscales within the abuse scale. The knowledge mean increased from time 1 to time 2, as did the behavior scale and the overall total scale score. Of interest is whether this change in mean scores was a significant change statistically, indicating that the program was effective in increasing knowledge and potentially changing behavior.

Paired Sample T-Test

As stated previously, a paired samples t-test is used when trying to determine whether the change in mean scores in a pre- and post-test is a significant change, or rather, a change that is not due to chance. The table below shows the mean scores at time 1 and time 2, what the difference was between those mean scores, and gives a significance score. In order for the number to be significant, the significance number must be less than .05.

As can be seen, all three of the variables proved to be significant for this scale, including the knowledge subscale, behavior subscale, and the overall scale score. Thus, the change in knowledge and potential behavior by the participants in the presentation was likely to due to the presentation itself and not due to chance.

Table 16.0: Paired Samples T-Test

Construct	Variable	N	Mean 1	Mean 2	Difference	Sig.
Abuse	Knowledge	273	6.15	6.48	.326	.000*
Abuse	Behavior	282	6.90	7.34	.436	.000*
Abuse	Total	270	13.09	13.82	.737	.000*

Denotes statistical significance

Student Letters

Students were also asked to write a letter to the puppets to say thank you and mention something they might have learned from the presentation. These letters were compiled by PCCT staff and analyzed to determine general responses to the shows and the number of times students mentioned key concepts, such as the definition of abuse or how to deal with bullying. PCCT staff randomly selected a certain number of letters to be analyzed. Below are graphical representations that show the number of students who included in their letters the concepts listed.

Graph 32: Student Letters

Student Letters
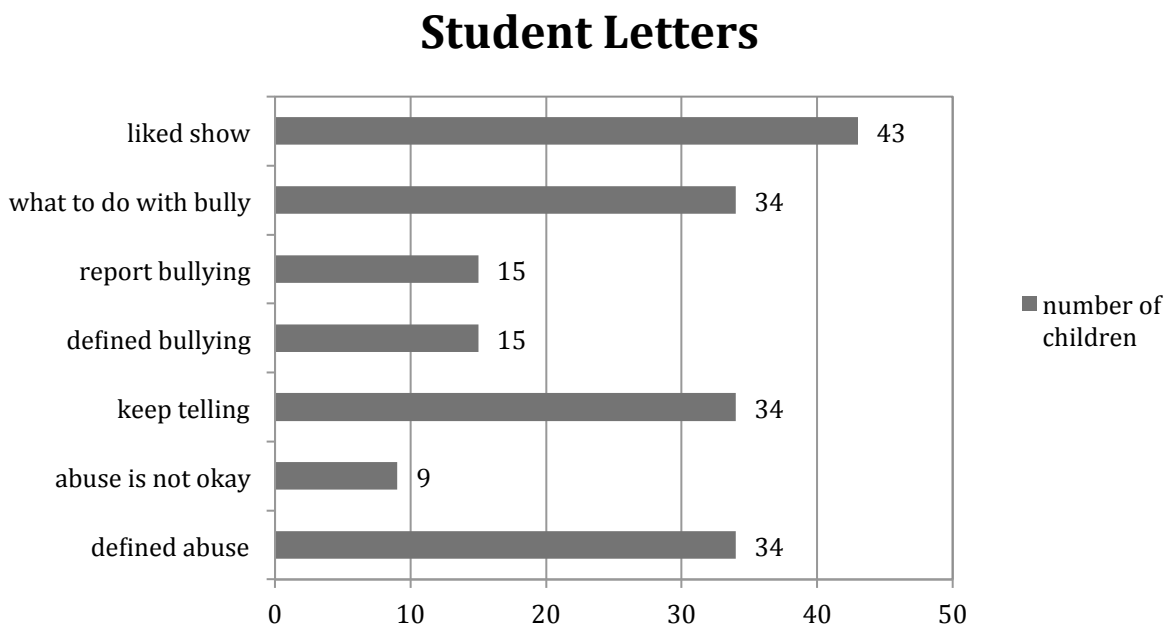
N = 90

As the graph above displays, many of the students mentioned concepts regarding how to deal with a bully, to keep telling an adult when being abused, and defining abuse. To a lesser extent, students mentioned the subjects of reporting bullying, defining bullying, and the idea that abuse is not okay. However, a large number of those in the sample did state that they liked the show.

Student Comments

The following are quotes taken from some of the student letters.

- "You taught me about child abuse, now I know what it is."
- "Your show taught me that child abuse is not ok."
- "Tell if you get an uh-oh feeling."
- "Your show taught me that if you are being abused you need to keep telling an adult."
- "Tell even if you are told to lie."
- "Today you taught me to not be afraid to tell."
- "I am learning at the same time I enjoy your shows."
- "We are lucky you came to our school."
- "Awesome job."
- " I really like how you do the show with puppets instead of just telling us which is boring."
- "Puppets felt alive."
- "I hope you come again."
- "You taught me about the different kinds of bullying."
- "Bullying is wrong to do. And it's not cool."
- "Now I will never let bullying happen on my watch."
- "Your show made learn that bulling is something you can't just handle on your own in secret."
- Tell an adult and keep telling."
- "Telling on a person for bullying it is called reporting"
- "I had been bullied and you helped me figure out a way to make it stop."

