



The Parent Child Center of Tulsa

2017 OUTCOMES ASSESSMENT REPORT

Prepared By

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OUTCOMES OVERVIEW

Parent Child Center of Tulsa as a Pathway of Hope

The Parent Child Center of Tulsa is a private, nonprofit agency whose mission is to prevent child abuse and neglect through education, advocacy, and treatment. According to the U.S. Department of Health and Human Services, child protection services responded to 4.0 million referrals for suspected child maltreatment with 30.1 in 1,000 children being screened in for child protective service response. In Tulsa County, there were 2,721 substantiated child abuse reports in 2017. Researchers have targeted characteristics of the parent, characteristics of the child, and family context such as parenting stress in an attempt to better understand the potential for child maltreatment (Lowell & Renk, 2017).

Without adequate coping resources, parents experience more stress which can increase the risk for child maltreatment. Most research examining prevention or intervention for parents have rightly focused on identifying and mitigating risk factors (e.g., parenting stress, emotion dysregulation).

Parent Child Center as a Hope Centered Organization

The Parent Child Center of Tulsa believes Hope Theory provides a new perspective for prevention of child abuse and neglect practice. Using a common language of goal setting, pathways thinking and willpower development toward a positive parent child relationship can guide effective program service delivery. Each of the PCCT programs have articulated service goals. These program services are evidence based and considered best practice models (e.g., Council on Accreditation). As a result, PCCT is a pathway of Hope for families at risk for child maltreatment. Staff at PCCT provide the pathways towards safe and nurturing parent child relationships and partner with caregivers to develop and maintain the willpower needed to achieve their goals.

PCCT has partnered with the Center of Applied Research for Nonprofit Organizations at the University of Oklahoma and Professor Chan Hellman, Ph.D. since 2009 for program evaluation.

Rather than focusing only on mitigating risk, as mentioned above, our assessment plan focuses on Hope as an outcome variable for the prevention programs at PCCT. Programs are designed to assist parents in creating and reaching goals that help families become safe and nurturing. In this context, hope is the theory of change and

considered an important coping resource and protective factor for parents and children. Our evaluation is guided by three questions, (1) does hope mitigate the negative effects of parenting stress, (2) does hope lead to positive outcomes for parents and children, and (3) can hope be increased and sustained through PCCT programs.

Hope Theory

Hope is the expectation that desired goals can be achieved. Snyder's (2002) Hope Theory has two fundamental processes termed "pathways" and "agency". Pathway thinking refers to the mental strategies or road maps the parent develops toward their goal. Hopeful parents can identify multiple pathways to their parenting goals and can develop solutions to the potential barriers they may experience. Agency refers to the mental energy or willpower the parent can direct and sustain toward their goals. Hopeful parents can remain focused on and energized toward the pathways even in the presence of adversity and stress.

The role of hope in our capacity to thrive is well established in research. Hopeful individuals are able to identify productive paths towards achieving their goals and have also been found to be less reactive to stressful situations.

Overall, the experience of hope has a positive influence on health and well-being. Those with higher hope tend to have lower levels of depression and higher positive affect and self-esteem. Hopeful individuals are less likely to ruminate on their trauma experiences making it easier to exert willpower toward desirable outcomes.

