



Children's Centre Thunder Bay

Circle of Security Parenting Report

September 2015 –
July 2017

The following report includes treatment outcome and Client Experience information for the Circle of Security Parenting Program run through Children's Centre Thunder Bay between September 2015 and July 2017.

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Summary of Findings

There are a number of findings arising from the results of this evaluation of the Circle of Security group. The following comments represent key points:

1. On a self-report measure of parenting satisfaction and confidence, there were strong and large positive effects for both mothers and fathers. Over 80% of parents who took part in the group identified positive improvements in their level of satisfaction and confidence in parenting their children.
2. COS groups also included alternative care-givers such as foster parents and grandparents in the program. Additional analyses revealed that the program was equally helpful to alternative care-givers as it was to biological parents.
3. On a measure of parental distress, parents reported small improvements in their ability to cope with and manage their child's negative responses. Alternative care-givers reported no improvements in this area of parenting.
4. Except for fathers, mothers and alternative care-givers reported a moderate to large decrease in their use of punitive responses when dealing with their child's negative behaviours. Fathers reported little improvement in this area.
5. Mothers, fathers, biological parents, and alternative care-givers all reported moderate to large improvements in their use of expressive encouragement with their children. This suggested that parents were better able to assist their children in expressing feelings and helping them appropriately share negative emotions.
6. Parents reported a small to moderate level improvement in their ability to acknowledge and validate their child's distress and need for support.
7. Clients experience of the COS group was very positive. They reported very high levels of satisfaction. All of the parents indicated that they would recommend the group to others.
8. There was a significant amount of missing data for the COS groups. For example, roughly 35% of the parents who started the COS program completed post treatment measures. It is not clear if this represented parents who dropped out of the program or parents who completed the program, but did not complete measures. However, drop out rates of 40% are not uncommon with parenting programs and this likely represents normal attrition when conducting parenting groups.

Clinical Outcome Indices Definitions

Several outcome indices were used in this report and were defined according to the following definitions. **Note:** Mother and father groups included alternative caregivers (i.e., grandparents or foster parents). Biological parents and alternative caregivers are also compared.

1. Effect Size (ES)

- ❖ Provides an indicator of the size of effect that an intervention had on client change

0.2 – small effect

0.5 – medium effect

0.8 - large effect

How to Calculate Effect Size

S_1 = standard deviation of pre-treatment group

S_2 = standard deviation of post-treatment group

$$S_{pooled} = \sqrt{[(S_1^2 + S_2^2)/2]}$$

M_1 = mean of pre-treatment group

M_2 = mean of post-treatment group

$$\text{Cohen's } d = M_1 - M_2 / S_{pooled}$$

2. Percent Improved

- ❖ The percent of parents that moved in the right direction and scored better at post-treatment.

How to Calculate Percent Improved

$$\text{Percent Improved} = (\text{Number of Improved Clients} / \text{Total Number of Clients}) \times 100$$

3. Reliable Change Index (RCI)

- ❖ Measures significant effects for individual clients by using a cutoff value (1.96 or greater)
- ❖ This represents reliable change or improvement in a client's functioning, taking into account measurement error

How to Calculate RCI

S_1 = SD of the control group, normal population, or pre-treatment group

r_{xx} = test-retest reliability or internal consistency of the outcome measure

$$Se = S_1 \sqrt{1 - r_{xx}}$$

$$S(\text{diff}) = \sqrt{2(Se)^2}$$

X_2 = post-test score

X_1 = pre-test score

$$RCI = \frac{x_2 - x_1}{S(\text{diff})} \times 1.96$$

Circle of Security

Parenting Sense of Competence Scale (PSOC)

Description

- Self-report measure of parenting satisfaction and parenting efficacy.

Subscales

Satisfaction Scale

- Measure of parents' feelings of anxiety, frustration, and motivation.
- Subscale scored by summing the items.

Efficacy Scale

- Measures the capability, competence, and problem-solving abilities of a parent.
- Subscale scored by summing the items.

Total Scale

- Sum of the Satisfaction and Efficacy subscale.