Teacher Evaluations

In addition to a pre- and post-test given to the students who attended the performance, teachers were also given a questionnaire to address four main variables, including puppeteer performance, audience reaction, developmental appropriateness, and increase of awareness. The following graphs display the responses to each of these variables in percent form.
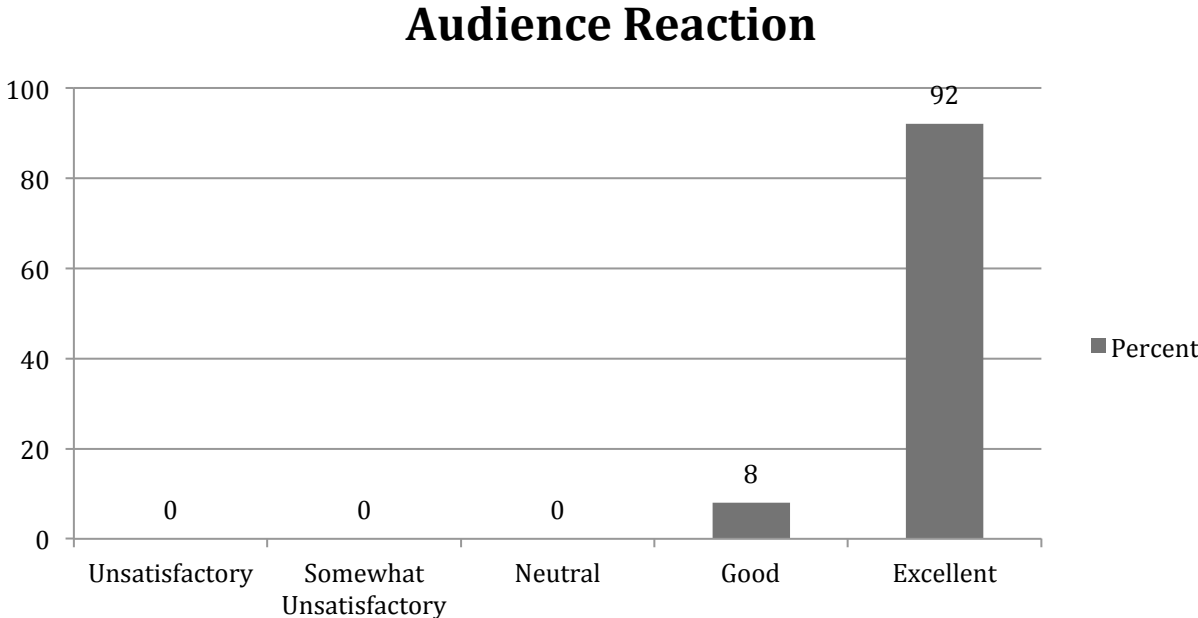
Graph 33: Puppeteer Performance