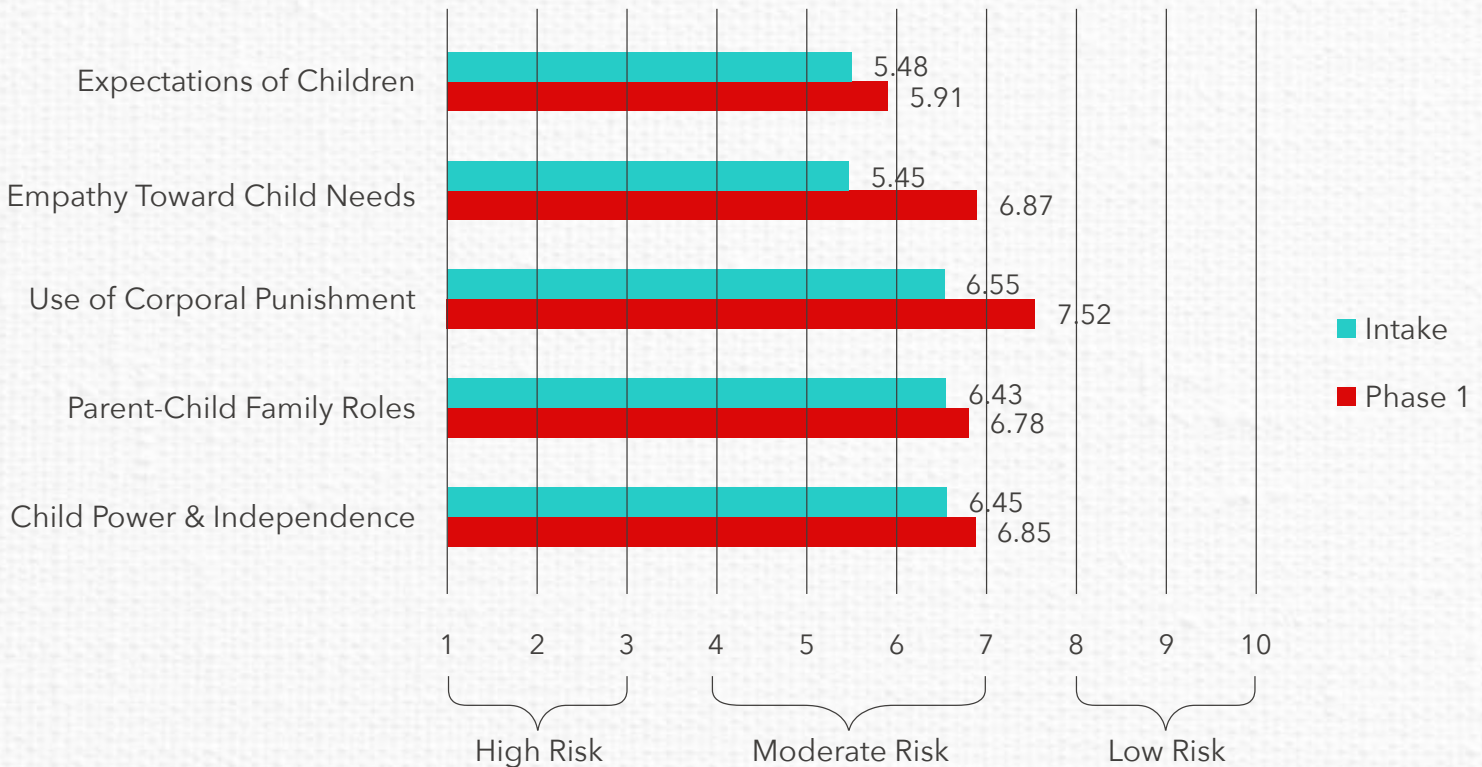
Program Array Overview

The programs at the Parent Child Center of Tulsa are organized along a continuum of prevention intensity. Primary Prevention Programs, KOB, Bright Beginnings and Family Connects, involve reaching large numbers of people with education in order to reduce population risk. Regardless of identified risk factors. Secondary Prevention programs provide targeted parenting education through a larger dose over time to families with identified risk factors for abuse and neglect. These programs include, Parents as Teachers (PAT), SafeCare and Shelter Outreach. Tertiary Prevention Services are provided to families who have already experienced an incident of abuse or neglect or are at imminent risk. These are the most intensive services provided at PCCT and include Adult and Child Treatment in which therapy and group services are provided. This is treatment for prevention purposes.

ADULT TREATMENT

Adult Treatment is a prevention program that provides pathways to parents to break the cycle of child abuse or neglect in their families. The program provides individual, family and group services that assist parents in identifying goals related to their relationships with their children and learning pathways for safe and nurturing parenting practices. Many of the families served come by court order, thus an important piece of the services provided include helping them increase the quality of their parenting goals, so their mental energy is engaged towards progress instead of simply responding to a court order.

ADULT TREATMENT RISK SCORES (AAPI)

