

**CENTER OF APPLIED RESEARCH
FOR NONPROFIT ORGANIZATIONS**

**The Parent Child Center of Tulsa
2014 Final Report**

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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 5 years to be effective in reducing the risk of child abuse and neglect. The paired samples t-test demonstrated positive change for expectations, empathy, corporal punishment, and role reversal as evidence by statistical significance. Examining the different risk categories also showed a movement towards lower 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 has a goal of improving the parent-child relationship, and providing the parent with strategies for dealing with their children's behaviors. Hope scores were not statistically significant. 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 some positive change, particularly with such variables as positive effect, emotional responsiveness, and behavioral responsiveness. There were several variables that were not statistically significant. With regards to the TSCYC, 1 out of 11 scales was statistically significant. Generally speaking, the number of those individuals in the clinical and problematic range on the TSCYC decreased. Overall, there are some positive outcomes with regards to the Child Therapy programs.

Healthy Families 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 goal of the CWBS is to measure a variety of areas related to child safety and protective factors. Note that because data was interpreted differently with regards to time points, that Healthy Families data is not comparable to SafeCare Data. With regards to Healthy Families on household sanitation, at baseline the majority of respondents were in the baseline time point with the majority (76%) having *appropriate* household sanitation. SafeCare found that 69% had *appropriate* household sanitation. Regarding Healthy Families on food/nutrition, at baseline 92% had *regular and nutritious meals*. SafeCare found that 92% had *regular and nutritious meals*. With regards to mental health care in Healthy Families, the majority of respondents (89%) at baseline demonstrated *parent anticipating and responding to child's emotional needs*. SafeCare found that 72% had a *parent anticipating and responding to child's emotional needs*. With regards to parental distress in Healthy Families, 49% and 47% had *PC Coping well and PC Mild Distress*. SafeCare found that 26% and 56% had *PC Coping well and PC Mild Distress*. Due to a low sample size, t-tests were not computed on Hope scores. The total mean score was 50.77 at time 1 and 52.26 at time 2. Finally, a good percentage (48.5%-52.8%) of the goals being set for the Individualized Family Service Plan are being met.

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. Of all teachers who responded, 93% agreed that they would recommend the program to others. And 93% agreed that the performance was interesting while 94% agreed that it was developmentally appropriate. Teacher comments were also positive towards the program, both in terms of content of the program as well as the presentation itself. Overall, Kids on the Block received positive feedback from teachers.

Never Shake a Baby used the same survey as last 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 that most people (93%) had heard of Shaken Baby Syndrome, but most had not (73%) 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 goals was to determine whether or not a difference existed between parents of a first-born child versus those who have had other children. Overall, the percentages for these questions were roughly the same regardless of whether it was the first child or not. Overall, the program educates parents on effective ways to soothe their babies and helps them understand the period of purple crying.

The purpose of the **Shelter** program is to increase safety for the children residing at the shelter through diffusing crisis situation and providing education and support to parents. Findings from the present study indicate that parent mental health (n=14) and child safety (n=13) were the most common types of crisis. And, crisis counseling (n=18) and mediation (n=13) were the most common types of intervention. Finally, there was overall agreement that participants learned something helpful and that they will use what they learned. Finally, participants altogether found the style was helpful for learning and that the leader was caring and respectful. Overall, these are positive findings for the Shelter 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 in 2014 and analyzed to determine the effectiveness of the program over a longer period of time.

Instruments

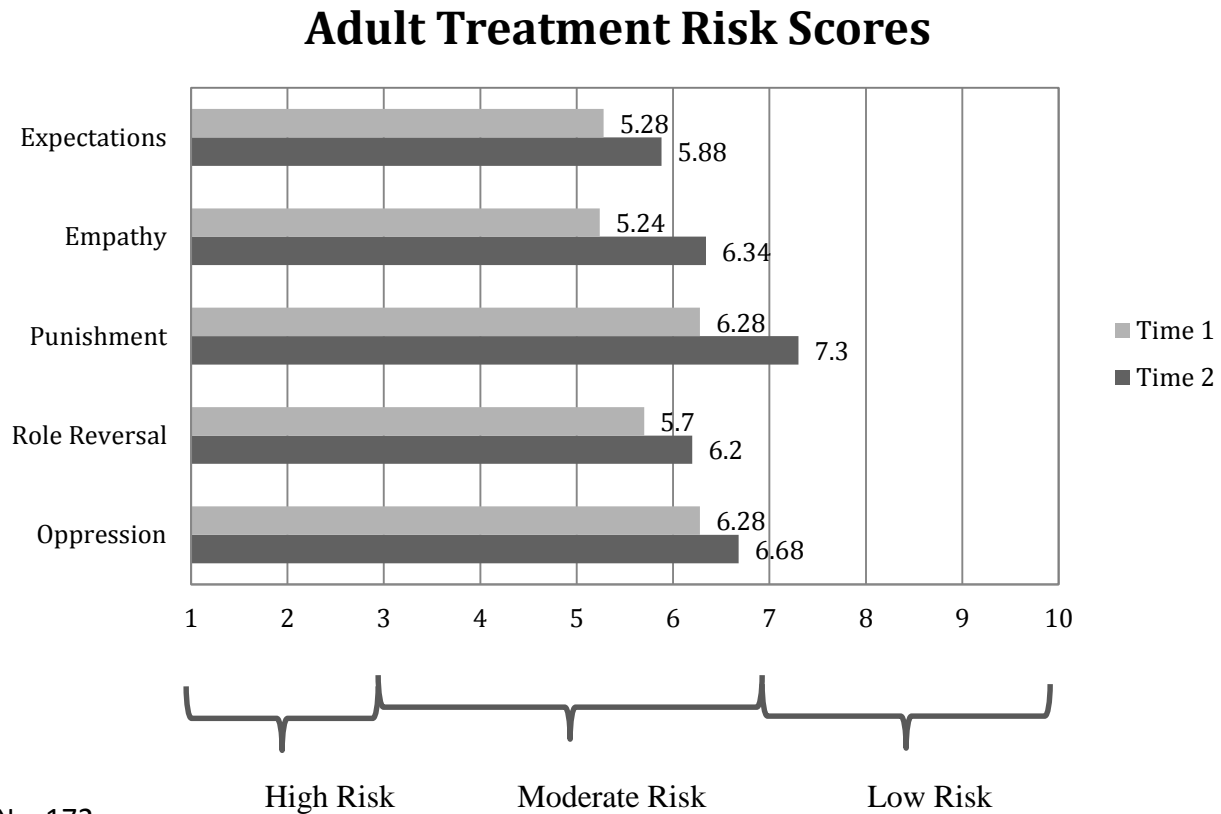
Adult-Adolescent Parenting Inventory (AAPI-2) – The AAPI-2 is comprised of 40 items that measure parenting attitudes and child rearing practices of both adults and adolescents. The goal of the AAPI-2 is to ascertain the level of risk of child abuse and neglect based upon 5 constructs: parental expectations, 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 Quizzes - 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 172 respondents, 61% (105) were female, and 39% (67) of them were male.
- **Race:** 54% were Caucasian, 13% Native American, 19% Black, 9% Hispanic, with the other 5% being Pacific Islander, Asian, or Unknown.
- **Education:** The majority of respondents were high school graduates (37%) with 24% completing some college. 9% completed 11th grade, 13% 10th grade, 5% 9th grade, 2% 8th grade, and 1% 7th grade. And 3% were college graduate.
- **Employment:** 22% of respondents reported being unemployed, while 53% reported being employed full-time. 12% stated they were employed part-time, 8% were not employed due to a disability, and 5% employment was unknown.
- **Income Level:** The majority of respondents, 40%, reported making under \$15,000. 22% stated they did not know how much they made per year. 20% made between \$15,001 and \$25,000, while 15% made \$25,001 to \$60,000.
- **Marital Status:** The majority of respondents were either single (40%) or married (23%). 16% were unmarried partners, 9% separated, and 9% divorced.
- **Abuse Inside of Home:** 37% of respondents indicated having experienced abuse within their family as a child while 48% had not. 15% did not know.
- **Abuse Outside of Home:** 20% reported experiencing abuse outside of their family while 63% did not. 17% did not know.

Graph 1: Adult Treatment Risk Scores



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. 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 at time 1 are in the moderate risk category and show 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: 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	88.4	83.7	11.6	16.3
STEN B: Empathy Towards Children's Needs	89	64	11.0	36.0
STEN C: Use of Corporal Punishment as a Means of Discipline	77.9	58.7	22.1	41.3
STEN D: Parent- Child Role Responsibilities	82.6	73.8	17.4	26.2
STEN E: Children's Power and Independence	64.5	60.5	35.5	39.5
	Decrease Indicates Progress		Increase Indicates Progress	

N = 172

The preceding table examines what percentage of individuals moved from one risk category to another. 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% of respondents at time 1 were considered high or moderate risk regarding empathy (construct B), but that percentage dropped to 64% at time 2. In addition, at time 1 only 11% of people were in the low risk group for empathy, while at time 2, that percentage rose to 36%.

Summary of Adult Adolescent Parenting Inventory (AAPI)

Table 2: 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	28	26	124	118	20	28
Empathy	31	20	122	90	19	62
Punishment	10	4	124	97	38	71
Role	28	22	114	105	30	45
Oppression	26	19	85	85	61	68

N = 172

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. The low risk group increased in total numbers from time 1 to time 2. There was also a decrease in numbers from time 1 to time 2 in the moderate risk group.

Summary of Adult Adolescent Parenting Inventory (AAPI)

How has risk changed across time? The following provides specifics of direction of change based upon their rating at time 1 to time 2 (N=172).

Construct A: Expectations of Children

High Risk (n=28): 69% improved to moderate risk, 39% stayed the same.

Moderate (n=124): 14% improved, 74% stayed the same, 12% moved to high risk.

Low (n=20): 55% stayed the same and 45% moved to moderate risk.

Construct B: Empathy Towards Children's Needs

High Risk (n=31): 68% improved to moderate or low risk, 32% stayed the same.

Moderate (n=122): 39% improved, 53% stayed the same, 8% moved to high risk.

Low (n=19): 68% stayed the same, 32% moved to moderate risk.

Construct C: Use of Corporal Punishment as a Means of Discipline

High Risk (n=10): 90% improved to moderate or low risk, 10% stayed same.

Moderate (n=124): 36% improved, 63% stayed same, 2% moved to high risk.

Low (n=38): 68% stayed the same, 32% moved to moderate or high risk.

Construct D: Parent-Child Role Responsibilities

High Risk (n=28): 39% improved to moderate or low risk, 61% stayed the same.

Moderate (n=114): 19% improved, 76% stayed the same, 4% moved to high risk.

Low (n=30): 73% stayed the same, 27% moved to moderate risk.

Construct E: Children's Power and Independence

High Risk (n=26): 77% improved to moderate risk or low risk, 23% stayed the same.

Moderate (n=85): 28% improved, 61% stayed the same, 11% moved to high risk.

Low (n=61): 61% stayed the same, 33% moved to moderate, 7% moved to high risk

Thus, for Construct A, of those identified as high risk, 69% improved to the moderate risk group. For Construct C, 90% of those identified as high-risk improved, while 36% of those in the moderate group improved. Construct E also showed improvement, with 77% of those in the high-risk group moving to the moderate or low risk group, while 28% 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 time 1 to time 2 is statistically significant. As the table below displays, positive change was observed for expectations, empathy, corporal punishment, and role reversal as evidence by statistical significance. Scores for oppression were not statistically significant. It is noteworthy that there are more individuals in the low risk category (n=61) in the oppression construct when compared to the other constructs (see page 10). This may partially explain why oppression did not have not statistical significance. See the table below for further description.

Table 3: Significance of mean change from time 1 to time 2

	Variable	N	Mean 1	Mean 2	t	Sig.
Construct A	Expectations	172	5.28	5.88	-3.88	.000***
Construct B	Empathy	172	5.24	6.34	-6.25	.000***
Construct C	Punishment	172	6.28	7.30	-7.45	.000***
Construct D	Role Reversal	172	5.70	6.20	-3.64	.000***
Construct E	Oppression	172	6.28	6.68	-1.95	.052

Levels of significance:

*p < .05, ** p < .01, *** p < .001

The goal of adult treatment is to decrease caregiver risk. The data presented for AAPI scores show that this goal is being achieved for those in the high risk and moderate risk categories. 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 positive 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 4.1: 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 4.2: 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 4.3: 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 4.4: 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 4.5: 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.

Overall, the program has been consistent on an annual basis in reducing risk scores as evidenced by the paired samples analyses.

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. The t-test analysis examined 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 2014.

Table 5: Significance of mean change from time 1 to time 2 for all three groups

Variable	N	Mean 1	Mean 2	Difference	Sig.
Compassion	202	19.74	22.68	2.94	.000*
Workshop					
Responsibility	210	21.67	23.30	1.63	.000*
Processing					
Nurturing	323	17.42	21.02	3.59	.000*
Parenting					

Table 5 presents findings from the t-test analyses. 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 5 years to be effective in reducing the risk of child abuse and neglect. The paired samples t-test demonstrated positive change for expectations, empathy, corporal punishment, and role reversal as evidence by statistical significance. Scores for oppression were not statistically significant. Examining the different risk categories also showed a movement towards lower 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 demonstrated positive results this year and 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

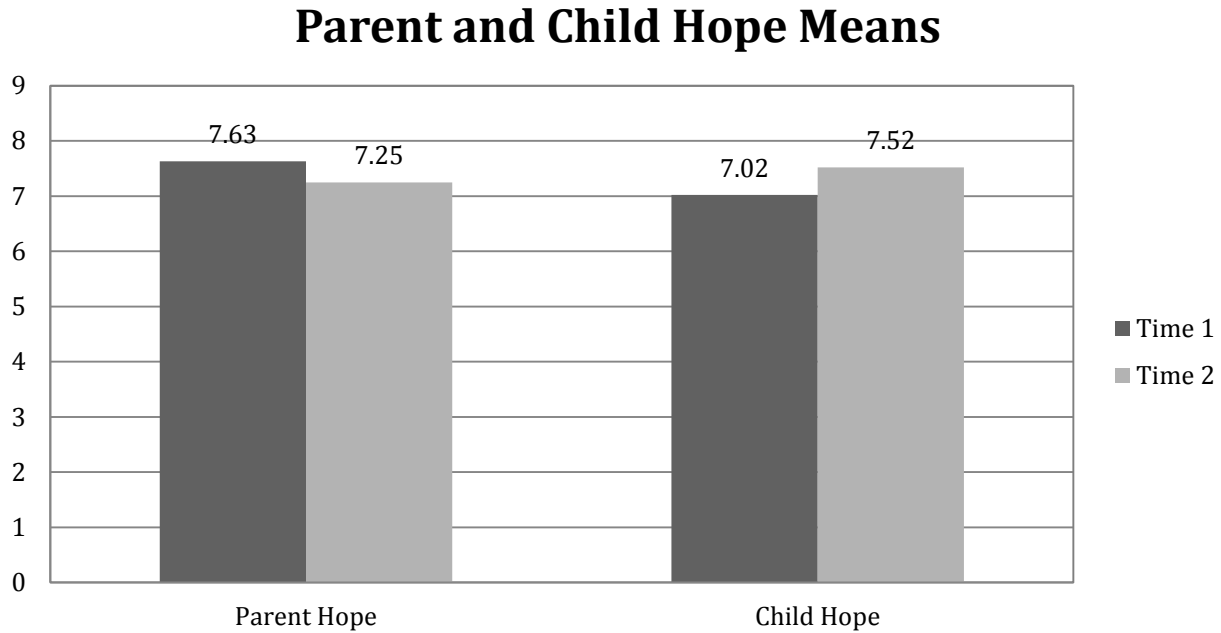
Hope Scale – The Hope scale was designed by Snyder (2002) and consists of eight items and has two subscales (pathways and agency). A total score is also calculated. It is administered every 6 months.

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.

Graph 2: Parent and Child Hope Means



N = 48

The above graph illustrates the mean scores for parent and child hope. Parent hope decreased from 7.63 to 7.25, while child hope increased from 7.02 to 7.52. Higher scores indicate higher total hope. T-test were used to compare differences in mean scores for measurement one and measurement two. Findings were *not* statistically significant.

Parent and Child Hope Paired-Samples T-Test

Table 6: One-Sample T-Test Statistics

Quiz	N	Mean 1	Mean 2	Difference	Sig.
Parent Hope	48	7.63	7.25	-.38	.118
Child Hope	48	7.02	7.52	-.50	.067

As can be seen in the above table, the differences in parent and child hope from time 1 to time 2 were *not* statistically significant.

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 7: Correlations Time 1

	Caregiver Hope (1)	Child Hope (1)
Caregiver Hope (1)	1	
Child Hope (1)	.477**	1
(P) Positive Affect	.233*	.172
(P) Withdraw/ Depression	.299**	.284**
(P) Anger/Hostility	.134	.170
(P) Intrusiveness	.119	.184
(P) Behavioral Responsiveness	.192	.283**
(P) Emotional Responsiveness	.247*	.265**
(C) Positive Affect	.261*	.362**
(C) Withdraw/ Depression	.210*	.507**
(C) Anxiety/Fear	.064	-.003
(C) Anger/Hostility	.141	.188
(C) Non-Compliance	.150	.285**
(C) Aggression	.072	.144
(C) Enthusiasm	.141	.356**

N=100

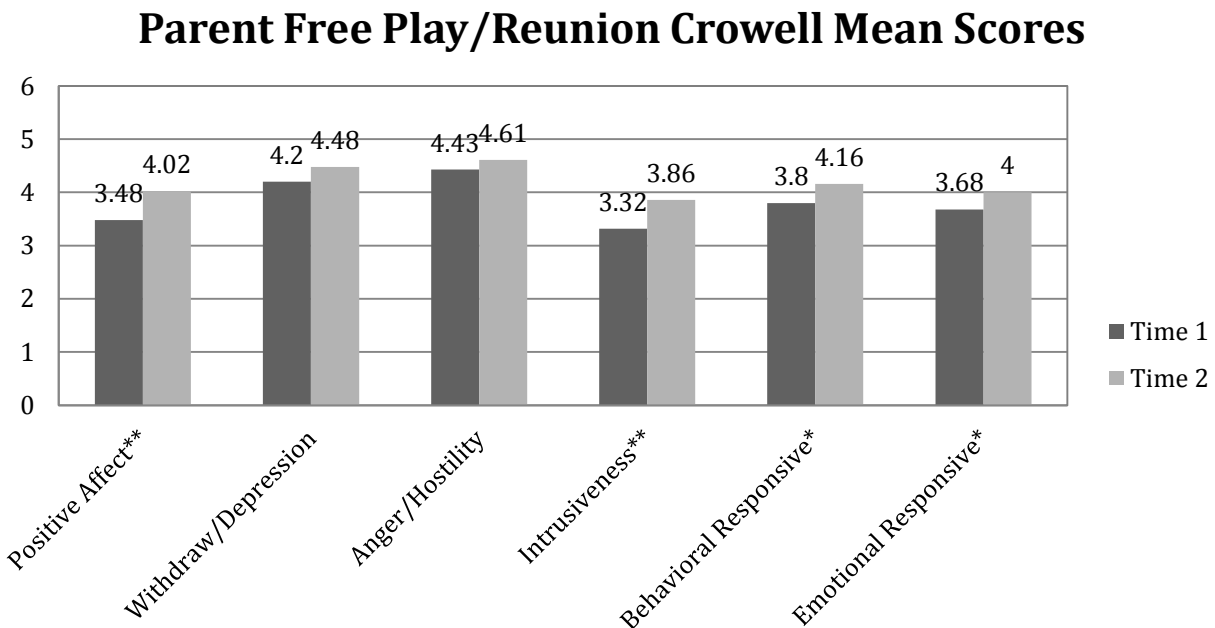
Levels of significance:

*p < .05

** p < .01

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. The 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 hope are positively correlated, such that higher child hope is related to higher parent hope. Higher parent hope is positively related to *both* parent and child positive affect and withdraw/depression. Higher child hope is related to both parent and child withdraw/depression. In addition, higher child hope is positively related to child positive affect, non-compliance, and enthusiasm.

Graph 3: Parent Crowell Mean Scores



n = 44

The preceding graph presents mean scores for the Parent Free Play/Reunion on the Crowell assessment. T-test analyses were used to compare differences in mean scores for measurement one and measurement two. There was a statistically significant difference between Crowell scores for Positive Affect, Intrusiveness, Behavioral Responsiveness, and Emotional Responsiveness. See Table 8 for additional quantitative information.

Table 8: Significance of mean change from time 1 to time 2

	Subject	Variable	N	Mean 1	Mean 2	t	Sig.
Free Play	Parent	Positive Affect	44	3.48	4.02	-3.325	.002**
Free Play	Parent	Withdraw/Depression	44	4.20	4.48	-2.013	.050
Free Play	Parent	Anger/Hostility	44	4.43	4.61	-1.212	.232
Free Play	Parent	Intrusiveness	44	3.32	3.86	-3.393	.001**
Free Play	Parent	Behavioral Responsive	44	3.80	4.16	-2.560	.014*
Free Play	Parent	Emotional Responsive	44	3.68	4.00	-2.259	.029*

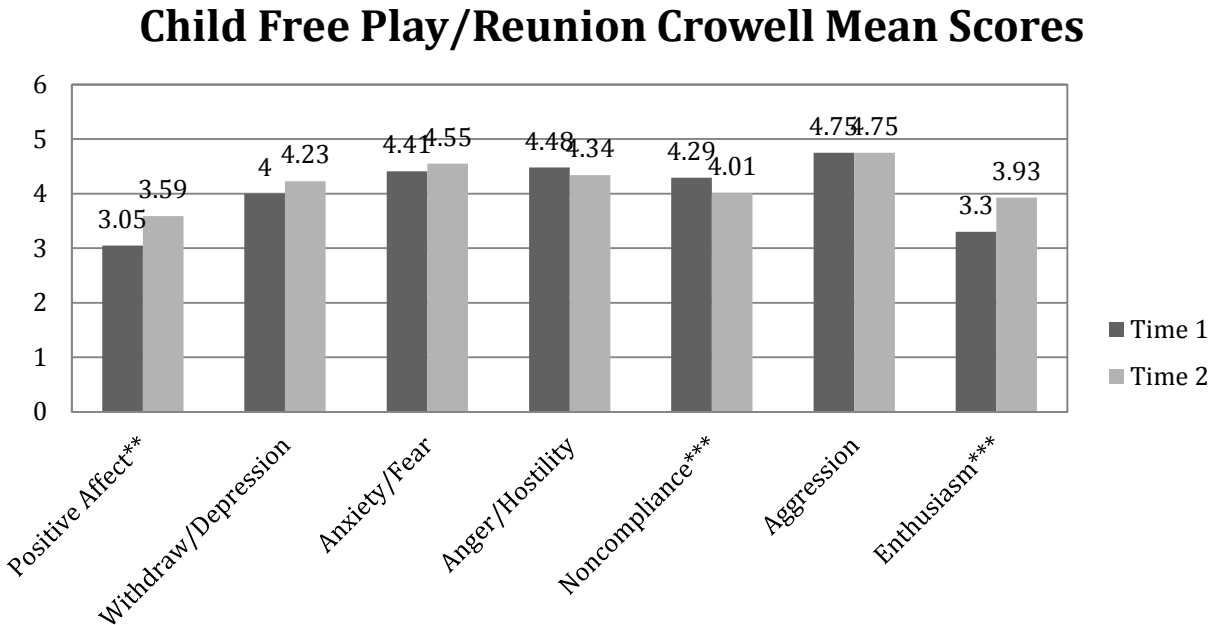
Levels of significance:

*p < .05

** p < .01

*** p < .001

Graph 4: Parent Crowell Mean Scores



n = 44

The above graph presents mean scores for the Child Free Play/Reunion on the Crowell assessment. T-test analyses were used to compare differences in mean scores for measurement one and measurement two. There was a statistically significant difference between Crowell scores for Positive Affect, Noncompliance, and Enthusiasm. Positive change was observed for all statistically significant findings. See Table 9 for additional quantitative information.