Puppeteer Performance
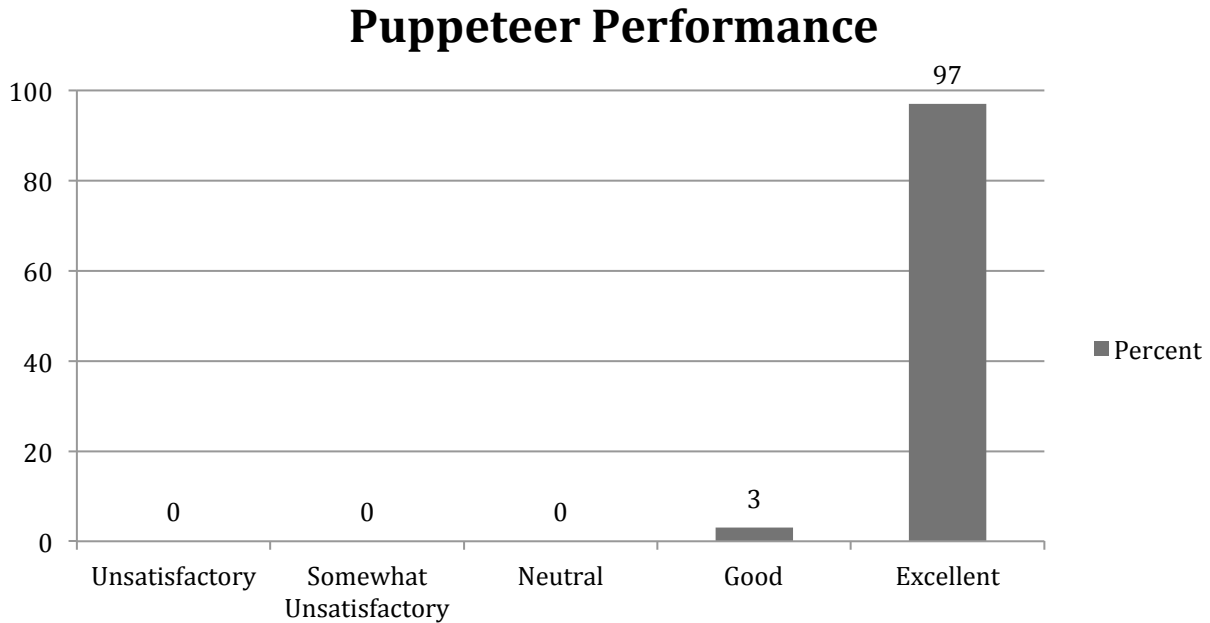
N = 36

The above graph displays the overwhelmingly positive responses to the puppeteer performance, as reviewed by teachers. 97% of teachers stated the performance was "excellent", 3% responded it was "good".
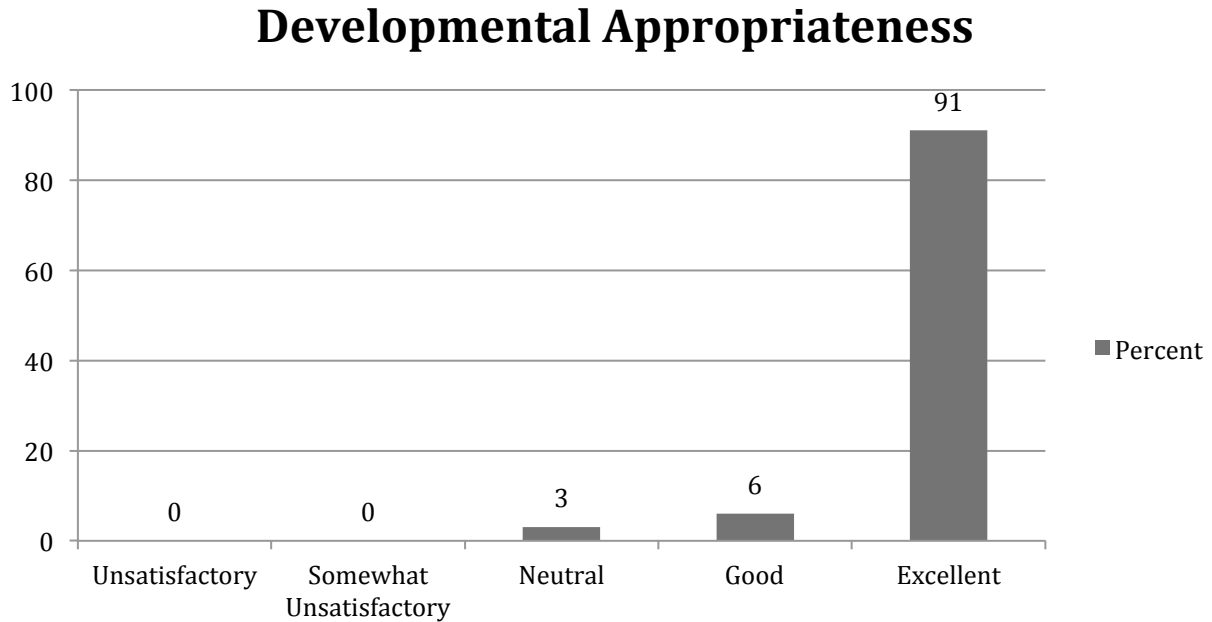
Graph 34: Audience Reaction

Audience Reaction

N = 36

For audience reaction, which consisted of teachers rating the reaction of the children to the performance, the results were also positive. 92% of teachers stated the reaction was "excellent" while the other 8% stated it was "good".
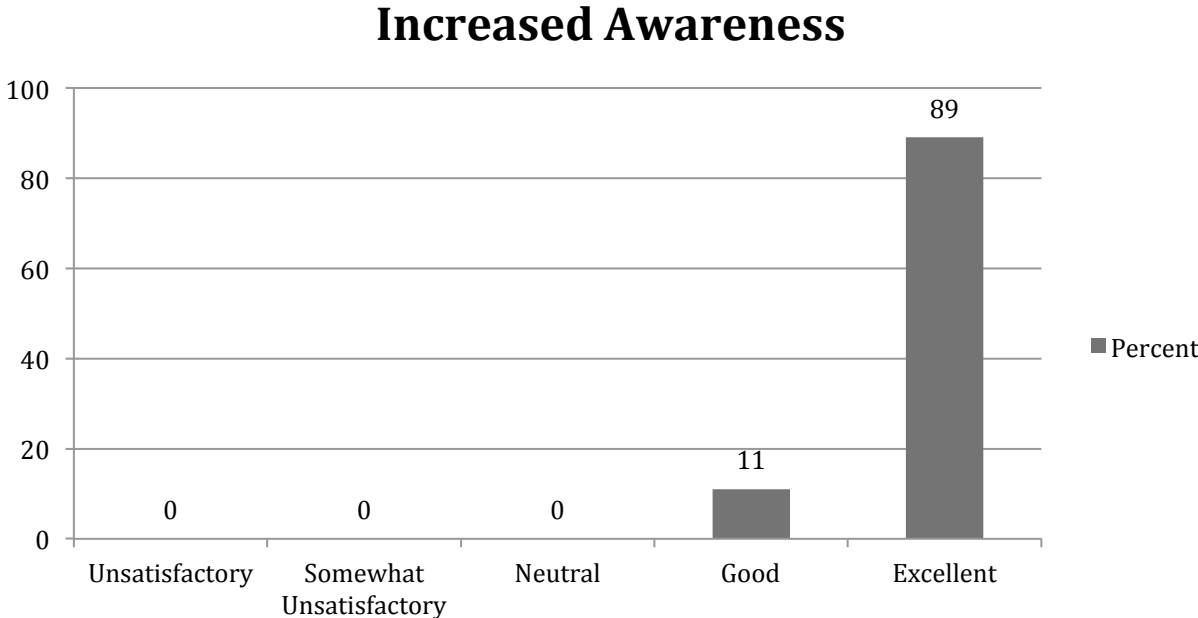
Developmental Appropriateness

N = 36

As can be seen, 91% of teachers responded that the appropriateness of the presentation was "excellent", while 6% stated it was "good". 3% of respondents were "neutral" as to the appropriateness of the presentation, although this actually only accounted for one individual.