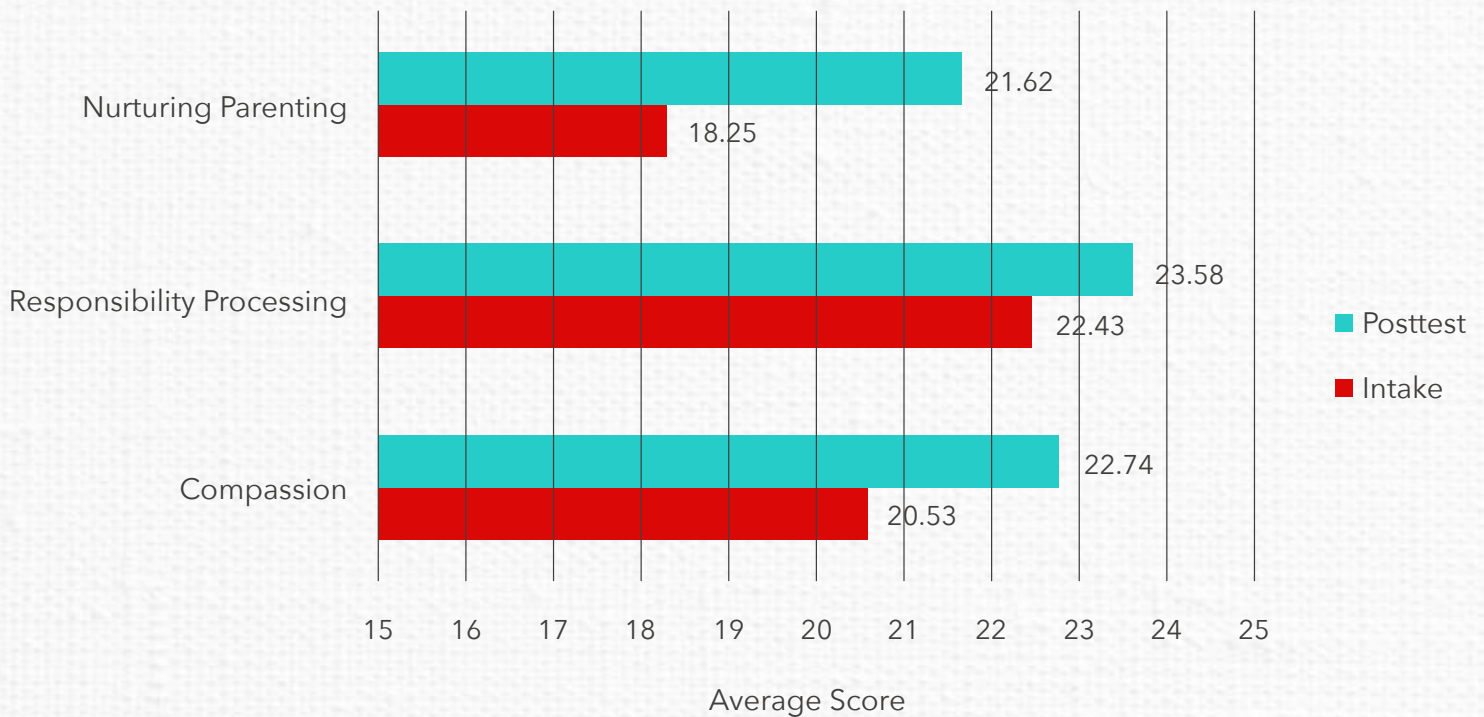


The Adult Adolescent Parenting Inventory (AAPI) is designed to assess the parenting and child rearing attitudes of parents. The AAPI is normed to the known parenting and child rearing behaviors of abusive parents and provides a clinical assessment of high, moderate, and low risk for child maltreatment.

- 48.4% of Parents Improved their expectations of children. The change was statistically significant [t (160) = -2.52; p < .05].
- 66.5% of Parents improved their empathy toward child’s needs. The change was statistically significant [t (160) = -7.90; p < .05].
- 60.2% of parents improved their attitudes toward corporal punishment. The change was statistically significant [t (160) = -6.88; p < .05].
- 42.2% of parents improved their attitudes toward parent-child family roles. The change was statistically significant [t (160) = -2.00; p < .05].
- 48.4% of parents improved their attitudes of child power & independence. However, the change was not statistically significant [t (158) = -1.88; p > .05].

KNOWLEDGE WORKSHOPS

ADULT TREATMENT KNOWLEDGE QUIZ



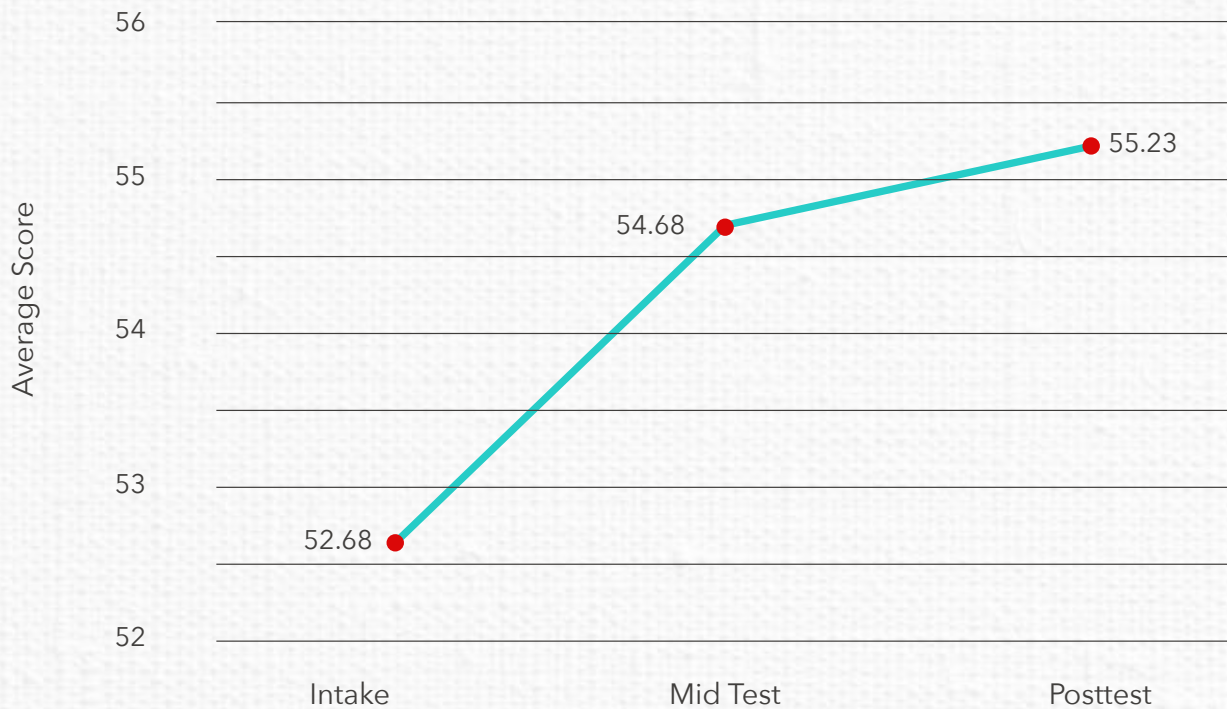
Participants in the adult treatment program go through one of two initial groups, Compassion Workshop or Responsibility Processing, and then continue on to the Nurturing Parenting group. Parents are provided a knowledge quiz at intake and at the workshop completion. Higher scores represent higher knowledge.