Table 9: Significance of mean change from time 1 to time 2

	Subject	Variable	N	Mean 1	Mean 2	t	Sig.
Free Play	Child	Positive Affect	44	3.05	3.59	-3.540	.001*
Free Play	Child	Withdraw/Depression	44	4.00	4.23	-1.702	.096
Free Play	Child	Anxiety/Fear	44	4.41	4.55	.973	.336
Free Play	Child	Anger/Hostility	44	4.48	4.34	.973	.336
Free Play	Child	Noncompliance	44	4.29	4.01	3.676	.000*
Free Play	Child	Aggression	44	4.75	4.75	.000	-----
Free Play	Child	Enthusiasm	44	3.30	3.93	-4.262	.000*

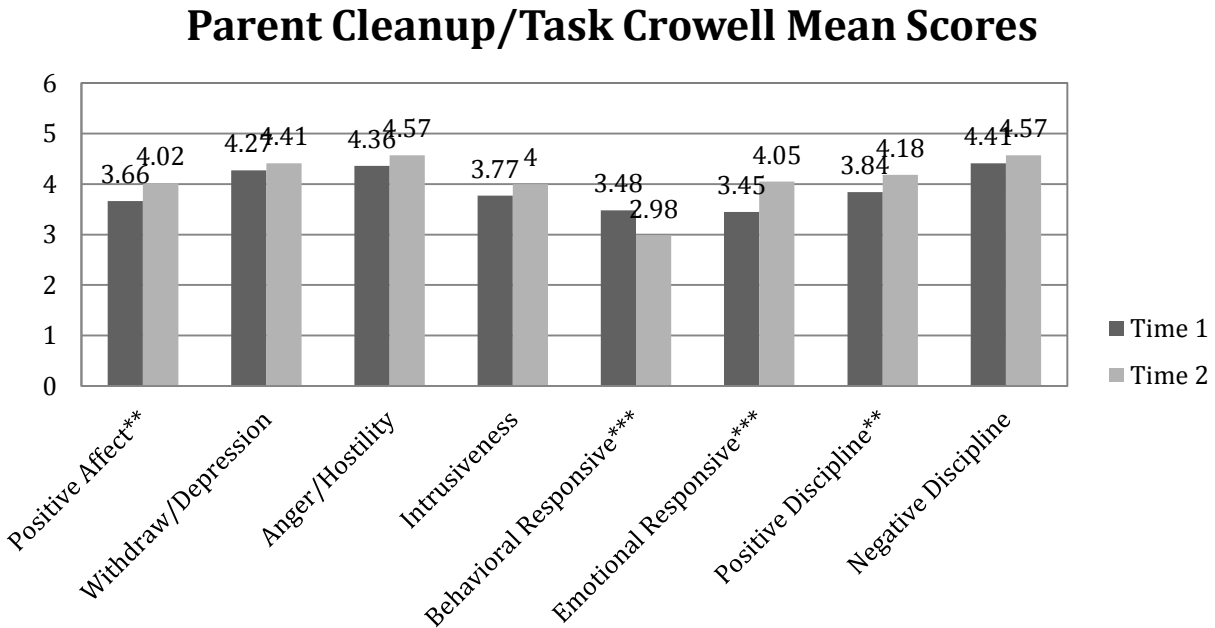
Levels of significance:

*p < .05

** p < .01

*** p < .001

Graph 5: Parent Crowell Mean Scores



n = 44

The above graph presents mean scores for the Parent Cleanup/Task on the Crowell assessment. T-test analyses were used to compare differences in mean scores for measurement one and measurement two. There was a statistically significant difference between Crowell scores for Positive Affect, Behavioral Responsiveness, Emotional Responsiveness, and Positive Discipline. See Table 10 for additional quantitative information.

Table 10: Significance of mean change from time 1 to time 2

	Subject	Variable	N	Mean 1	Mean 2	t	Sig.
Free Play	Parent	Positive Affect	44	3.66	4.02	-3.091	.003**
Free Play	Parent	Withdraw/Depression	44	4.27	4.41	-1.431	.160
Free Play	Parent	Anger/Hostility	44	4.36	4.57	-1.460	.152
Free Play	Parent	Intrusiveness	44	3.77	4.00	-1.219	.229
Free Play	Parent	Behavioral Responsive	44	3.48	2.98	-4.039	.000***
Free Play	Parent	Emotional Responsive	44	3.45	4.05	-4.644	.000***
Free Play	Parent	Positive Discipline	44	3.84	4.18	-2.914	.006**
Free Play	Parent	Negative Discipline	44	4.41	4.57	-1.360	.181

Levels of significance:

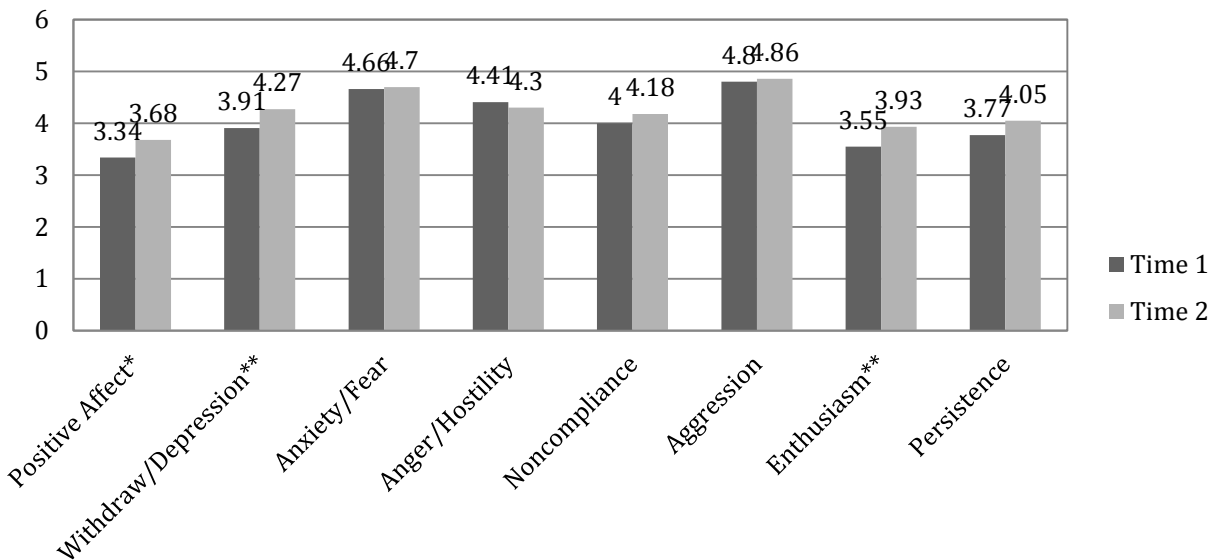
*p < .05

** p < .01

*** p < .001

Graph 6: Child Crowell Mean Scores

Child Cleanup/Task Crowell Mean Scores



n = 44

The preceding graph presents mean scores for the Child Cleanup/Task on the Crowell assessment. T-test analyses were used to compare differences in mean scores for measurement one and measurement two. There was a statistically significant difference between Crowell scores for Positive Affect, Withdraw/Depression and Enthusiasm. See Table 11 for additional quantitative information.

Table 11: Significance of mean change from time 1 to time 2

	Subject	Variable	N	Mean 1	Mean 2	t	Sig.
Free Play	Child	Positive Affect	44	3.34	3.68	-2.262	.012*
Free Play	Child	Withdraw/Depression	44	3.91	4.27	-3.216	.002**
Free Play	Child	Anxiety/Fear	44	4.66	4.70	-.467	.643
Free Play	Child	Anger/Hostility	44	4.41	4.30	.759	.452
Free Play	Child	Noncompliance	44	4.00	4.18	-1.159	.253
Free Play	Child	Aggression	44	4.80	4.86	-.596	.555
Free Play	Child	Enthusiasm	44	3.55	3.93	-2.951	.005**
Free Play	Child	Persistence	44	3.77	4.05	-1.634	.110

Levels of significance:

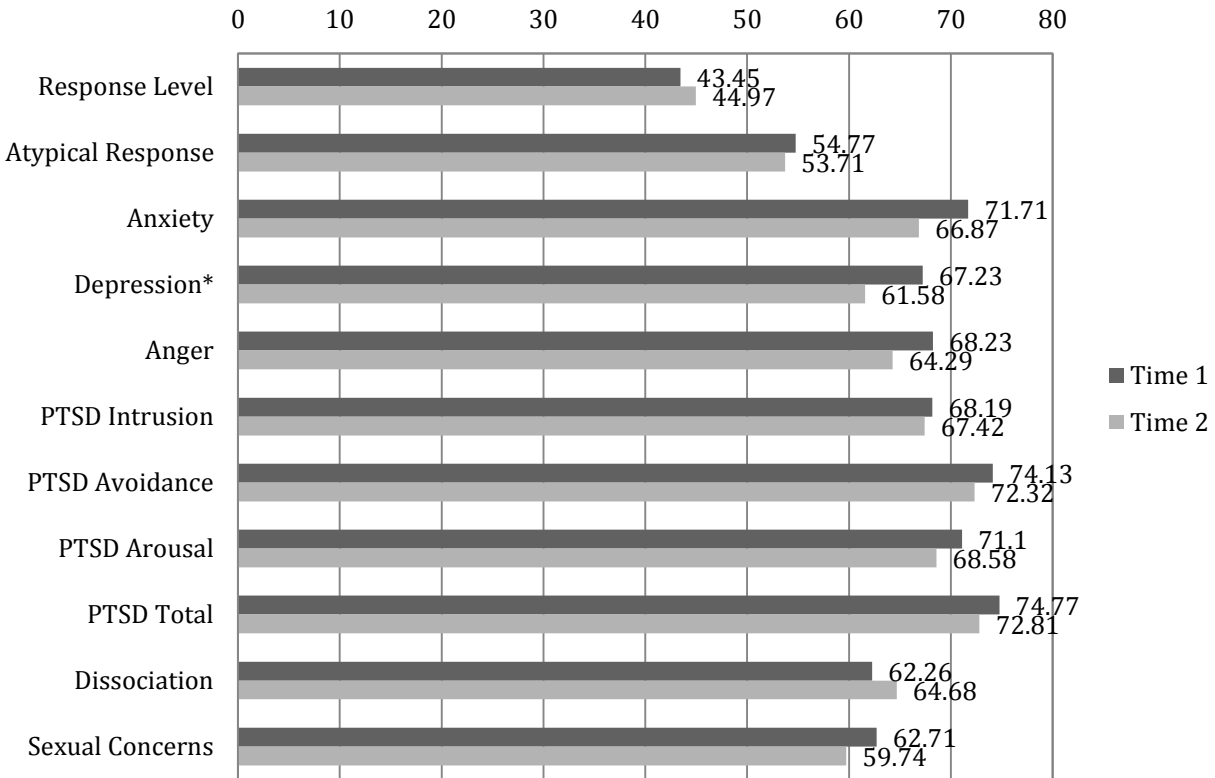
*p < .05

** p < .01

*** p < .001

Graph 7: Trauma Symptoms Checklist

Trauma Symptoms Checklist for Young Children (TSCYC) Mean Scores



n = 31

Graph 7 presents scores for the TSCYC. The TSCYC has 11 subscales that are scored to determine whether an individual falls into a clinical range. T-test analyses were used to compare differences in mean scores for time 1 and time 2. There was a statistically significant difference between scores for Depression. See Table 12 for additional information.

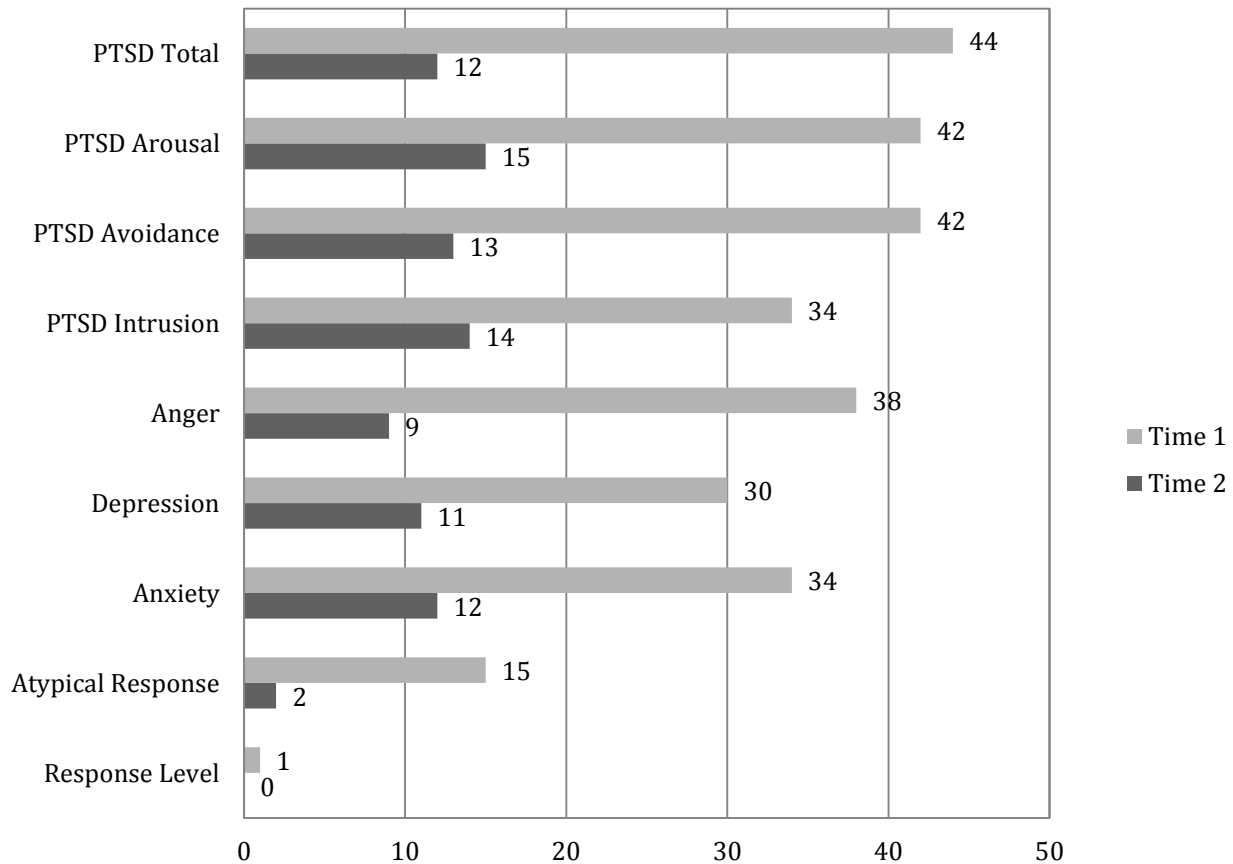
Table 12: Significance of mean change from time 1 to time 2

Variable	N	Mean 1	Mean 2	t	Sig.
Response Level	31	43.45	44.97	-1.728	.094
Atypical Response	31	54.77	53.71	.527	.602
Anxiety	31	71.71	66.87	1.589	.122
Depression	31	67.23	61.58	2.482	.019*
Anger	31	68.23	64.29	1.319	.197
PTSD Intrusion	31	68.19	67.42	.270	.789
PTSD Avoidance	31	74.13	72.32	.531	.599
PTSD Arousal	31	71.10	68.58	.940	.355
PTSD Total	31	74.77	72.81	.741	.464
Dissociation	31	62.26	64.68	-.633	.532
Sexual Concerns	31	62.71	59.74	.994	.328

Levels of significance: *p < .05

Graph 8: Number of individuals in the Clinical Range

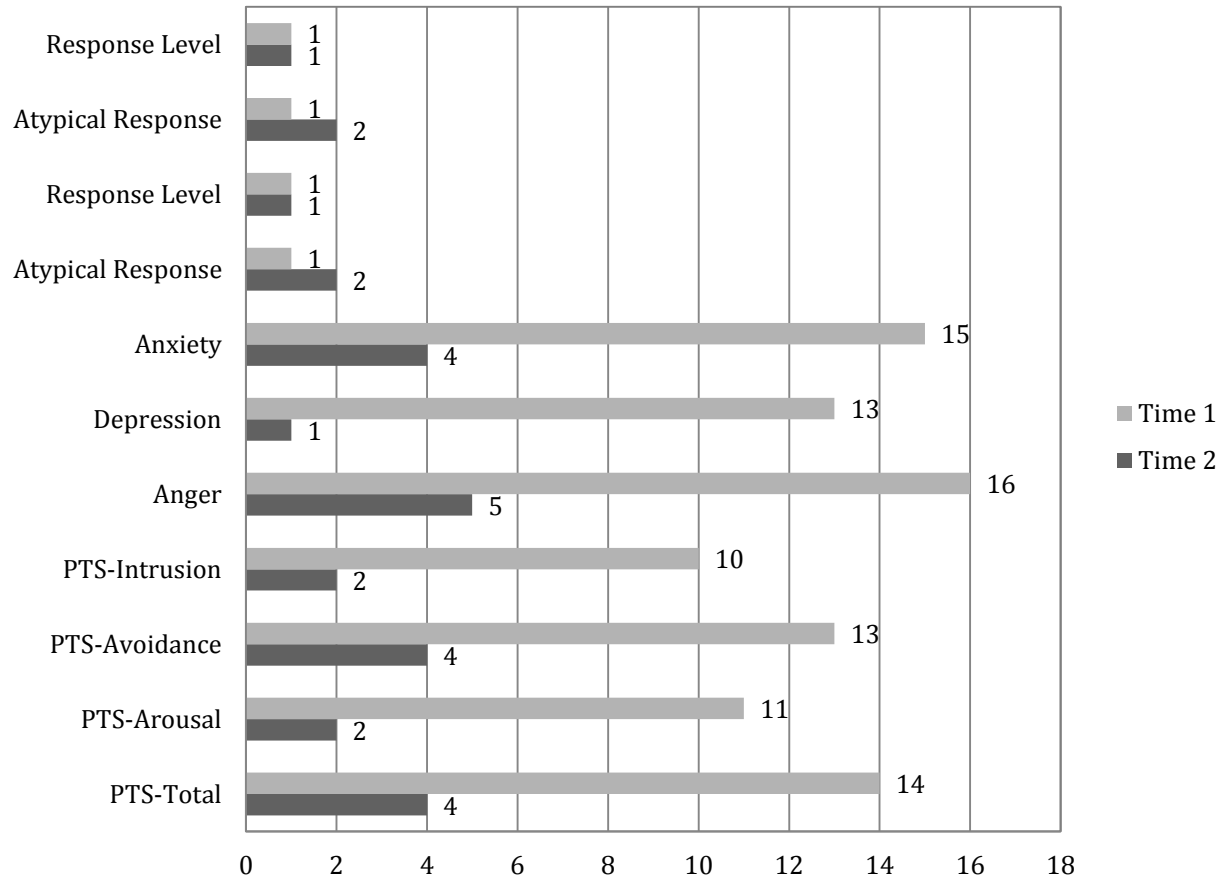
Number of Individuals in the Clinical Range Time 1 to Time 2 (TSCYC)



As presented in Graph 8, the TSCYC has 9 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. The above graph displays the number of individuals with scores in the clinical (70 or greater) at time 1 and time 2. The PTS-Total score had the highest number of individuals in the clinically significant range at time 1 with 44, while PTS-Arousal and PTS-Avoidance had 42 and 42 respectively. At time 2, PTS-Arousal had the highest number with 15 individuals.

Graph 9: Number of Individuals in the Problematic Range

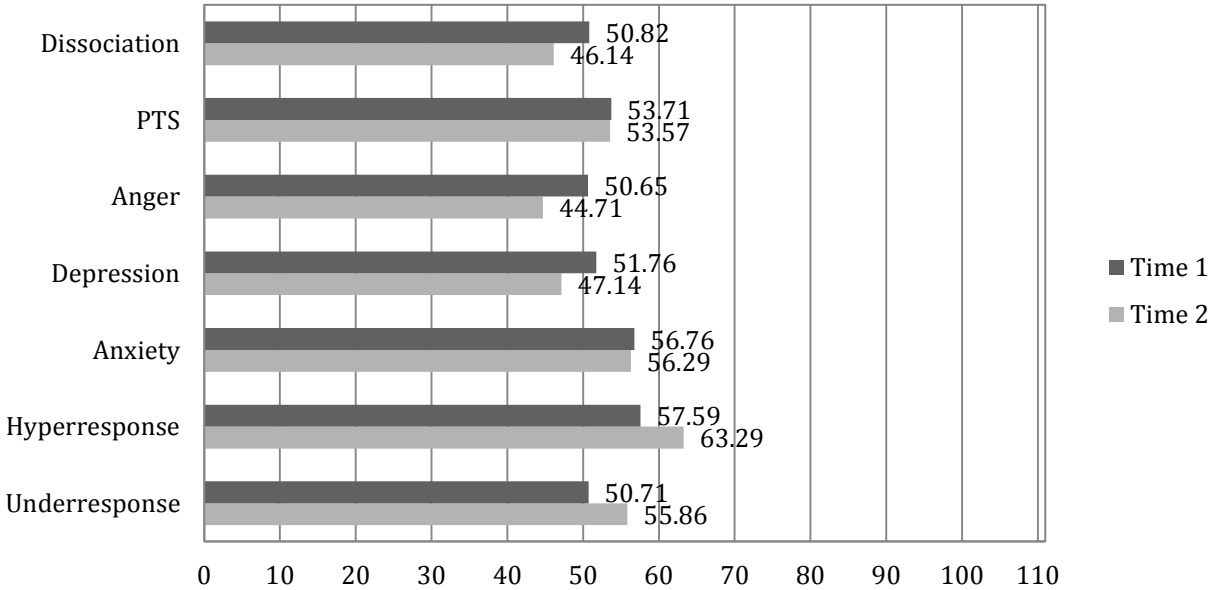
Number of Individuals in the Problematic Range Time 1 to Time 2 (TSCYC)



The above graph displays the number of individuals with scores in the TSCYC problematic (65-69) range at time 1 to time 2. At time 1, anger and anxiety were the categories with the most individuals in the problematic range. At time 2, Anger had the highest with 5.

Graph 10: Trauma Symptoms Checklist

Trauma Symptoms Checklist for Children (TSCC) Mean Scores



Time 1: N = 17

Time 2: N = 7

The above graph displays the mean scores for the TSCC. Due to a small sample size, t-test analyses were not computed. Scores can range from 35 to 111.