Graph 36: Increased Awareness

Increased Awareness

N = 36

For the question regarding whether the presentation increased awareness of the various subjects being presented, 89% thought the presentation did an "excellent" job of increasing awareness, while the other 11% rated the presentation as "good".

Teacher Comments

The following are comments teachers provided about the program during their evaluation.

- "Great content."
- "These are such great messages."
- "Great questions from kids during the performance. Great job answering them and the 'what if' questions!"
- "Great and effective way to talk about a serious topic with a young audience."
- "Great information. Students were very engaged and really seemed to comprehend what was being communicated."
- "Keep up the great work."
- "Good job keeping it light yet informative."
- "I loved the way you opened the puppet show, the students really enjoyed the interaction."
- "Great character expression. It made the performance very entertaining."
- "Thanks for using great vocabulary words and discussing them."
- "Maybe puppets could do a recap of ways before asking kids to respond."
- "Love the humor involved with the show!"
- "The kids were so engaged! Great job!"
- "Love this, great message!"
- "Great show!"

Summary

The results for the Kids on the Block program were consistently positive. The program used a new survey this year that focused on two main aspects of the program: knowledge and behavior. The goal of the program is to increase knowledge of bulling and abuse as well as hopefully change the behavior of individuals who experience bullying and abuse. For the bullying program, both the knowledge subscale and the total score were statistically significant from pre to post. For the abuse program, all three variables, including knowledge, behavior, and the total score, were statistically significant from pre to post. The letters the students wrote were generally positive and displayed an increase in knowledge of the concepts. The teacher response to the program was overwhelmingly positive, with three variables, including puppeteer performance, audience reaction, and increased awareness, receiving only positive responses. Teacher comments were also positive towards the program, both in terms of content of the program as well as the presentation itself.

Never Shake a Baby

Goal

The mission of Never Shake a Baby is to teach parents about normal infant behaviors, techniques to calm a crying baby, and the dangers of shaking a baby. This is accomplished by partnering with hospitals throughout Tulsa County, including Hillcrest, St. John, St. Francis, and OSU Medical. Parents and caregivers are provided with a Period of Purple Crying DVD as well as other information regarding Shaken Baby Syndrome and the Great Beginnings program.

Purpose

The purpose of this study is to determine whether the Never Shake a Baby program achieves three outcomes: increase in knowledge about normal infant behaviors and techniques to stay calm when dealing with a crying baby, the utilization of such techniques when faced with a purple crying baby, and the sharing of the information provided to the caregiver by PCCT staff.

Procedure and Instruments

PCCT staff presented information regarding the Period of Purple Crying and Shaken Baby Syndrome to new parents and caregivers following the birth of the baby. After the presentation, each parent, if possible, is given a brief questionnaire. A follow-up survey is completed within six weeks of the initial contact. These surveys were then analyzed using SPSS by CARNPO staff.
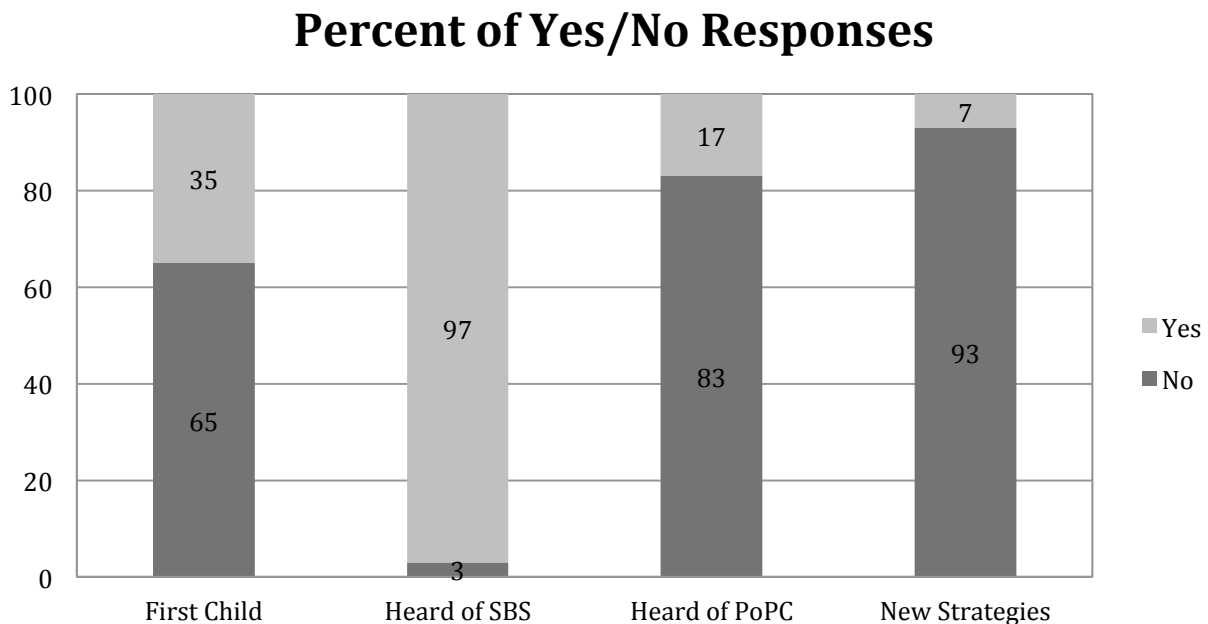
Pre-Test Findings