Compassion Workshop: 79.2% of parents increased their knowledge scores. The change from intake to posttest was statistically significant [$t(71) = -2.21$; $p < .05$].

Responsibility Processing Workshop: 68.7% of parents increased their knowledge scores. The change from intake to posttest was statistically significant [$t(66) = -4.45$; $p < .05$].

Nurturing Parenting Workshop: 87.9% of parents increased their knowledge scores. The change from intake to posttest was statistically significant [$t(139) = -12.55$; $p < .05$].

ADULT TREATMENT: PARENT HOPE SCORES



Given the focus on hope as a theory of change for the Parent Child Center of Tulsa (PCCT), parents provide their hope assessment scores at intake, mid-program, and posttest. As seen in the graph above, parent hope scores increased during programming. Further, this increase in hope was statistically significant [$F(2, 151) = 8.13; p < .05$].

Parent Hope and Risk for Child Maltreatment:

To further demonstrate the significance of hope, we computed the correlation between parent hope scores and AAPI at the end of programming. As a reminder, higher AAPI scores represent an improvement in parenting attitudes and reduced risk of child maltreatment.

- Increased parenting hope scores were positively associated with empathy toward child's needs ($r = .23$).
- Increased parenting hope scores were positively associated with improved attitudes toward the use of corporeal punishment ($r = .31$).
- Increased parenting hope scores were associated with improved parent-child family roles ($r = .18$).
- Increased parenting hope scores were associated with improved attitudes toward child power and independence ($r = .24$).

CONCLUSION:

Parents participating in the adult treatment program at PCCT demonstrated significant improvements in their attitudes toward parenting and child rearing attitudes. These parents also showed a significant increase in the workshops targeting compassion, responsibility, and nurturing parenting. Moreover, these improved parenting attitudes were associated with the significant increases in parenting hope. These data show the Adult Treatment Program at PCCT is a pathway of hope for parents at moderate to high risk for child maltreatment.