Scoring

1.Strongly agree 2. Agree 3.Mildly agree. 4.Mildly disagree 5.Disagree 6.Strongly disagree

Score Interpretation

- Satisfaction Score: ≤ 16 Clinical
- Efficacy Score: ≤ 29 Clinical
- Total Score: ≤ 48 Clinical

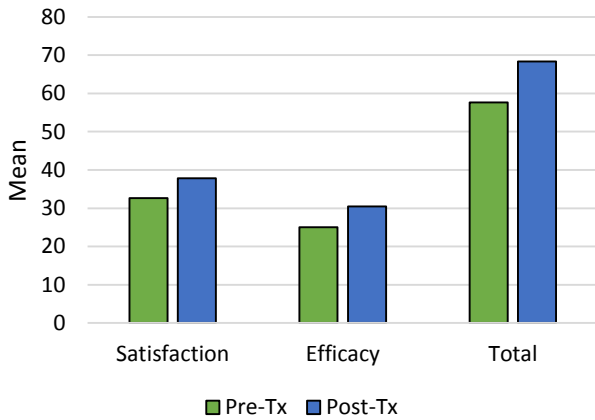
Note: Higher scores indicate better functioning.



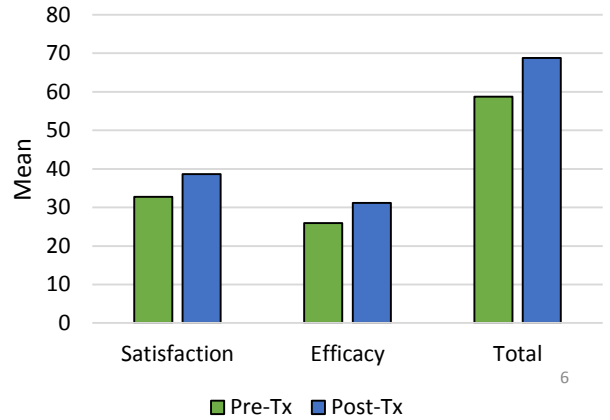
PSOC Results

A total of 91 adults completed the pre and/or post-treatment survey. Due to incomplete or missing surveys 61 adults (43 mothers; 18 fathers; 41 biological parents; 15 alternative caregivers) were included in the analyses. A total of 11 groups were analyzed.

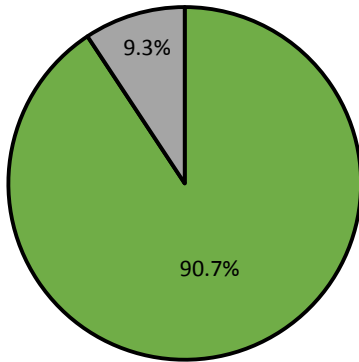
PSOC Results for Mothers



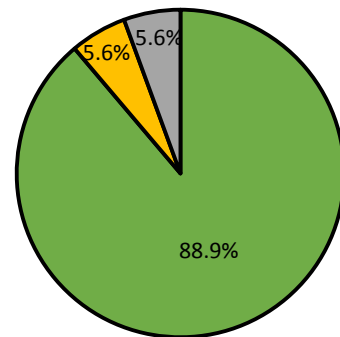
PSOC Results for Fathers



Percent Improved on PSOC Total (Mothers)

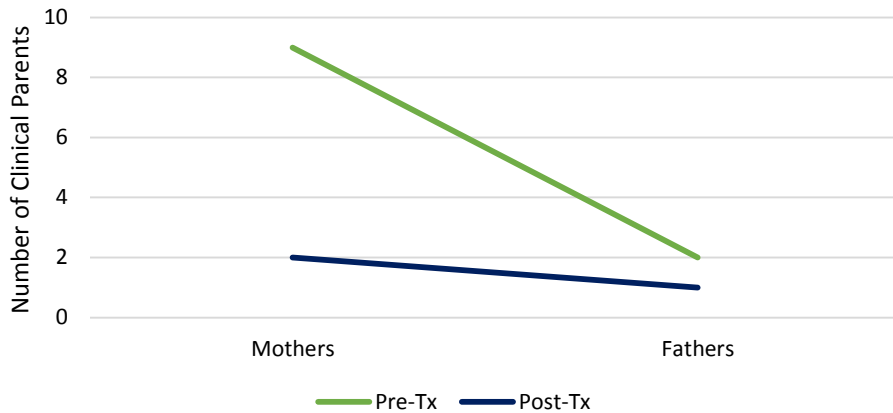


Percent Improved on PSOC Total (Fathers)

