



The UNIVERSITY *of* OKLAHOMA
Hope Research Center

The Parent Child Center of Tulsa
2022 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 is 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.

Impact of COVID 19

Due to the impact of the coronavirus, PCCT has integrated different methods for service delivery and data acquisition. However, the number of clients being served has increased overall.

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Primary Prevention: Community Outreach

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.

Outcome Conclusions:

The families that receive the Period of Purple Crying and Talk, Sing, Read materials report that the materials made a difference in how they interact with their baby. Most caregivers reported that toolkit provided them with education about child development, increased their talking interactions with baby and shared soothing strategies with other caregivers.

The Bright Beginnings program was evaluated by OSU using a follow up phone call survey post visit and discharge from the hospital. N = 334 Eng and 23 Spanish

- 86% (ENG) and 94.7% (SPA) reported that the Talking is Teaching materials in the toolkit made a difference in how the caregiver interacted with their baby.
- 55% (ENG) and 47.8% (SPA) caregivers reported the materials in the toolkit provided them with education about child development.
- 80.1% (ENG) and 63.2% (SPA) reported talking to their baby more than one time per day.
- 71% (ENG) and 63.2% (SPA) shared soothing strategies with other caregivers.
- 67.9% (ENG) and 84.2% (SPA) downloaded the POPC video or QR code.

When participants in the survey were asked the following question, this was their response:

When your baby has cried more than normal, have you done any of the following?

	English (N = 334)	Spanish (N = 23)
Asked someone else in the home for help with the baby?	63.1%	60.9%
Did something else to calm down baby or self?	70%	34.8%
Placed baby in safe place and walked away	35.3%	13%
Contacted someone outside the home for help with the baby	15%	-
Sought medical attention for the baby	13.1%	4.3%
Total	196.5	113

Bright Beginnings is not evaluated by OU. The above data came from a survey conducted with OSU.

Kids on the Block

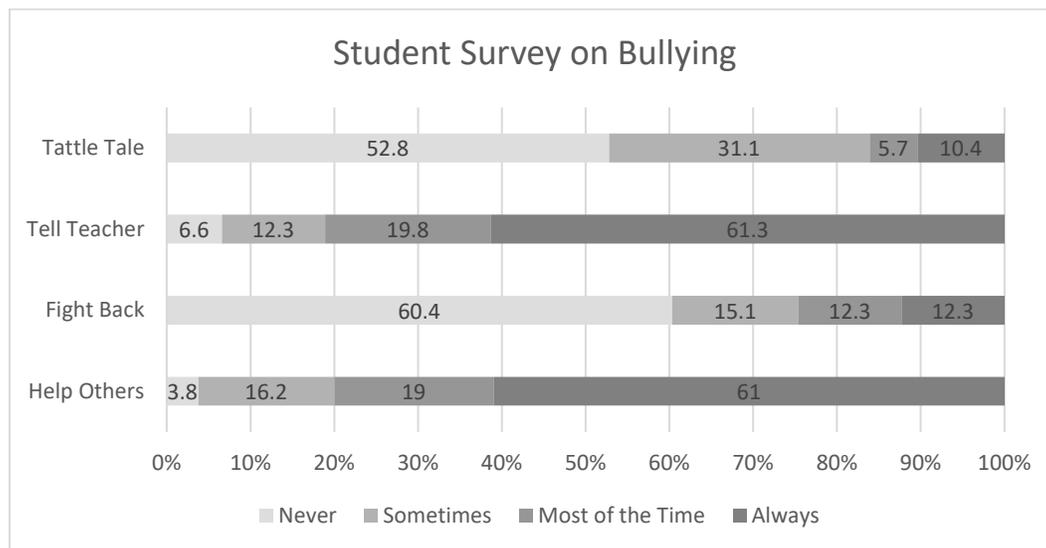
The Kids on the Block program seeks to provide school-age children with the knowledge needed to deal with tough situations and the skills to get help from an adult when necessary. The program achieves these goals using puppetry in the Japanese Bunraku style, and currently focuses on five main themes: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

KOB obtains outcomes data by proctoring on-site pre & post student surveys for each school we present our Scope and Sequence program. The Kids on the Block program was evaluated using self-report questionnaires for those who participated in programming. Children were asked eight questions regarding their perceptions of the puppet program. The questions and the child responses are displayed in the charts below.

Outcome Conclusions:

Given these positive scores, both children and teachers perceive the Kids on the Block program is effective in educating them on bullying behaviors and strategies to both provide and seek help for those being victimized. Students that participated in a show increased their knowledge about bullying and abuse. Students also reported positive beliefs and attitudes about getting help or helping others if they need it.

Student Survey – Bullying (Post-Test)