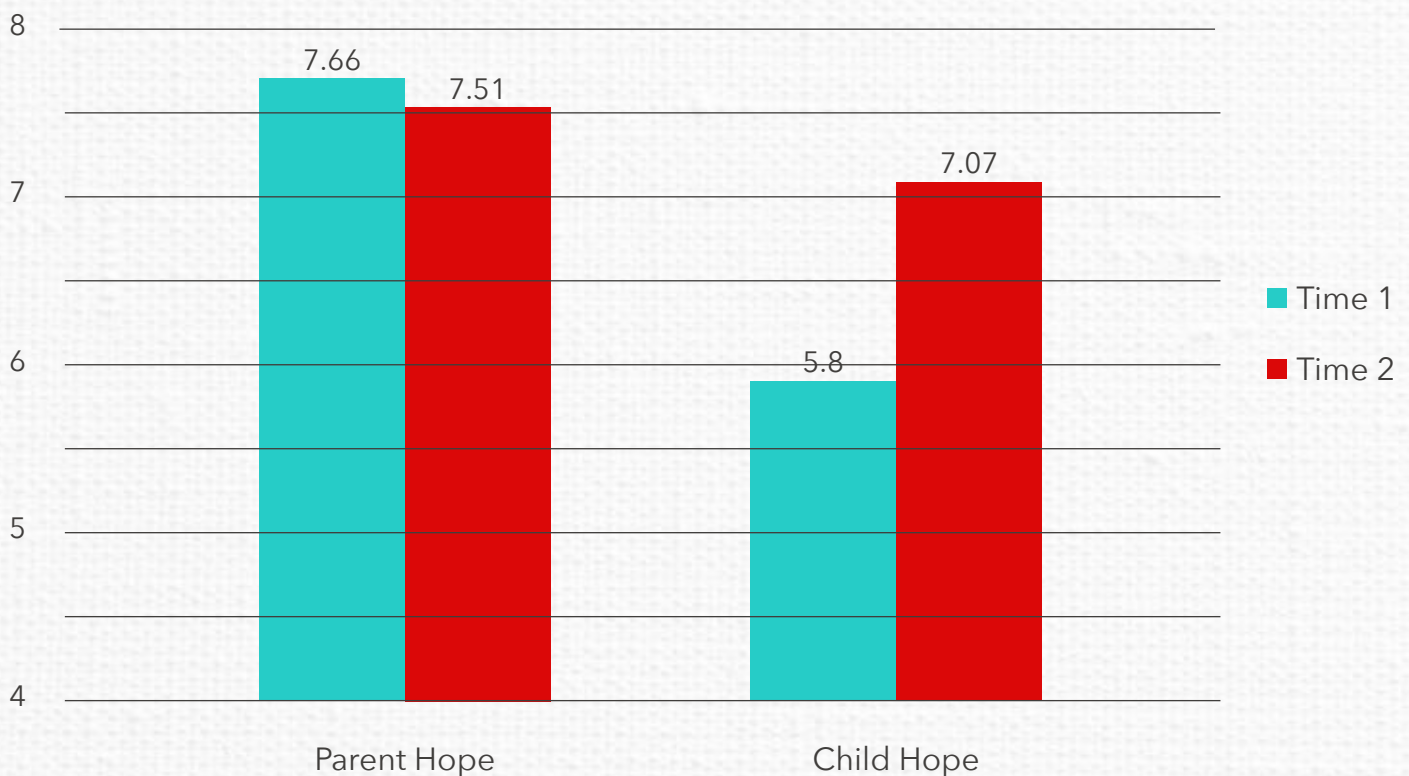
CHILD THERAPY

Therapists in the Child Therapy department work with children within each of their important caregiving relationships to provide pathways to safe and secure relationships that provide healing and protection for the future. Using best practice treatment models and comprehensive case management, families are supported in learning pathways and sustaining their will power to implementing new practices to promote healing.

Child Therapy: Hope

Child therapists developed a 9-item behavioral observation measure of hope for both the parent and child. The target of this observation assessment is the level of hope the parent demonstrates toward the child as well as the hope the child demonstrates toward the parent. Higher scores represent higher hope.

PARENT & CHILD HOPE MEANS

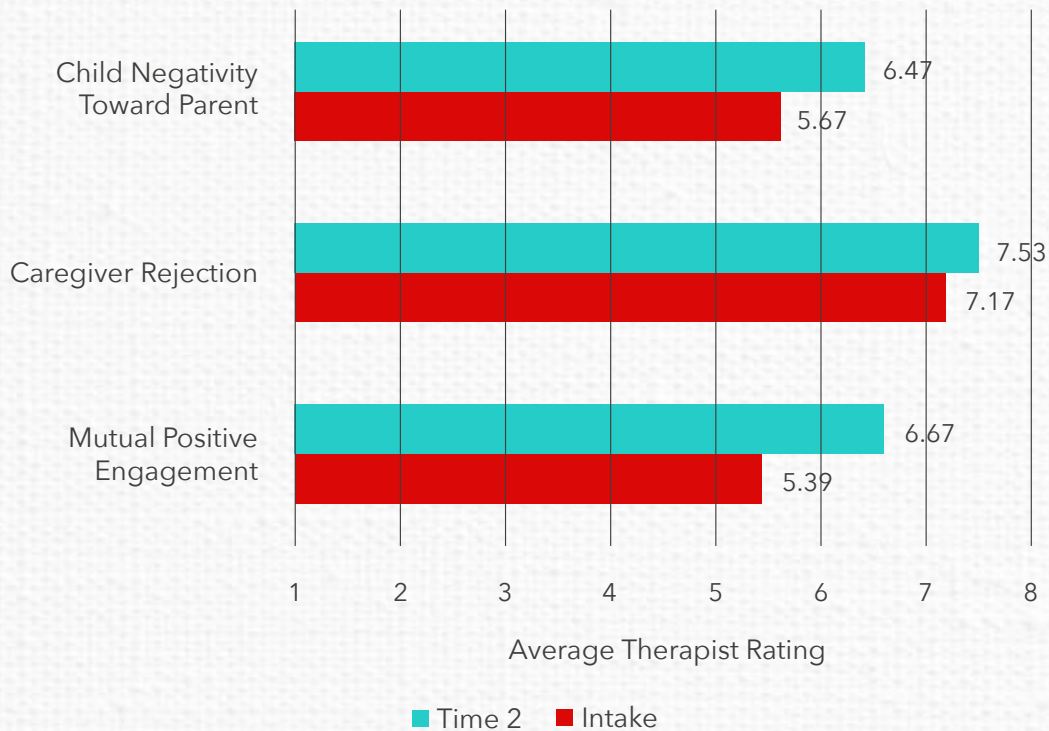


As seen in the graph, parent hope toward child was relatively high and consistent across treatment. However, the child's hope toward the parent was relatively low at intake and increased significantly across treatment [$t(40) = -4.11$; $p < .05$].

As parent and child become more congruent in their hope toward each other, they demonstrate a desire to a positive parent child relationship. Furthermore, both parent and child begin to seek and utilize pathways to achieve a positive relationship and demonstrate a willpower to engage those pathways. Indeed, the congruence of hope between parent and child at intake was lower with an average gap in observed scores of 1.85. However, after intensive treatment associated with child therapy, the average gap in scores reduced to 0.44 showing significant improvement in hope congruence.