Summary

Child Therapy has a goal of improving the parent-child relationship, and providing the parent with strategies for dealing with their children's behaviors. Hope scores were not statistically significant. 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 some positive change, particularly with such variables as positive effect, emotional responsiveness, and behavioral responsiveness. There were several variables that were not statistically significant. With regards to the TSCYC, 1 out of 11 scales was statistically significant. Generally speaking, the number of those individuals in the clinical and problematic range on the TSCYC decreased. Overall, there are some positive outcomes with regards to the Child Therapy programs.

Healthy Families and SafeCare

Goal

Healthy Families (HF) 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 (SC) 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

Child Well-Being Scales (CWBS) – The CWBS is comprised of multiple variables. For purpose of this report, 12 will be reported. Its goal is to measure a variety of areas related to child safety and protective factors. Healthy Families administered the CWBS at the given chronological age of the child (i.e. infant, 6 months, 12 months, 18 months, etc.). SafeCare administered the CWBS at intake, then every 6 months. Thus, data is presented separately since time points are interpreted differently for each program.

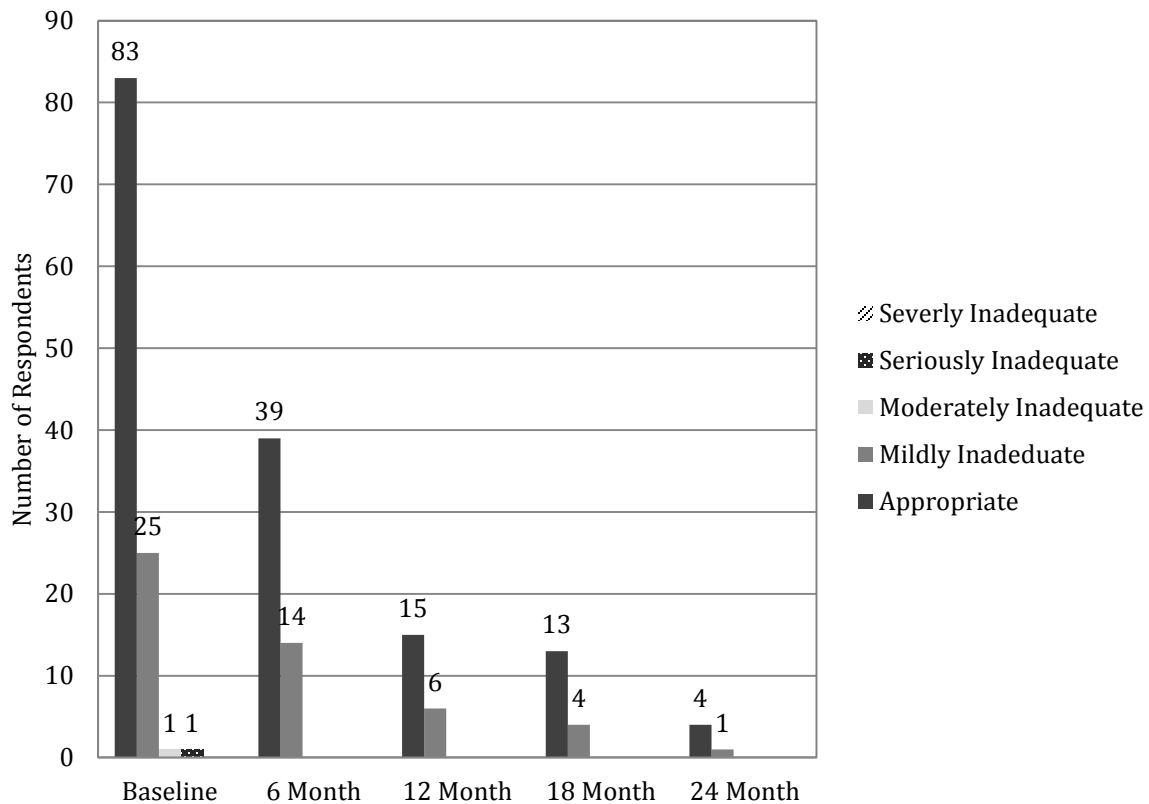
Individualized Family Service Plan (IFSP) – The IFSP is used to set goals with parents and assess progress. Parents set 5 goals: Safety, Parenting, Medical, Concerns and Self-Sufficiency.

Hope Scale – The Hope scale was designed by Snyder (2002) and consists of eight items and has two subscales (pathways and agency). A total score is also calculated.

The first set of graphs present CWBS findings from the Healthy Families (HF) program. SafeCare (SC) findings are presented thereafter.

Graph 11: CWBS HF Household Sanitation

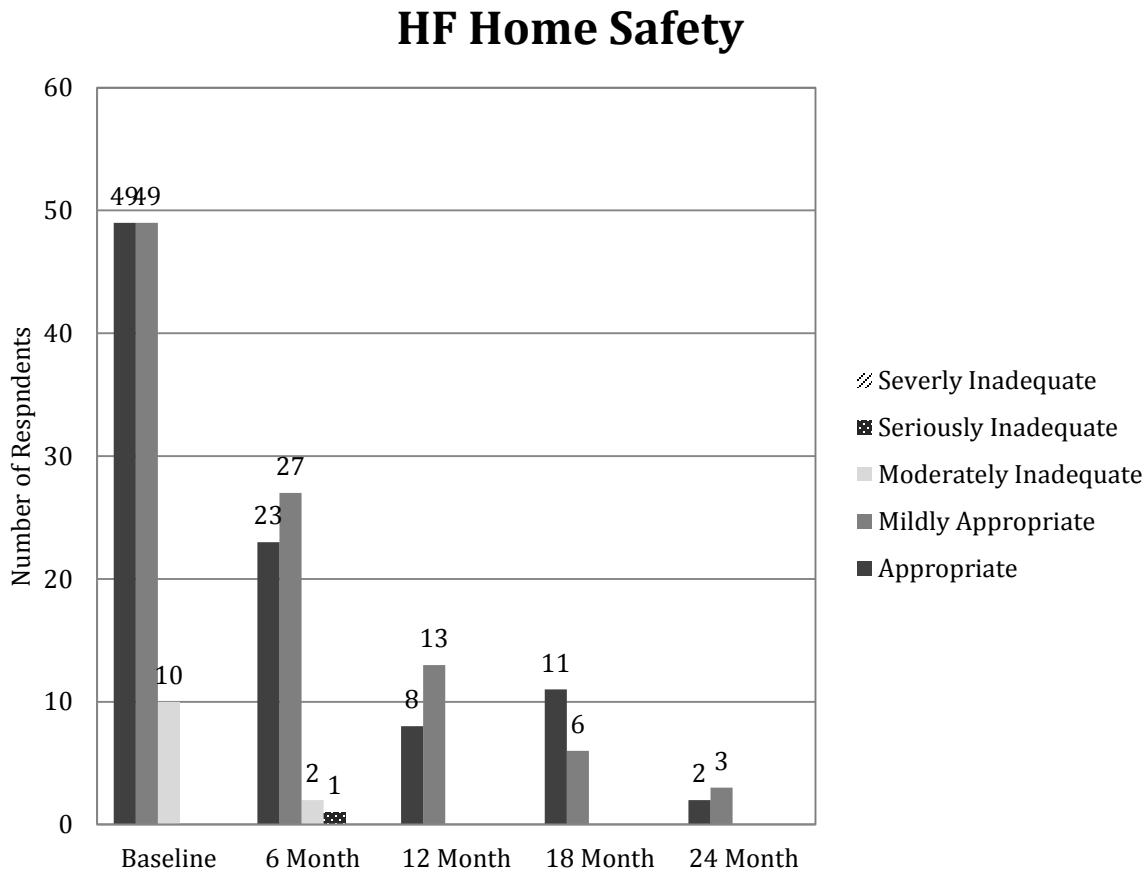
HF Household Sanitation



N = 5-110

With regards to household sanitation, the preceding graph presents the number of individuals in each timeframe with respect to sanitation needs. The majority of respondents were in the baseline time point with the majority (76%) having *appropriate* household sanitation. The remaining individuals had 23% having *mildly inadequate*, 0.9% *moderately inadequate*, and 0.9% *seriously inadequate* household sanitation. The remaining time points display that individuals had either *appropriate* or *mildly inadequate* household sanitation.

Graph 12: CWBS HF Home Safety

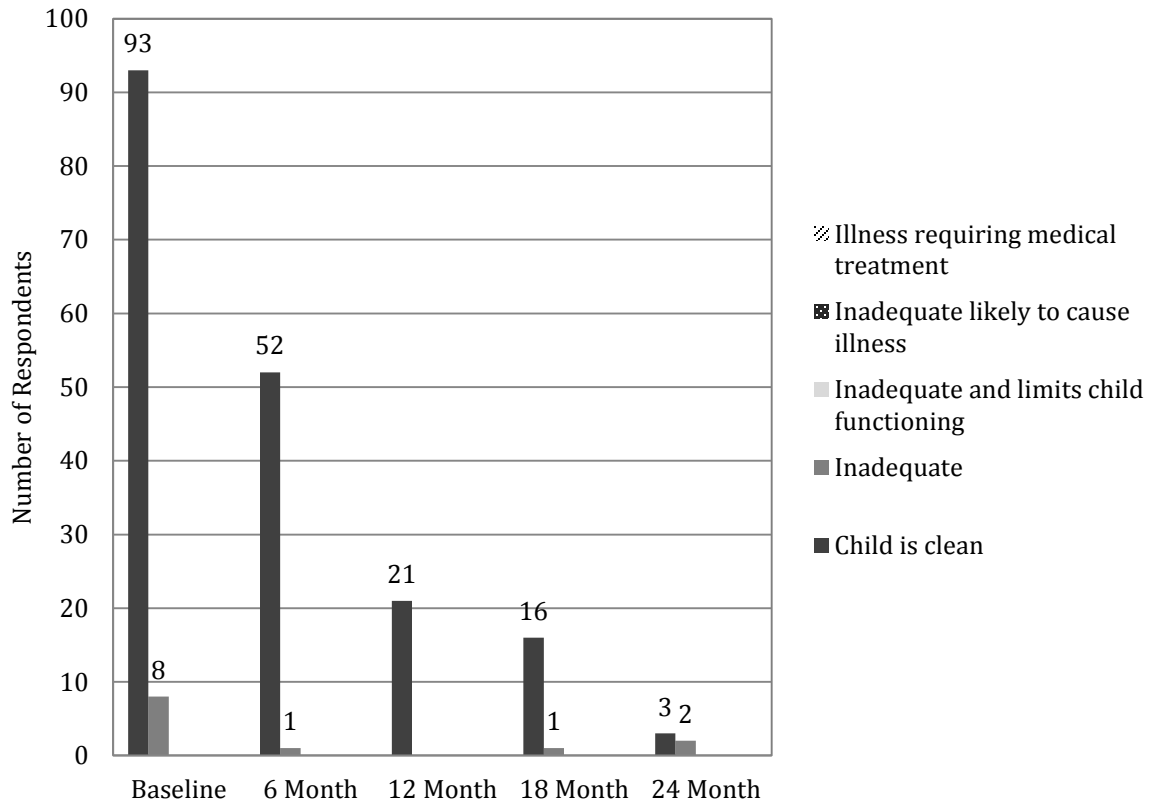


N = 5-108

With regards to home safety, the preceding graph presents the number of individuals in each timeframe. The majority of respondents were in the baseline time point with 45% and 45% having *appropriate* and *mildly appropriate* home safety. At 6 months, 43% and 51% had *appropriate* and *mildly appropriate* home safety. The remaining time points display that individuals had either *appropriate* or *mildly inadequate* home safety.

Graph 13: CWBS HF Clothing and Hygiene

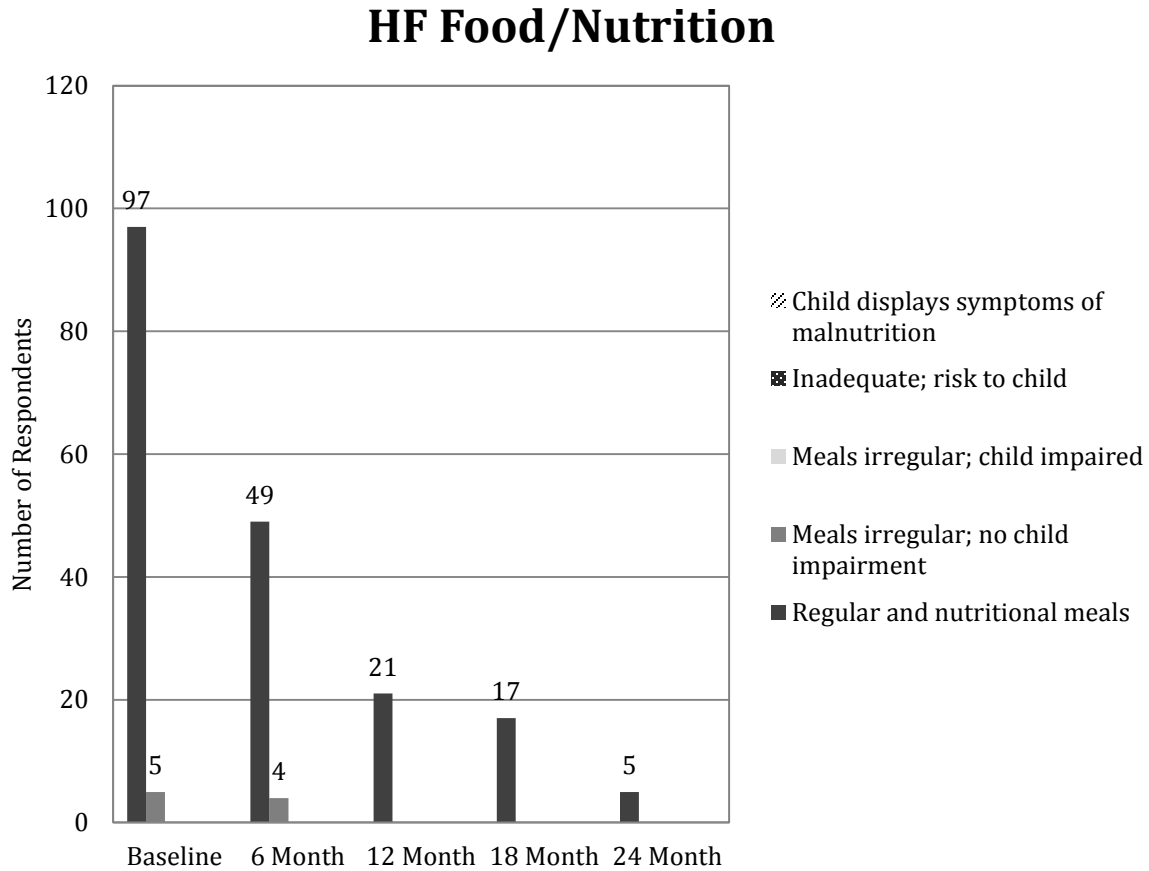
HF Clothing and Hygiene



N = 5-101

With regards to clothing and hygiene, the preceding graph presents the number of individuals in each timeframe with respect to clothing and hygiene needs. The majority of respondents were in the baseline time point with the majority (89%) having a *child that is clean*. At 6 months, 98% scored *child is clean*. At 12 months, 100% of parents scored *child is clean*. At 18 months, 94% parents scored *child is clean*.

Graph 14: CWBS HF Food/Nutrition

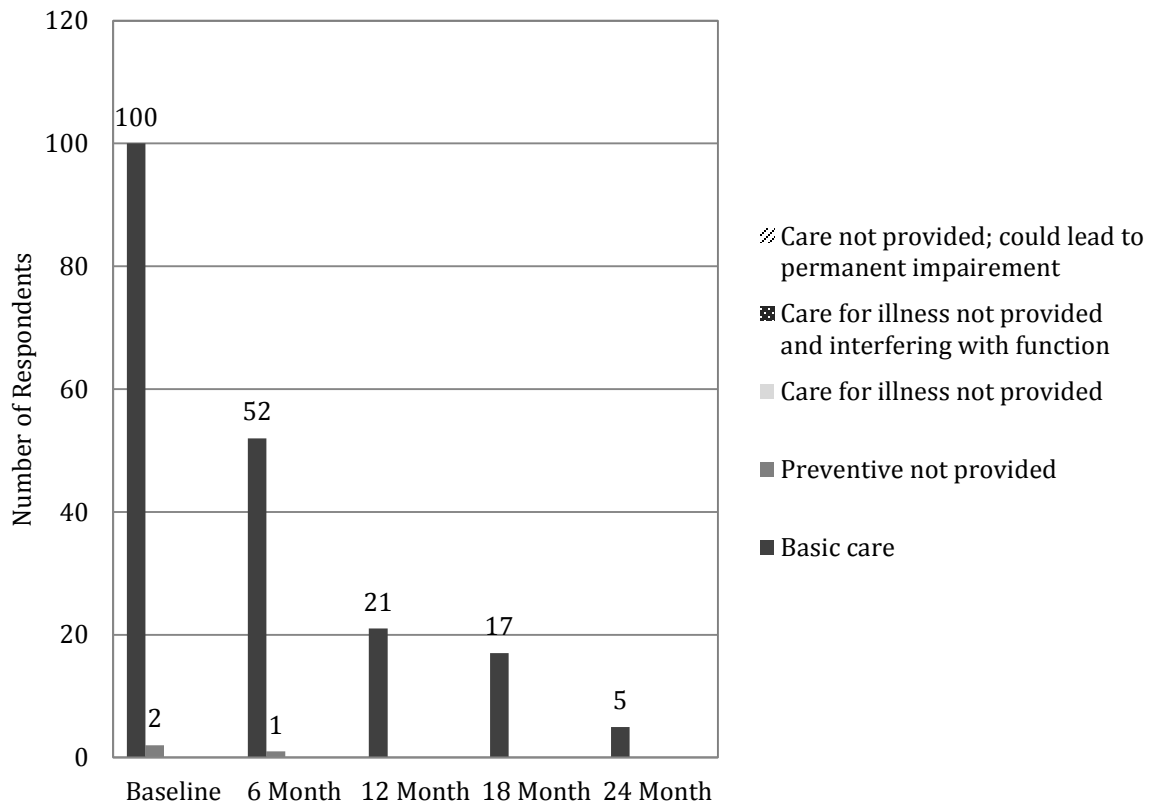


N = 5-101

With regards to food/nutrition, the preceding graph presents the number of individuals in each timeframe with respect to food/nutrition needs. The majority of respondents were in the baseline time point with the majority (92%) having *regular and nutritious meals*. At 6 months, 93% had *regular and nutritious meals*. The remaining time points had 100% *regular and nutritious meals*.

Graph 15: CWBS HF Physical Health Care

HF Physical Health Care

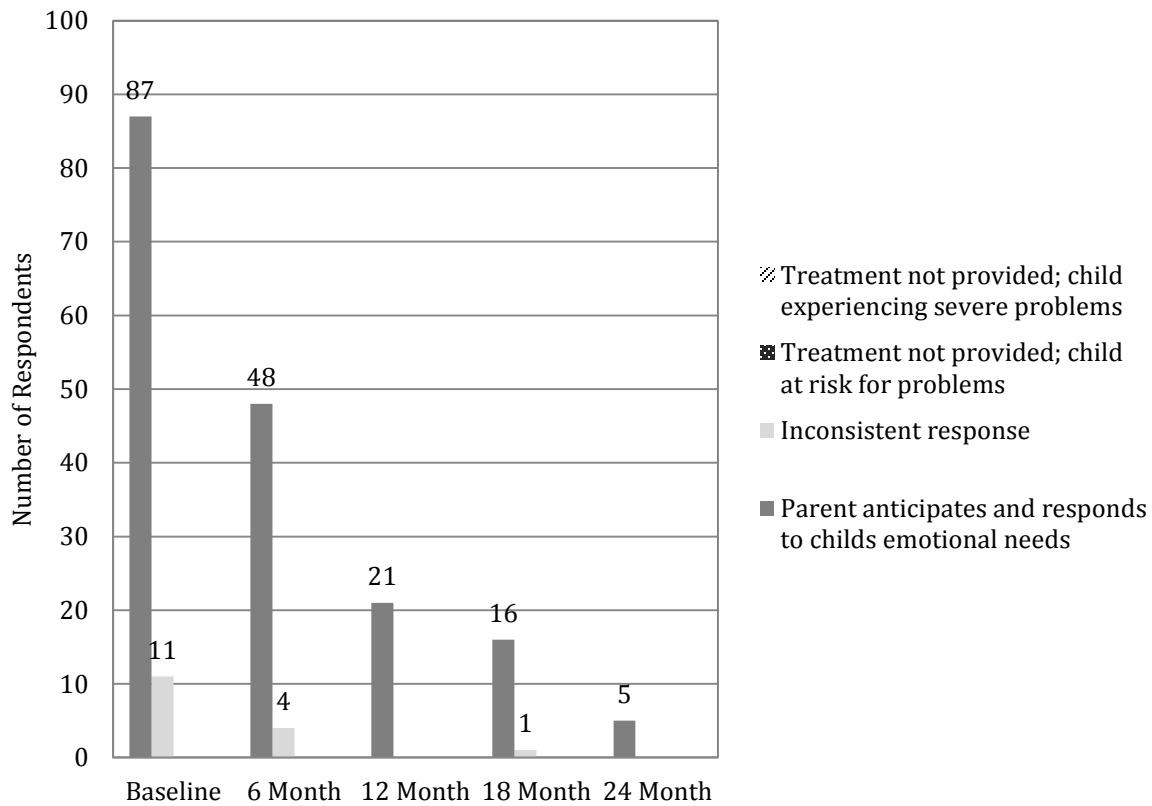


N = 5-102

With regards to physical health care, the preceding graph presents the number of individuals in each timeframe. The majority of respondents were in the baseline time point with the majority (98%) having *basic care*. At 6 months, 98% had *basic care*. In the remaining time points, 100% of individuals had *basic care*.