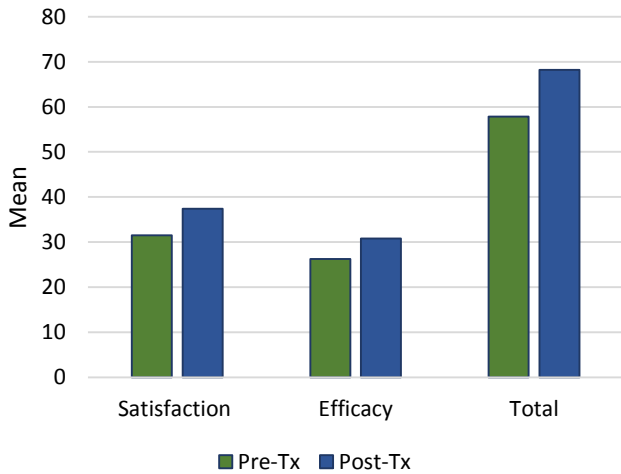


Improved No Change Declined

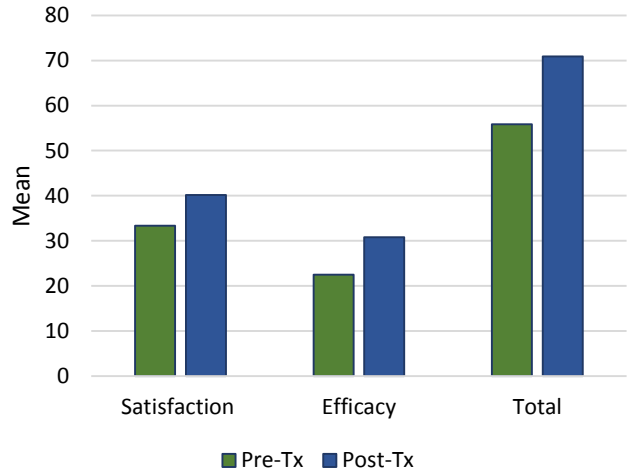
PSOC Total Number of Clinical Parents (Mothers and Fathers)



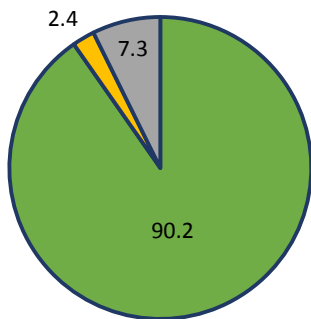
PSOC Results for Biological Parents



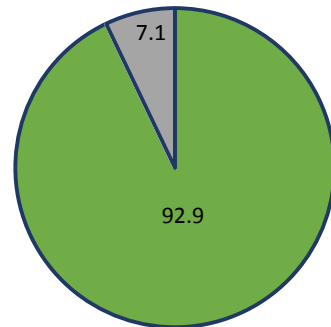
PSOC Results for Alternative Caregivers



Percent Improved on PSOC Total (Biological Parents)

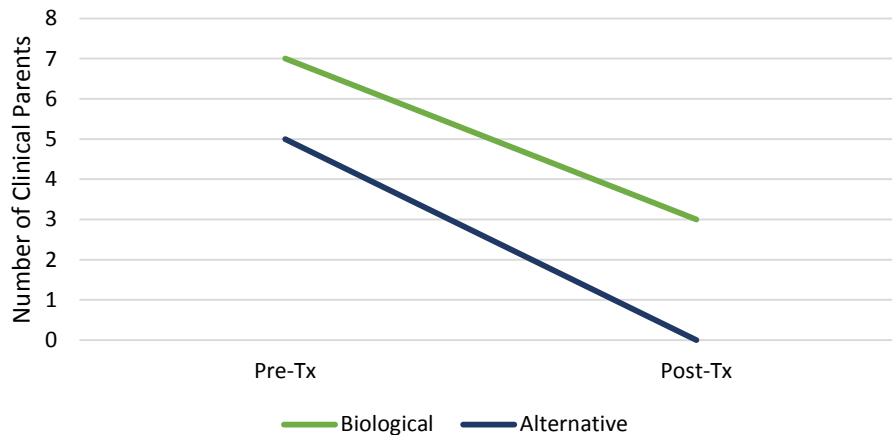


Percent Improved on PSOC Total (Alternative Caregivers)



Improve No Change Decline

PSOC Total Number of Clinical Parents (Biological Parents and Alternative Caregivers)



	Pre-treatment <i>Mean (SD)</i>	Post-treatment <i>Mean (SD)</i>	Effect Size	Percent Improved	Reliable Change (%)
Mothers					
Satisfaction	32.63 (7.07)	37.84 (6.94)	.74	83.7	46.5
Efficacy	25.05 (6.24)	30.49 (4.83)	.97	86.0	62.8
Total	57.67 (11.39)	68.33 (9.92)	1.00	90.7	69.8
Fathers					
Satisfaction	32.78 (6.74)	38.61 (7.40)	.82	88.9	38.9
Efficacy	25.94 (4.60)	31.17 (3.28)	1.31	83.3	72.2
Total	58.72 (10.34)	69.78 (8.84)	1.15	88.9	72.2
Biological					
Satisfaction	31.54 (6.91)	37.39 (7.65)	.80	87.8	46.3
Efficacy	26.29 (5.24)	30.83 (5.03)	.88	85.4	63.4
Total	57.83 (11.12)	68.22 (10.81)	.95	90.2	70.7
Alternative					
Satisfaction	33.36 (6.82)	40.14 (4.96)	1.14	78.6	50.0
Efficacy	22.50 (6.22)	30.79 (3.17)	1.68	92.9	71.4
Total	55.86 (11.88)	70.93 (6.93)	1.55	92.9	71.4