Parent-Child Interaction (Crowell Assessment)

THERAPIST OBSERVATION OF PARENT-CHILD INTERACTION



The three categories presented in the graph above represents the Child Therapist observational rating of the parent child interaction quality for both free play and structured play environments. Observational ratings range from a 1 to an 8 with the following clinical rating

Primary Focus 1/2	Needs Improvement 3/4	Good Enough 5/6	Outstanding 7/8
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Evaluation of Change:

- Improvements in Child Negativity Toward Parent was statistically significant [t (35) = -2.61; p < .05].
- Improvements in Caregiver Rejection was not statistically significant (p > .05).
- Improvements in Mutual Positive Engagement was statistically significant [t (35) = -5.23; p < .001].

Percent Improvement:

- 52.8% of the children improved their scores on Negativity Toward Parent.
- 22.2% of the parents improved their scores on Caregiver Rejection.
- 72.2% of the Parent-Child dyad showed improvement in Mutual Positive Engagement.

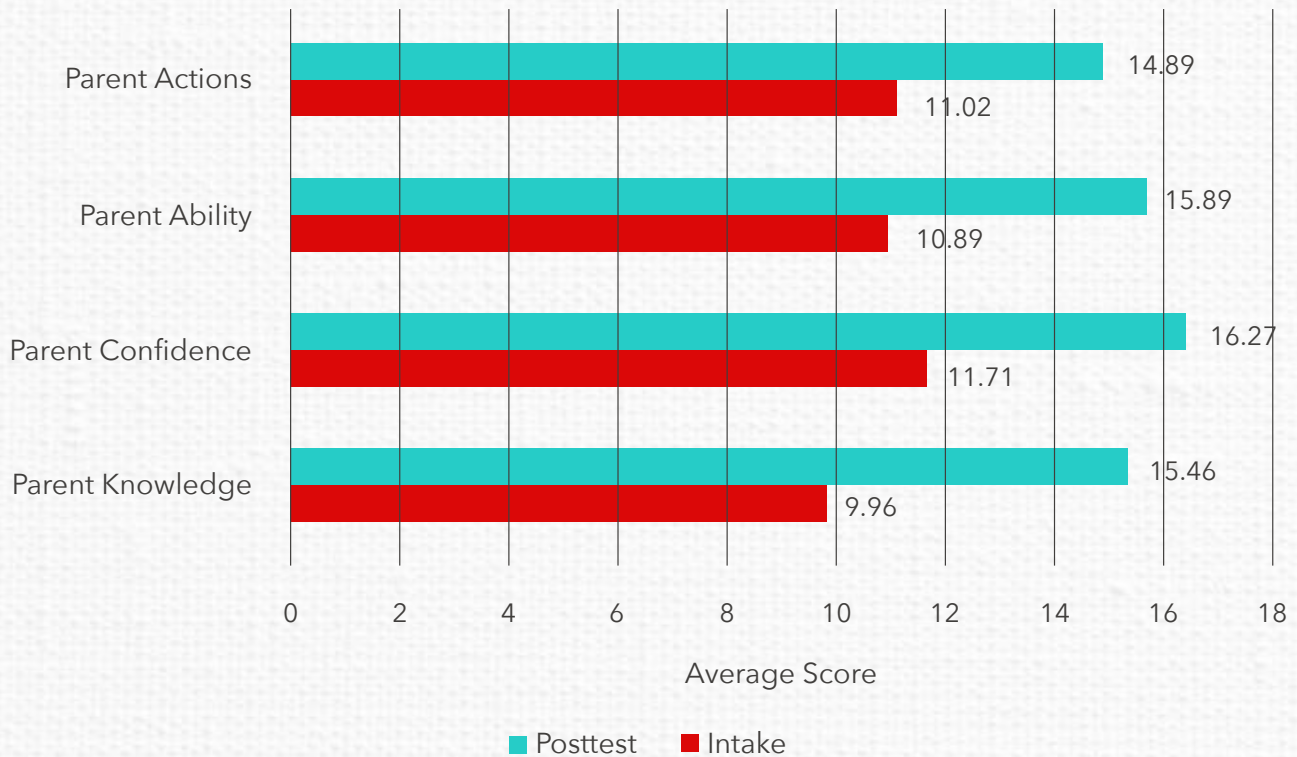
CONCLUSION:

The intensive programming of the Child Therapy program is geared toward the prevention of the recurrence of child maltreatment. Results of the evaluation demonstrate that children’s hope toward the parents significantly improved across time. This increase in child’s hope resulted in an improved hope congruence between the parent-child dyad. Hopeful parents and children participating in child treatment demonstrate an improvement in the shared goal of nurturing and safe parent child relationships. These parent-child dyads are able to identify and engage in pathways that lead toward this shared goal and demonstrate a motivation to achieve a safe and nurturing relationship.

PARENTS AS TEACHERS AND SAFECARE

Family support services staff provide pathways for responsive caregiving, healthy development and nurturing relationships through in-home parenting education and support to families with infants and young children. The program uses two evidence-based curriculums, SafeCare and Parents as Teachers. Both curriculums target the specific pathways of home safety, medical safety, parent child interaction, healthy child development, and goal setting and attainment.

PARENTS AS TEACHERS (PAT) PARENTING PRACTICES



A paired-samples t-test was computed for each of the four parenting practice categories. As a reminder higher scores represent positive parenting practices in the four categories.