Graph 16: CWBS HF Mental Health Care

HF Mental Health Care

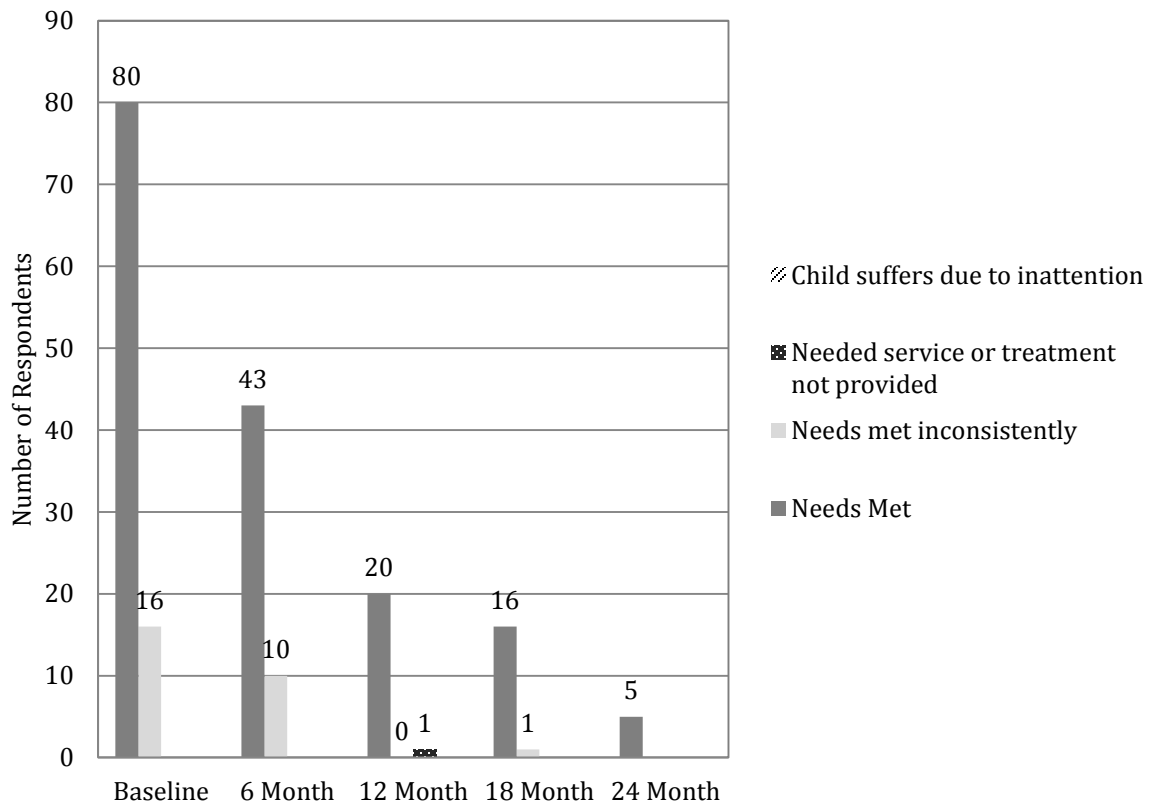


N = 5-98

With regards to mental health care, the preceding graph presents the number of individuals in each timeframe. The majority of respondents were in the baseline time point with the 89% with *parent anticipating and responding to child's emotional needs*. At 6 months, 92% had a *parent anticipating and responding to child's emotional needs*.

Graph 17: CWBS HF Developmental and Educational Care

HF Developmental and Educational Care

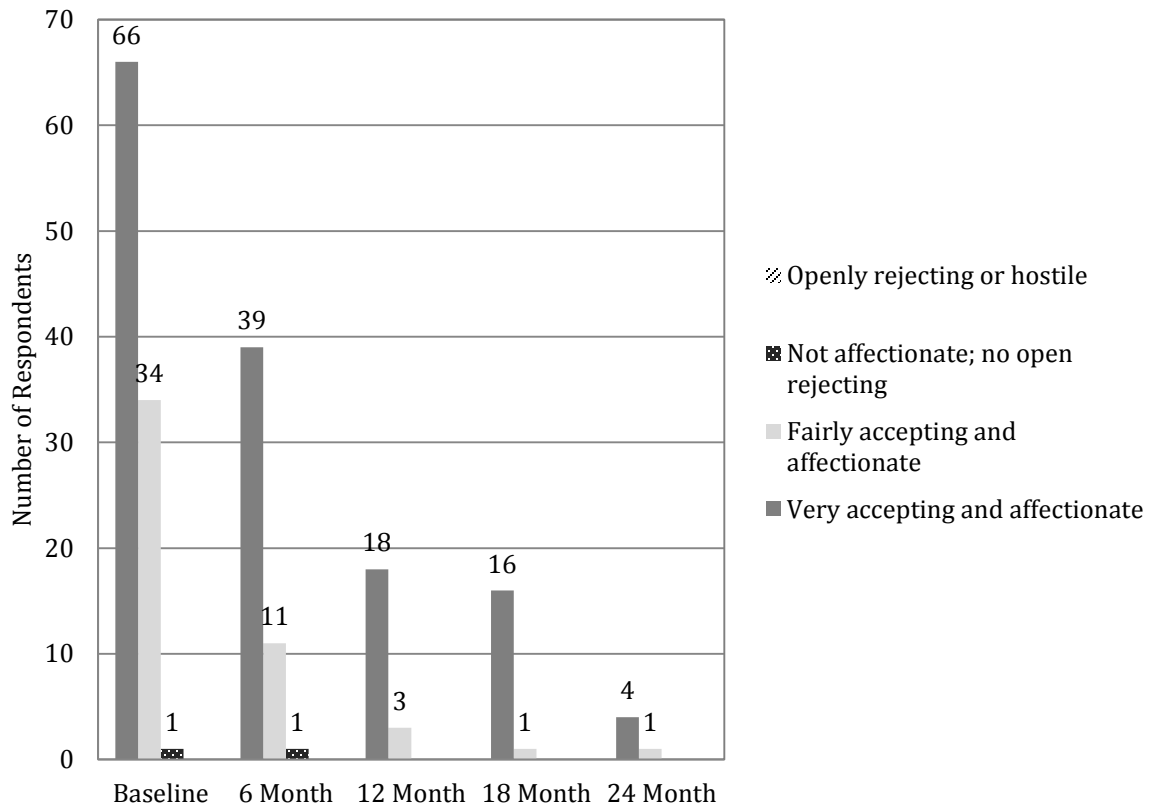


N = 5-96

With regards to developmental and educational care, the preceding graph presents the number of individuals in each timeframe. The majority of respondents were in the baseline time point with 83% having *needs met*. At 6 months, 81% had *needs met*. At 12 months, 95% had *needs met*. At 18 months, 94% had *needs met*. At 24 months, 100% had *needs met*.

Graph 18: CWBS HF Parental Positive Interactions with Child

HF Parental Positive Interactions with Child

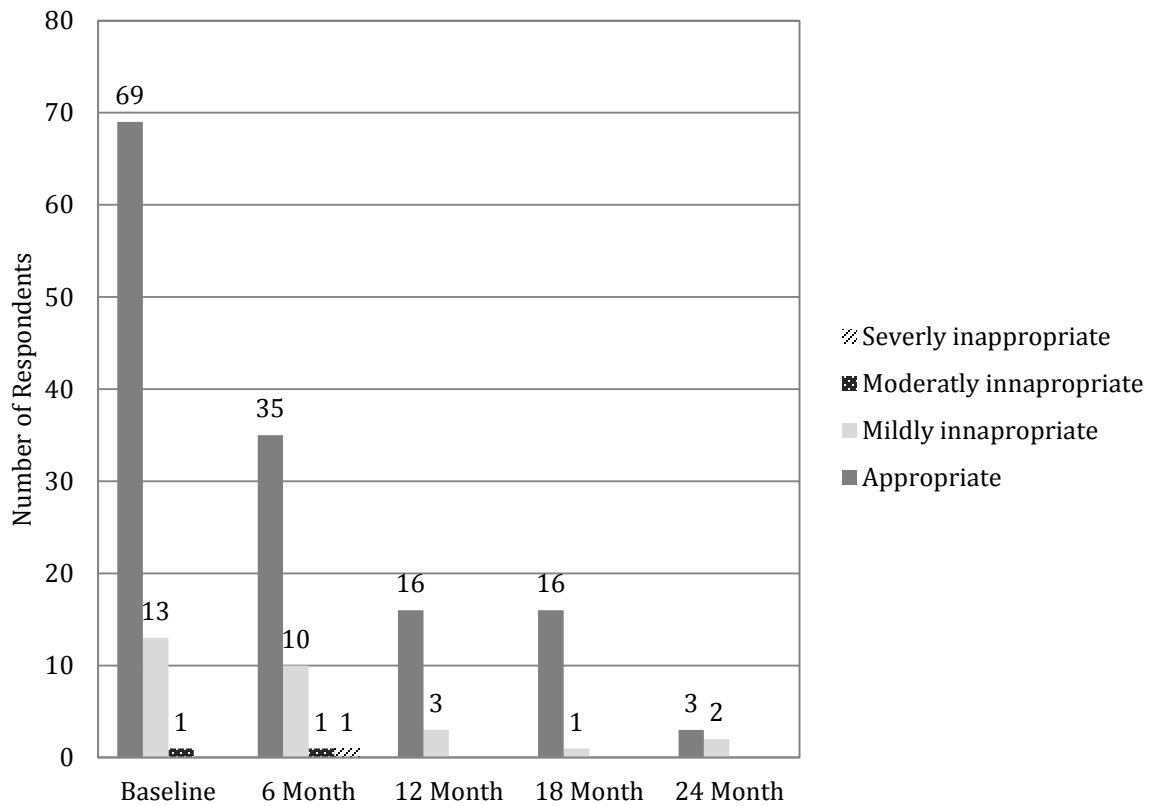


N = 5-101

With regards to parental positive interactions with child, the preceding graph presents the number of individuals in each timeframe. The majority of respondents were in the baseline time point with the majority (65%) were *very accepting and affectionate*. At 12, 18, and 24 months, the majority of parents were *very accepting and affectionate*.

Graph 19: CWBS HF Parental Discipline

HF Parental Discipline

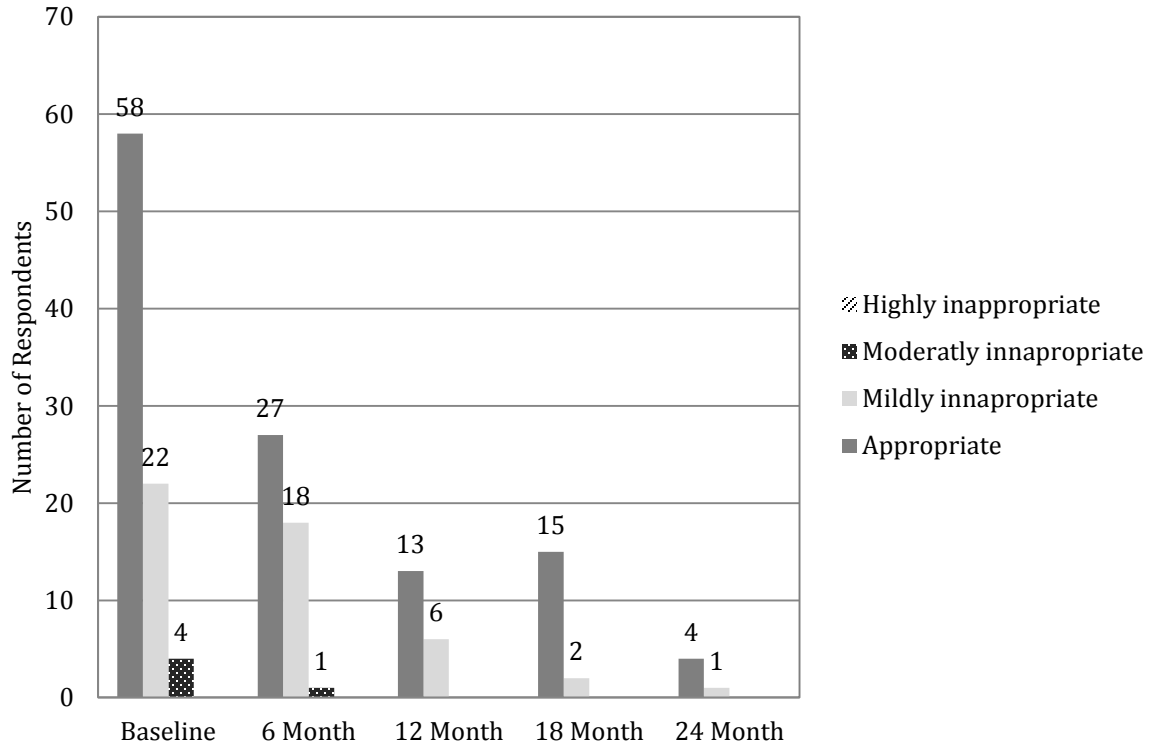


N = 5-83

With regards to parental discipline, the preceding graph presents the number of individuals in each timeframe. The majority of respondents were in the baseline time point with 83% having *appropriate* parental discipline. At 6 months, 75% had *appropriate* parental discipline. The remaining time points display that individuals had either *appropriate* or *mildly inadequate* parental discipline.

Graph 20: HF Parental use of Clear Rules and Limit Setting

HF Parental use of Clear Rules and Limit Setting

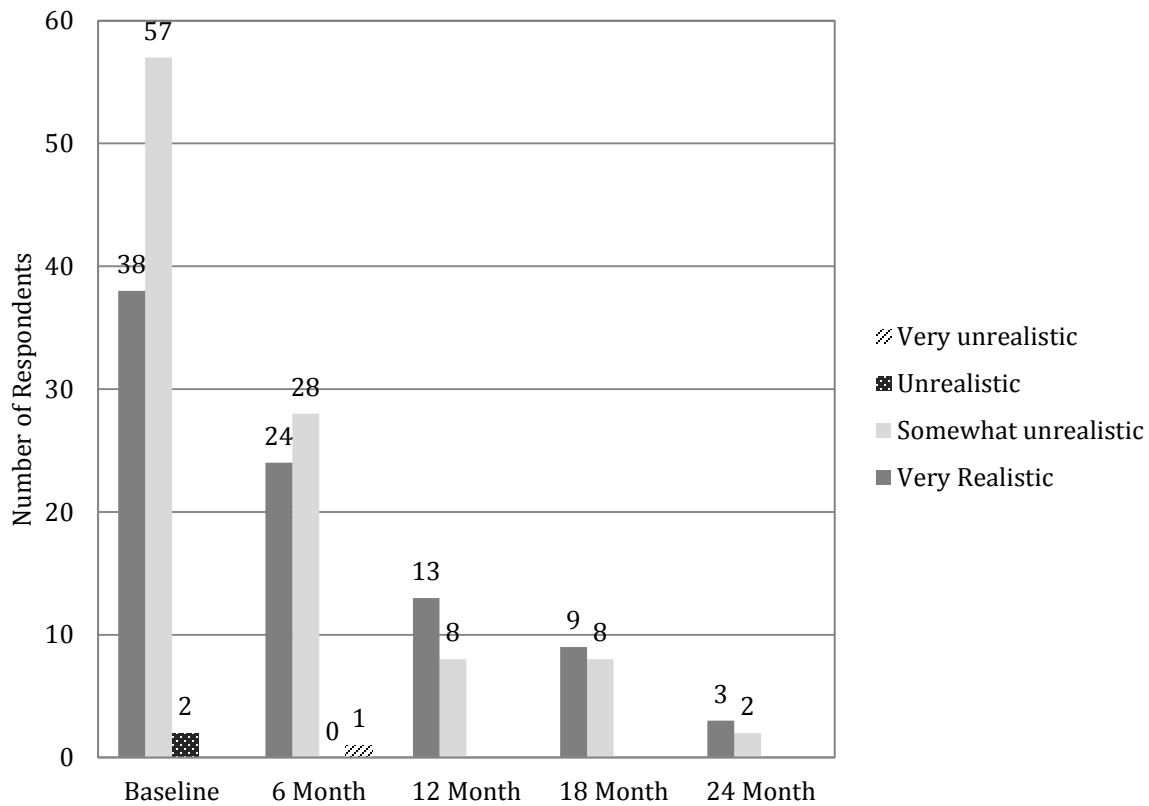


N = 5-84

With regards to parental use of clear rules and limit setting, the preceding graph presents the number of individuals in each timeframe. The majority of respondents were in the baseline time point with 69% having *appropriate* parental use of clear rules and limit setting. At 6 months, 59% had *appropriate* parental use of clear rules and limit setting. The remaining time points display that individuals had either *appropriate* or *mildly inadequate*.

Graph 21: HF Parental Expectations of Children

HF Parental Expectations of Children

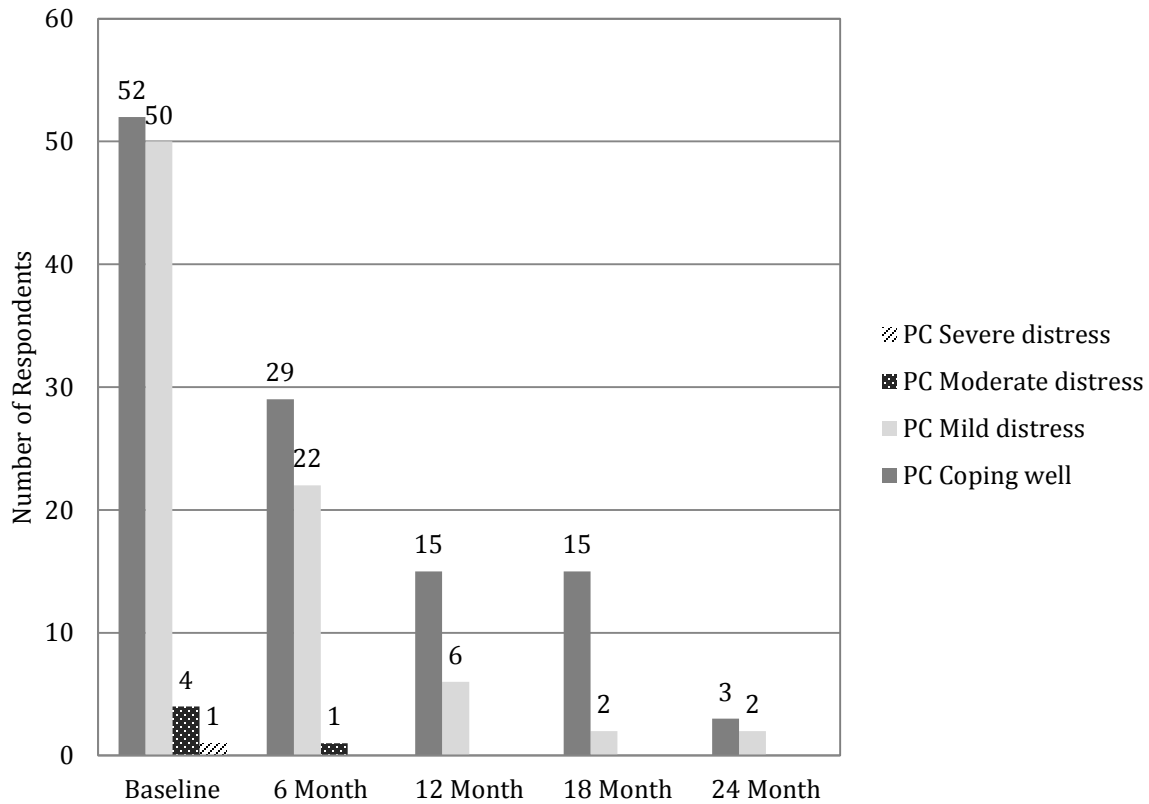


N = 5-97

With regards to parental expectations of children, the preceding graph presents the number of individuals in each timeframe. The majority of respondents were in the baseline time point with 39% and 59% having *very realistic* and *somewhat realistic* parental expectations of children. At 6 months, 45% and 53% of parents had *very realistic* and *somewhat realistic* parental expectations of children. The remaining time points display that individuals had either *very realistic* or *somewhat realistic* expectations.

Graph 22: HF Parental Distress

HF Parental Distress

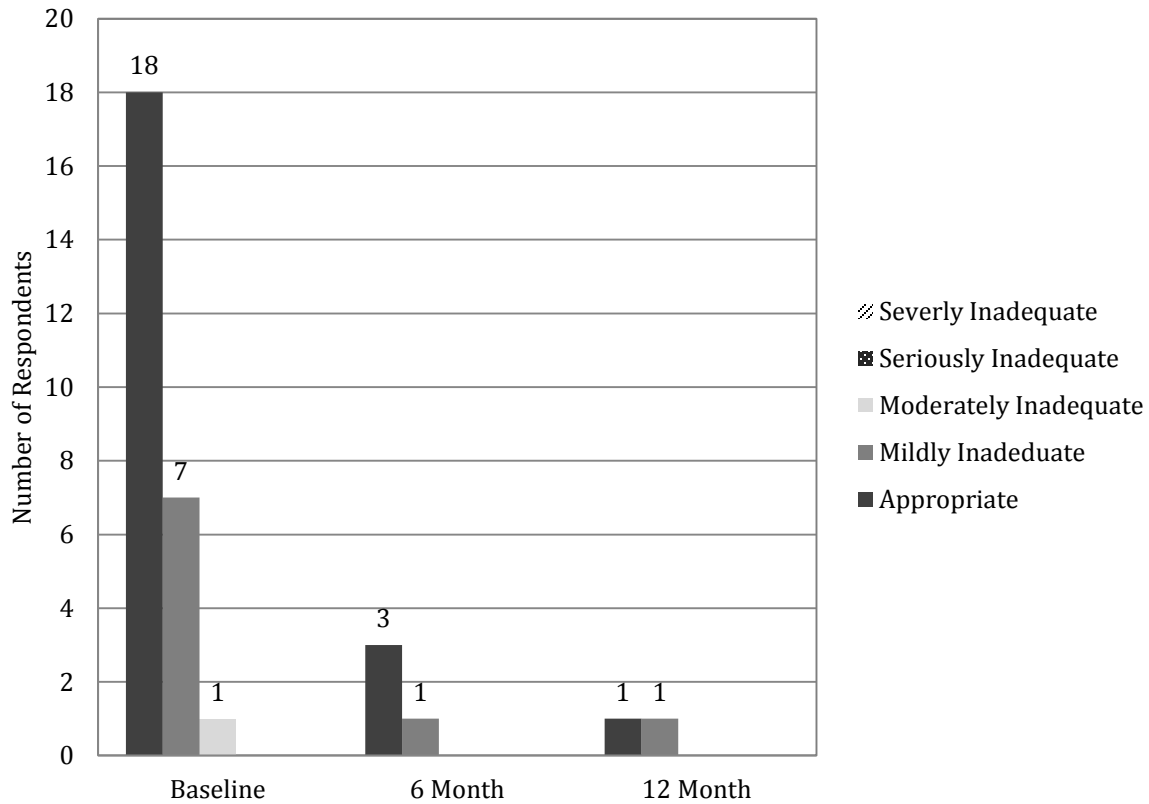


N = 5-107

With regards to parental distress, the preceding graph presents the number of individuals in each timeframe. The majority of respondents were in the baseline time point with 49% and 47% having *PC Coping well* and *PC Mild Distress*, respectively. At 6 months, 56% and 42% had *PC Coping well* and *PC Mild Distress*. The remaining time points display that individuals had *PC Coping well* and *PC Mild Distress*

Graph 23: CWBS SC Household Sanitation

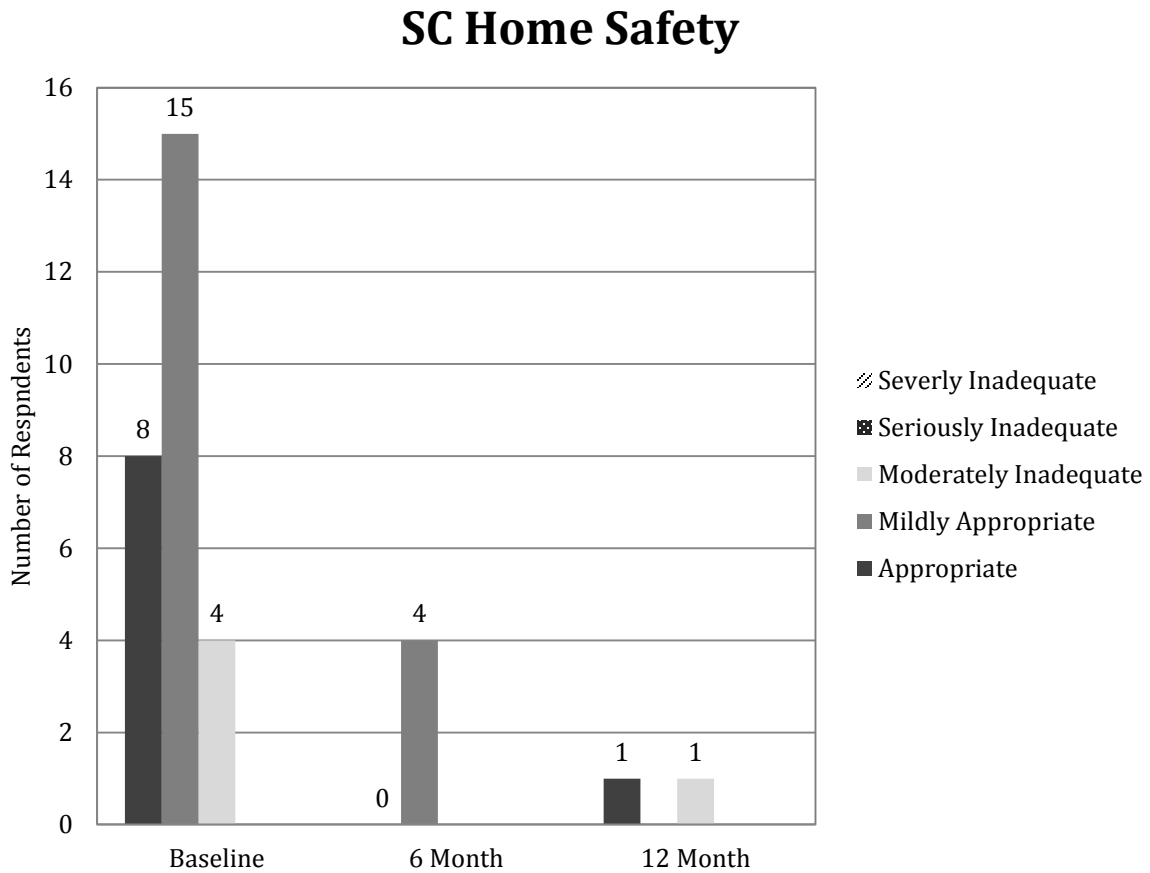
SC Household Sanitation



N = 2-26

With regards to household sanitation, the preceding graph presents the number of individuals in each timeframe with respect to sanitation needs. The majority of respondents were in the baseline time point with the majority (69%) having *appropriate* household sanitation. The remaining individuals had 27% having *mildly inadequate* and 4% *moderately inadequate*. The remaining time points display that individuals had either *appropriate* or *mildly inadequate* household sanitation.