The table above displays the pre- and post-treatment scores for mothers and fathers, as well as biological parents and alternative caregivers on the PSOC. Mothers and fathers displayed improvement on all subscales with effect sizes ranging from moderate to large. Mothers and fathers displayed the most improvement on the Total subscale meaning they displayed greater parenting satisfaction and abilities to parent after the completion of Circle of Security. Fathers also displayed the most improvement on the Satisfaction subscale. Mothers (46.5%-69.8%) and fathers (38.9%-72.2%) displayed clinically significant results at post-treatment.

Biological parents and alternative caregivers displayed improvement on all subscales with large effect sizes. Both groups displayed the most improvement on the Total subscale with alternative caregivers also displaying the highest improvement on the Efficacy subscale. Biological parents (46.3%-70.7%) and alternative caregivers (50%-71.4%) displayed clinically significant results at post-treatment.

Coping with Children's Negative Emotions Scale (CCNES)

Description

- Measures the degree to which parents perceive themselves as reactive to young children's negative affect in distressful situations.
- Parents rate how they would respond to their child's negative affect in 12 hypothetical situations.
- For each situation, parents rate the likelihood of their response in four different ways.

Subscales

1. **Distress Reactions (DR)** - measures the degree to which parents experience distress when children express negative affect.
2. **Punitive Reactions (PR)** - measures the degree to which parents respond with punitive reactions that decrease their exposure or need to deal with the negative emotions of their children.
3. **Expressive Encouragement (EE)** - measures the degree to which parents encourage children to express negative affect or the degree to which they validate child's negative emotional states (i.e., "it's ok to feel sad.").
4. **Minimization Reactions (MR)** - measures the degree to which parents minimize the seriousness of the situation or devalue the child's problem or distressful reaction.

Scoring

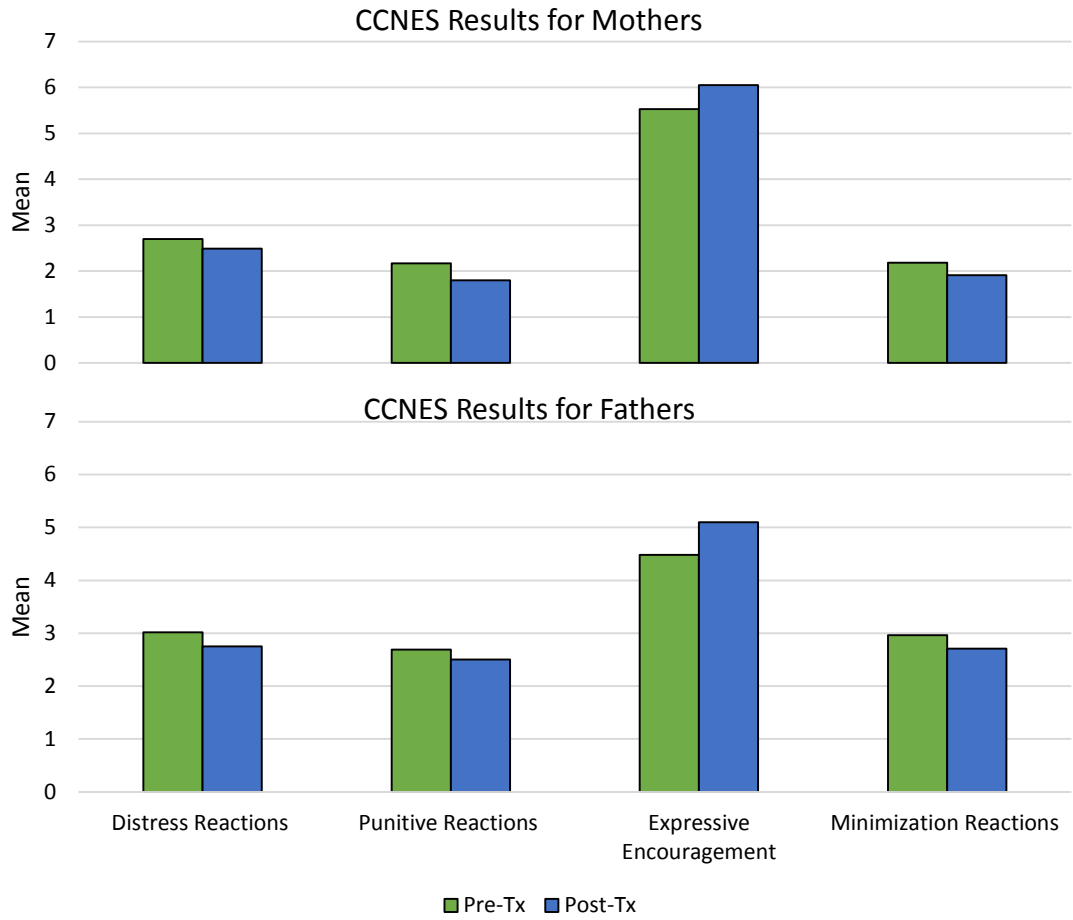
1 (Very Unlikely) 2. 3. 4 (Medium) 5. 6. 7. (Very Likely)