The following are the findings from the initial questionnaire given to parents at the hospital. This questionnaire consisted of seven main questions, which centered on previous knowledge and knowledge gained. The table below displays the hospitals that were included in the program and how many people were served at each one. It should also be noted that of the 60 total respondents 49 were the mother, 11 were the father.

Table 17.0: Hospitals served and number of participants

Hospital	St. John	Hillcrest	St. Francis	OSU	Southcrest
Participants	1	18	33	5	3

N = 60

Graph 37: Percent of Yes and No Reponses

Percent of Yes/No Responses

N = 57-59

The above graph displays the percent of "yes" and "no" responses to four of the pre-test questions. 35% of respondents (or 20 individuals) indicated that this was their first child, while 65% (or 37 individuals) stated it was not. While 97% of individuals had heard of Shaken Baby Syndrome, only 17% had heard of the Period of Purple Crying. 83% stated they had not heard of the Period of Purple Crying. 7% of individuals reported having learned a new strategy to help deal with a purple crying baby as a result of the presentation.

Post-Test Findings

The following pages contain information from the post-test. The goal of the post-test was to determine a number of things, including but not limited to, how the PoPC dvd was utilized by the parent, whether the parent had a purple crying baby, and how the parent was responding to moments of frustration with the new baby. Of the 24 respondents of the post-test, 19 were mothers, while five were fathers. Also, for six of the respondents, it was their first child.

Graph 38: DVD Scores

DVD Findings

N = 24
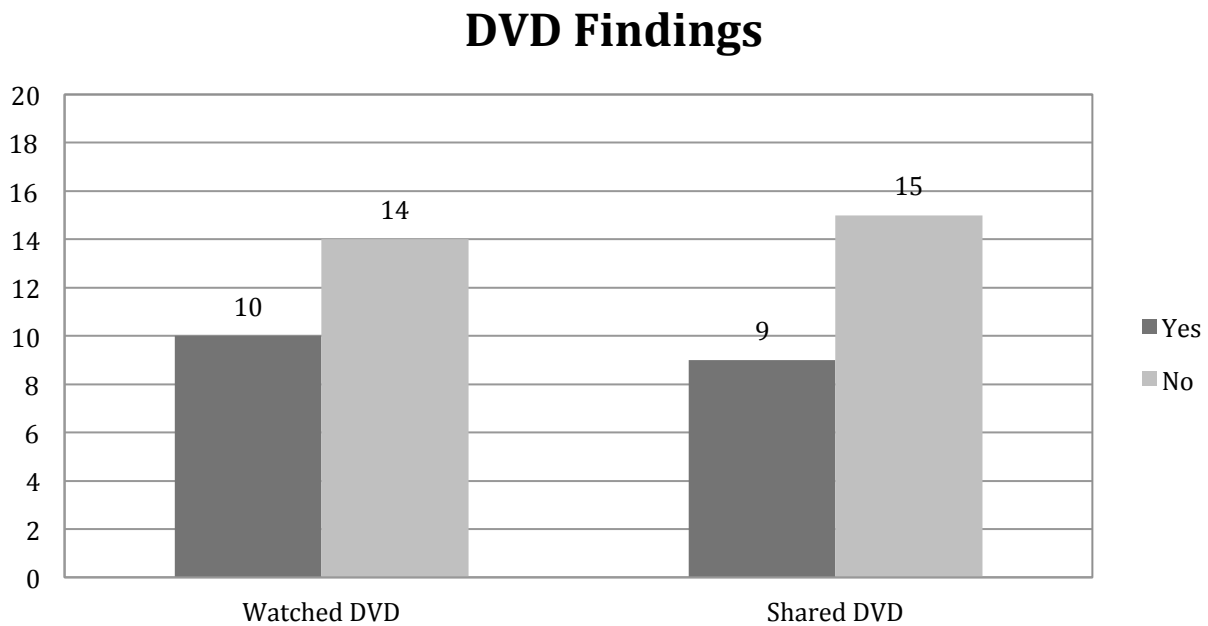
The above graph displays the number of individuals who watched and shared the DVD. As can be seen, more people did not watch the DVD than watched, with 58% not watching it. The numbers of individuals who shared the DVD are very similar, with more individuals not sharing it than sharing it.

However, of more interest than the number of those who did or did not watch/share the DVD is how these two variables are related. That is, what percent of individuals who watched the DVD also shared the DVD?   In this case, of the 10 people who watched the DVD, 60%, or six people, shared it. However, of the 14 people who did not watch the DVD, only 21%, or 3 people, shared the DVD. This finding is similar to last years finding, and indicates the importance of watching the DVD in the continual sharing of knowledge regarding Shaken Baby Syndrome and purple crying.