Graph 24: CWBS SC Home Safety

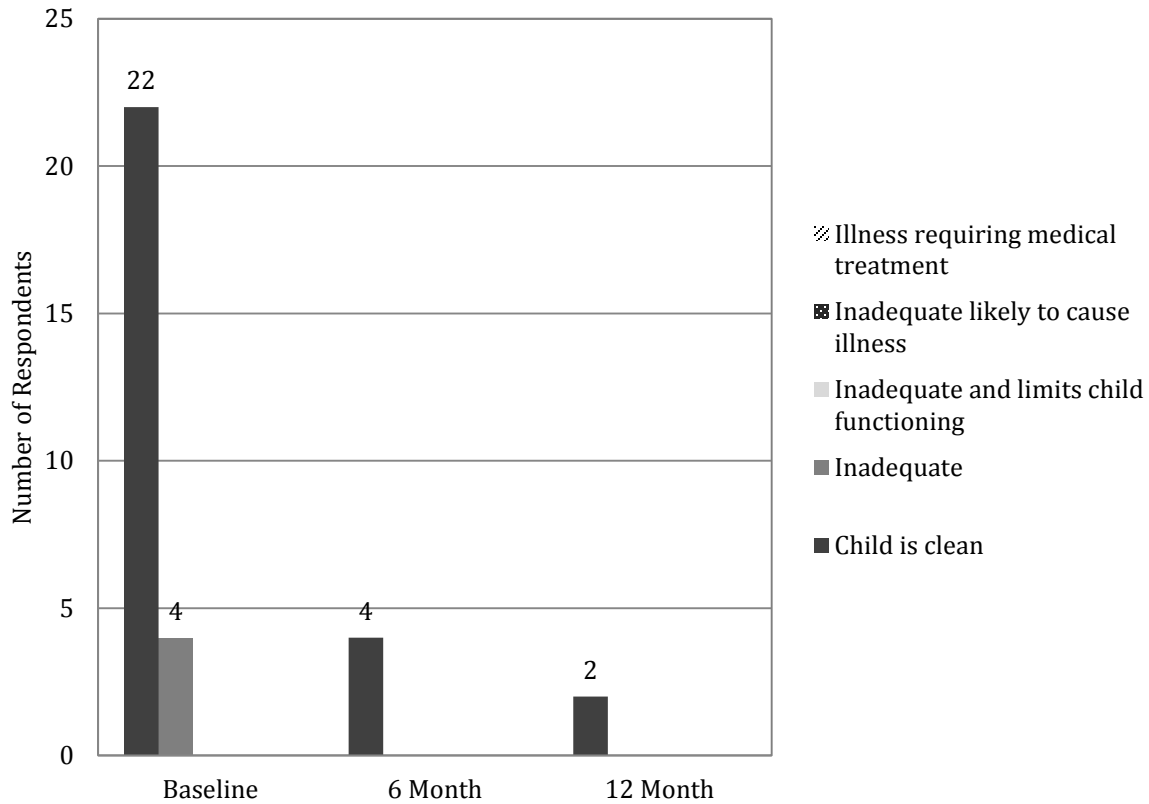


N = 2-27

With regards to home safety, the preceding graph presents the number of individuals in each timeframe. The majority of respondents were in the baseline time point with 30% and 56% having *appropriate* and *mildly appropriate* home safety. At 6 months, 100% had *mildly appropriate* home safety.

Graph 25: CWBS SC Clothing and Hygiene

SC Clothing and Hygiene

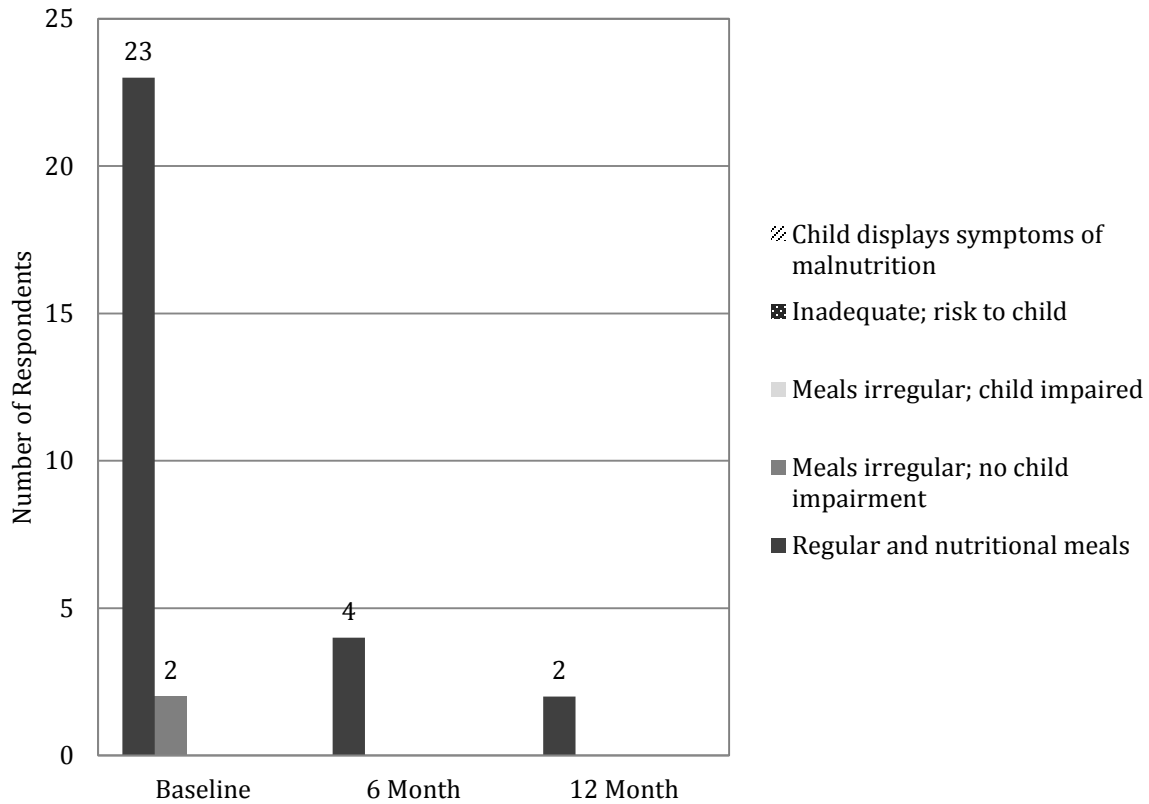


N = 2-26

With regards to clothing and hygiene, the preceding graph presents the number of individuals in each timeframe with respect to clothing and hygiene needs. The majority of respondents were in the baseline time point with the majority (85%) having a *child that is clean*. At 6 months, 100% scored *child is clean*. At 12 months, 100% and 57% of parents scored *child is clean*.

Graph 26: CWBS SC Food/Nutrition

SC Food/Nutrition

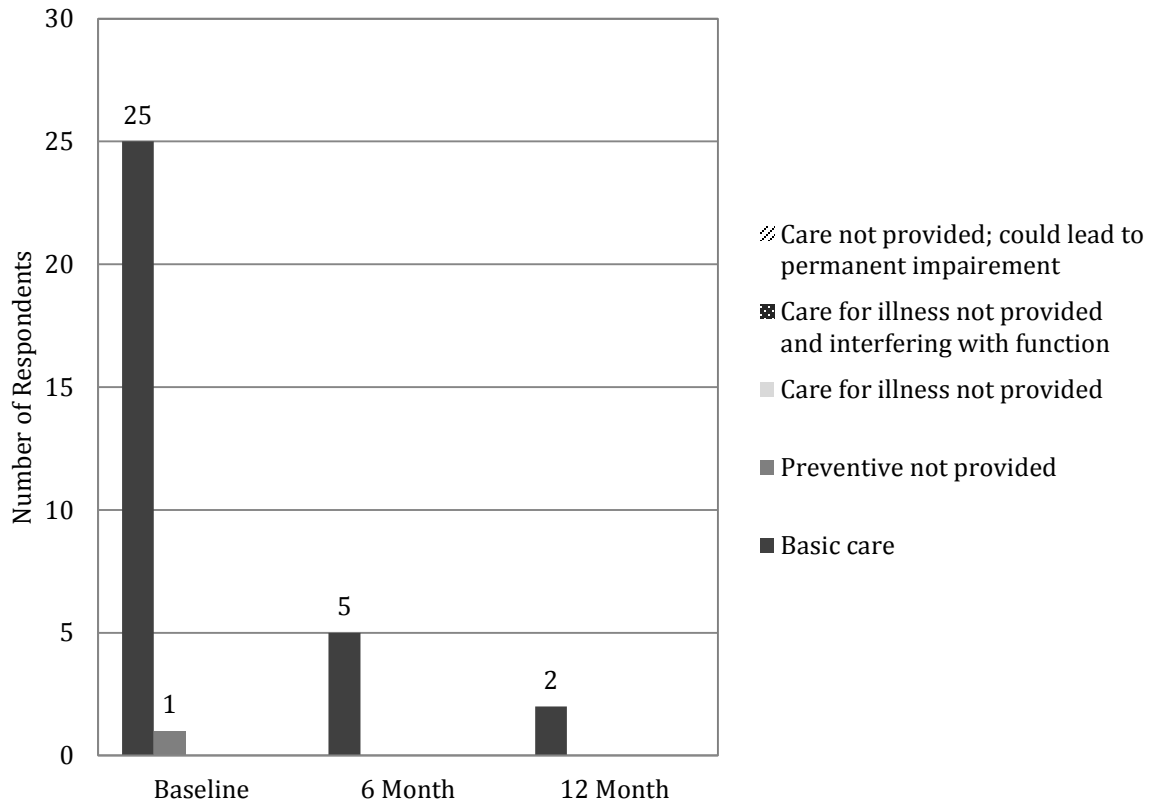


N = 2-25

With regards to food/nutrition, the preceding graph presents the number of individuals in each timeframe with respect to food/nutrition needs. The majority of respondents were in the baseline time point with the majority (92%) having *regular and nutritious meals*. At 6 and 12 months, 100% had *regular and nutritious meals*.

Graph 27: CWBS SC Physical Health Care

SC Physical Health Care

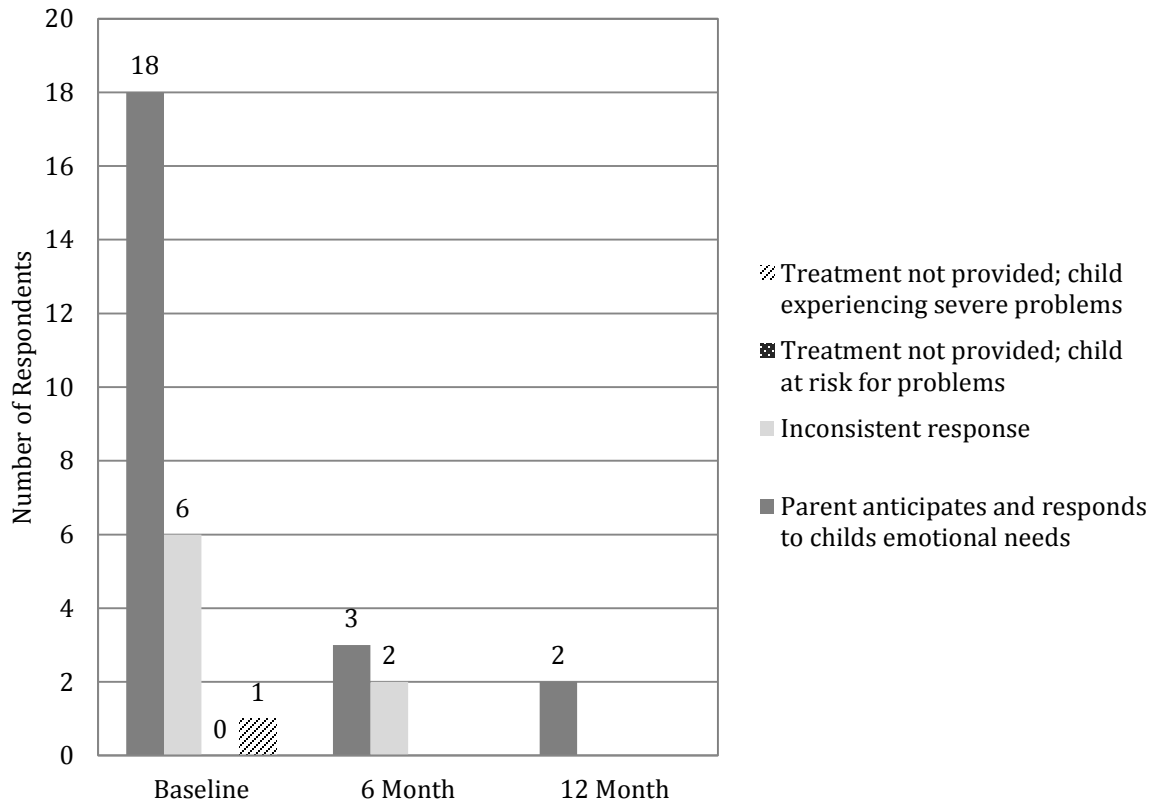


N = 2-26

With regards to physical health care, the preceding graph presents the number of individuals in each timeframe. The majority of respondents were in the baseline time point with the majority (96%) having *basic care*. At 6 and 12 months, 100% had *basic care*.

Graph 28: CWBS SC Mental Health Care

SC Mental Health Care

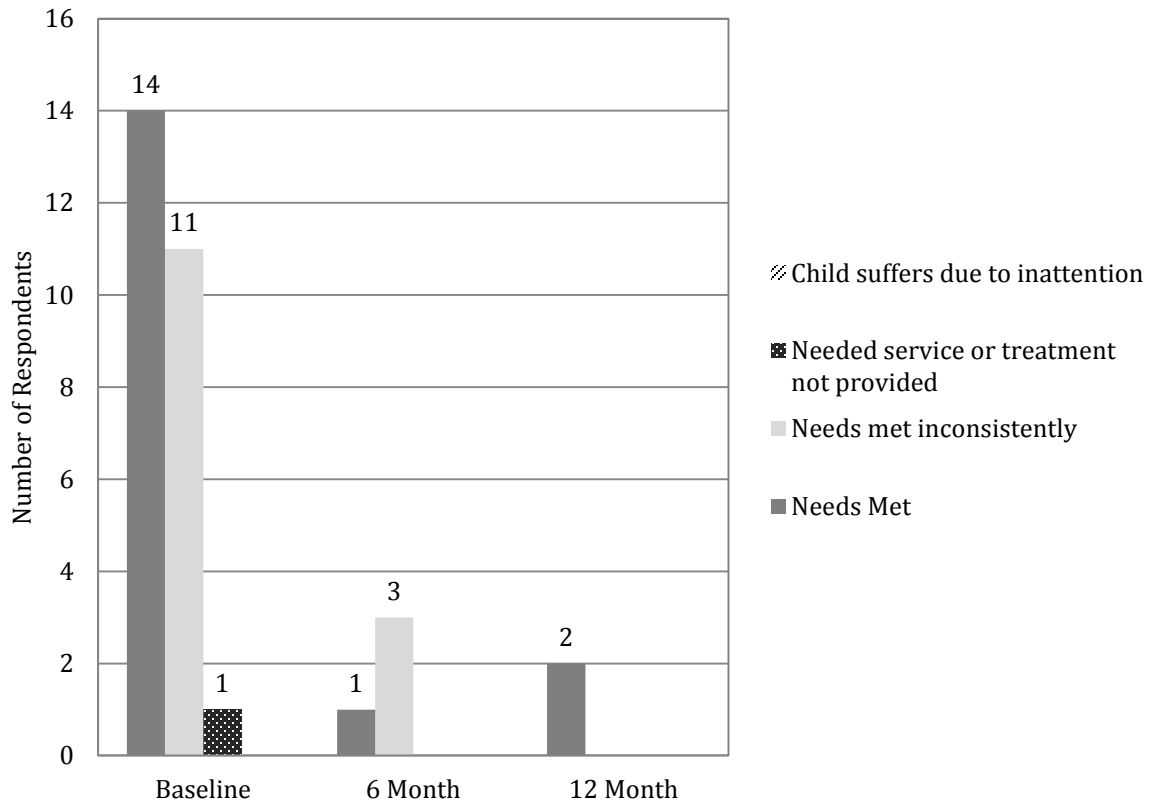


N = 2-25

With regards to mental health care, the preceding graph presents the number of individuals in each timeframe. The majority of respondents were in the baseline time point with the 72% with *parent anticipating and responding to child's emotional needs*. At 6 months, 60% had a *parent anticipating and responding to child's emotional needs*.

Graph 29: CWBS SC Developmental and Educational Care

SC Developmental and Educational Care

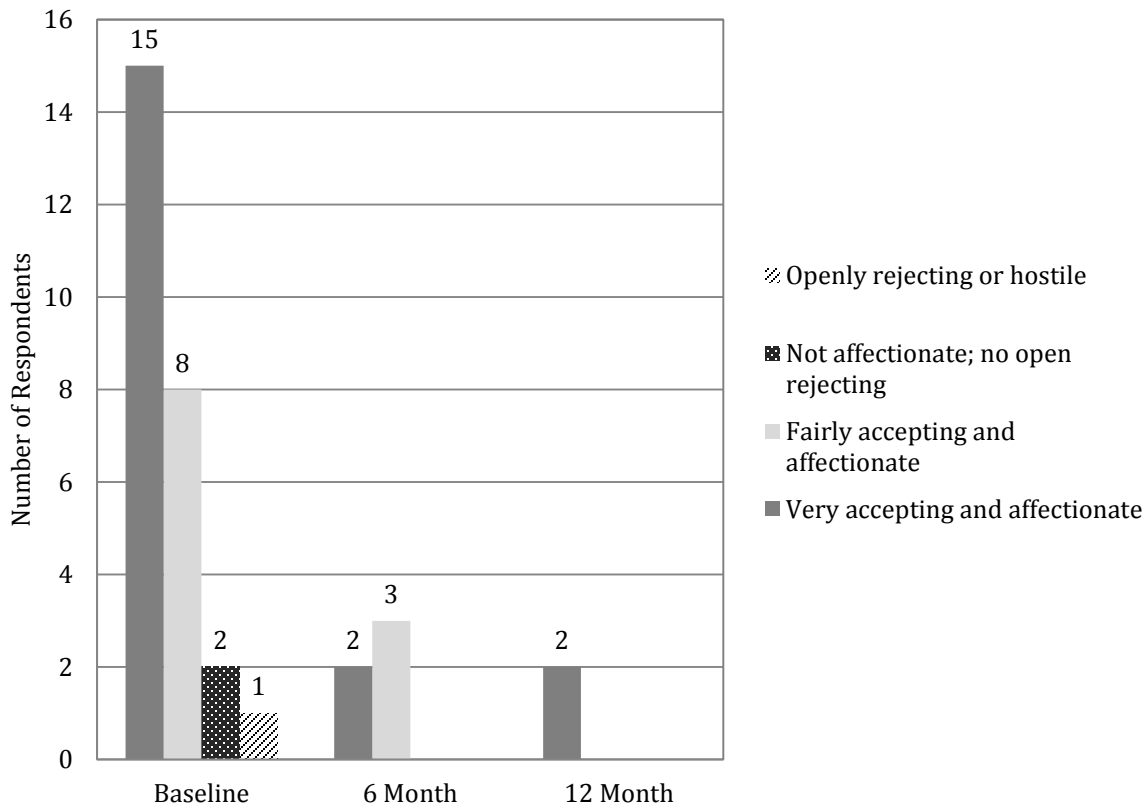


N = 2-26

With regards to developmental and educational care, the preceding graph presents the number of individuals in each timeframe. The majority of respondents were in the baseline time point with the 54% having *needs met*. At 6 months, 20% had *needs met*. At 12 months, 100% had *needs met*.