Final Score Interpretation

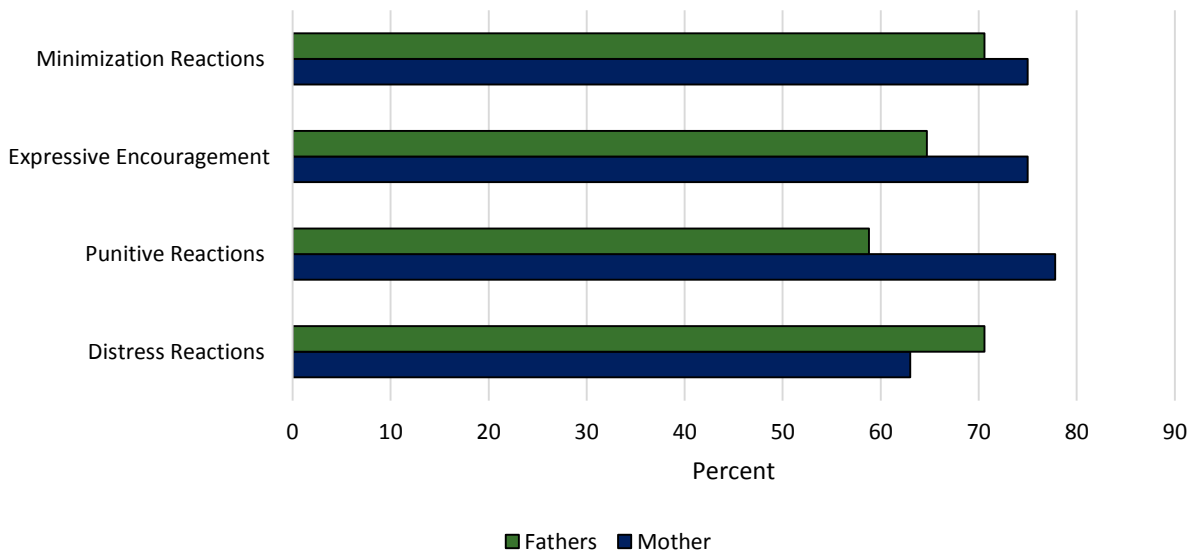
- ❖ Subscales scored by taking the mean of each subscale.
- ❖ For Distress Reactions, Punitive Reactions, and Minimization Reactions higher scores indicate greater negative affect.
- ❖ For Expressive Encouragement lower scores indicate greater negative affect.

