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H o p e R e s e a r c h C e n t e r

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The Parent Child Center of Tulsa  
2018 Outcomes Assessment Report

Prepared By

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### ***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.

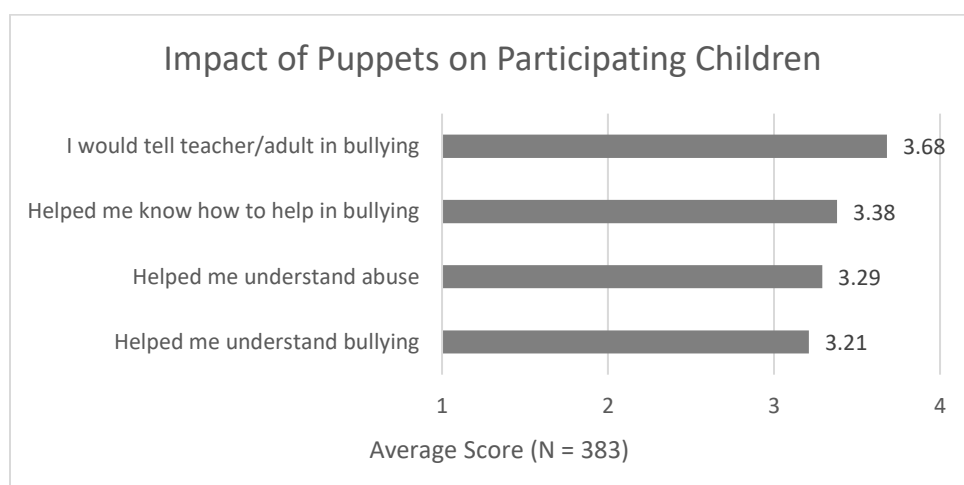
### ***Program Array Overview***

The programs at the Parent Child Center of Tulsa are organized along a continuum of prevention intensity. Primary Prevention Programs, Kids on the Block, 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, 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 treatment is aimed at preventing future incidences of abuse or neglect and disrupting the cycle of abuse across generations. Community Collaborations, Safe Babies Court Team and Anti-Bullying Collaboration (ABC), are initiatives that PCCT hosts within the community, but the work is collaborated and at the community level.

## Kids on the Block

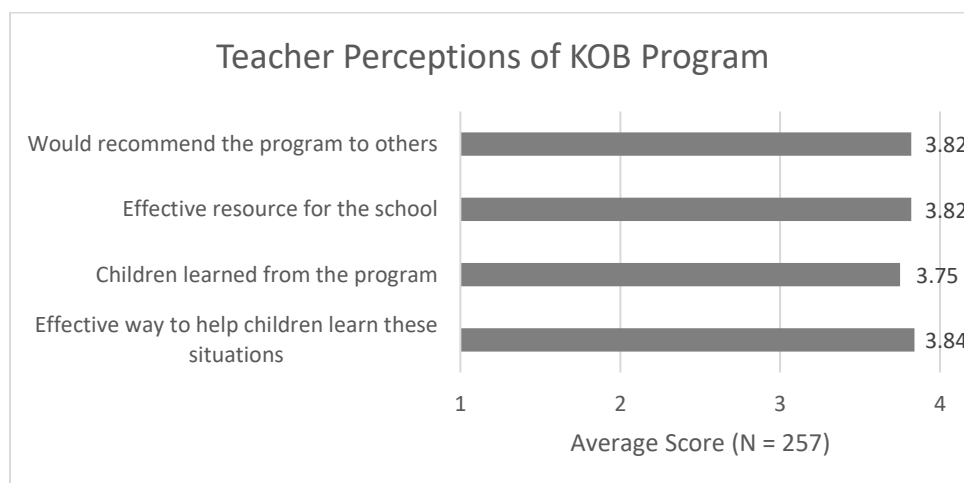
The Kids on the Block program seeks to provide school-age children with the knowledge needed to deal with tough situations and the skills to get help from an adult when necessary. The program achieves these goals through the use of puppetry in the Japanese Bunraku style, and currently focuses on five main themes: bullying, divorce, stranger danger, physical abuse and sexual abuse.

The Kids on the Block program was evaluated using self-report questionnaires for the 3<sup>rd</sup> and 4<sup>th</sup> grade children at five schools in Tulsa who participated in programing. Children were asked four questions regarding their perceptions of the puppet program.



1 = Never, 2 = Sometimes, 3= Most of the time, and 4 = Always

In addition, teachers were asked to respond to a four-question survey regarding their perceptions of the effectiveness of KOB for teaching children about bullying and abuse.



1 = Never, 2 = Sometimes, 3= Most of the time, and 4 = Always

## CONCLUSION

Given these positive scores, both children and teachers perceive the Kids on the Block program as effective in educating them on bullying behaviors and strategies to both provide and seek help for those being victimized.

## 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.

The Bright Beginnings program was evaluated using a satisfaction survey given to moms in the hospital. Children were asked four questions regarding their perceptions of the puppet program.

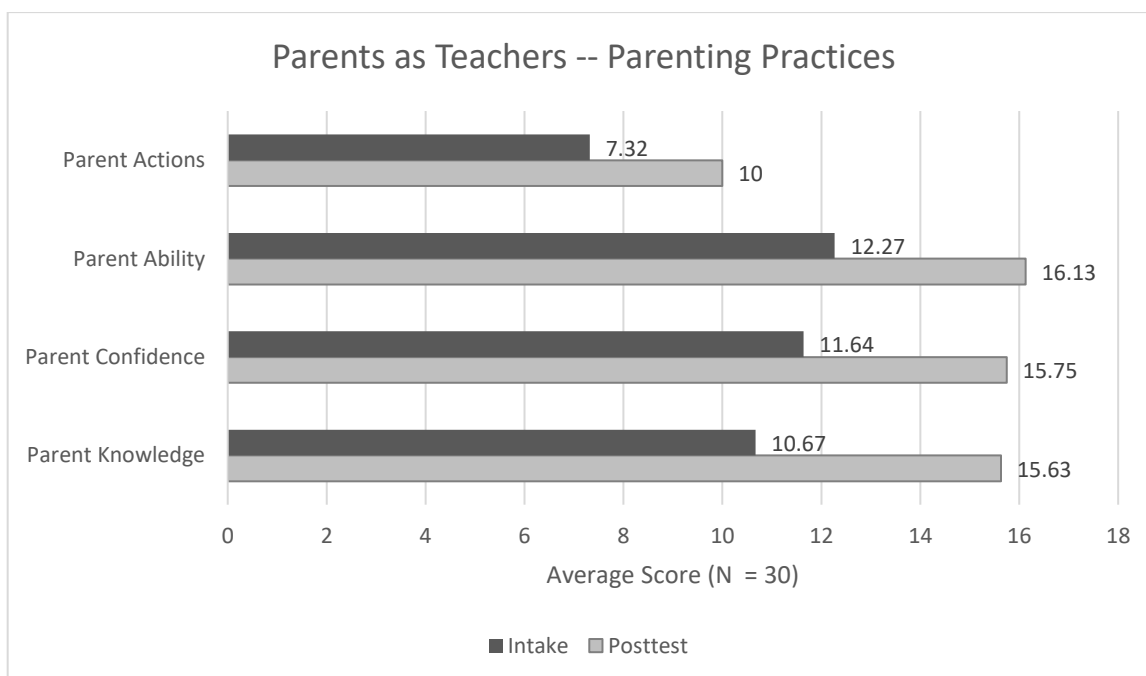
- 99% rated the quality of their Bright Beginnings educational session to be a (5) which is the highest rating.
- 100% rated "nurse listened and answered questions" a (5).
- 99% rated "nurse explained materials" a (5)

## 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.

Both programs use The Survey of Parenting Practices (SPP) and the Life Skills Progression Checklist (LSP) as their instruments to measure change. The Survey of Parenting Practices was developed by the University of Idaho for parents with young children and looks at four areas: Parent Action/Behavior, Parent Ability, Parent Confidence, and Parent Knowledge. The LSP is an outcome measurement instrument designed for use by programs serving low income parents of children 0-3. There are 43 parent and child scales which describe a spectrum of skills and abilities over six major categories of functioning. The LSP is used to collect outcome data, to monitor client strengths and needs, to plan for clinical interventions, and provide data for research purposes.

### Parents as Teachers

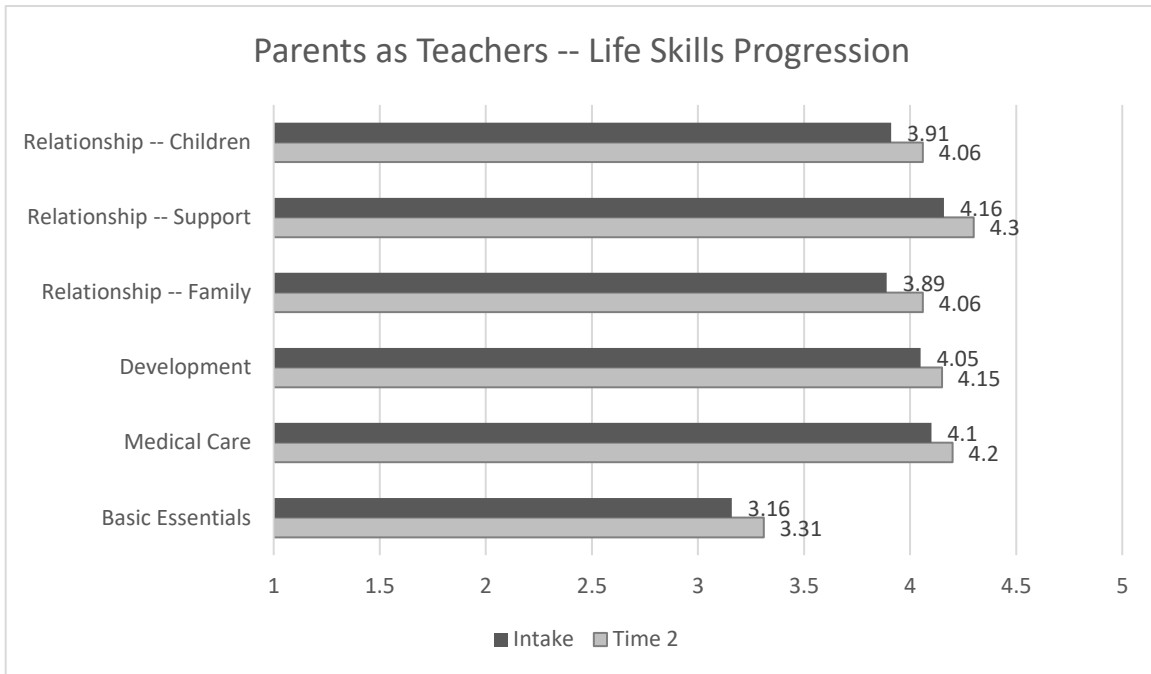


A paired-samples t-test was computed for each of the four parenting practice categories. Higher scores represent positive parenting practices in the four categories.

#### Evaluation of Change and Percent Improvement:

- Increases in **Overall Parenting Practices** was statistically significant with 87.5% of parents increasing scores.
- Increases in **Parenting Actions** was statistically significant with 78.6% of parents increasing scores.
- Increases in **Parenting Ability** was statistically significant with 73.3% of parents increasing scores.

- Increases in **Parenting Confidence** was statistically significant with 85.7% of parents increasing scores.
- Increases in **Parenting Knowledge** was statistically significant with 90.0% of parents increasing scores.



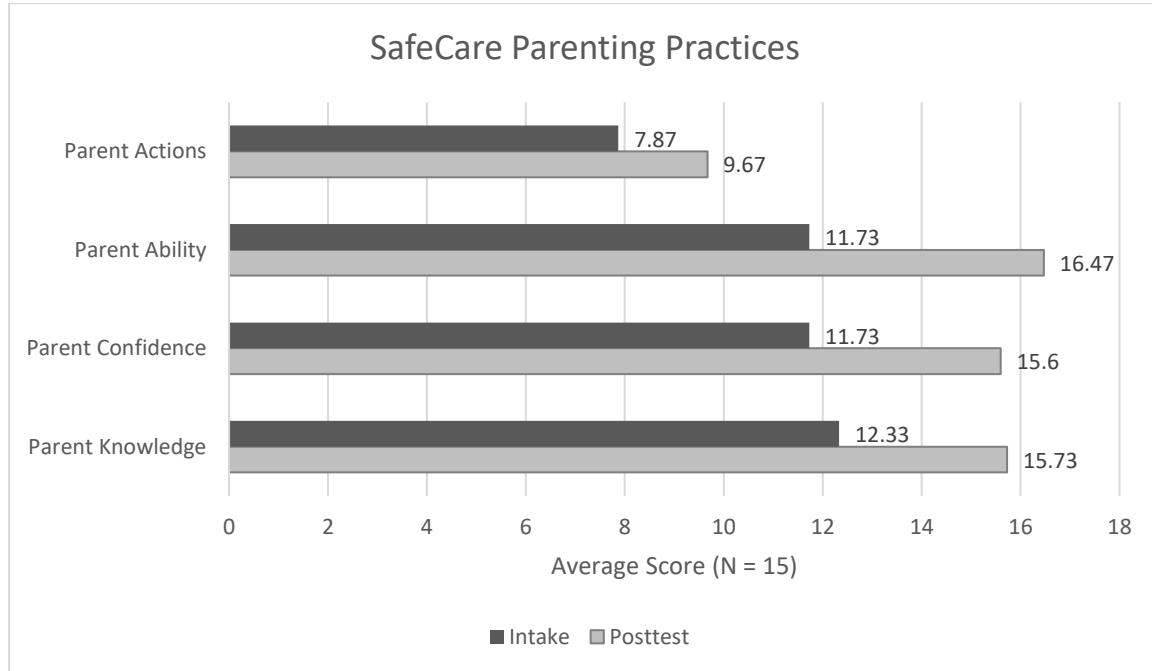
N = 70

A paired-samples t-test was computed for each of the six parenting Life Skills Progression categories. As a reminder higher scores represent positive progression in the categories.

#### Percent Improvement and Evaluation of Change:

- 61.4% of the parents in Healthy Families show an increase in **Basic Essentials** and this increase was statistically significant.
- 54.3% of the parents in Healthy Families show an increase in **Medical Care** and this increase was statistically significant.
- 44.3% of the parents in Healthy Families show an increase in **Development** and this increase was NOT statistically significant.
- 41.4% of the parents in Healthy Families show an increase in **Relationship -- Family** and this increase was statistically significant.
- 50.0% of the parents in Healthy Families show an increase in **Relationship -- Support** and this increase was statistically significant.
- 51.4% of the parents in Healthy Families show an increase in **Relationship -- Children** and this increase was statistically significant.

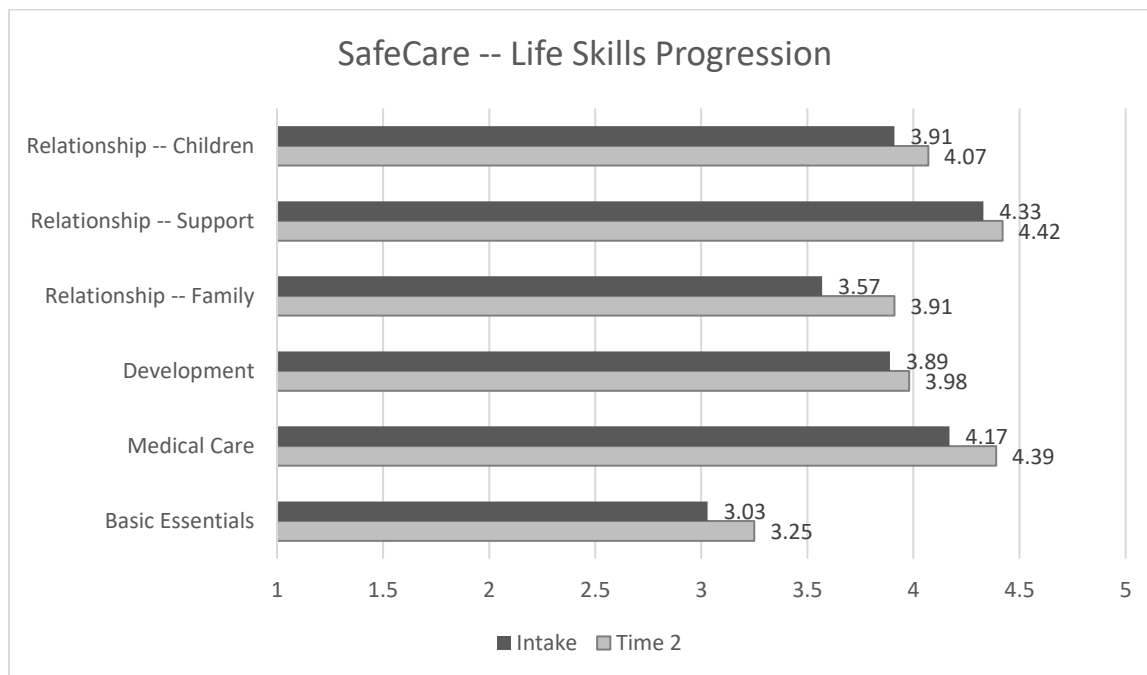
## SafeCare



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 and Percent of Change:

- Increases in overall **Positive Parenting Practices** was statistically significant with 80.0% of parents showing an increase.
- Increases in **Parenting Actions** was statistically significant with 60.0% of parents showing an increase.
- Increases in **Parenting Ability** was statistically significant with 80.0% of parents showing an increase.
- Increases in **Parenting Confidence** was statistically significant with 66.7% of parents showing an increase.
- Increases in **Parenting Knowledge** was statistically significant with 66.7% of parents showing an increase.



N = 20

A paired-samples t-test was computed for each of the six parenting Life Skills Progression categories. As a reminder higher scores represent positive progression in the categories.

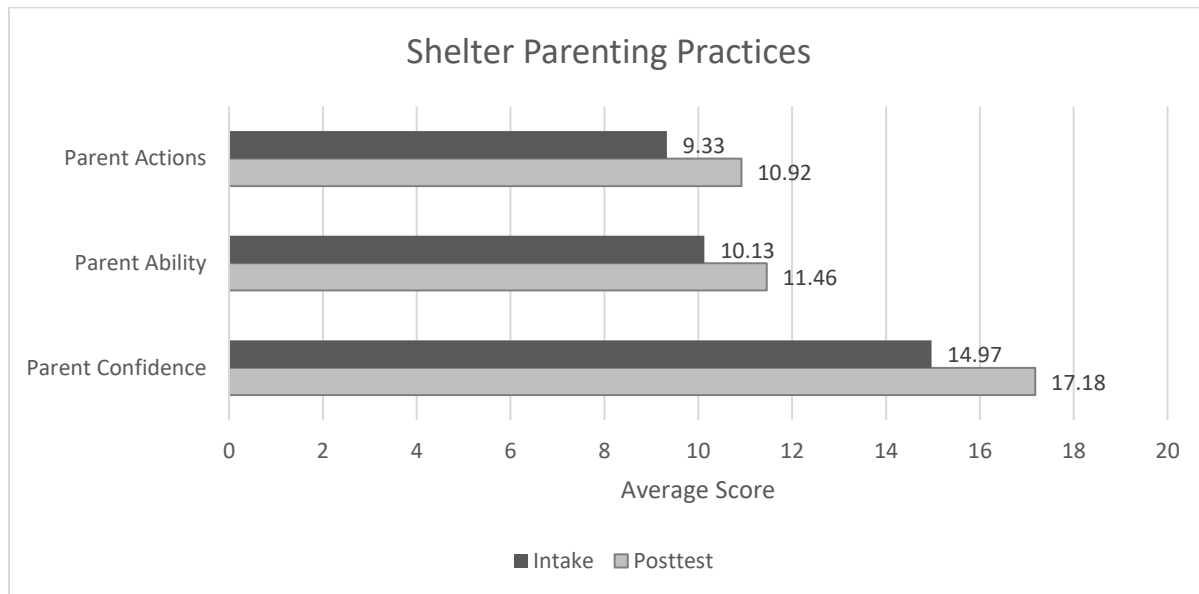
#### Percent Improvement and Evaluation of Change:

- 61.9% of the parents in Healthy Families show an increase in **Basic Essentials** and this was NOT statistically significant.
- 66.7% of the parents in Healthy Families show an increase in **Medical Care** and this was statistically significant.
- 52.4% of the parents in Healthy Families show an increase in **Development** and this was NOT statistically significant..
- 52.4% of the parents in Healthy Families show an increase in **Relationship -- Family** and this was NOT statistically significant.
- 47.6% of the parents in Healthy Families show an increase in **Relationship -- Support** and this was NOT statistically significant.
- 61.9% of the parents in Healthy Families show an increase in **Relationship -- Children** and this was NOT statistically significant.



## Shelter

Shelter staff are embedded in the Tulsa Homeless Shelter to provide onsite child crisis intervention services to prevent child abuse and neglect. In addition, shelter services seek to ease the transition for families into the shelter life and help families have normal experiences while still living in a shelter.



N = 39

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 and Percent Improvement:

- Increases in overall **Positive Parenting Practices** was statistically significant with 51.3% of parents showing an increase in score.
- Increases in **Parenting Actions** was statistically significant with 46.2% of parents showing an increase in score.
- Increases in **Parenting Ability** was statistically significant with 35.9% of parents showing an increase in score.
- Increases in **Parenting Confidence** was statistically significant with 43.6% of parents showing an increase in score.

### CONCLUSION:

The PAT and SafeCare home visiting programs, and the Shelter Services showed significant improvements in positive parenting practices. In addition, PAT and SafeCare evaluation results demonstrate improvements in life skills with PAT showing a statistically significant change. These results provide support that the home visiting programs and the shelter program are pathways of hope for safe and nurturing parents.

## 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.

## Adverse Childhood Experiences (ACE).

Adverse childhood experiences (ACEs) are known to be associated with negative consequences across the lifespan and represent a serious public health concern. Left untreated, those who have experienced child maltreatment are more likely to experience poor mental health, engage in health risk behaviors, and suffer physical diseases related to increased chance of death (Anda, Brown, Felitti, Bremner, Dube, & Giles, 2007; Bellis, Lowey, Leckenby, Hughes & Harrison, 2013; Dube, Anda, Felitti, Croft, Edwards & Giles, 2001; Dube, Anda, Felitti, Chapman, Williamson, & Giles, 2001; Hillis, Anda, Felitti & Marchbanks, 2001; Wilimansion, Thompson, Anda, Dietz & Felitti, 2002) and report more negative parenting experiences (Jaffe, Cranston & Shadlow, 2012).

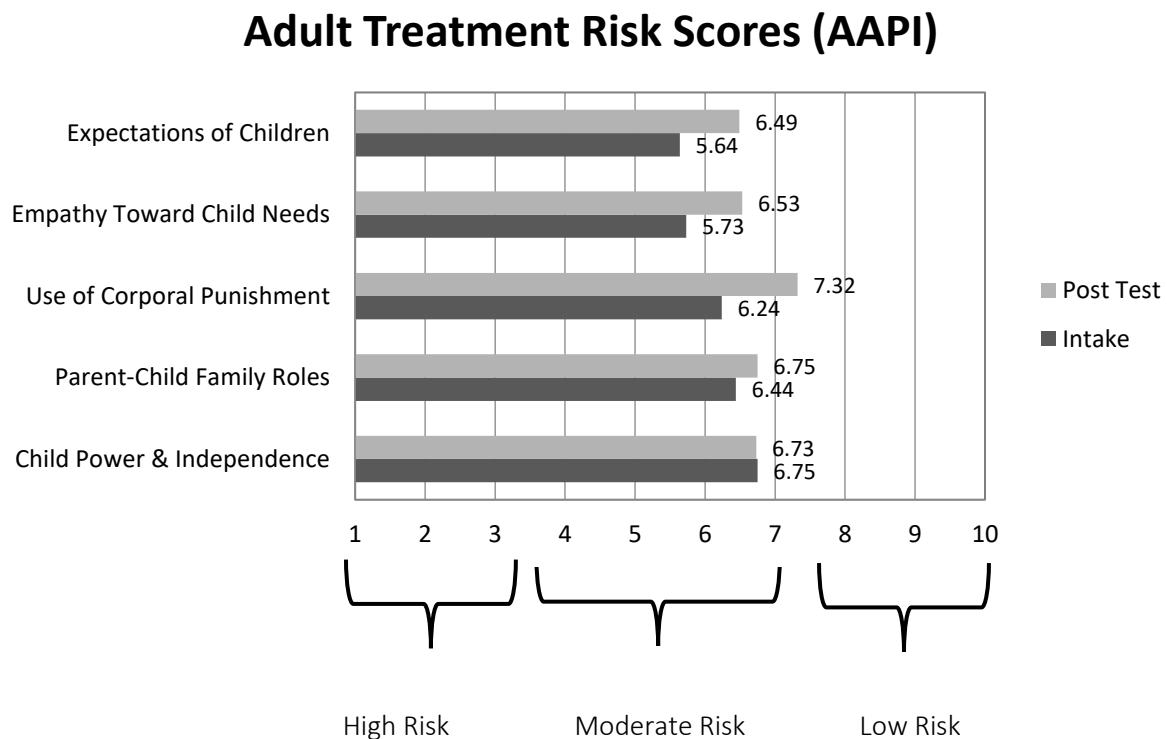
Moreover, these adults tend to experience lower educational, employment, and economic successes (Currie & Wisdom, 2010; Lanier, Kohl, Raghavan, & Auslander, 2015). Dramatically higher delinquency rates and criminal conduct levels have also been well documented in adults with ACE scores greater than zero (Reavis, Looman, Franco, & Rojas, 2013; Gwinn, 2015).

**Table 1. Prevalence of ACE Among PCCT Parent/Caregiver Clients in Adult Treatment.**

ACE Score	CDC Study (N=17,337)	Parent Child Center (N=311)
0	36.1%	13.9%
1	26.0%	17.0%
2	15.9%	19.6%
3	9.5%	8.0%
4+	<b>12.5%</b>	<b>41.5%</b>
AVG = 1.61		AVG = 3.48

Table 1 above, provides the prevalence of ACE for ADT caregivers. For comparative purposes, prevalence is also provided for the CDC national sample. The average ACE score for the PCCT caregivers was a 3.48 (SD = 2.85). This difference is a statically significant difference [ $t(310) = 11.58$ ;  $p < .001$ ]. In effect, our clients have almost 2 more ACE events compared to the general population.

## Adult Treatment Risk Scores

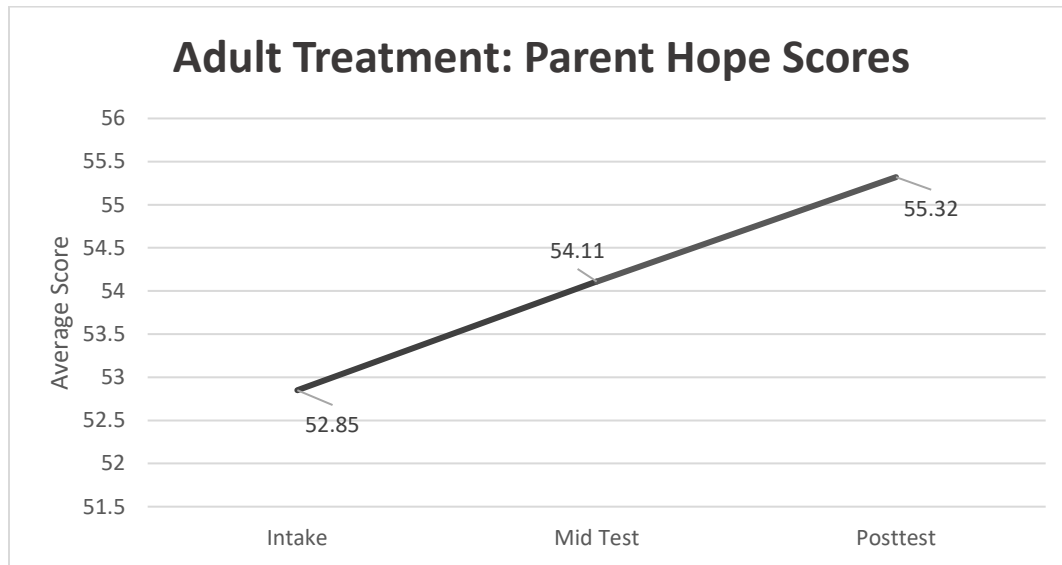


N= 58

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.

- 59.3% of parents improved their **expectations of children**. The change was statistically significant.
- 50.8% of parents improved their **empathy toward child's needs**. The change was statistically significant.
- 72.9% of parents improved their attitudes toward **corporal punishment**. The change was statistically significant.
- 47.5% of parents improved their attitudes toward **parent-child family roles**. The change was not statistically significant.
- 44.1% of parents improved their attitudes of **child power & independence**. However, the change was not statistically significant.

## Hope



N=123

Given the focus on hope as a theory of change for the PCCT, parents in Adult Treatment provide their hope scores. As seen in the graph above, parent hope increased during programming, and this increase in hope was statistically significant [ $F(2, 121) = 6.04$ ;  $p < .05$ ]. Higher hope parents are better able to set and reach parenting goals.

### Parent Hope and Risk for Child Maltreatment (AAPI Scores):

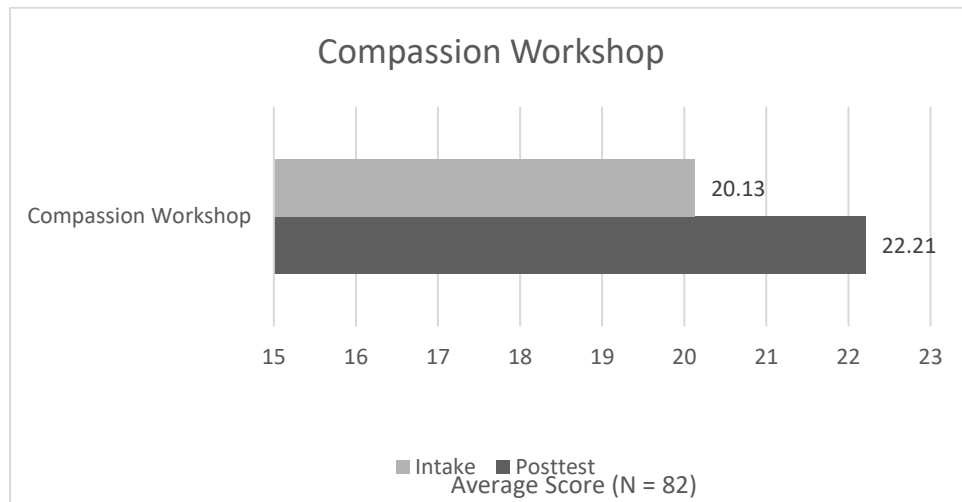
To further demonstrate the significance of hope, we computed the correlation between parent hope scores and AAPI at the end of programming. As a reminder, higher AAPI scores represent an improvement in parenting attitudes and reduced risk of child maltreatment.

Increased parenting hope scores were positively associated with:

- Improved empathy toward child's needs.
- Improved parent-child family roles.
- Improved attitudes toward child power and independence.

## Parenting Groups

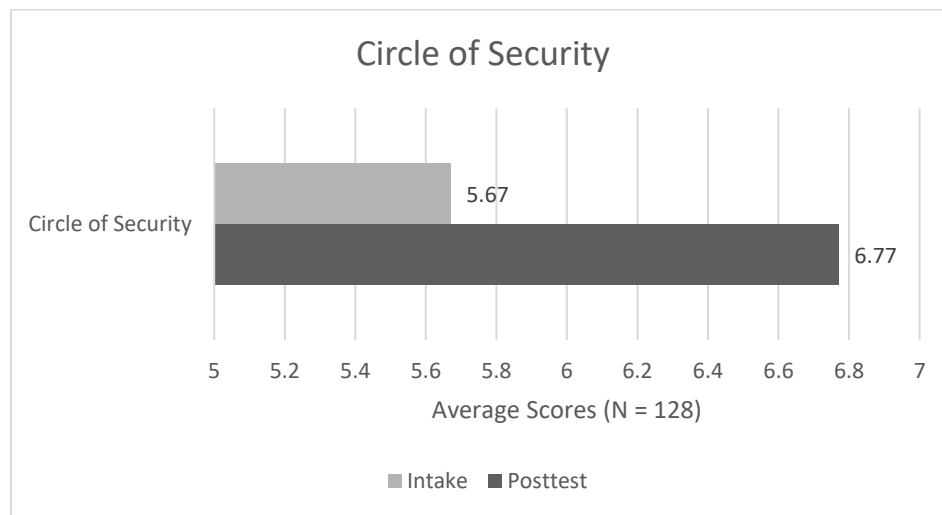
Adult Treatment staff assign parents to groups based on needs identified at their first appointment. These groups include Compassion Workshop, Circle of Security and Nurturing Parenting.



**Compassion Workshop:** 69.5% of parents increased their knowledge scores. The change from intake to posttest was statistically significant.

Parent scores on the knowledge test were then correlated to hope scores assessed at intake and post workshop.

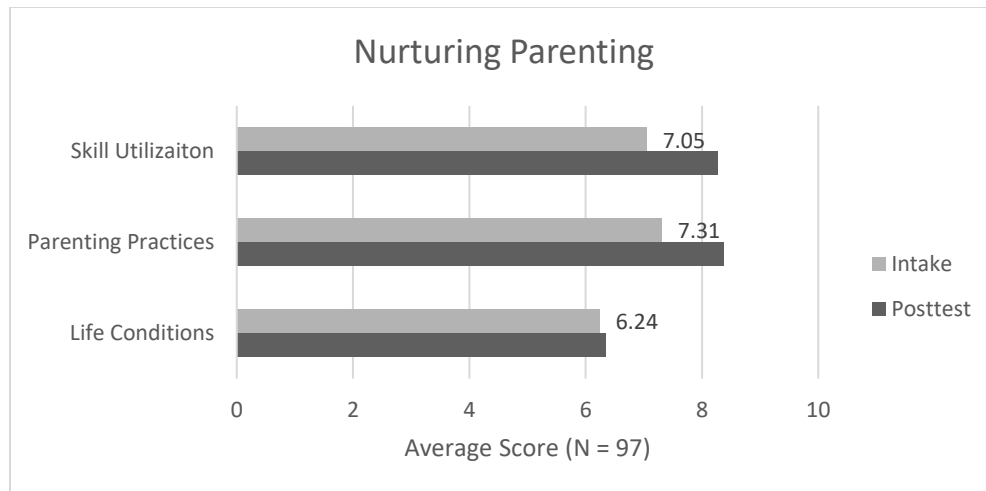
- Knowledge scores at intake were moderately associated with hope at intake. Higher hope scores were associated with higher knowledge among participating parents.
- As mentioned above, 69.5% of parent increased their knowledge scores from intake to program completion. This change in score was strongly associated with changes in hope scores.



**Circle of Security:** 71.1% of parents increased their scores. The change from intake to posttest was statistically significant [ $t(127) = -9.48$ ;  $p < .05$ ].

Parent scores on the Circle of Security quiz were then correlated to hope scores assessed at intake and post workshop.

- Circle of Security scores at intake were associated with hope at intake. Higher hope scores were associated with higher knowledge among participating parents.
- As mentioned above, 71.1% of parent increased their scores from intake to program completion. This change in score was moderately associated with hope scores at mid-program.



**Nurturing Parenting:** Upon completion of either Compassion Workshop or Circle of Security, all parents and/or caregivers enter into the Nurturing Parenting program. **Life conditions** include circumstances that reflect a trauma history of the parent/caregiver, poverty level, education level and overall stability. **Parenting Practices** are associated with knowledge of nurturing parenting, and **Skill Utilization** reflects the practice of nurturing parenting.

**Life Conditions:** Even though this is not a focus of treatment, 28.9% of parents had life conditions that improved (50.0% remained the same and 20.7 became worse). Life conditions were not meaningfully correlated with hope scores at either intake or posttest.

**Parenting Practices:** 66.0% of parents increased their knowledge of nurturing parenting practices, a statistically significant change. End of program hope scores were moderately associated with end of program knowledge scores.

**Skill Utilization:** 54.6% of parents increased their knowledge of nurturing parenting practices. This increase in knowledge was statistically significant. End of program hope scores were strongly associated with end of program skill utilization scores.

## CONCLUSIONS

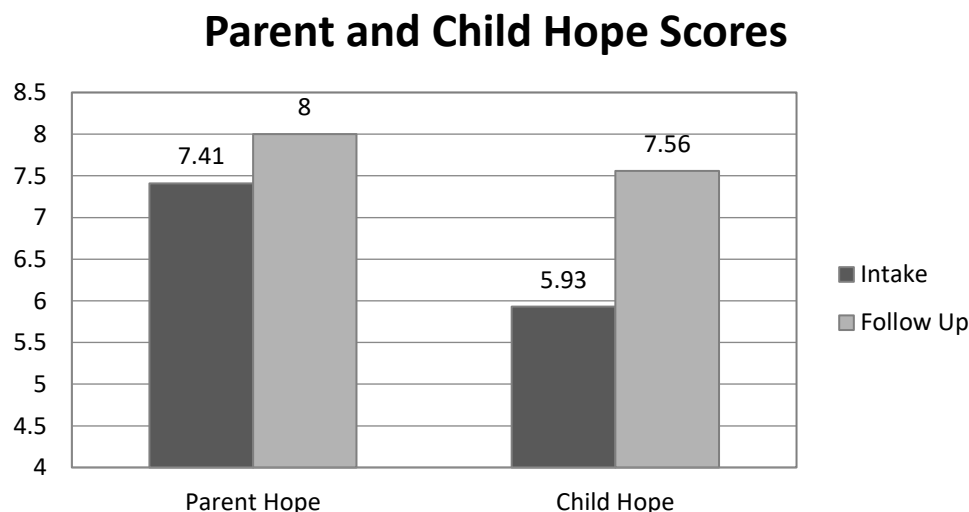
Parents participating in the adult treatment program at PCCT demonstrated significant improvements in their attitudes and beliefs about parenting and child rearing. In addition, knowledge scores increased in statistically significant ways for the all three curriculums taught. Moreover, these improved parenting attitudes were associated with the significant increases in parenting hope. As parenting risk reduces and hope scores increase, parents are more able to attain their parenting goals.

## Child Therapy

Maltreatment impairs the relationship between a parent and child. 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.

## Hope

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



N = 41

The graph above shows that parent hope toward child was relatively higher compared to the child's hope toward the caregiver at intake assessment. Upon first follow up assessment, the children's hope scores significantly increase [ $t(40) = -4.66$ ;  $p < .05$ ]. Parent scores also saw a significant increase in scores [ $t(40) = -2.62$ ;  $p < .05$ ].

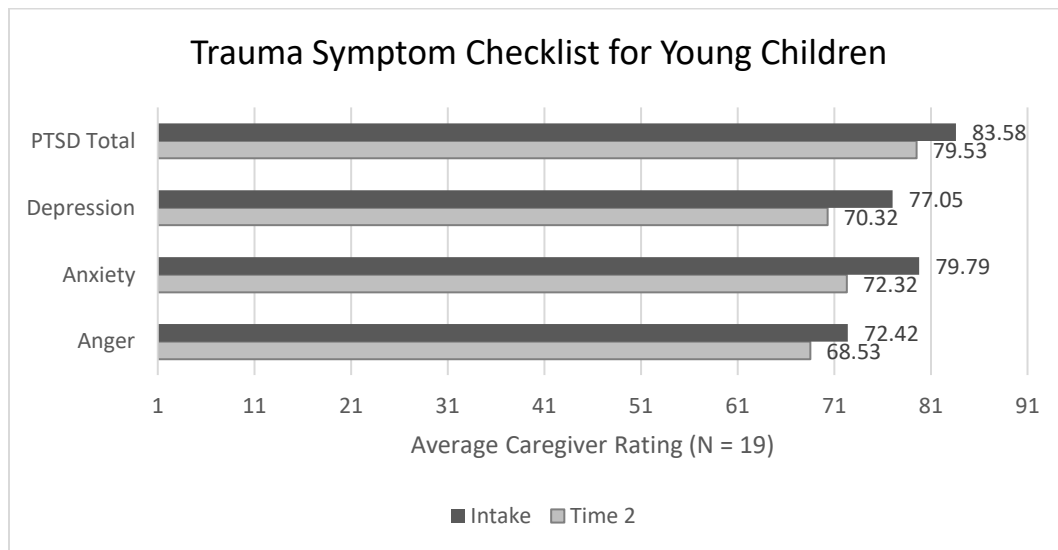
- 46.3% of parents saw an increase in their hope toward the child.
- 65.9% of children saw an increase in their hope toward the caregiver.

As parent and child become more congruent in their hope toward each other, they seek a positive parent child relationship. Furthermore, both parent and child begin to utilize pathways to achieve a positive relationship and demonstrate willpower to use the new strategies they learn. Just as we could have guessed, the **congruence of hope** between parent and child at



intake was lower with an average gap in observed scores of 1.49, but, after intensive treatment, the average gap in scores reduced to 0.44 showing significant improvement in hope congruence. In other words, treatment increased the likelihood that parents and children would both believe in and work toward a better relationship.

## Child Trauma Symptoms



The four categories presented in the graph above represents the Trauma Symptoms targeted through the PCCT Child Therapy program. The Trauma Symptoms Checklist for Young Children represents a new assessment for the Child Therapy Program and early implementation is based upon assessing 19 individuals to date. As such, outcome evaluation focus is on the percent improvement rather than statistical significance.

### Evaluation of Change:

- 47.4% of participants show an improvement in Anger.
- 63.2% of participants show an improvement in Anxiety.
- 52.6% of participants show an improvement in Depression.
- 47.4% of participants show an improvement in PTSD symptoms.

### CONCLUSION:

The Child Therapy program is geared toward preventing the recurrence of child maltreatment. Results of the evaluation demonstrate that both caregiver and children's hope toward the each other significantly improved. This increase in child's hope resulted in an improved hope congruence between the parent-child dyad. These parent-child dyads are able to identify pathways and are motivated to achieve a nurturing relationship.

## Safe Babies Court Team

Safe Babies Court Team (SBCT) is an approach developed by Zero to Three for implementing a specialized court process tailored to the needs of young children. All members of the court team work together with the leadership of the Court Team Coordinator to provide intensive services to the family immediately following a baby's removal from the home. Frequent case staffing and court hearings help insure families have the support and services needed to heal. Goals of the SBCT approach include faster time to permanency, decreased recidivism, and higher rates of reunification than the general child welfare population.

- While the average length of time for a child in traditional juvenile court to have a permanent placement was 22 months, for a child in SBCT the average was 3.4 months.
- 100% of children in SBCT received developmental screening/assessment that guided their treatment planning, compared to 45% of non-SBCT children.
- None of the SBCT children have come back into state's care and remain in their placement.



### **HOPE RESEARCH CENTER**

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 Hope Research Center focuses 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 Hope Research Center is an interdisciplinary social science unit at the University of Oklahoma Tulsa Schusterman Center. Collaborating with nonprofit human service organizations, faculty and graduate students lead research projects with a particular focus on sustainable well-being among vulnerable and otherwise at-risk individuals, families, and communities.

Guided by the principle that hope is the theory of change that explains the positive impact program services have on client outcomes, the Center is focused on three ideas.

1. Hope buffers adversity and stress (especially in the context of trauma).
2. Increasing hope leads to positive outcomes.
3. Hope can be learned and sustained through targeted program services.

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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