Graph 30: CWBS SC Parental Positive Interactions with Child

SC Parental Positive Interactions with Child

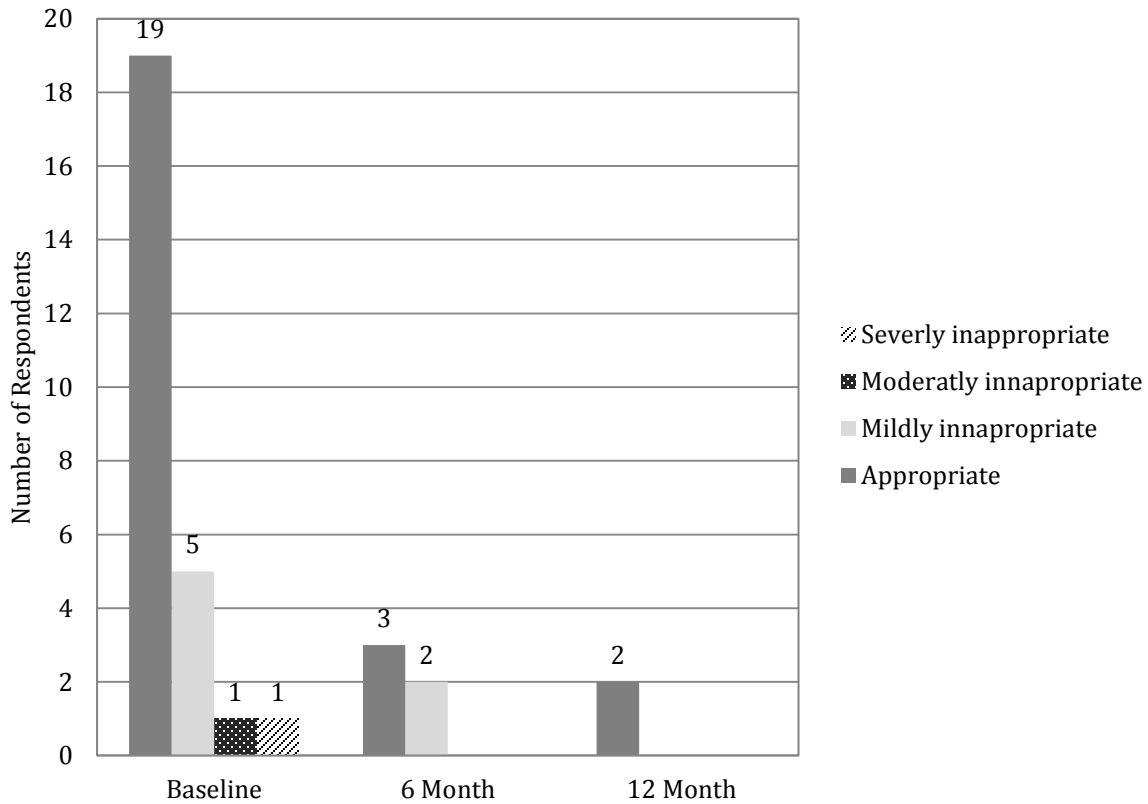


N = 2-26

With regards to parental positive interactions with child, the preceding graph presents the number of individuals in each timeframe. The majority of respondents were in the baseline time point with the majority (58%) being *very accepting and affectionate*. At 6 months, 40% were *very accepting and affectionate* and 60% were *affectionate*. At 12 months, 100% were *very accepting and affectionate*.

Graph 31: CWBS SC Parental Discipline

SC Parental Discipline

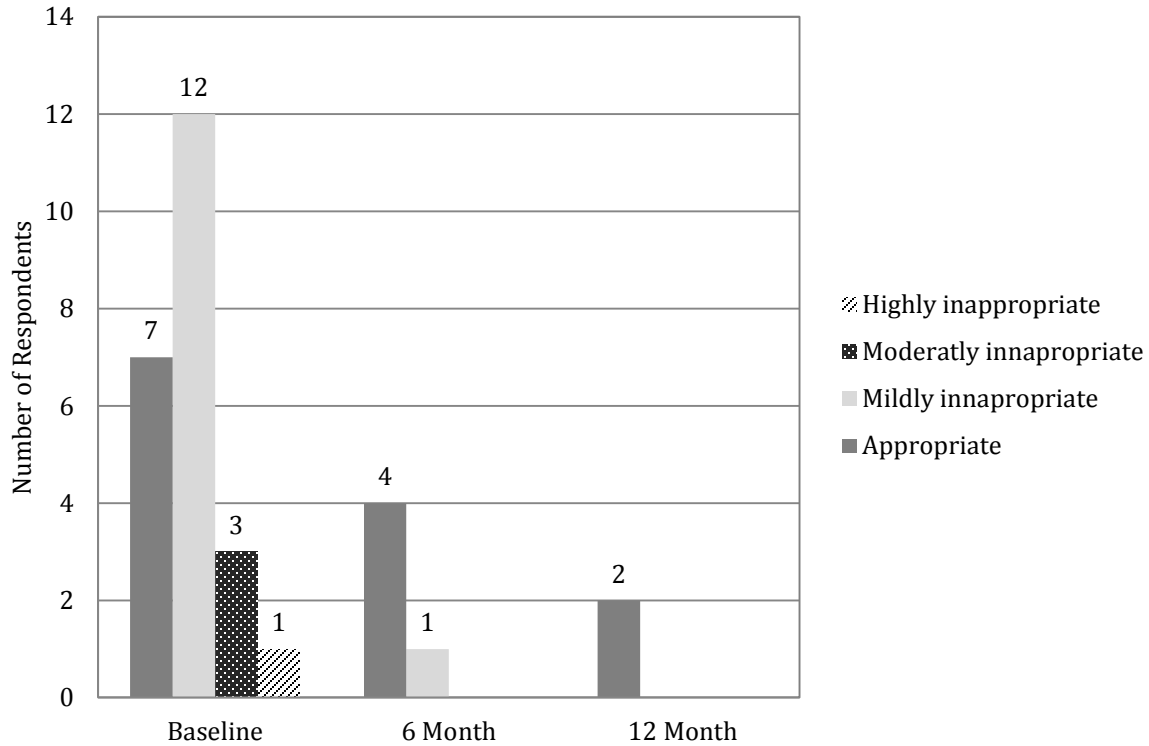


N = 2-26

With regards to parental discipline, the preceding graph presents the number of individuals in each timeframe. The majority of respondents were in the baseline time point with 73% having *appropriate* parental discipline. At 6 months, 60% had *appropriate* parental discipline. At 12 months, 100% had *appropriate* parental discipline.

Graph 32: SC Parental use of Clear Rules and Limit Setting

SC Parental use of Clear Rules and Limit Setting

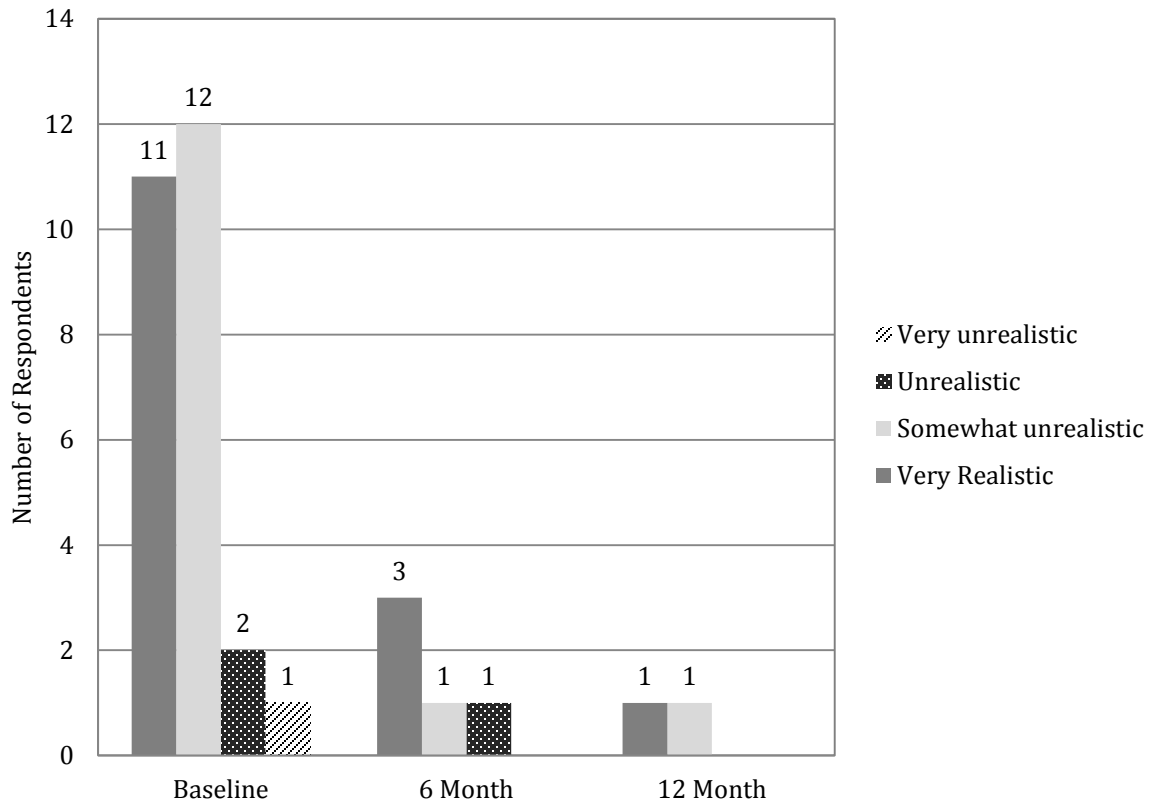


N = 2-23

With regards to parental use of clear rules and limit setting, the preceding graph presents the number of individuals in each timeframe. The majority of respondents were in the baseline time point with 30% having *appropriate* parental use of clear rules and limit setting. At 6 months, 80% had *appropriate* parental use of clear rules and limit setting.

Graph 33: SC Parental Expectations of Children

SC Parental Expectations of Children

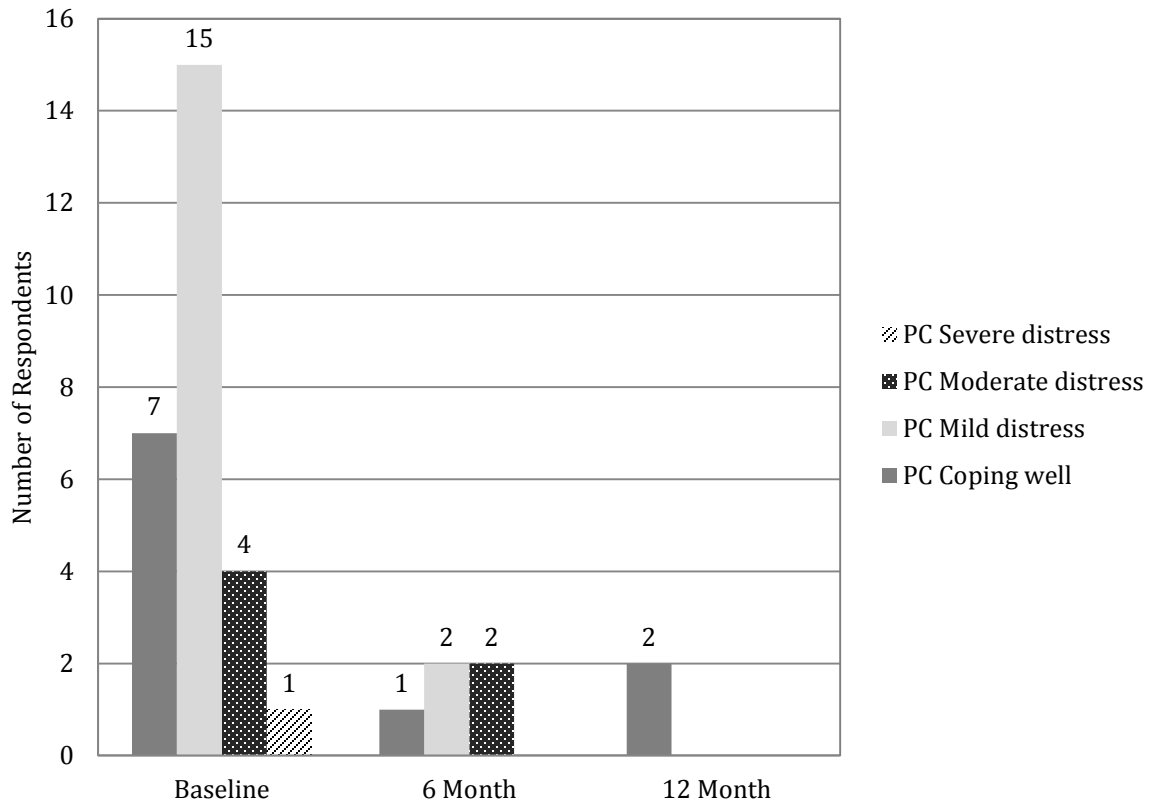


N = 2-26

With regards to parental expectations of children, the preceding graph presents the number of individuals in each timeframe. The majority of respondents were in the baseline time point with 42% and 46% having *very realistic* and *somewhat realistic* parental expectations of children. At 6 months, 60% of parents had *very realistic* parental expectations of children. At 12 months, 50% and 50% of individuals had either *realistic* or *somewhat realistic expectations*, respectively.

Graph 34: SC Parental Distress

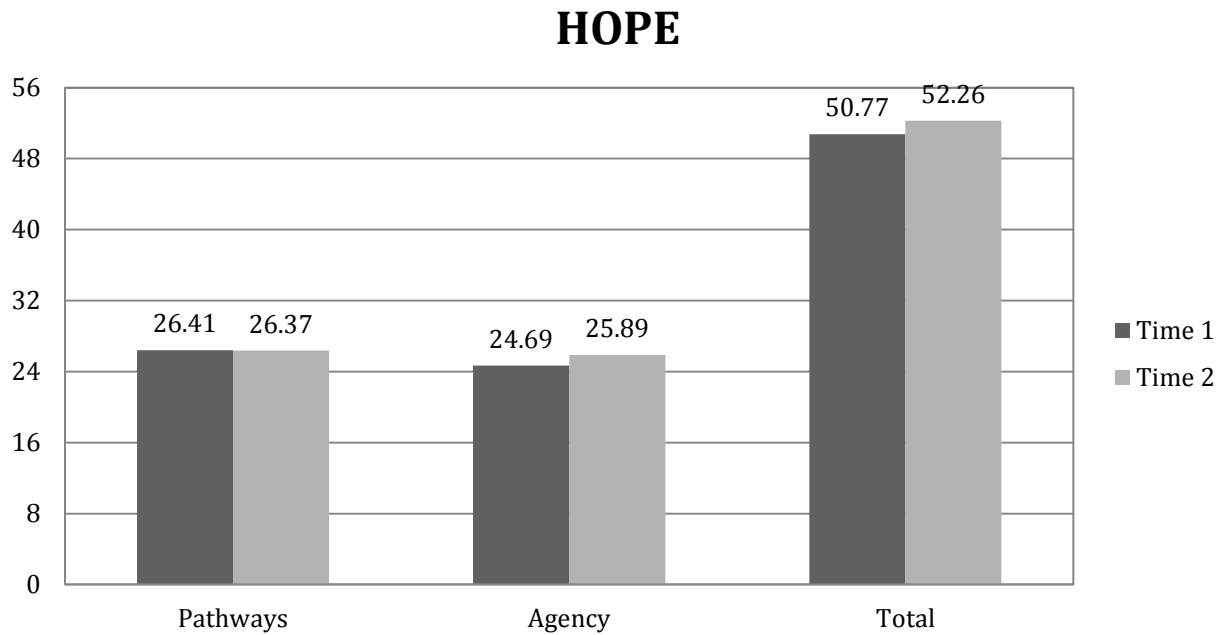
SC Parental Distress



N = 2-27

With regards to parental distress, the preceding graph presents the number of individuals in each timeframe. The majority of respondents were in the baseline time point with 26% and 56% having *PC Coping well* and *PC Mild Distress*. At 6 months, 20% and 40% had *PC Coping well* and *PC Mild Distress*.

Graph 35: Hope Scores

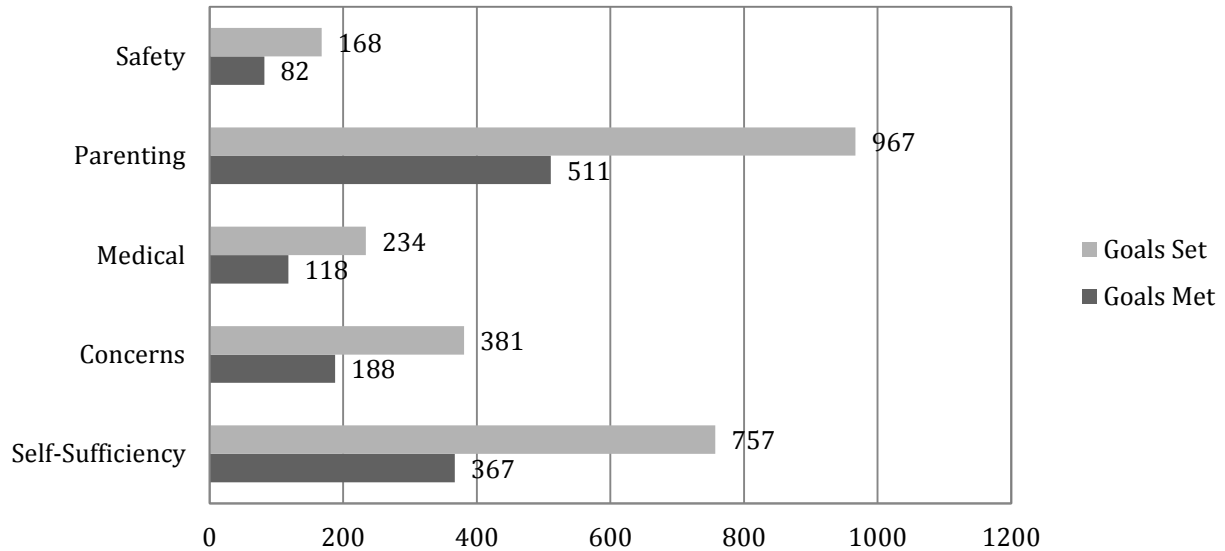


N = 73 baseline; N = 27 6-month follow up

The preceding graph presents Hope scores including pathways and agency subscale scores and the total scale score. Due to limited matching data, a t-test could not be computed. The present data is group level mean scores. The Pathways mean score remained fairly consistent from the baseline to 6-month follow up. The Agency mean was 24.69 at baseline and 25.89 and the 6-month follow up. The total scale score was 50.77 as baseline and 52.26 at the 6-month follow up.

Graph 36: Individualized Family Service Plan

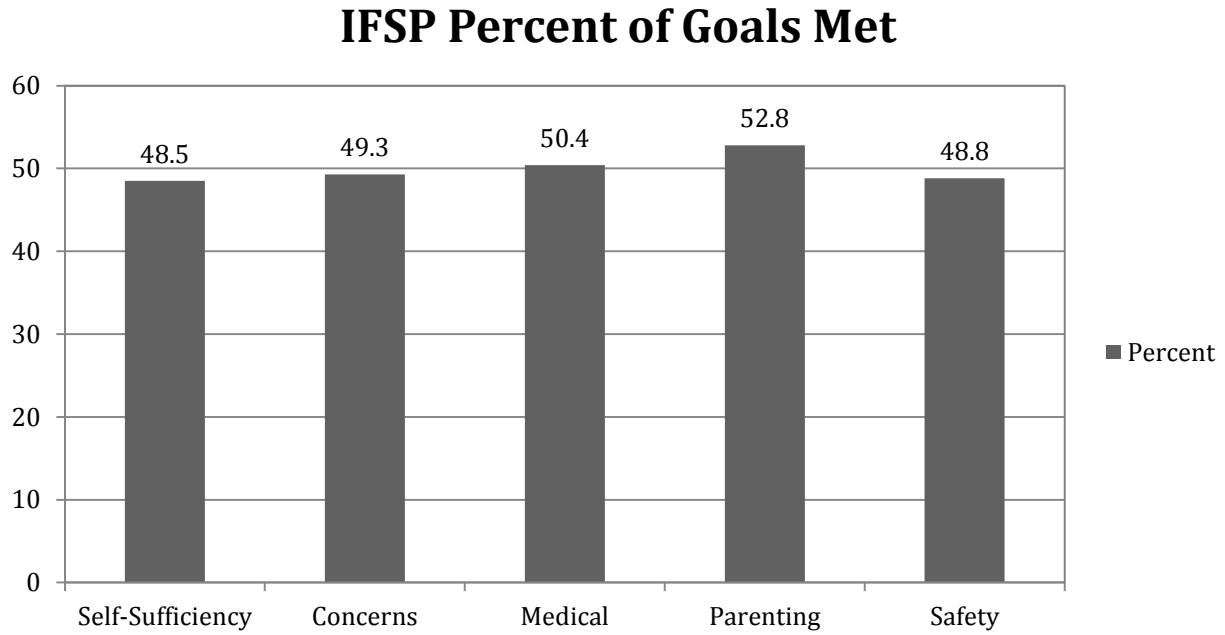
Individualized Family Service Plan (IFSP)



N = 324

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 2,507, while the total number met was 1,266. Parenting had the highest number of goals set (967) as well as the highest number met (511). Safety had the lowest number of goals set as well as the least amount of goals met.

Graph 37: Individualized Family Service Plan



N = 324

As can be seen, parenting (52.8%) had the highest percent of goals met, while medical had the second highest (50.4%). Concerns, safety, and self-sufficiency had 49.3%, 48.8%, and 48.5% of goals met, respectively. Also, of the 1,266 total goals set, 50.5% were met.

Summary

The goal of the CWBS is to measure a variety of areas related to child safety and protective factors. The following factors were examined: Household Sanitation, Home Safety, Clothing and Hygiene, Food/Nutrition, Physical Health, Mental Health Care, Developmental and Educational Care, Parental Positive Interactions with Child, Parental Discipline, Parental use of Clear Rules and Limit Setting, Parental Expectations of Children, and Parental Distress. Note that because data was interpreted differently with regards to time points, that Healthy Families data is not comparable to SafeCare Data. With regards to Healthy Families on household sanitation, at baseline the majority of respondents were in the baseline time point with the majority (76%) having *appropriate* household sanitation. SafeCare found that 69% had *appropriate* household sanitation. Regarding Healthy Families on food/nutrition, at baseline 92% had *regular and nutritious meals*. SafeCare found that 92% had *regular and nutritious meals*. With regards to mental health care in Healthy Families, the majority of respondents (89%) at baseline demonstrated *parent anticipating and responding to child's emotional needs*. SafeCare found that 72% had a *parent anticipating and responding to child's emotional needs*. With regards to parental distress in Healthy Families, 49% and 47% had *PC Coping well and PC Mild Distress*. SafeCare found that 26% and 56% had *PC Coping well and PC Mild Distress*. Due to a low sample size, t-tests were not computed on Hope scores. The total mean score was 50.77 at time 1 and 52.26 at time 2. Finally, a good percentage (48.5%-52.8%) 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.

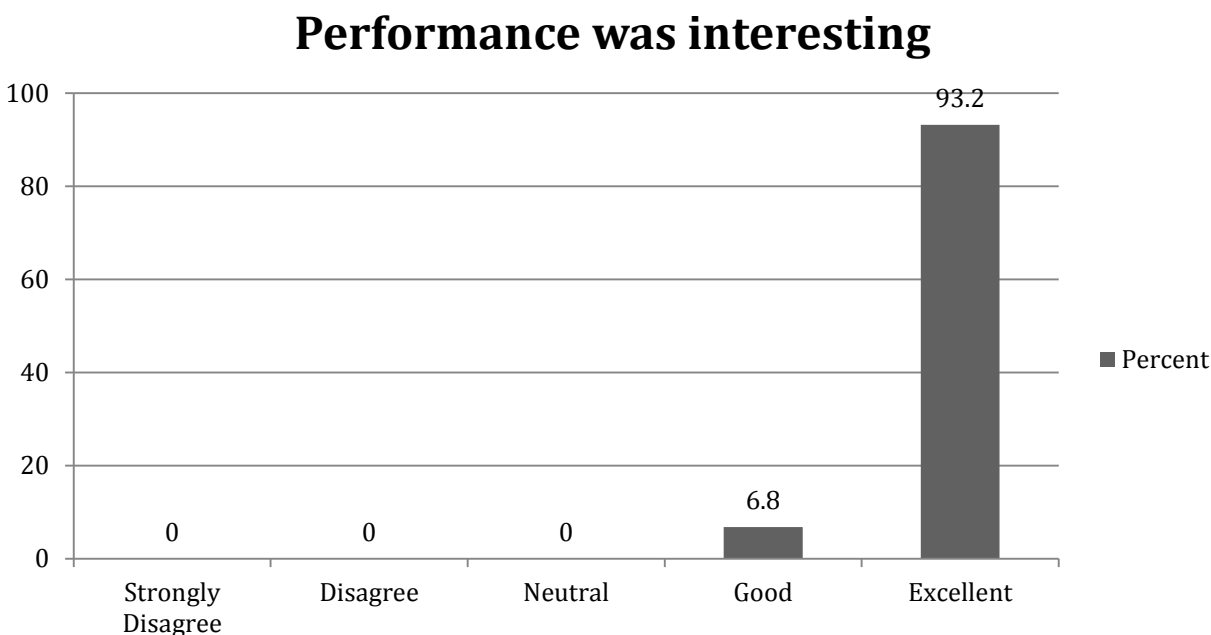
Procedure and Instrument

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. Teachers responded to the self-report measures. The self-report consists of six Likert-type questions and four open-ended items. PCCT staff in conjunction with OU developed the scale so that questions would be directly related to the content being presented to the children.