Description of Child and Parent Interaction

For the post-test, parents indicated a number of aspects of the child, including how often the child cries. Of the 24 respondents, three individuals stated their baby "cried a lot", 17 responded their baby had "normal" crying, and four individuals stated that baby "rarely or never" cried. This question was an attempt at determining what type of child the parent had, while the following questions were used to determine how the baby responded to soothing and how the parent responded to frustrating situations.

Graph 39: Parent/Child Responses

Parent/Child Responses

N = 24
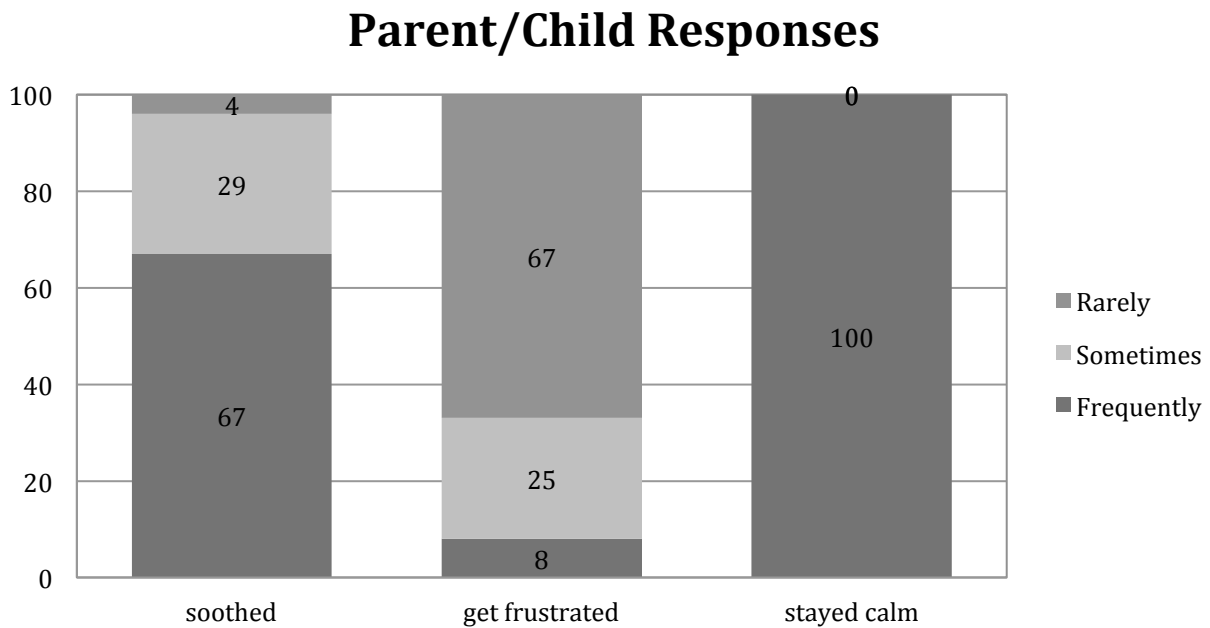
The above graph displays the percent of individuals responding to three questions that address their interaction with the baby. In this case, 67% stated that their baby "frequently" responded to soothing techniques, while only 4% stated they "rarely" responded to soothing when crying. 67% of parents stated that they "rarely" get frustrated when their baby cries, while 25% stated they "sometimes" get frustrated. Only 8% stated they "frequently" get frustrated when their baby cries. 100% of individuals stated they "frequently" stay calm when their baby cries.

"First Child" Findings

One of the goals in changing the survey this year was to determine whether or not a difference existed between parents of a first-born child versus those who have had other children. The table below shows the response to the post-test questions sorted by this variable. For example, of those who stated it was their first child, two watched the DVD and one shared it. Also of note, the number of individuals who responded their baby "cried a lot" was one for those of a first-born child, and two for those who had more than one child. Overall, the percentages for this question were roughly the same regardless of whether it was the first child or not.

Table 18.0: Post-test responses sorted by whether it was a first-born child

First Child	Response	Watch DVD	Share DVD
Yes	Yes	2	1
	No	4	5
No	Yes	7	7
	No	9	9

N = 24

Table 19.0: Post-test responses sorted by whether it was a first-born child, cont.

First Child	Response	Responds to Soothing	Get Frustrated	Stayed Calm
Yes	Rarely	1	5	0
	Sometimes	1	0	0
	Always	4	1	6
No	Rarely	0	10	0
	Sometimes	6	5	0
	Always	16	1	16

N = 24

"Mother and Father" Findings

A second goal in changing the survey this year was to determine whether or not a difference existed between parents and their responses. The table below shows the response to the post-test questions sorted by mother and father. For example, seven mothers watched the DVD and seven shared it, while three fathers watched it and 2 shared it. Also of note, the number of individuals who responded their baby "cried a lot" was two for mothers, and one for fathers.

Table 20.0: Post-test responses sorted by parent status

Parent Status	Response	Watch DVD	Share DVD
Mother	Yes	7	7
	No	12	12
Father	Yes	3	2
	No	2	3

N = 24

Table 21.0: Post-test responses sorted by parent status, cont.

Parent Status	Response	Responds to Soothing	Get Frustrated	Stayed Calm
Mother	Rarely	1	14	0
	Sometimes	5	4	0
	Always	13	1	19
Father	Rarely	0	2	0
	Sometimes	2	2	0
	Always	3	1	5

N = 24

Strategies

Parents were asked about what strategies they might have used to help stay calm when they're babies were crying, as the presentation in the hospital presents a number of strategies parents can utilize for those moments. Below is a graph that displays strategies that were used by respondents to help sooth their babies. It is of interest that 57% stated that they utilized a strategy learned during the presentation.

Table 40: Strategies Utilized

Strategies Utilized
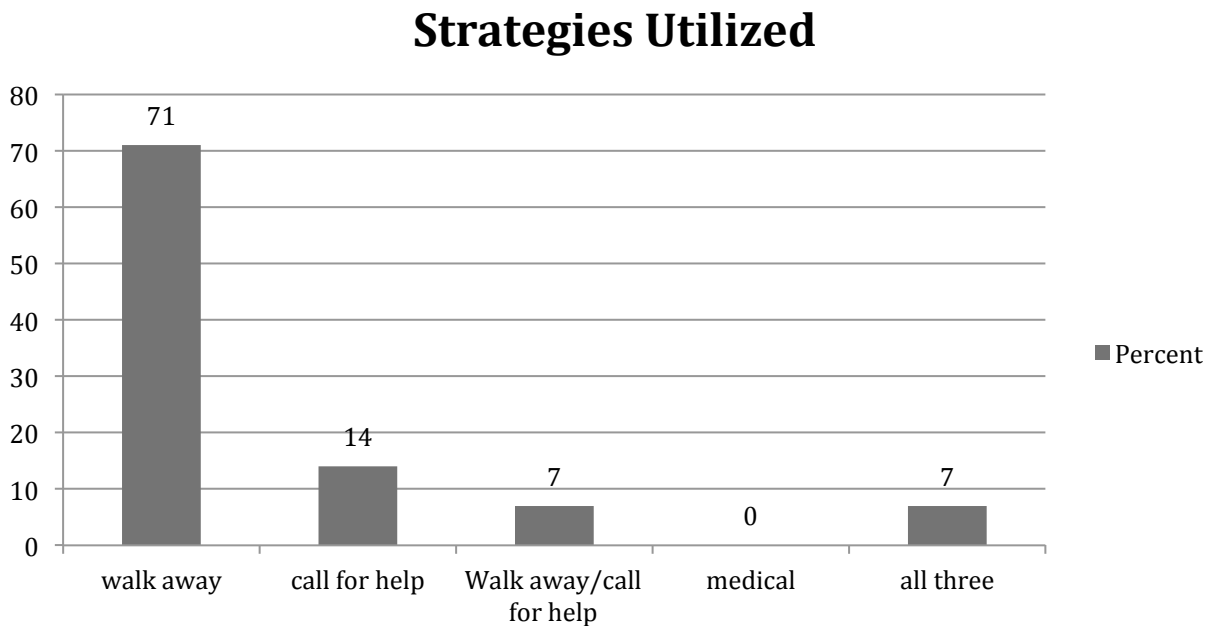
N = 14

As the above graph displays, 71% of respondents stated they had placed their baby in a safe place and walked away, while 14% stated they called for help. One person (7%) stated they had walked away and called for help, while no one stated they exclusively sought medical attention. One person also responded they had utilized all three strategies.

Summary

The Never Shake a Baby program used a new version of the survey this year to focus on what was determined to be the most important aspects of the program. For the pre-test, the goal was to determine whether individuals already had knowledge of the concepts being presented in the program as well as determine whether individuals learned any new strategies for staying calm with their child. Perhaps most interesting in the pre-test was most people had heard of Shaken Baby Syndrome, but most had not heard of the Period of Purple Crying. For the post-test, results regarding the DVD were similar to those of the past, i.e., those who watched the DVD were more likely to share it. One of the main focuses this year was to examine differences between those with a purple crying baby and those without. Unfortunately, the sample size for the post-test was rather small, and as such, differences were hard to discern. However, it is interesting to note that all three of the respondents who had a purple crying child watched the DVD, indicating the DVD was a resource they may have used for help. Future analysis will hopefully include a deeper look at the aforementioned differences, as well as differences between responses of the mother and father as well as those for whom it was the first child.

Supervised Visitation

Goal

The goal of Supervised Visitation is to provide a safe place and a structured environment for children to visit and maintain a relationship with their non-custodial parent in a way that protects them from further abuse, neglect and conflict. Supervised Visitation is for families in which abuse or neglect has been alleged and there is a court order to conduct visits and exchanges under qualified supervision in a safe environment to protect children from further abuse or distress due to conflict in the family.

Purpose

Supervised Visitation is in the preliminary stages of analysis as it has begun using a new satisfaction style survey. The purpose now and in the future will be to determine the usefulness of the current instrument being used and ways to improve data collection.

Procedure and Instrument

The Parent Child Center administered a satisfaction survey to individuals in the program. This survey covered a variety of different topics, including level of satisfaction with the overall supervised visits. However, the survey also asked questions that were concerned with the process of getting into the program, the efficiency of the department, and the overall impact of supervised visits on the child(ren) and parents.

Demographics

- A total of 13 surveys were analyzed for Supervised Visitation.

- Of respondents, seven were the mother, three were the father, one responded both mother and father, and three were unanswered.

- Six people had been using services for less than 3 months, one for 3-5 months, five for 6-11 months, and one for 1-2 years.