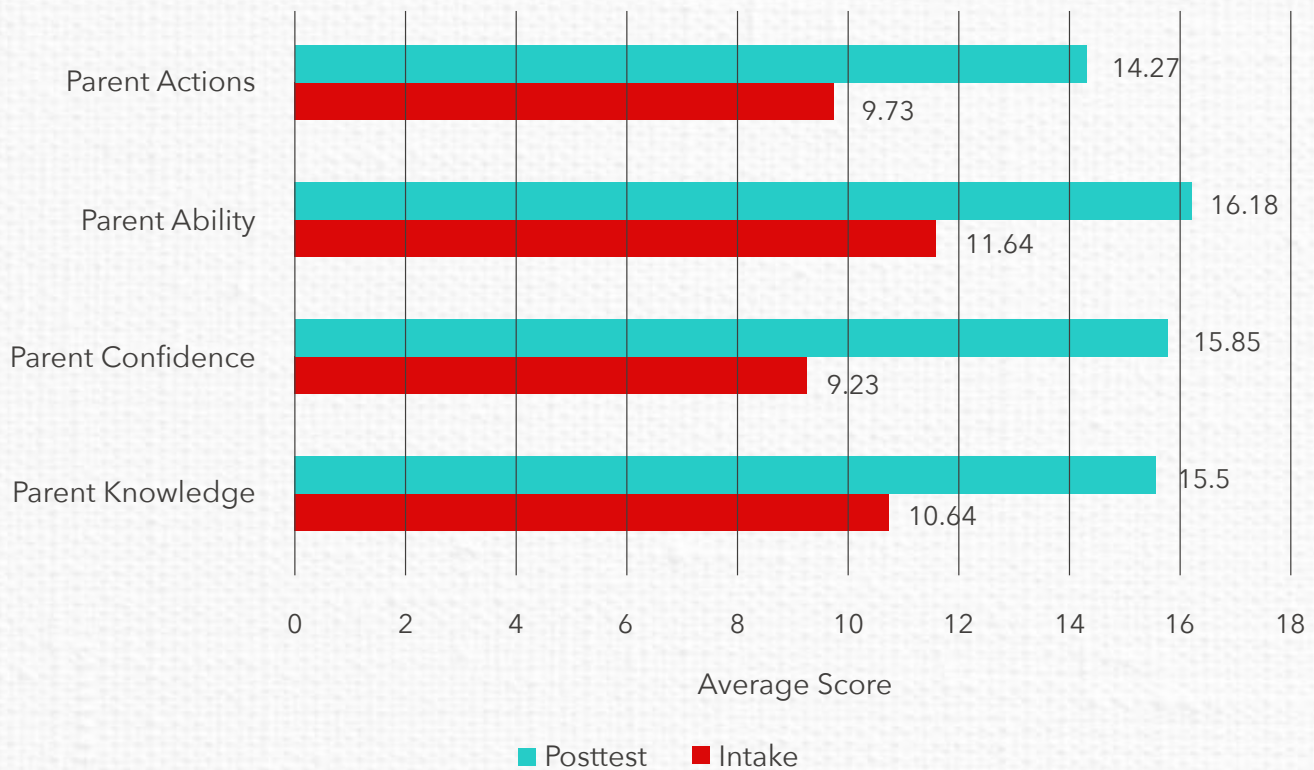
Evaluation of Change:

- Increases in **Overall Parenting Practices** was statistically significant [$t(38) = -7.30; p < .001$].
- Increases in **Parenting Actions** was statistically significant [$t(43) = -6.28; p < .001$].
- Increases in **Parenting Ability** was statistically significant [$t(47) = -7.05; p < .001$].
- Increases in **Parenting Confidence** was statistically significant [$t(46) = -8.20; p < .001$].
- Increases in **Parenting Knowledge** was statistically significant [$t(45) = -8.49; p < .001$].

Percent Improvement:

- 87.2% of the parents in PAT show an increase in **Overall Positive Parenting Practices**.
- 84.1% of the parents in PAT show an increase in **Parenting Actions**.
- 79.2% of the parents in PAT show an increase in **Parenting Ability**.
- 87.2% of the parents in PAT show an increase in **Parenting Confidence**.
- 89.1% of the parents in PAT show an increase in **Parenting Knowledge**.

SAFECARE PARENTING PRACTICES



A paired-samples t-test was computed for each of the four parenting practice categories. As a reminder higher scores represent positive parenting practices in the four categories.

Evaluation of Change:

- Increases in overall **Positive Parenting Practices** was statistically significant [$t(8) = -4.04$; $p < .01$].
- Increases in **Parenting Actions** was statistically significant [$t(10) = -3.88$; $p < .004$].
- Increases in **Parenting Ability** was statistically significant [$t(10) = -3.47$; $p < .007$].
- Increases in **Parenting Confidence** was statistically significant [$t(12) = -5.69$; $p < .001$].
- Increases in **Parenting Knowledge** was statistically significant [$t(13) = -4.81$; $p < .001$].