Teacher Evaluations

Teachers were 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.

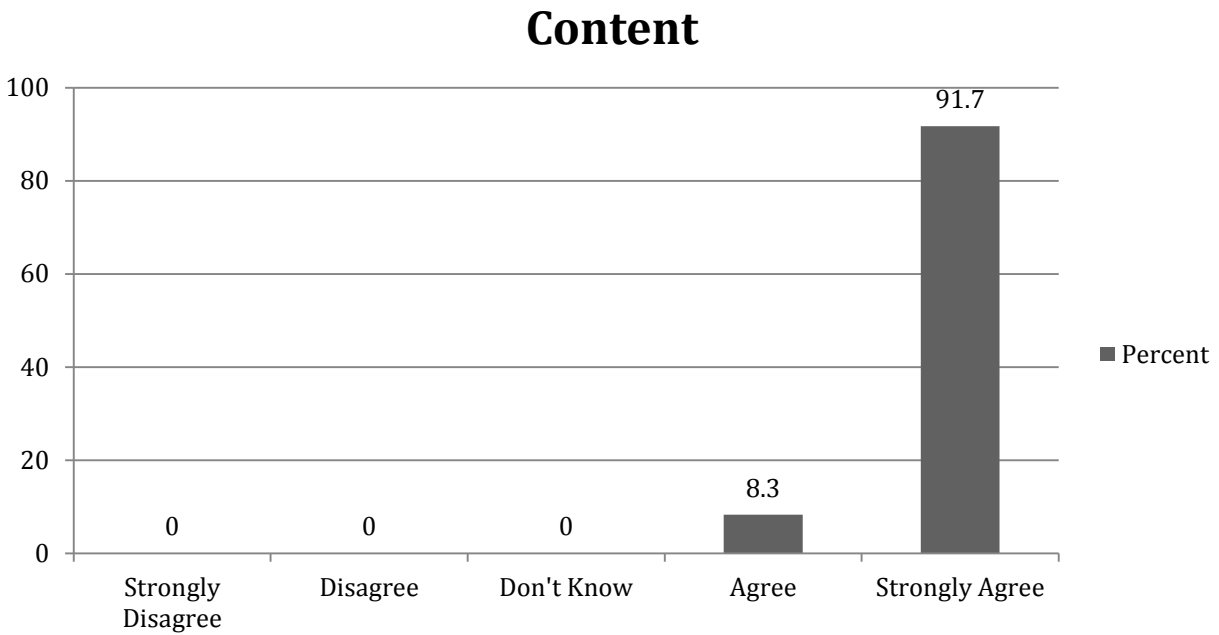
Graph 38: Puppeteer Performance



N = 73

The above graph displays the overwhelmingly positive responses to the item, “The performance was interesting and engaging for the students.” As reviewed by teachers, 93.2% of teachers stated the performance was “excellent,” and 6.8% responded it was “good”.

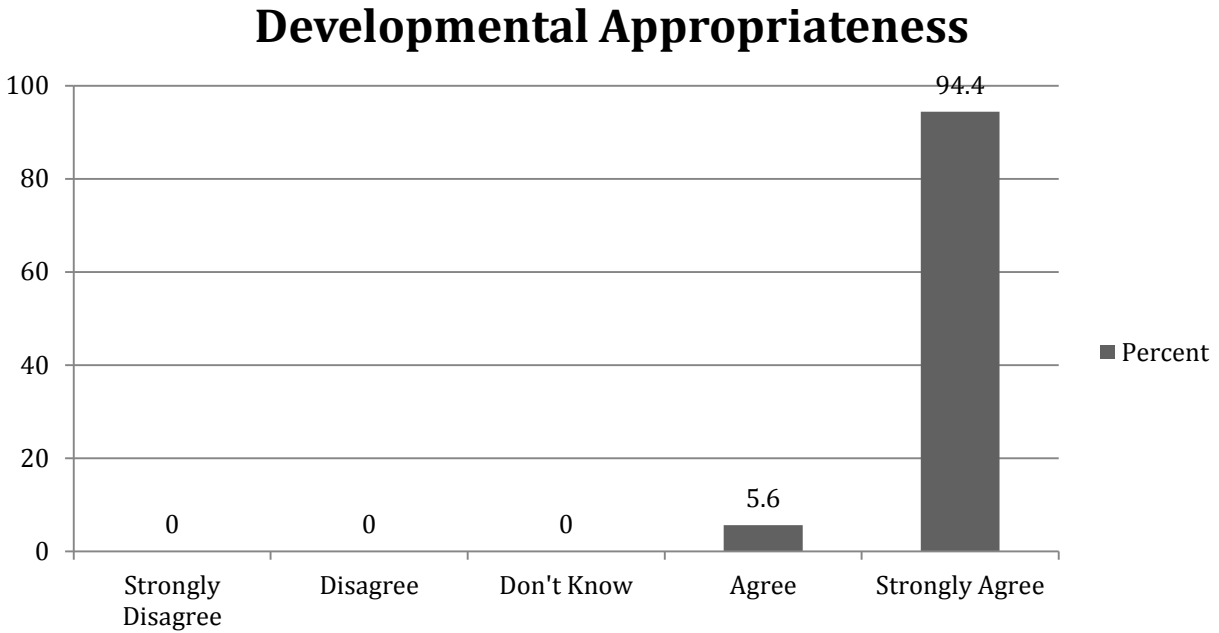
Graph 39: Content



N = 72

Teachers responded to the question, “The content increased student awareness of the subject”. Of all respondents, 91.7% of teachers stated the reaction was “excellent” while the other 8.3% stated it was “good”.

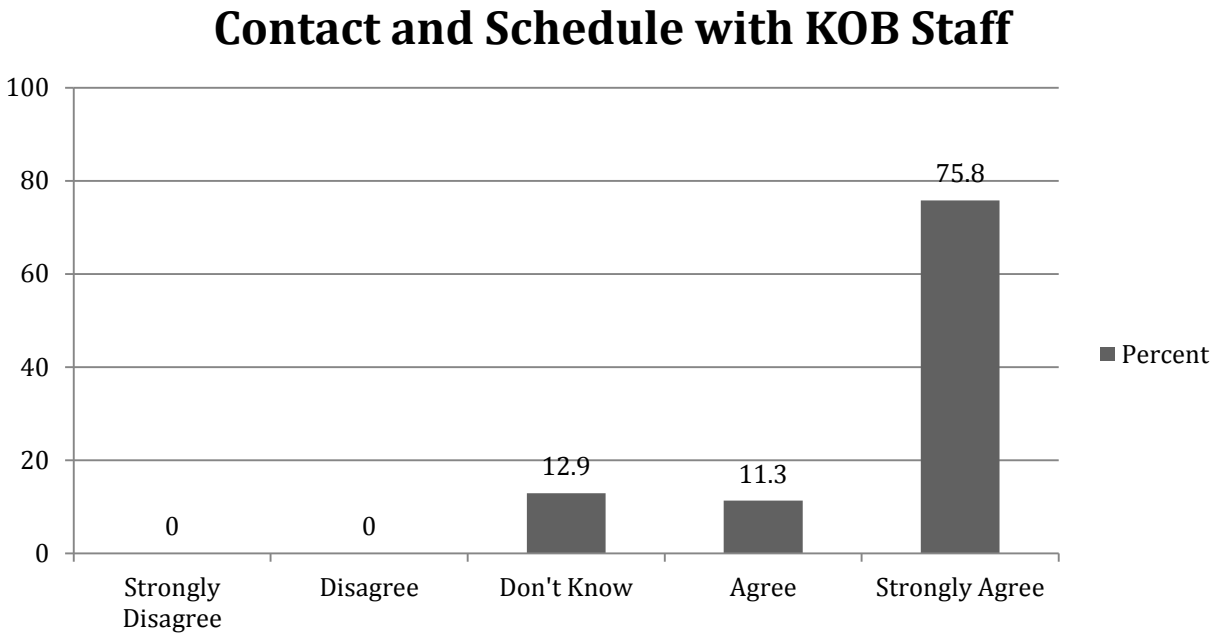
Graph 40: Developmental Appropriateness



N = 72

Teachers responded to the item, “The performance was developmentally appropriate.” As can be seen, 94.4% of teachers responded that the appropriateness of the presentation was “excellent,” while 5.6% stated it was “good”.

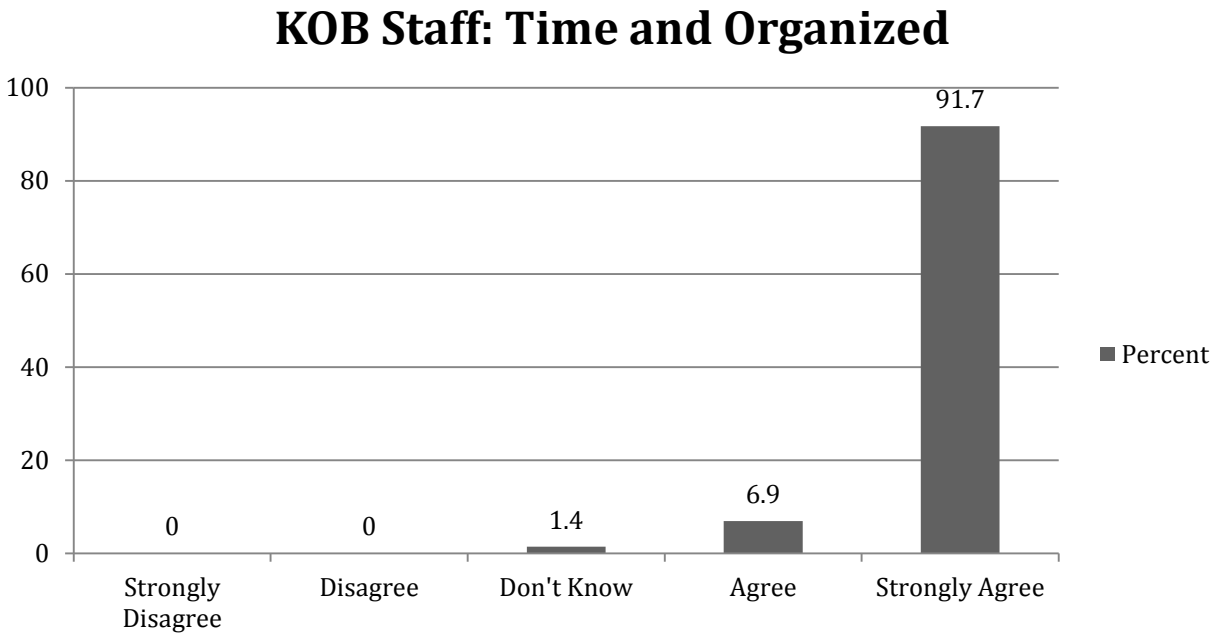
Graph 41: Contact and Schedule with KOB Staff



N = 62

Teachers responded to the item, "I was able to contact and schedule with KOB staff within a reasonable time frame." Of all respondents, 75.8% indicated "excellent," 11.3% responded "good," and 12.9% responded "neutral."

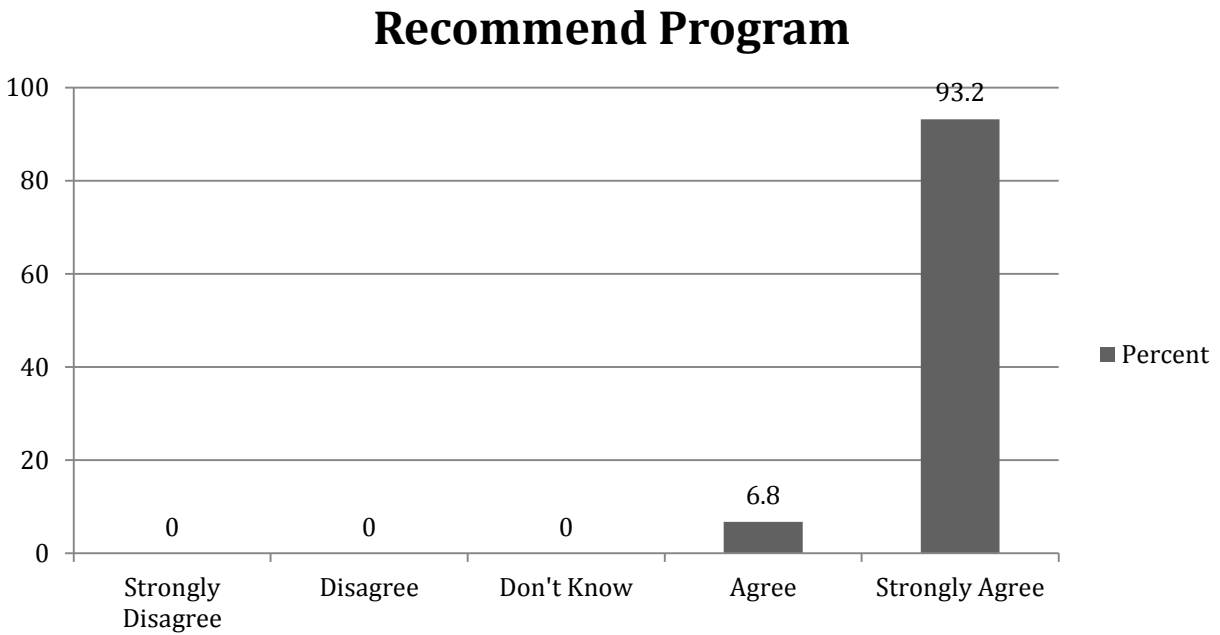
Graph 42: KOB Staff: Time and Organized



N = 72

Teachers responded to the item, “KOB staff arrived on time and the presentation was well organized.” Of all respondents, 91.7% indicated “excellent,” 6.9% responded “good,” and 1.4% responded “neutral.”

Graph 43: Recommend Program



N = 73

Teachers responded to the item, “I would recommend this program to others.” Of all respondents, 93.2% indicated “strongly agree” and 6.8% responded “agree.”

Teacher Comments

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

The response to the following item, “**I expected:**”

- a presentation that would teach and reinforce what we've talked about in class
- the presenters to help students understand the effects of bullying
- information to students
- a great performance
- a boring show
- a puppet show about bullying and strangers
- a good show about bullying
- a good program about bullying
- a puppet show
- about what was delivered but a little more entertaining than I expected
- a good program
- great
- unsure exactly what I expected... it was great
- interesting & great show - age appropriate language
- what I saw
- for the students to receive a message
- puppetry - engaging dialogue about bullying
- an engaging program about what a bully is and how to handle a bully
- the performance to be a bit childish and boring - however - i was pleasantly surprised
- learning about bullying for my students
- the 5th and 6th grade students to roll their eyes and talk and dismiss it - but they didn't
- great show - excellent content and themes
- a great performance with excellent content - booked and seen before - great experience
- that the younger children wouldn't be interested or enjoy

- a great, engaging learning experience
- a fascinating, engaging performance
- an informative, up-beat performance sharing how to resolve a conflict
- a great presentation with relevant, important themes
- greatness
- a quality program as in the past
- an interesting and entertaining program that also educated the children
- had seen the performance before
- a cute and fun puppet show with some educational points
- a good performance
- awesome
- awesome
- awesome
- wonderful - thank you
- the kids to enjoy
- the kids to enjoy
- the kids to enjoy
- an entertaining and education experience
- an engaging puppet show
- a fun - educational performance
- an entertaining bully presentation
- an engaging performance
- a puppet show on how to respond to bullying and the negative impacts of bullying
- age appropriate - interesting to students
- a puppet show about bullying and tattling and gives kids examples on how to handle situations
- a puppet show demonstrating what bullying is and what you can do

The response to the following item, “**I received:**”

- reinforcement - thank you
- good program message and good puppeteers
- a great performance and a bullying packet to follow up with my students
- a great show that the kids loved
- a puppet show about the topics in a kid friendly way
- a great show
- a good program about bullying
- a wonderful informative presentation
- supplement packet to support the performance
- a good program
- great
- great feedback from the students on what they saw - they are still talking about it
- new techniques for settling the students
- even more - they were great
- puppetry - engaging dialogue about bullying entertainment - about values
- I great and informative show
- a great performance - it was infomative and entertaining - I was also given evaluation forms
- some insight on bullying as opposed to game talk
- entertainment and education about bullying
- help determining what is bullying and what is an incident
- a performance of humor and great messages 5th and 6th grade remained engaged learned and reinforced excellent conflict mangement skills
- a really good show with 4th grade very engaged with the show and connecting with the content humor performance a plus
- it was a nice performance the actors got the students to respond in a fun way
- children learned coping and life/character skills with humor and great entertainment

- children absolutely loved the shows - perfect developmental appropriateness for our kindergartners
- good actors with a good script
- excellent show - wonderful presentation of critical anti-bullying skills/themes, humorous, fun, inciteful
- excellence
- same
- information that correlated with red ribbon week
- an outstanding performance delivered with creativity and skill
- very appropriate for the age
- everything I expected and more
- a great performance
- awesome
- awesome
- awesome
- wonderful - thank you
- happy children
- happy children
- happy children
- what I expected
- what I expected
- the same
- ways for kids to talk to bullies
- what I expected
- very engaging show - really made sense to kids - could relate to - teachers can refer to
- kids loved it - puppeteers are really good
- an engaging puppet show that the kids learned ways to handle bullying :)
- exactly that

The response to the following item, **“I most valued:”**

- the reinforcement on how to treat classmates
- I like my students learning social skills in an engaging way
- thanks for coming into the school with your message
- seeing a special guest and the q and a after the performance to reinforce what was taught
- how words can really hurt
- the content going over non bullying
- hornsby being here
- both shows - so important for students to hear and know
- the patience with the students
- the puppeteers addressed the correct level of humor for the 3rd graders
- their structure and delivery and spanish bonus
- great
- the lessons on bullying I can follow-up with foundation that was given
- the script was developmentally appropriate - goes far in engaging the students
- that other agencies are valuing kids enough to help in anyway
- the learned lesson
- the dilogue was very realistic - solutions to bullying - assertiveness - tell an adult - assertiveness skills - strong vaoice - stand tall
- the examples the puppets gave to the students
- the performers using dialogue with the language that was geared towards our students - instagram - texting - etc
- using the students as part of the presentation
- moral message
- the time to talk about this difficult on going problem
- content humor questions and answer - especially through the puppets - love it
- the questions you asked and the brilliant, thoughtfull answers our students had - you reinforced their conflict management skills magnificently

- the improvising of the puppeteers to gain the younger students interest and to make the performance fun
- our children learning critical social skills - absolutely related to academic success - what do I do if called names?
- watching our children listen, laugh, learn and smile - this group loved the show - the kids learned great lesson - skills
- the professionalism of the actors
- the whole performance - actors, show, skit, q and a
- excellent content, lessons, and skills
- the message it sends out
- the actors and actresses
- the time given to us even though we have such a small school
- strangers are people you don't know
- the repetition and that it was developmentally appropriate for young students
- awesome
- awesome
- awesome
- wonderful - thank you
- valuable information
- valuable information
- valuable information children received
- the practical strategies they presented
- the fun approach to the topic
- student input - keep student engaged
- the funny engaging way it wa presented
- being interactive - explanation of puppetry
- very realistic and kids age appropriate
- humorous way subject matter was taught
- pointing out of cyberbullying

- the ideas they shared that were age appropriate and tips they shared
- the message it was conveyed in a fun, engaging way - I think the students really understood

The response to the following item, **“In the future I would like to see:”**

- continue the great presentations
- come back :)
- other programs too - sticks and stone and bad strangers and shake it up
- more shows about the different hard subjects for kids
- this show again
- great job - this is a title I poverty school and some kids do not hear this at home - thanks for coming
- more performances
- skydivers
- each year
- great
- more productions - thank you
- students joining more for example holding the puppets
- more of this kind of dialogue with puppets the modality
- a teacher puppet and how to report
- more solutions to bullying
- more student role play
- not applicable
- conflict resolution
- possibly more questions and answers
- possible more q and a time - I know time limitations are a factor - I wish each show were 60 minutes
- even more character/performance audience participation and q and a
- more puppet audience questions
- I've seen almost all of them in the past - all are great - well done
- more puppeteers to reach more schools
- note this is the second time we have had these two puppeteers and they are wonderful - I highly recommend them to all schools

- more of their shows
- more hornsby
- awesome
- awesome
- awesome
- wonderful - thank you
- maybe more on social phone - internet - but may only with older kids
- maybe more on social phone - internet with oldest kids 5th, 4th, 3rd glad some was included
- maybe more on social phone, internet with oldest kids, 5th, 4th, 3rd glad some was included
- n/a
- more shows on other topics
- more than 1 show per school year

Summary

The results for the Kids on the Block program were consistently positive. The teacher response to the program was positive. Of all respondents, 93% agreed that they would recommend the program to others. And 93% agreed that the performance was interesting while 94% agreed that it was developmentally appropriate. Teacher comments were also positive towards the program, both in terms of content of the program as well as the presentation itself. Overall, Kids on the Block received positive feedback from teachers.