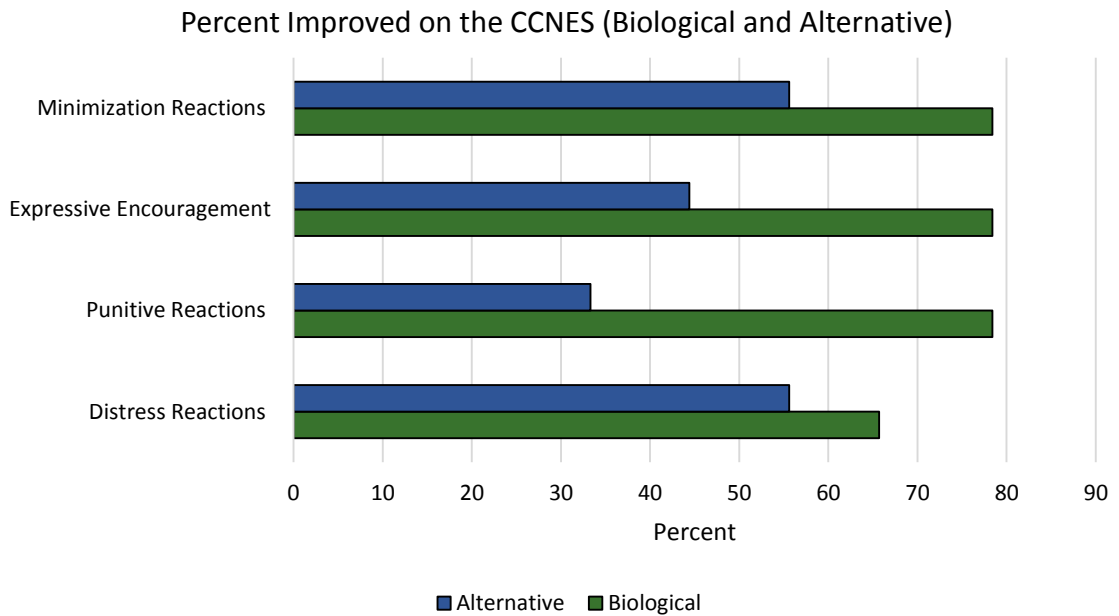
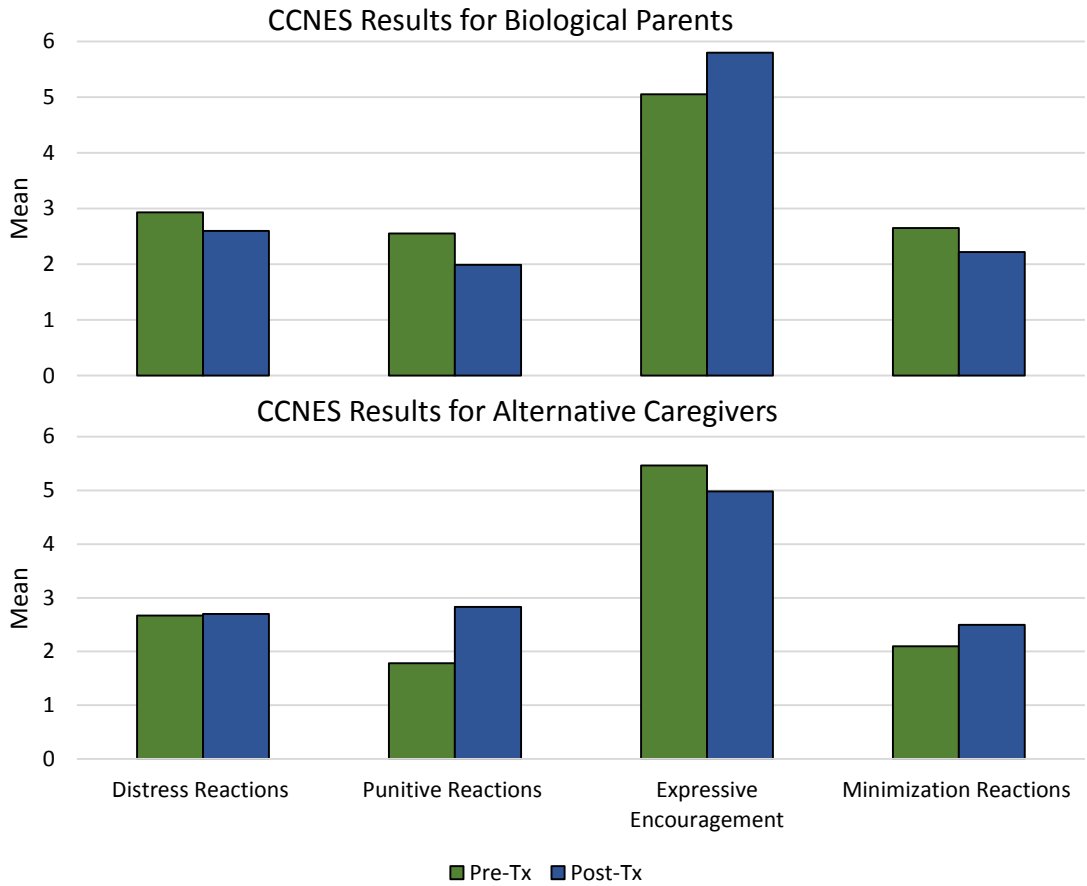
CCNES Results

A total of 88 adults completed the pre and/or the post-treatment survey. Due to incomplete or missing surveys, 53 adults (36 mothers; 17 fathers; 37 biological parents; 9 alternative caregivers) were included in the analyses. A total of 11 groups were analyzed. The Distress Reactions subscale had a total of 44 adults due to a change in the survey format.