- Nine of the respondents indicated the service was court-ordered, two were a professional referral, and one was both court-ordered and a self-referral.

- One person had visits less than once per month, two person twice a month, one person three times a month, six people four times a month, and three people more than four times a month.

- The reasons for using services were quite varied, and often consisted of multiple different reasons; e.g., reasons included concerns about physical, sexual, or emotional safety of the child, concerns about parenting ability, and unresolved conflict between custodial and non-custodial parties.

The following pages contain graphical representations of responses on the rest of the questionnaire

Survey Questions Mean Scores
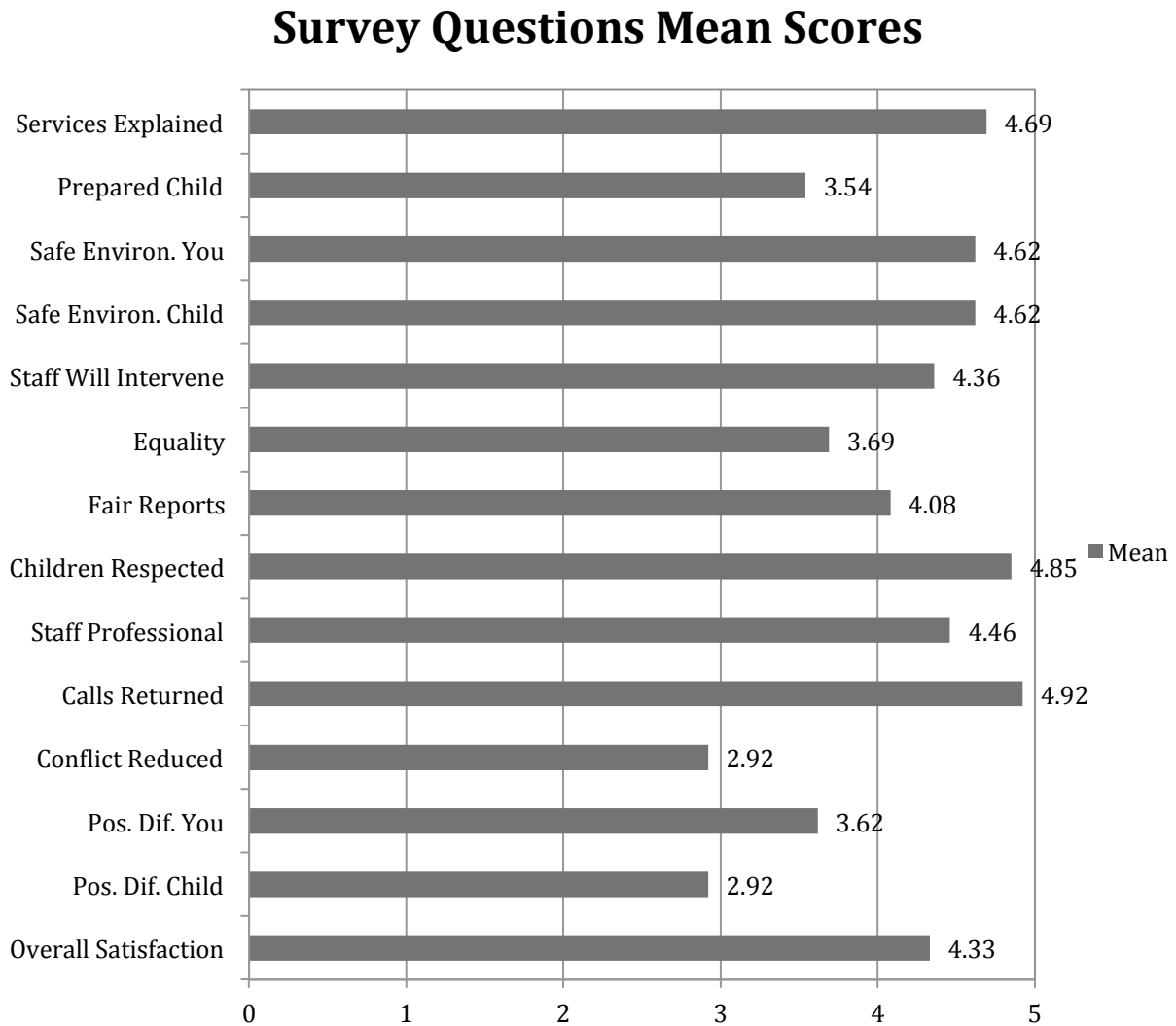
N = 13

As the above graph illustrates, the mean scores indicate an overall level of satisfaction with most of the program, with the exception of two variables. Scores ranged from 1, or Not at all Satisfied, to 5, Completely Satisfied. The variables with the highest possible mean scores were calls returned (4.92), services explained (4.69), and providing a safe environment for both the parent (4.62) and child (4.62). On the other hand, the lowest mean scores were related to whether conflict was reduced (2.92) as well as whether the services made a positive difference for the child.

Summary

The Supervised Visitation program received very good ratings on almost every aspect of the program. With all but two variables having a score of 3 or above, and most of those being 4 or above, the program was doing very well according to respondents. There were two areas where respondents listed little change as a result of using visitation services, those being reduction of conflict and making a positive difference for the child. Otherwise, program participants were generally positive about the program.