Percent Improvement:

- 77.8% of the parents in SafeCare show an increase in **Overall Positive Parenting Practices**.
- 81.8% of the parents in SafeCare show an increase in **Parenting Actions**.
- 72.7% of the parents in SafeCare show an increase in **Parenting Ability**.
- 84.6% of the parents in SafeCare show an increase in **Parenting Confidence**.
- 78.6% of the parents in SafeCare show an increase in **Parenting Knowledge**.

CONCLUSION:

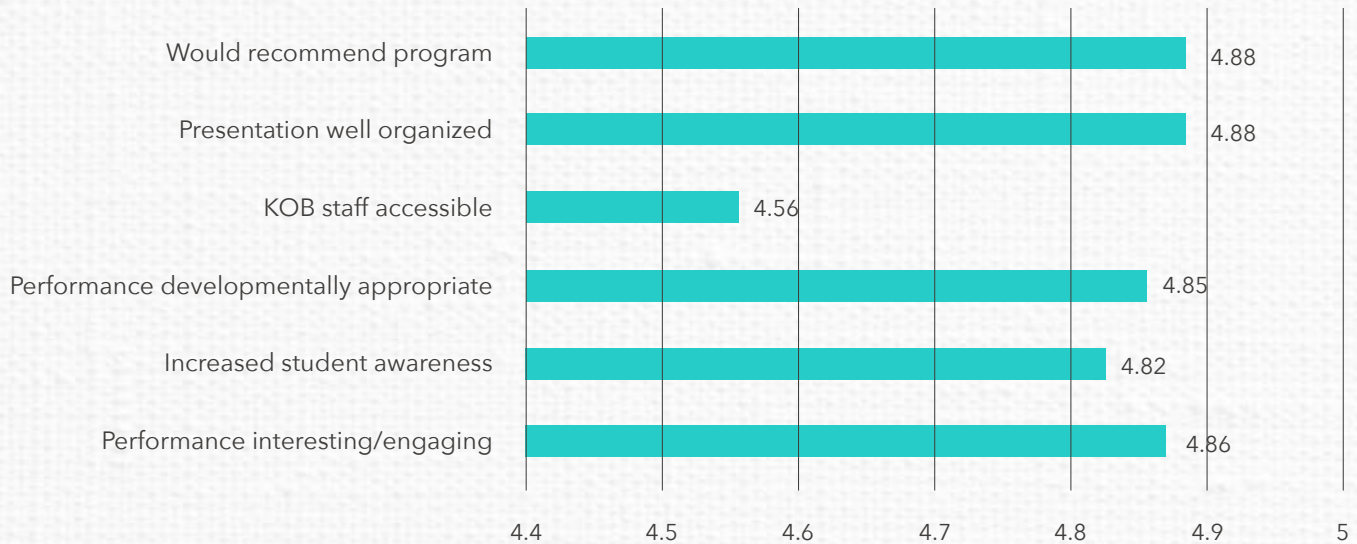
The PAT and SafeCare home visiting program showed significant improvements in positive parenting practices. Both PAT and SafeCare evaluation results demonstrate that 70-80% of parents saw significant increases in their parenting practices. Each of these reported practices, actions, ability, confidence, and knowledge, are core requirements for nurturing hope (goals, pathways, agency) for safe and nurturing parent child relationships. Both PAT, and SafeCare are pathways of hope for safe and nurturing parent-child relationships.

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.

TEACHER PERCEPTIONS OF KOB PROGRAM



Given the average scores to the six items, teachers perceive the KOB program as effective and well organized. Average scores ranged from agree to strongly agree for all items. While positively assessed, the lower score was for the accessibility of the KOB staff.

BRIGHT BEGINNINGS

Bright Beginnings provides pathways to keep babies safe by delivering critical information to parents and caregivers of newborns before they are discharged from the hospital. Each family receives a bag filled with program information from a Bright Beginnings registered nurse. The information given is intended to prevent shaken baby syndrome, and to increase the bond between mother and child by stressing the importance of talking, singing and reading to the baby.

Bright Beginnings outcomes were prepared by Oklahoma State University. To view those outcomes, visit www.parentchildcenter.org/services/bright-beginnings.



The mission of the University of Oklahoma is to provide the best possible educational experience for students through excellence in teaching, research, creative activity and service to the state and society. The Center of Applied Research for Nonprofit Organizations focus this mission by collaborating with nonprofit agencies to improve program services using sound scientific practice while simultaneously training students in the application of research methodologies.

The Center of Applied Research for Nonprofit Organizations is an interdisciplinary social science unit in the College of Arts & Sciences for the University of Oklahoma. Collaborating with nonprofit organizations, faculty and graduate students lead research projects with a particular focus on sustainable well-being among vulnerable and otherwise at-risk individuals and communities.

Guided by the principles of Positive Psychology, and the right of all members in the community to flourish; we use hope as the theory of change to assess the impact of nonprofit organizations.

Faculty members who work in the center provide a full range of applied research activities including program evaluation and outcome assessment in support of nonprofit program service delivery. Participating faculty members are nationally recognized for their area of research and are expert methodologist with the capacity to match research protocols to the needs of the nonprofit community.

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