Percent Improved on CCNES Subscales (Mothers and Fathers)





Subscales	Pre-treatment Mean (SD)	Post-treatment Mean (SD)	Effect Size	Percent Improved	Reliable Change (%)
Mothers					
Distress Reactions	2.70 (.85)	2.49 (.74)	.26	63.0	37.0
Punitive Reactions	2.17 (.68)	1.80 (.69)	.54	77.8	36.1
Expressive Encouragement	5.53 (.74)	6.05 (.78)	.68	75.0	50.0
Minimization Reactions	2.18 (.69)	1.91 (.67)	.40	75.0	30.6
Fathers					
Distress Reactions	3.02 (.66)	2.75 (.95)	.33	70.6	29.4
Punitive Reactions	2.69 (1.26)	2.50 (1.23)	.15	58.8	41.2
Expressive Encouragement	4.48 (1.08)	5.10 (.88)	.63	64.7	58.8
Minimization Reactions	2.96 (1.06)	2.71 (1.11)	.23	70.6	35.3
Biological					
Distress Reactions	2.93 (.86)	2.62 (.89)	.35	65.7	40.0
Punitive Reactions	2.55 (1.01)	1.99 (.86)	.60	78.4	46.8
Expressive Encouragement	5.05 (1.01)	5.80 (.83)	.81	78.4	62.2
Minimization Reactions	2.65 (.96)	2.22 (.91)	.46	78.4	37.8
Alternative					
Distress Reactions	2.67 (.73)	2.70 (.60)	-.04	55.6	22.2
Punitive Reactions	1.78 (.31)	2.83 (1.47)	-.99	33.3	11.1
Expressive Encouragement	5.46 (.61)	4.98 (1.03)	-.57	44.4	11.1
Minimization Reactions	2.10 (.64)	2.50 (1.09)	-.45	55.6	22.2

The table above displays the pre- and post-treatment scores for mothers and fathers, as well as biological parents and alternative caregivers on the CCNES. Mothers and fathers displayed improvement on all subscales with effect sizes ranging from small to moderate. Mothers displayed the most improvement in Punitive Reactions while fathers displayed the most improvement in Distress Reactions and Minimization Reactions. Mothers (30.6%-50%) and fathers (29.4%-58.8%) displayed clinically significant results at post-treatment.

Biological parents displayed improvement on all subscales at post-treatment, with the greatest improvement in Punitive Reactions, Expressive Encouragement, and Minimization Reactions. Biological parents displayed clinically significant results at post-treatment ranging from 37.8%-62.2%. Alternative caregivers did not display improvement for reactivity to young children's negative affect in distressful situations.

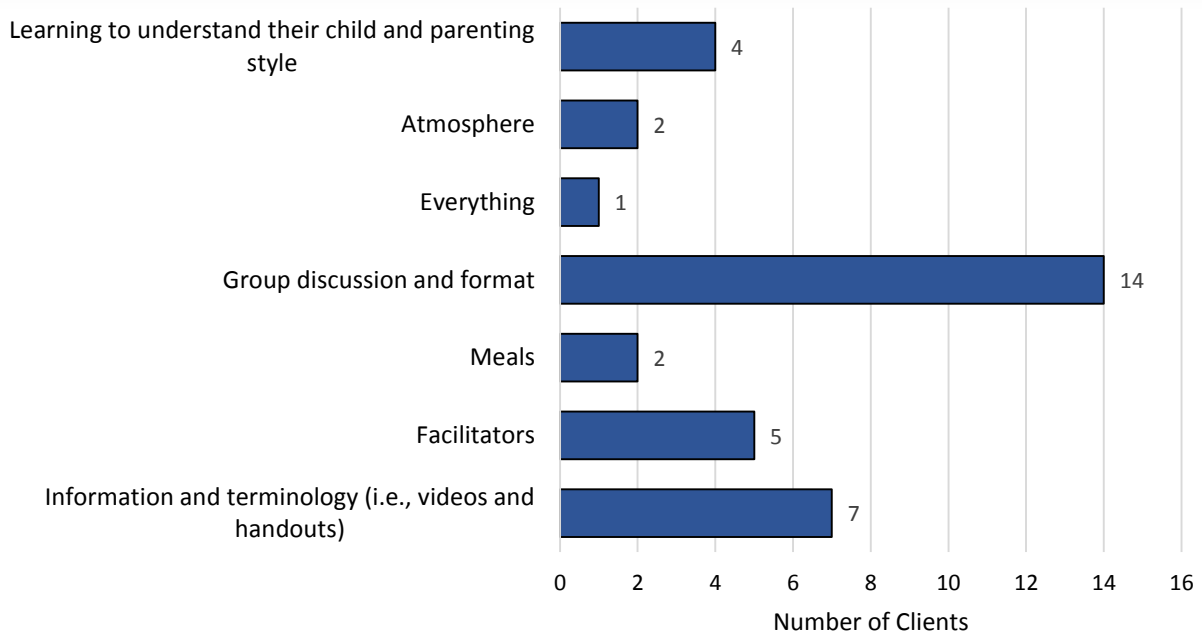
Circle of Security Experience Questionnaire