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 Healthy Families 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

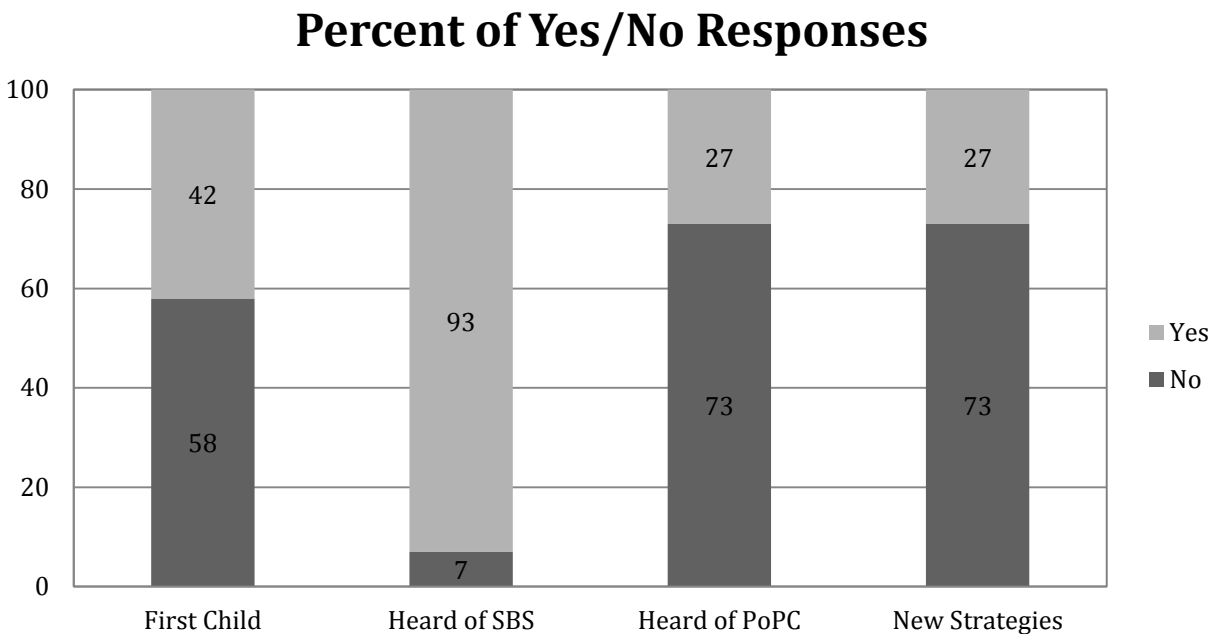
The following are the findings from the initial questionnaire given to parents at the hospital. This questionnaire consisted of seven main questions, which centered on previous knowledge and knowledge gained. The table below displays the hospitals that were included in the program and how many people were served at each one. It should also be noted that of the 211 total respondents 150 were the mother and 59 were the father.

Table 13: Hospitals served and number of participants

Hospital	St John	St Francis	OSUMC	Hillcrest	Southcrest
Participants	36	28	105	22	19

N = 200

Graph 44: Percent of Yes and No Responses



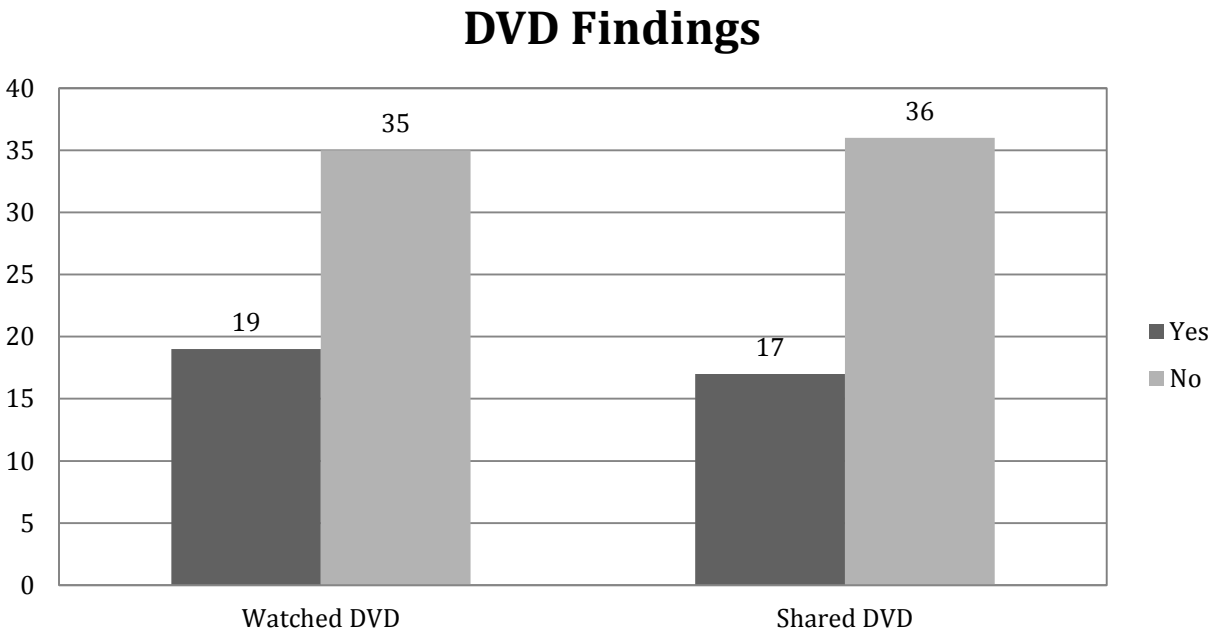
N = 204-209

The above graph displays the percent of “yes” and “no” responses to four of the pre-test questions. 42% of respondents (or 88 individuals) indicated that this was their first child, while 58% (or 120 individuals) stated it was not. While 93% of individuals had heard of Shaken Baby Syndrome, only 27% had heard of the Period of Purple Crying. 73% stated they had not heard of the Period of Purple Crying. 27% 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 55 respondents of the post-test, 40 were mothers, while 15 were fathers.

Graph 45: DVD Scores



N = 53-54

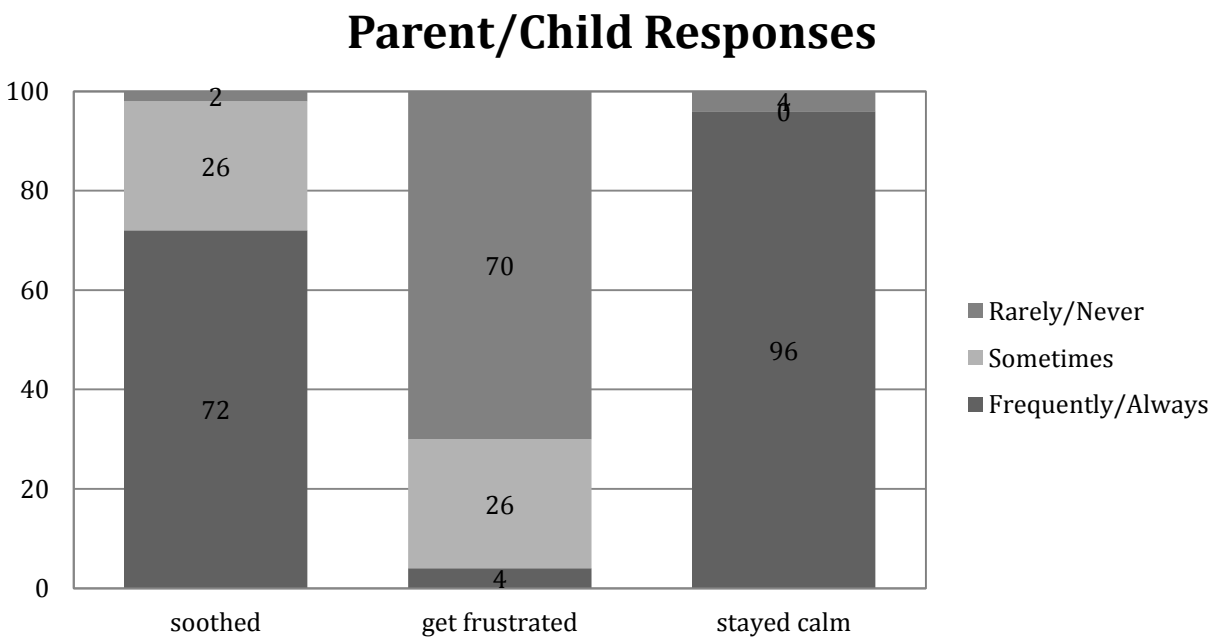
The above graph displays the number of individuals who watched and shared the DVD. As can be seen, more people did not watch the DVD than watched, with 65% not watching it. The numbers of individuals who shared the DVD are very similar, with more individuals not sharing it than sharing it.

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 19 people who watched the DVD, 63%, or 12 people, shared it. However, of the 34 people who did not watch the DVD, only 14.7%, or 5 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 54 respondents, 5 individuals stated their baby “cried a lot”, 36 responded their baby had “normal” crying, and 13 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 46: Parent/Child Responses



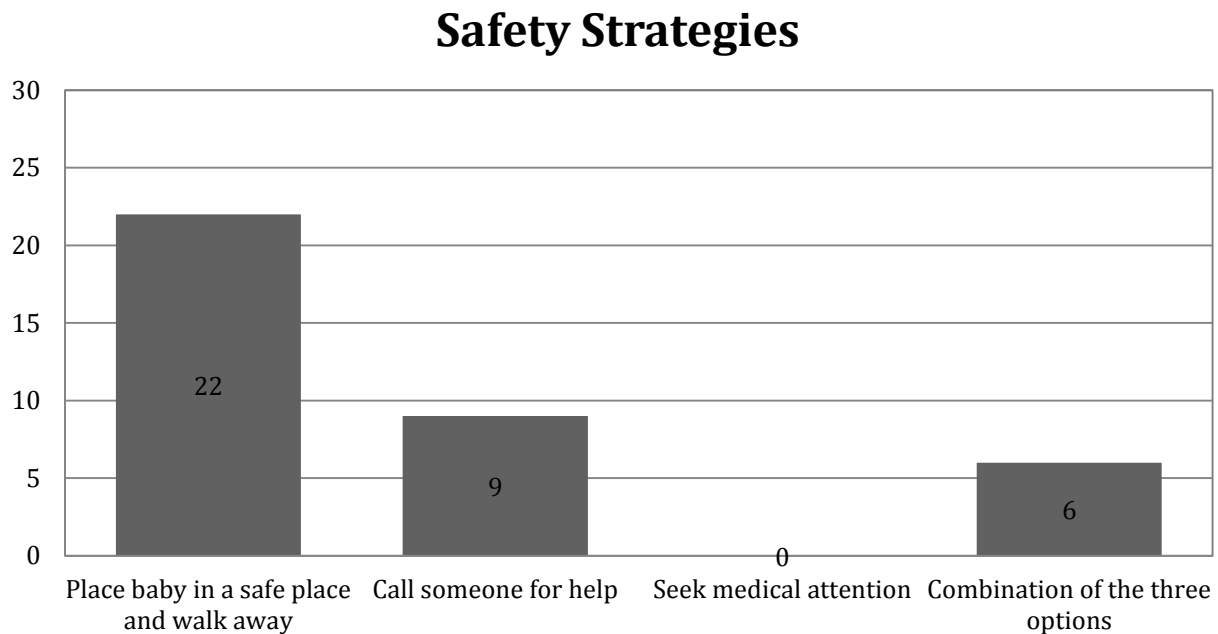
N = 53-54

The above graph displays the percent of individuals responding to three questions that address their interaction with the baby. In this case, 72% stated that their baby “frequently” responded to soothing techniques, while only 2% stated they “rarely” responded to soothing when crying. 70% of parents stated that they “rarely” get frustrated when their baby cries, while 26% stated they “sometimes” get frustrated. Only 4% stated they “frequently” get frustrated when their baby cries. 96% of individuals stated they “frequently” stay calm when their baby cries while 4 responded “rarely.”

Strategies Utilized to Sooth Baby

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. Parents responded to the question, "Did you utilize any of these new strategies to calm your baby?" Of all 43 respondents, 29 responded "yes." The subsequent graph presents findings for the question regarding which safety strategies parents utilized.

Graph 47: Parent/Child Responses



N = 54

The above graph displays responses to the question, "In moments of frustration when your baby was crying, did you...?" Of all respondents 22 indicated that they "placed baby in a safe place and walk away," 9 indicated that they "called someone for help," and 6 indicated that they did a combination of the three options.

“First Child” Findings

One of the goals 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, 6 watched the DVD and 5 shared it. Overall, the percentages for these questions were roughly the same regardless of whether it was the first child or not.

Table 14: Post-test responses sorted by whether it was a first-born child

First Child	Response	Watch DVD	Share DVD
Yes N=21	Yes	6	5
	No	15	16
No N=31	Yes	12	11
	No	19	19

N = 52

Table 15: Post-test responses sorted by whether it was a first-born child, cont.

First Child	Response	Responds to Soothing	Get Frustrated	Stayed Calm
Yes N=20	Rarely	1	13	1
	Sometimes	5	7	0
	Always	15	1	19
No N=31	Rarely	0	24	1
	Sometimes	9	6	0
	Always	22	1	30

N = 51

Summary

The Never Shake a Baby program used the same survey as last 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 (93%) had heard of Shaken Baby Syndrome, but most had not (73%) 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 goals was to determine whether or not a difference existed between parents of a first-born child versus those who have had other children. Overall, the percentages for these questions were roughly the same regardless of whether it was the first child or not. Overall, the program educates parents on effective ways to sooth their babies and helps them understand the period of purple crying.

Shelter

Goal

The Shelter Family Support Worker is housed at the Tulsa County Emergency Shelter. This person provides crisis intervention, case management, family support, individual and family counseling services, community referrals and linkages, as well as information and education on child development. The Family Support Worker also plans and facilitates groups for both children and parents staying at the shelter. During some, the focus of group is family interaction. For other groups, parents drop off their children and can have a break to nurture themselves. The Family Support Worker also collaborates with Shelter staff to help clients meet their individual goals.

Purpose

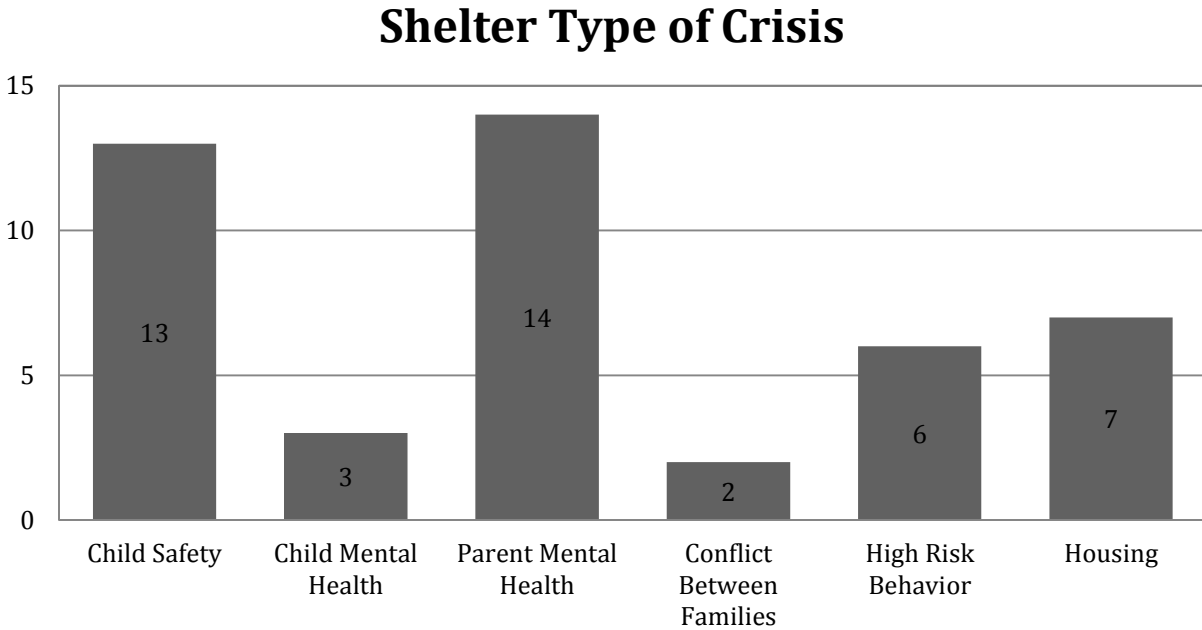
The purpose of the Shelter program is to increase safety for the children residing at the shelter through diffusing crisis situation and providing education and support to parents.

Procedure and Instruments

Families that enter the shelter are enrolled in and invited to attend the various support groups offered by the Shelter Family Support Worker. The length of time a family may be at the shelter differs greatly; therefore, which group a family or individual may attend varies. Due to this transient situation, the support groups are open in style and often have different members each week. At the end of each group session, a Group Session Survey is completed voluntarily by willing group members.

The Group Session Survey is a brief, seven-item questionnaire designed by the program to obtain feedback from the group members. Through the survey, the Shelter program seeks to learn group members thoughts and feelings regarding topics such as, it's helpfulness to their parenting and/or family relationships and the group leader presentation style and level of caring. This survey was revised and implemented mid-year.

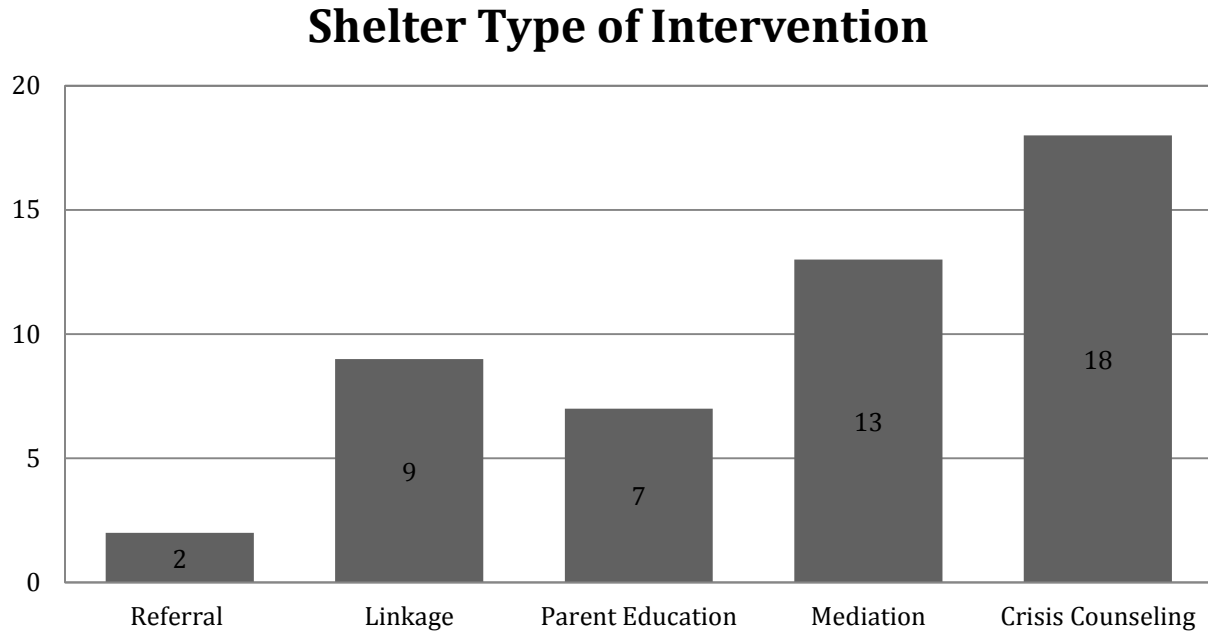
Graph 48: Shelter Crisis Type Numbers



N = 46

The above graph displays type of crisis encountered in the shelter. Parent mental health (n=14) and child safety (n=13) were the mostly common types of crisis. High risk behavior and housing were found 6 and 7 times, respectively. Child mental health and conflict between families were the least reported type of crisis.

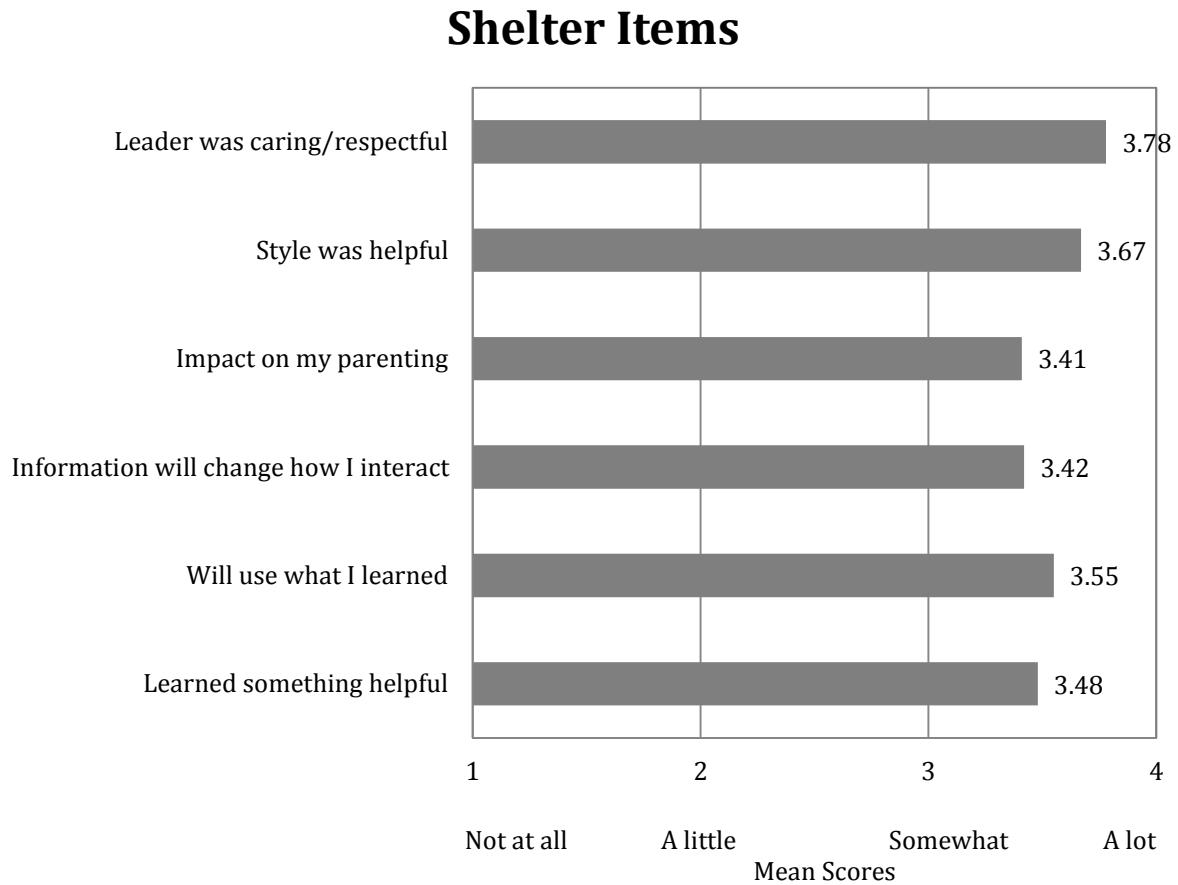
Graph 49: Shelter Intervention Numbers



N = 46

The above graph displays type of intervention administered in the shelter. Crisis counseling (n=18) and mediation (n=13) were the mostly common types of intervention. Linkage and parent education were utilized 9 and 7 times, respectively. Referral was the least utilized type of intervention.

Graph 50: Shelter Items



N = 71-73

The preceding graph presents Shelter program items. There was overall agreement that participants learned something helpful and that they will use what they learned. They also agreed that the information will change how they interact and will impact their parenting. Finally, altogether participants found the style was helpful for learning and that the leader was caring and respectful. Overall, these are positive findings for the Shelter program.

Summary

The purpose of this role is to increase safety for the children residing at the shelter through diffusing crisis situation and providing education and support to parents. Findings from the present study indicate that parent mental health (n=14) and child safety (n=13) were the mostly common types of crisis. And, crisis counseling (n=18) and mediation (n=13) were the mostly common types of intervention. Finally, there was overall agreement that participants learned something helpful and that they will use what they learned. Finally, participants altogether found the style was helpful for learning and that the leader was caring and respectful. Overall, these are positive findings for the Shelter program.