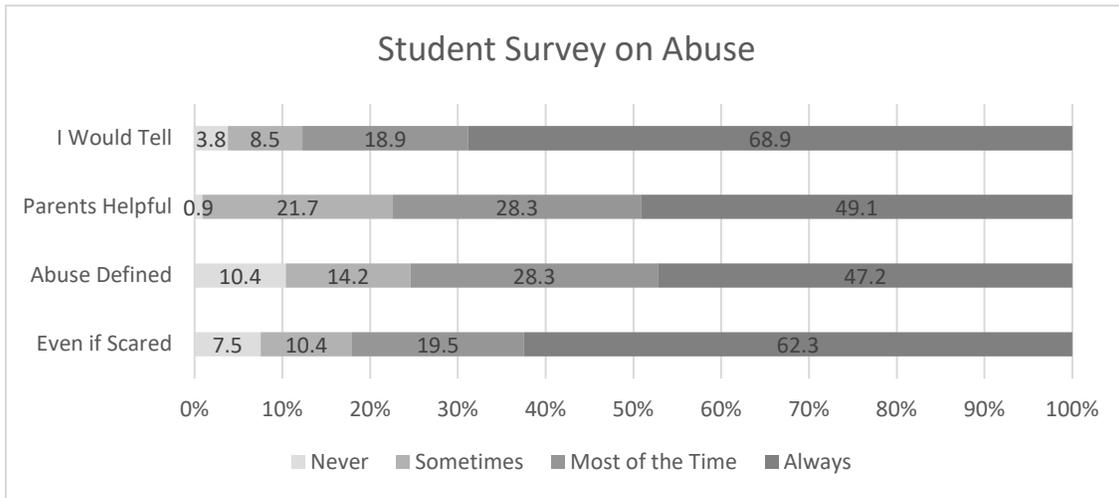


N = 105-106

Based upon the data in the graph above, students who went through the Kids on the Block Anti-Bullying largely displayed appropriate attitudes and knowledge about bullying.

- 83.9% of students strongly disagreed or disagreed that they were a tattle tell if they told a teacher about bullying.
- 81.1% strongly agreed or agreed that they would tell a teacher if someone was being bullied,
- 75.5% strongly disagreed or disagreed that fighting back was a good way to manage bullies.
- 80% strongly agreed or agreed that they would help others if they were being bullied.

Student Survey – Abuse (Post-Test)

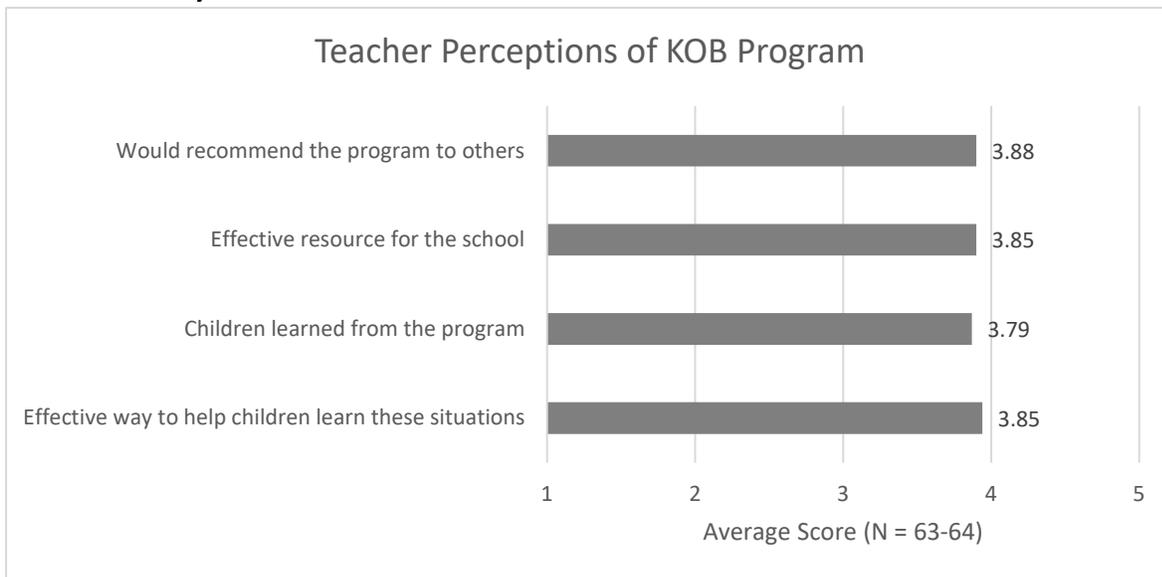


N = 106 Students also answered four questions regarding abuse based on program materials. Based upon the post-test survey, students appeared to display attitudes and knowledge regarding abuse.

- 87.8% of students strongly agreed or agreed they would tell an adult until they got help.
- 77.1% of students strongly agreed or agreed parents are helpful if told about abuse.
- 75.5% of students strongly agreed or agreed is when someone older repeatedly hurts a kid.
- 81.8% of students strongly agreed or agreed that even if they were scared, they would tell an adult to get help.

In addition to the child survey, 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. The chart below represents teacher responses after the program was complete.

Teacher Survey



1 = Strongly Disagree, 2 = Disagree, 3= Agree, and 4 = Strongly Agree

- 93.8% of teachers strongly agreed the puppets were an effective way to help children.
- 87.3% of teachers strongly agreed the children learned a lot from the program.
- 90.5% strongly agreed the Kids on the Block program was an effective resource for the school.
- 90.5% stated strongly agreed that they recommend the program to other schools.

Secondary Prevention: Family Support

Family Connects

Family Connects is an evidence-based, universal program that supports newborns and their families through free nurse home visiting services. The program provides between one and three nurse home visits when baby is around 3 weeks of age to evaluate maternal and infant strengths and needs and connect the family with any needed resources.

Outcomes Conclusions:

Families that received a Family Connects visit reported increased education and resources. For those that had elevated numbers on the initial depression and blood pressure screens, at follow up, the majority reported reduced levels of depression and improved blood pressure.

The Family Connects program was evaluated using a post visit survey administered 30 days after the case had been closed.

For (58) positive maternal anxiety/depression screenings –

- 100% of the time, the client knew what to do in case of an emergency.
- 100% of the time, the nurse provided the COPES hotline information.
- 32 referrals were made to the F & CS Maternal Mental Health program; 28 clients reported having contact with the resource/referral that was made.
- 27 clients had a follow up EDS screening by the Family Connects nurse - 70% of clients screened lower than the initial screening.

For (41) identified Safe Sleep concerns -

- 100% of these families received safe sleep education by the nurse.
- 92% received a pack-and-play through a nurse referral to Emergency Infant Services.

For (37) significant high blood pressure concerns -

- 100% of clients received education about blood pressure including warning signs.
- 70% of clients received a blood pressure monitor and resource packet with education and tracking tools from the nurse. (Note: 30% already owned a blood pressure monitor and did not require as much assistance from the nurse.)
- For the 17 clients who agreed to a nurse follow up visit to evaluate blood pressure, 76% had improved blood pressure.

Family Connects and Bright Beginnings are not evaluated by OU due to the evaluations being outputs of information without pre/post data to analyze.

Parents As Teachers, SafeCare, and Shelter

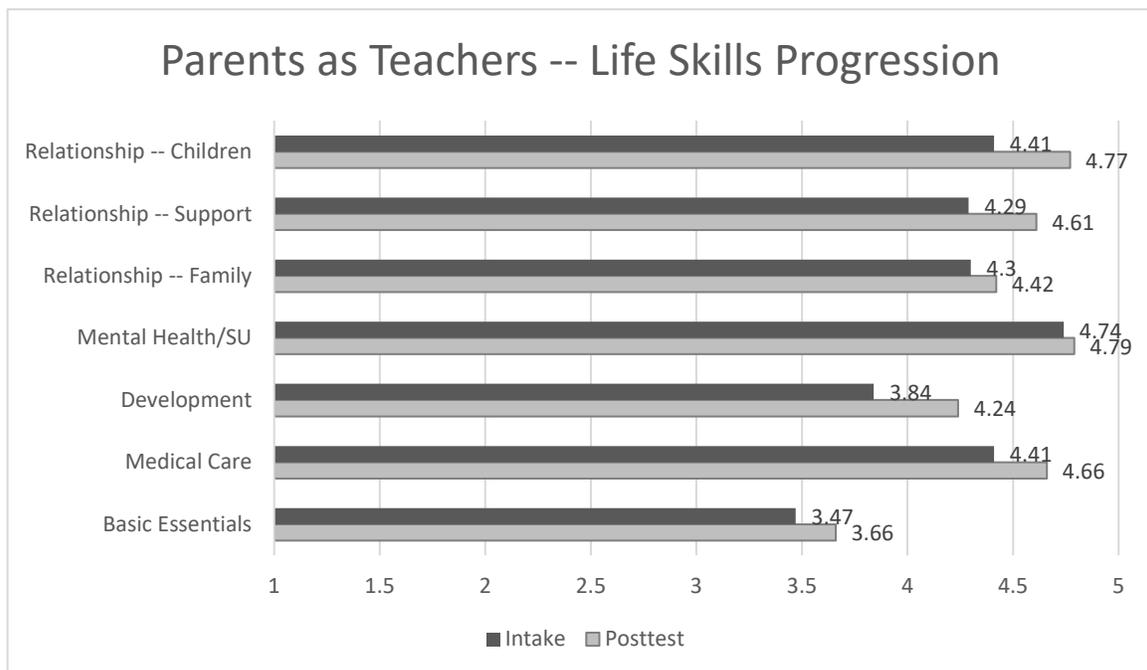
Family support services staff provide pathways for responsive caregiving, healthy development and nurturing relationships through in-home parenting education and support to families with infants and young children. The program uses two evidence-based curriculums, SafeCare and Parents as Teachers. Both 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. The LSP is completed at intake and then every 6 months. Hope is measured at intake and then every 6 months.

Outcome Conclusions:

The SafeCare home visiting program showed significant improvements in positive parenting practices. In addition, PAT and SafeCare evaluation results demonstrate improvements in life skills with both showing a statistically significant change in various domains. These results provide support that the home visiting programs, and the shelter program are pathways of hope. Increasing hope in families correlates to improving their parenting ability and well-being, which in turn helps us the parent child relationship and reduces the risk for child maltreatment.

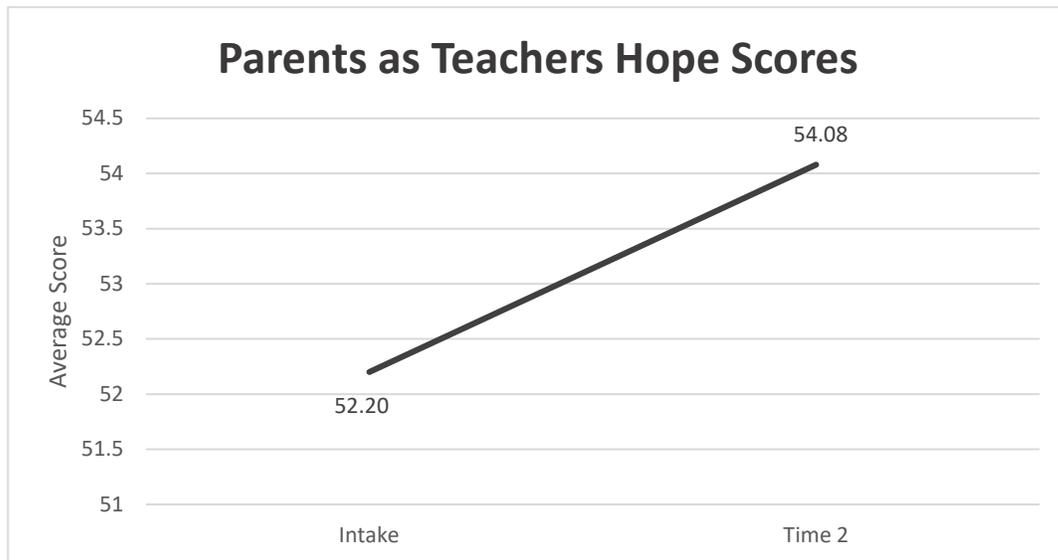
Parents as Teachers



N = 25 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:

- 56% of the parents in PAT show an increase in **Basic Essentials**
- 60% of the parents in PAT show an increase in **Medical Care**
- 60% of the parents in PAT show an increase in **Development**
- 36% of the parents in PAT show an increase in **Mental Health/SU**
- 52% of the parents in PAT show an increase in **Relationship -- Family**
- 60% of the parents in PAT show an increase in **Relationship -- Support**
- 72% of the parents in PAT show an increase in **Relationship -- Children**
- Medical Care, Development, Relationship – Supportive, and Relationship – Children were all statistically significant. The other variables showed increases but were not statistically significant.

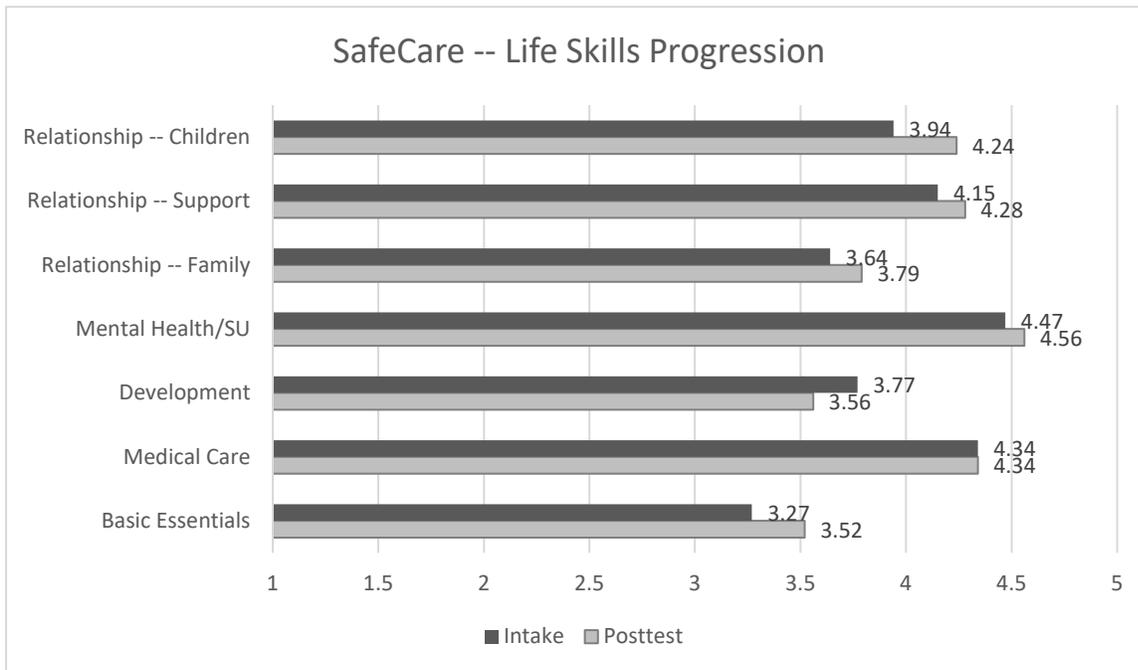


N = 61 A paired samples t-test was run with between the intake and time 2 Hope scores. Analysis found a statistically significant improvement between the mean scores, with a mean score difference of 1.89; $[t(60) = 2.195; p < .05]$.

In the above graph the data points are at intake and Time 2 which is about 6 months into services with PCCT. Time 2 was chosen due to more data points being available for analysis vs intake and post.

No Survey of Parenting Practice data this year for PAT.

SafeCare

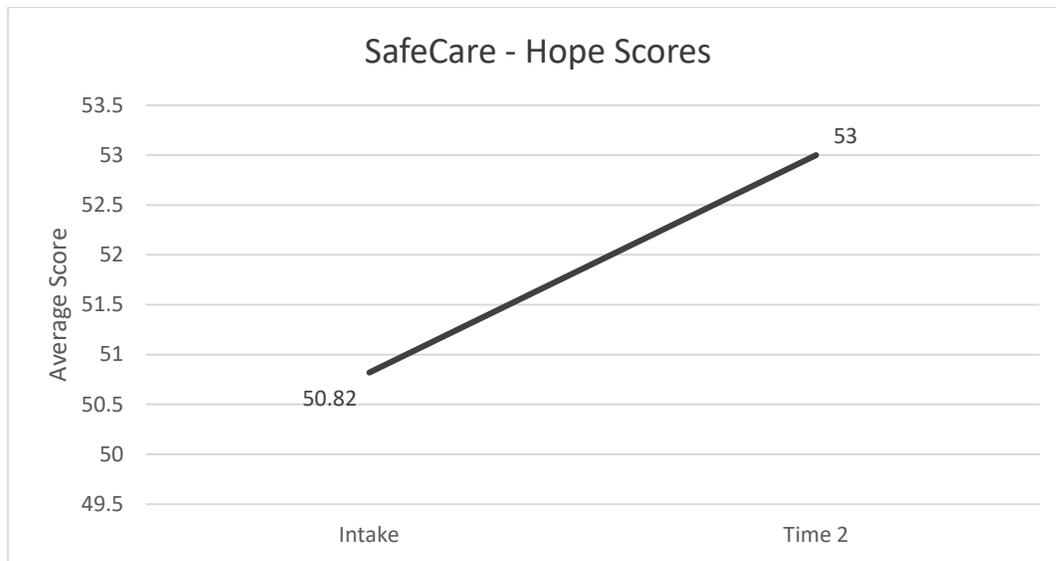


N = 21 A paired-samples t-test was computed for each of the six parenting Life Skills Progression categories. As a reminder, higher scores represent positive progression in the categories. Only Relationship – Children and Basic Essentials were statistically significant. The other variables showed increases but were not statistically significant. Development showed a decrease but was not statistically significant.

Percent Improvement and Evaluation of Change:

- 71.4% of the parents in SafeCare show an increase in **Basic Essentials**
- 52.4% of the parents in SafeCare show an increase in **Medical Care**
- 38.1% of the parents in SafeCare show an increase in **Development**
- 52.4% of the parents in SafeCare show an increase in **Mental Health/SU**
- 42.9% of the parents in SafeCare show an increase in **Relationship -- Family**
- 47.6% of the parents in SafeCare show an increase in **Relationship -- Support**
- 71.4% of the parents in SafeCare show an increase in **Relationship -- Children**
- Only Relationship – Children and Basic Essentials were statistically significant. The other variables showed increases but were not statistically significant. Development showed a decrease but was not statistically significant.

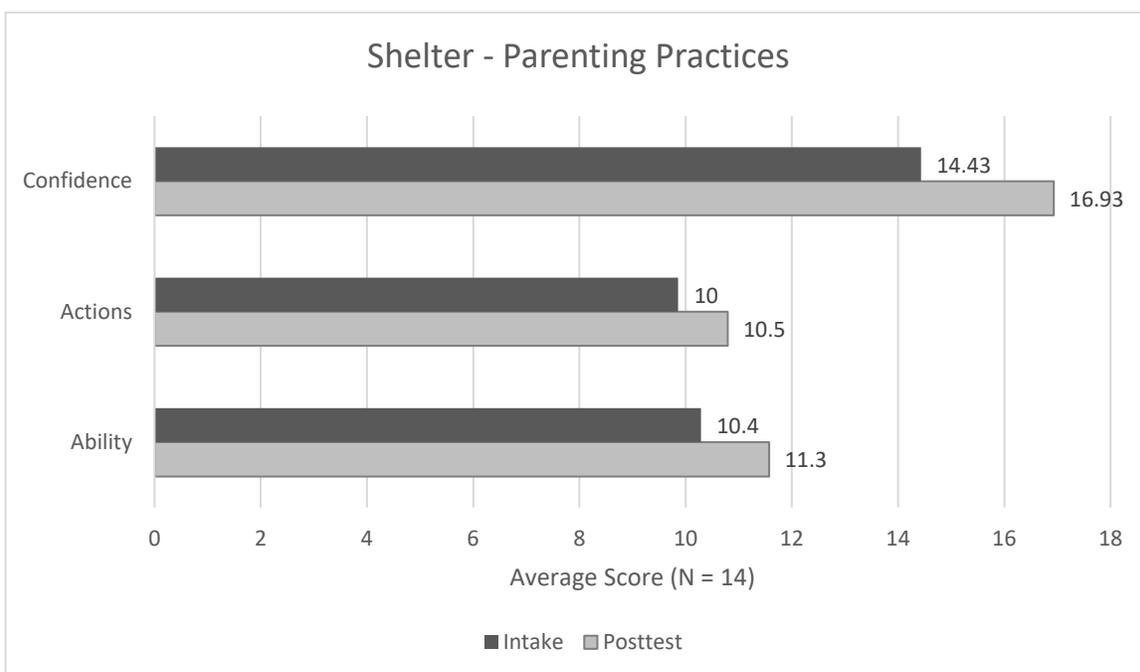
No Survey of Parenting Practice data this year for SafeCare.



N = 22 A paired samples t-test was run with between the Intake and Time 6 Hope scores. Analysis found the change in mean scores with a one-tailed analysis was found to be statistically significant, with a mean score difference of 2.18; [t (21) = 1.776; p = .045]. Statistical significance was not found with a two-tailed analysis, with p = .090.

In the above graph the data points are at intake and Time 2 which is about 6 months into services with PCCT. Time 2 was chosen due to more data points being available for analysis vs intake and post.

Shelter



A paired-samples t-test was computed for the confidence, actions, and ability subscales to determine whether change was statistically significant. As a reminder, higher scores represent positive parenting

practices in the four categories. For this analysis, the Actions and Ability subscales were calculated using two of the three possible questions from the original questionnaire to make it more relevant for shelter participants.

Evaluation of Change and Percent of Change:

- Increases in **Parenting Ability** were statistically significant with 42.9% of parents showing an increase and 57.1% showing no change.
- Increases in **Parenting Actions** were statistically significant with 42.9% of parents showing an increase and 50% showing no change.
- Increases in **Confidence** were statistically significant with 64.3% of parents showing an increase and 35.7% showing no change.

Tertiary Prevention: Therapy

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.

Outcome 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 Circle of Security survey. Although correlations existed with Hope and the Circle of Security survey, those correlations were not statistically significant. Improvements in parenting attitudes and beliefs about parenting and child rearing can lead to reduced risk for future maltreatment.

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).

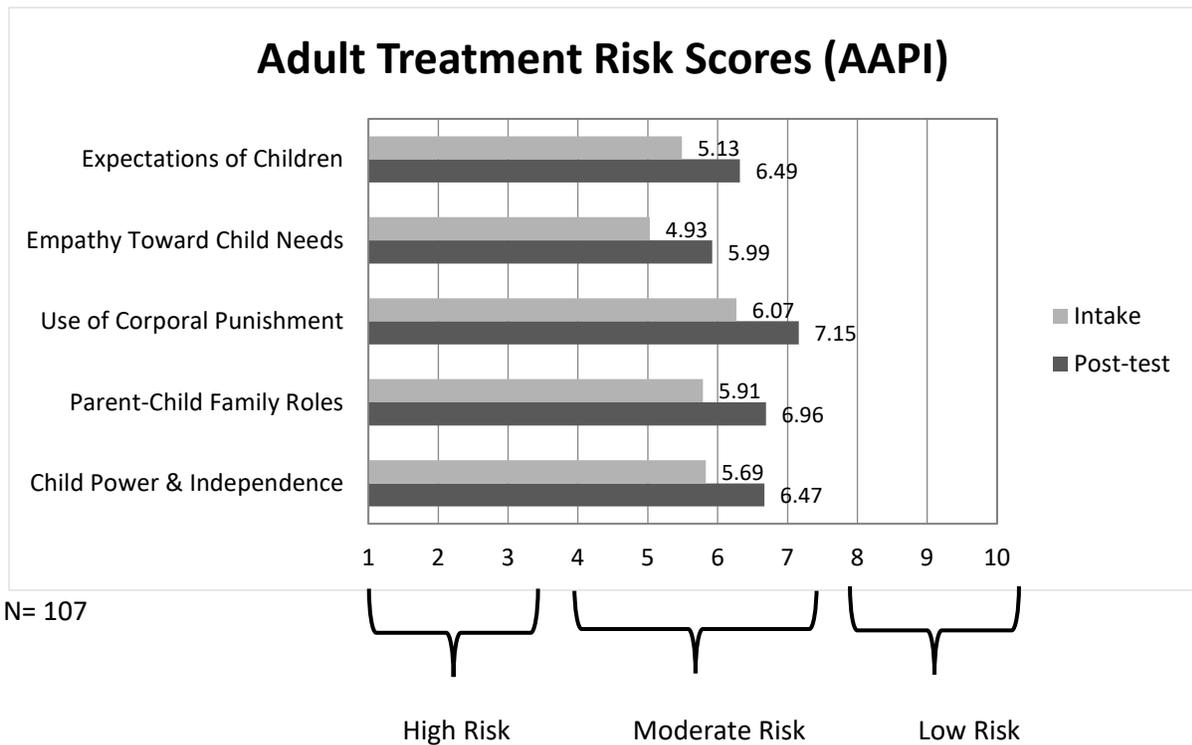
Table 1. Prevalence of ACE Among PCCT Parent/Caregiver Clients in Adult Treatment.

ACE Score	CDC Study (N=17,337)	Parent Child Center (N=306)
0	36.1%	22.2%
1	26.0%	15%
2	15.9%	12.4%
3	9.5%	10.1%
4+	12.5%	40.2%
	AVG = 1.61	AVG = 3.35

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 3.35 (SD = 2.999). In effect, our clients have almost 2 more ACE events compared to the general population. This difference in mean scores is statistically significant when running a one-sample t-test [$t(305) = -.10.073$; $p < .001$].

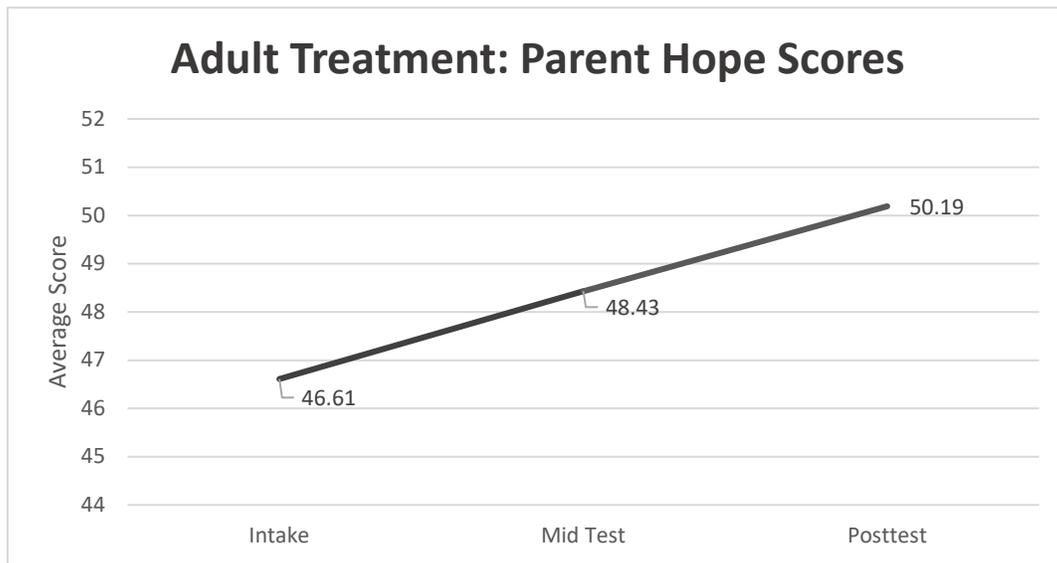
Understanding how many ACEs our parents have, which is probably under reported, and the long-term implications of high ACE scores, it begins to illuminate the struggles and barriers they bring to treatment. Also, given the reported barriers within systems along with high ACE scores, it is amazing how many parents initiate and follow through with services at The Parent Child Center of Tulsa.

Adult Adolescent Parenting Inventory (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.

- 57.9% of parents improved their **expectations of children**.
- 54.2% of parents improved their **empathy toward child's needs**
- 57.9% of parents improved their attitudes toward **corporal punishment**.
- 61.7% of parents improved their attitudes toward **parent-child family roles**.
- 52.3% of parents improved their attitudes of **child power & independence**.
- All the above areas were statistically significant.



N > 109 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 from intake to mid-test and then again at post-test. This change in hope was statistically significant from intake to post-test [$t(105) = 2.302$; $p < .05$].

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

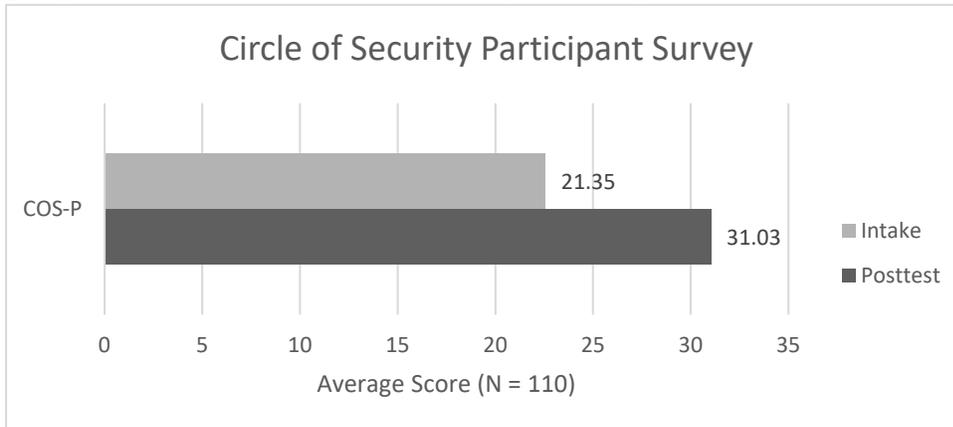
To further demonstrate the significance of hope, we computed the correlation between parent hope scores and AAPI at the end of programming. As a reminder, higher AAPI scores represent an improvement in parenting attitudes and reduced risk of child maltreatment.

Increased parenting hope scores were positively and significantly associated with:

- Improved attitudes towards the use of corporal punishment.
- Improved attitudes towards parent-child family roles.

Parenting Groups

Adult Treatment staff assign parents to groups based on needs identified at their first appointment. This group included data from Circle of Security for this report.



Circle of Security Participant Survey: 86.4% of participants showed improvement from pre-test to post-test. The change was statistically significant [$t(109) = 15.051$; $p < .001$].

The Circle of Security Participant Survey is a post-reflection survey completed by clients at the end of the program. It is a retrospective survey that asks participants to rank themselves both before and after the program. Responses are indicated on a 5-point Likert format ranging from Strongly Agree to Strongly Disagree, with higher scores indicating improvement.

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

- Although there were several correlations, the relationship between the participant survey Hope scores was not significant.

Child Therapy

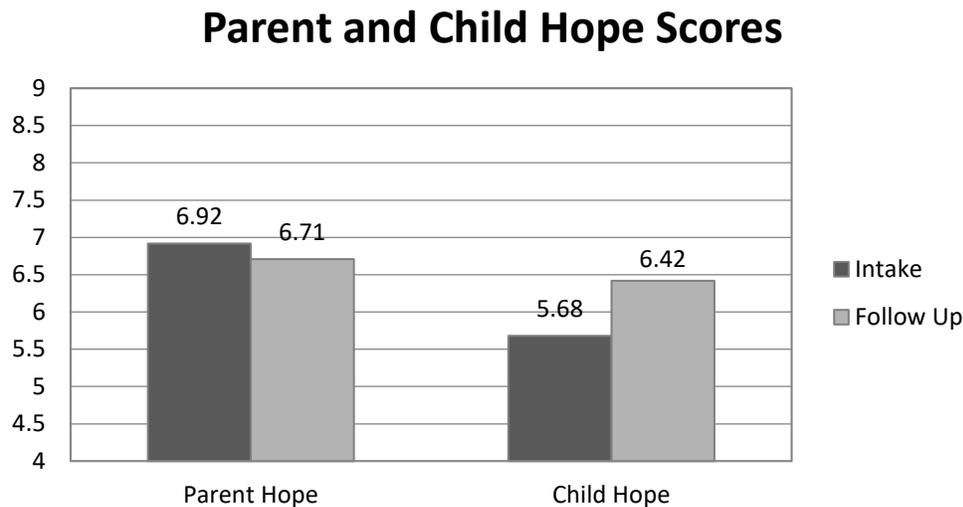
Maltreatment impairs the relationship between a parent and child. Therapists in the Child Therapy department work with children within each of their important caregiving relationships to provide pathways to safe and secure relationships that provide healing and protection for the future. Using best practice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

Outcome Conclusions:

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 each other improved. This increase in child's hope resulted in an improved hope congruence between the parent-child dyad. These parent-child dyads can identify pathways and are motivated to achieve a nurturing relationship. Increasing hope improves the relationship and can correlate to reduced risk of child maltreatment.

Hope (dyadic scale)

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.



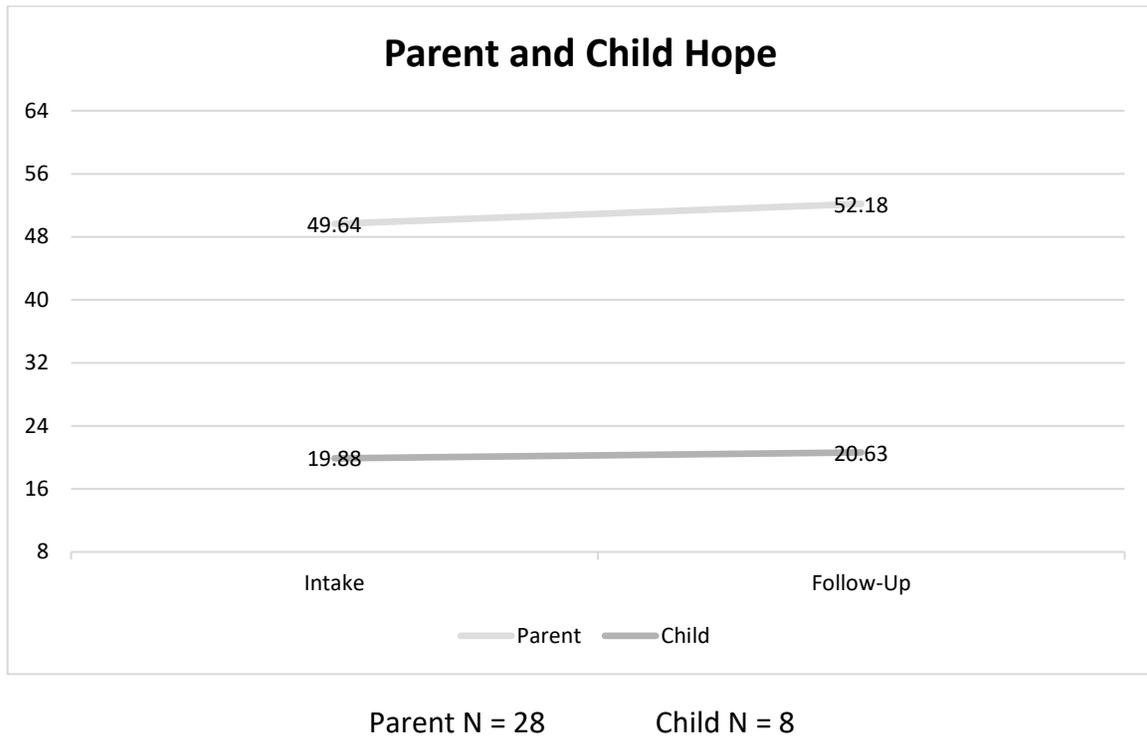
The graph above shows that parent hope toward child was relatively higher compared to the child's hope toward the caregiver at intake assessment. Upon first follow up assessment, the children's hope scores increased and were statistically significant [$t(37) = -3.141$; $p = .003$]. Parent scores saw a decrease in scores, but the result was also not statistically significant [$t(37) = .681$; $p = 0.500$].

- 68.4% of parents' scores increased or stayed the same in their hope toward the child.
- 65.8% of children saw their hope toward the caregiver increase or stay the same.

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 1.24, but, after intensive treatment, the average gap in scores reduced to 0.29 showing improvement in hope congruence. The change in congruence was statistically significant as well [$t(37) = 3.025$; $p = .005$]. In other words, treatment increased the likelihood that parents and children would both believe in and work toward a better relationship.

Parent and Child Hope (non-dyadic scale)

The Hope scale is an 8 item, self-report, that measures an adult's hope. More than 2,000 studies have shown that hope is the greatest predictor of success in education, work, health, mental health, social relationships, family, and trauma recovery. Increasing hope improves well-being and can help reduce the risk of child maltreatment.

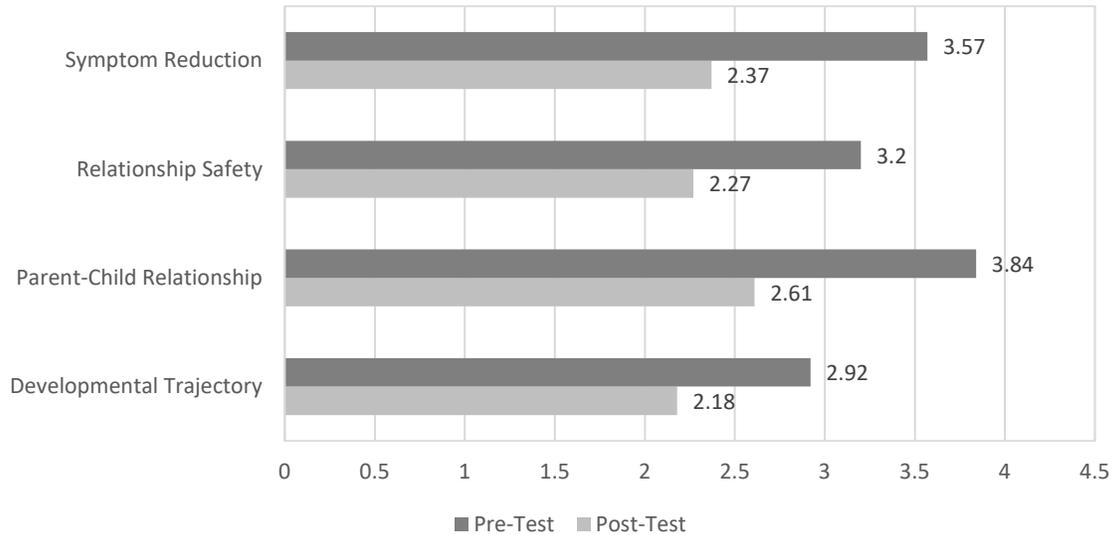


In addition to the congruence Hope scale created by PCCT, parents and children completed the Trait Hope Scale separately. A paired samples t-test was run to determine whether the change in Hope scores was significant. The change from intake to follow-up was statistically significant for parents [$t(27) = -2.835$; $p < .05$]. Despite an increase in the child hope scores, they were not statistically significant [$t(7) = -.332$; $p = .749$]. This is most likely due to a low sample size.

CHT Discharge Evaluation Form

The Child Therapy Discharge Evaluation Form examines the parent-child dyad within four domains: symptom reduction, relationship safety, parent-child relationship, and developmental trajectory. The assessment is completed at intake and after completion of the program. The scale utilizes a 6-point Likert format that ranks from 1-6, with lower scores indicating higher functioning and/or less severe concerns.

CHT Discharge Evaluation Form



N = 49

As can be seen from the chart above, average scores decreased from intake to post-test. A paired samples t-test was run to examine whether the change in mean scores was statistically significant for each variable. All four variables were found to be statistically significant from intake to post-test.

- 69.4% saw an improvement with symptom reduction and the change was significant.
- 59.2% saw an improvement with relationship safety and the change was significant.
- 69.4% of respondents saw an improvement in the parent-child relationship and the change was significant.
- 53.1% saw an improvement in development trajectory and the change was significant.



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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