- Clients were asked to complete a series of open-ended questions after the completion of Standard Triple P.

Is there anything you would like to see changed about this program?

- “Day program, serve meal instead of snacks.”
- “Different hour available.”
- “I found the beginning of the program fairly slow. Lots of focus on babies which is not where the participants in our group were at. Later sessions were much more relevant and helpful.”
- “Less wait time for the program.”
- “More time on "repair" rupture, being with the first few weeks of understanding the Circle.”
- “Not exactly sure if anything needs to change. A longer course would specifically benefit our family.”
- “Some times the participants got off topic during discussions.”
- “Would be beneficial for the school system.”

What did you like best about this program?



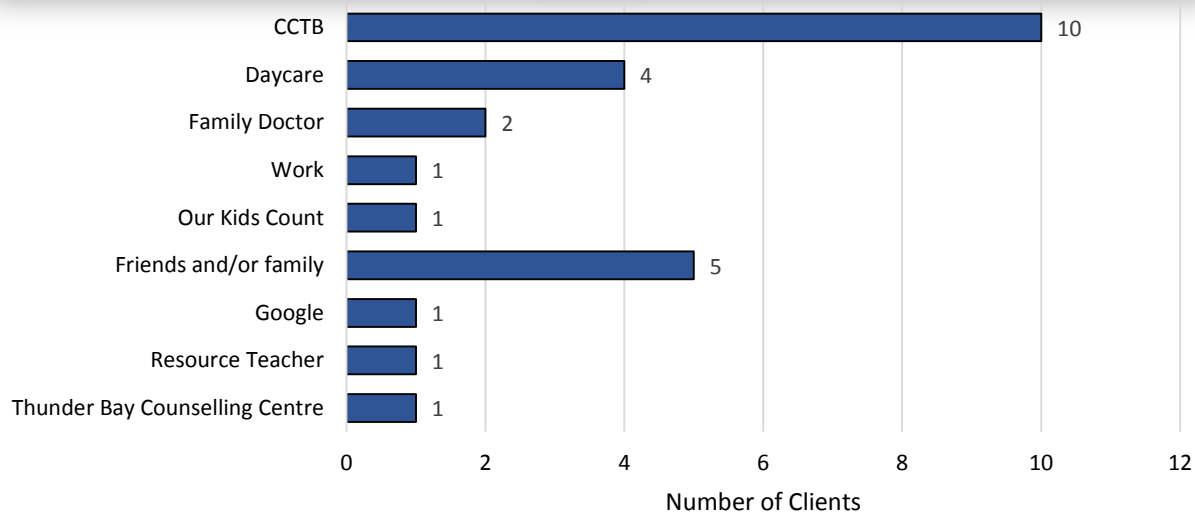
Is there anything else you would like to tell us?

- “Educators would benefit from this program.”
- “I appreciated the healthy snacks (i.e. grapes, oranges and cheese).”
- “Parenting is hard, but this course has helped me organize my feelings.”
- “Thank you!”
- “The facilitators were fantastic. Loved and appreciated the childcare.”
- “The facilitators were very knowledgeable, friendly and well organized.”
- “This program needs to be available to people in the education system (teachers, EA's)- especially at the elementary level.”

Are there any other parenting services you would like to see offered through Children's Centre?

- “Circle of security counselling.”
- “I would like to see the 20 week program instead of just the 8 week program.”
- “More programming directed to children with difficult behaviors (aggression, melt downs, regulating emotions), either class or brief 1:1 counselling sessions.”
- “Programs directed to the child that they may attend.”
- “Self-esteem, possibly counselling for child's feelings.”
- “Sure, I didn't know there were programs for situations that happen in homes and how common these little tools to use are so much easier to then freak out or get upset.”

How did you learn about the services offered by the Children's Centre?



Circle of Security Client Experience

On the Client Experience Questionnaire parents were also asked to rate their level of agreement with the following statements:

