



Children's Centre Thunder Bay

Teen Triple P Parenting Report

September, 2015 -
to March, 2017

The following report includes treatment outcome and Client Experience data for the Teen Triple P Parenting Program run through Children's Centre Thunder Bay between September 2015 and March, 2017.

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Summary of Findings

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

1. Mothers identified great levels of parent-teen conflict when compared to fathers at the start of the group. Significantly greater levels of conflict were found with teen sons than with teen daughters.
2. There was a significant improvement in parent-teen conflict for both mothers and fathers. Mothers improvement fell within the moderate range (50% RCI), while fathers improvement fell within the large effect size range (67% RCI). There was significantly less conflict with both sons and daughters by the end of the Teen Triple P group.
3. Parents did not improve in their co-parenting cooperation. While only a small subsample was available at post treatment, the available results suggested that some parents had greater co-parenting conflict following participation in the group. This suggests that many parents require more one-to-one assistance outside of the group sessions to address co-parenting difficulties.
4. Mothers identified some small improvements in their couple relationship following group, but fathers did not identify any improvement.
5. When taken together, these results suggest that both mothers and fathers improved their individual relationships with their teens, but that little benefit was reported in their co-parenting abilities or in the quality of the couple relationship following participation in the Teen Triple P group.
6. Participating mothers and fathers identified low levels of Depression, Stress, and Anxiety at the start of treatment. Despite these low initial levels of stress and mood difficulties, both mothers and fathers reported improved stress and depression levels at the end of treatment. There was no change in their levels of anxiety.
7. Mothers reported small-moderate level changes in their teens overall behaviour difficulties and large effect changes in prosocial skills. Fathers reported improvements in their teens prosocial behaviour and improved social relationships. Fathers also reported that their teens behaviour had much less negative impact on the family but failed to identify improvement in their teens overall behaviour problems following group.
8. Clients experience of the Teen Triple P group was very positive. Parents suggested that a longer group would have been helpful.
9. There was a significant amount of missing data for Standard Triple P groups. For example, only 40-50% of the parents who started the Teen Triple P 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).

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

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

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

Teen Triple P Treatment

Conflict Behaviour Questionnaire (CBQ)

Description

- Measures the quantity of parent-adolescent conflict.

Scoring

- Participants answer questions as either true or false.
- Each item is rated as 0 or 1.

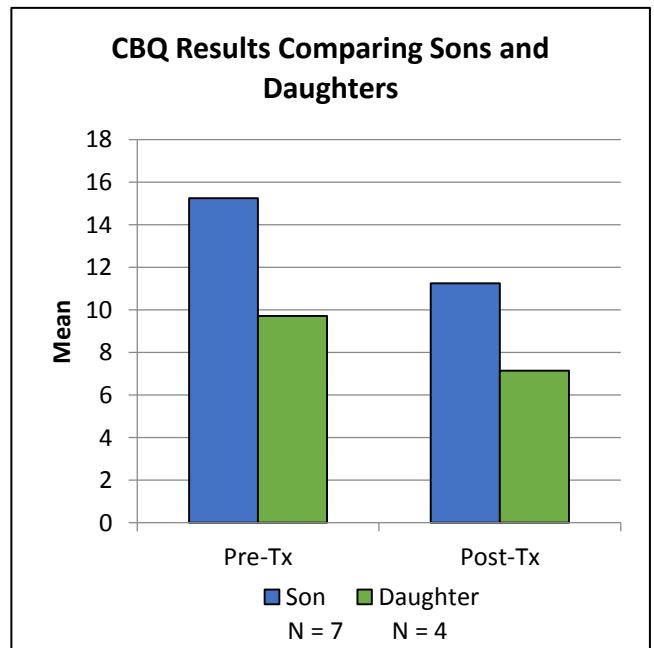
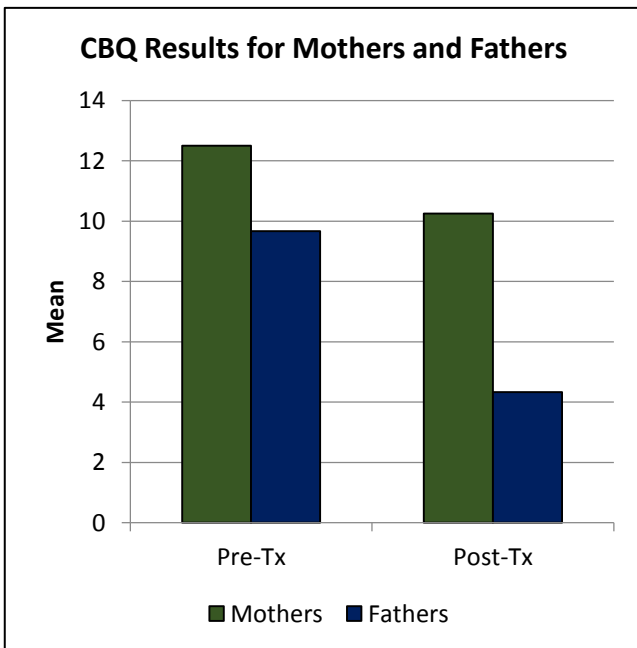
Score Interpretation

- Total scores range from 0 to 20.
- Higher scores indicate greater conflict behaviours.

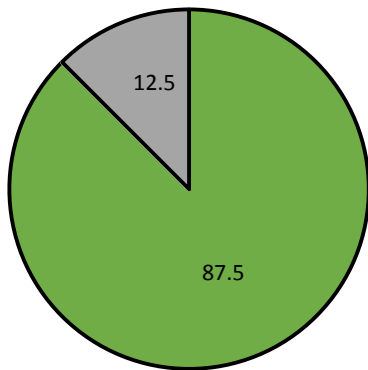


CBQ Results

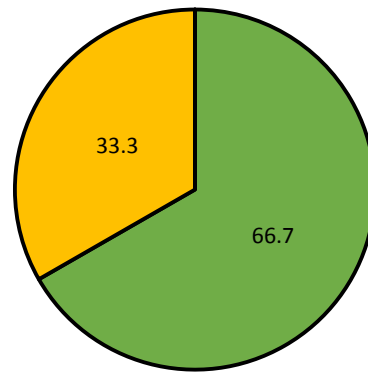
A total of 24 adults completed the pre-treatment survey. Due to incomplete or missing surveys 11 adults (8 mothers; 3 fathers) had complete data and were included in the analyses.



Percent Improvement on CBQ (Mothers)



Percent Improvement on CBQ (Fathers)



■ Improved ■ No Change ■ Declined

	Pre-treatment <i>Mean (SD)</i>	Post-treatment <i>Mean (SD)</i>	Effect Size	Percent Improved	Reliable Change (%)
Mothers	12.50 (4.81)	10.25 (5.23)	.45	87.5	50.0
Fathers	9.67 (7.77)	4.33 (3.06)	.90	66.7	66.7
Sons	15.25 (2.99)	11.25 (6.13)	.83	75.0	75.0
Daughters	9.71 (5.71)	7.14 (4.67)	.49	85.7	42.9

Mothers reported greater conflict behaviours than fathers at pre- and post-treatment. Mothers also displayed more improvement than fathers, however the improvement from all fathers was statistically significant. The CBQ resulted in moderate to large effect sizes indicating a decrease in conflict behaviours for mothers and fathers. Parents with a son reported greater conflict behaviours than parents with a daughter, however parents with a son displayed higher clinically significant change than parents with a daughter.

Description

- Measures co-parenting conflict and level of cooperation between parents over the last four weeks.

Subscales

1. Problem: measures number of problems reported.
2. Intensity: measures extent of the reported difficulties.

Scoring

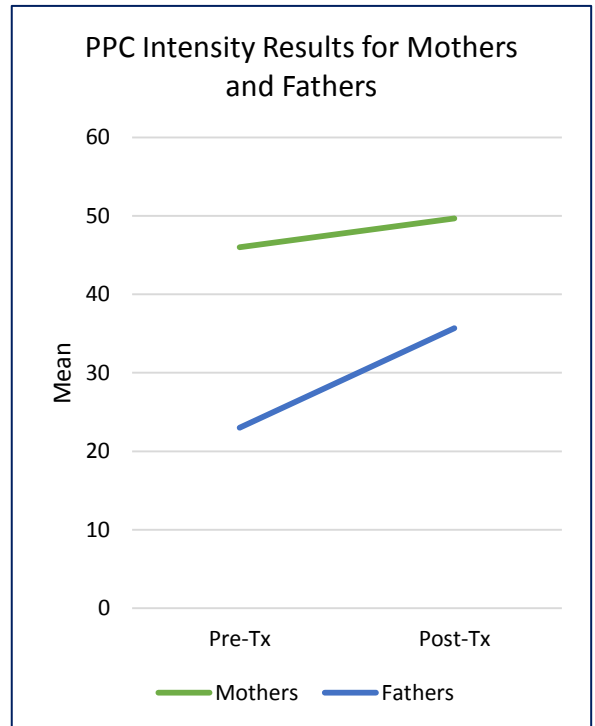
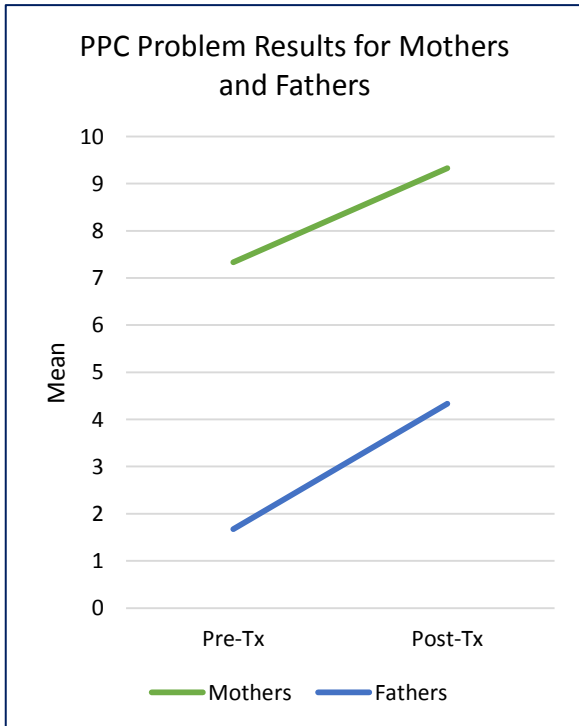
- 16 Items.
 - Problem scores are answered in a 'yes' or 'no' format (No = 0; Yes = 1).
 - Intensity scores are rated on a scale ranging from 1 to 7.
1. (Not At All) 2. (A Little) 3. 4. (Somewhat) 5. 6. (Much) 7. (Very Much)

Scoring Interpretation

- Problem scores
 - Range from 0 to 16.
 - Higher scores indicate more problems.
- Intensity scores
 - Range from 16 to 112.
 - Higher scores indicate greater difficulties.

PPC Overall Results

A total of 14 adults completed the pre-treatment survey. Due to incomplete or missing surveys 6 adults (3 fathers; 3 mothers) had complete data and were included in the analyses.



	Pre-treatment <i>Mean (SD)</i>	Post-treatment <i>Mean (SD)</i>	Effect Size	Percent Improved	Reliable Change (%)
Problem					
Mothers	7.33 (4.93)	9.33 (5.13)	-.40	0	0
Fathers	1.67 (2.89)	4.33 (5.86)	-.58	0	0
Intensity					
Mothers	46.00 (23.39)	49.67 (37.17)	-.12	33.3	33.3
Fathers	23.00 (12.12)	35.67 (32.39)	-.52	33.3	0

Parents reported more problems at post-treatment with mothers reporting more problems than fathers. All parents reported more problems at post-treatment. The Problem subscale displayed a moderate effect size for mothers and fathers, representing the increase in problems.

Parents reported a higher intensity of problems at post-treatment with mothers reporting higher intensity scores than fathers. For mothers and fathers, 33% reported improvement after the completion of the Teen Triple P program. Mothers displayed a small effect size, however fathers displayed a moderate effect size reflecting the increase in intensity at post-treatment. No parents displayed reliable change on the Problem subscale. Mothers displayed clinically significant results with 33.3% of mothers displaying reliable change on the Intensity subscale.

Depression Anxiety Stress Scale (DASS)

Description

- Assesses symptoms of depression, anxiety, and stress in adults

Subscales

- Depression:** assesses dysphoria, lack of interest / involvement, devaluation of life, hopelessness, self-deprecation, anhedonia, and inertia.
- Anxiety:** assesses autonomic arousal, situational anxiety, skeletal muscle effects, and subjective experience of anxious affect.
- Stress:** assesses nervous arousal, difficulty relaxing, irritable/over-reactive, and easily upset/agitated.

Scoring

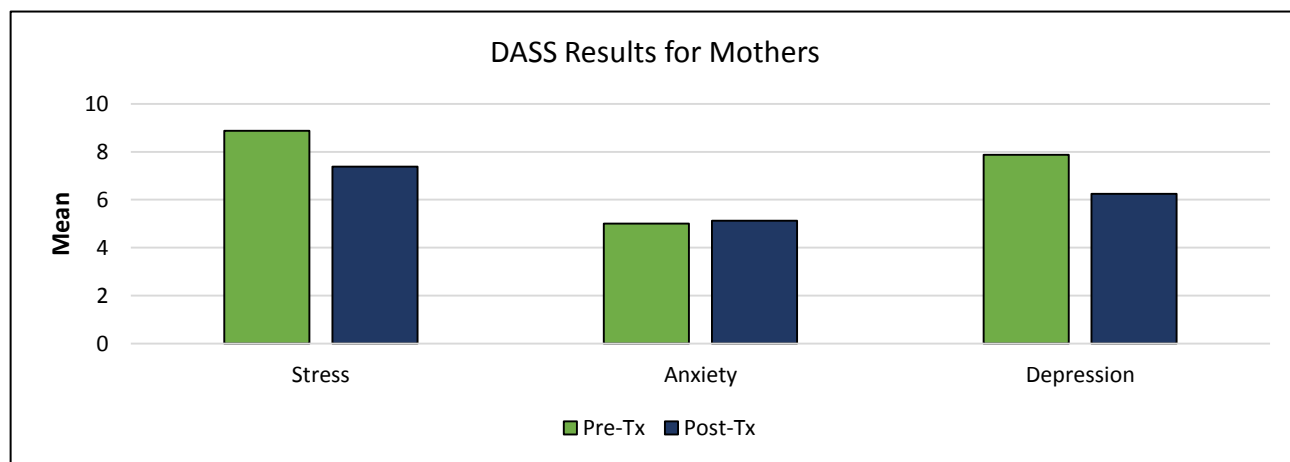
- Each item is rated on a scale ranging from 0 to 3.
- Subscale scores are calculated by summing the items on each subscale.
 - 0 = Did not apply to me at all
 - 1 = Applied to me to some degree, or some of the time
 - 2 = Applied to me a considerable degree, or a good part of the time
 - 3 = Applied to me very much, or most of the time

Scoring Interpretation

- Subscale scores range from 0 to 21.
- Higher scores indicate more severe or more frequent symptoms.

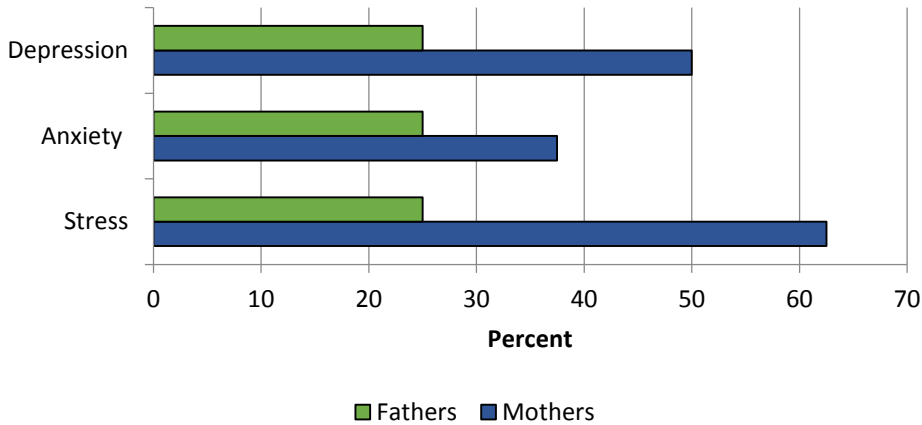
DASS Overall Results

A total of 23 adults completed the pre-treatment survey. Due to incomplete or missing surveys 12 adults (8 mothers; 4 fathers) had complete data and were included in the analyses.



DASS Results

**Percent Improved on DASS Subscales
(Mothers and Fathers)**



	Pre-treatment Mean (SD)	Post-treatment Mean (SD)	Effect Size	Percent Improved	Reliable Change (%)
Mothers					
Stress	8.87 (5.38)	7.38 (4.93)	.29	62.5	37.5
Anxiety	5.00 (4.11)	5.13 (4.19)	-.03	37.5	25.0
Depression	7.87 (7.14)	6.25 (6.80)	.23	50.0	25.0
Fathers					
Stress	5.50 (5.97)	5.25 (2.63)	.05	25.0	25.0
Anxiety	.50 (1)	.50 (1)	0	25.0	0
Depression	2.25 (3.86)	1.00 (.82)	.45	25.0	25.0

Mothers displayed more symptoms of depression, anxiety, and stress at pre- and post- treatment. Overall, all subscales decreased at post-treatment for mothers and fathers, excluding the Anxiety subscale. Fathers displayed the same rate of improvement on all subscales (25%), while mothers displayed the most improvement (62.5%) and the most reliable change (37.5%) on the Stress subscale.

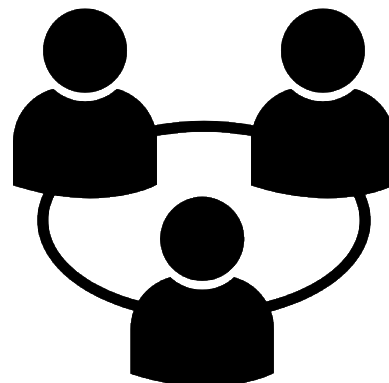
Relationship Quality Index (RQI)

Description

- Measure of marital or relationship quality and satisfaction.

Scoring

- A total score is calculated by summing all of the items.
 1. Very strongly disagree.
 2. Strongly disagree.
 3. Disagree.
 4. Neither agree nor disagree.
 5. Agree.
 6. Strongly agree.
 7. Very strongly agree.

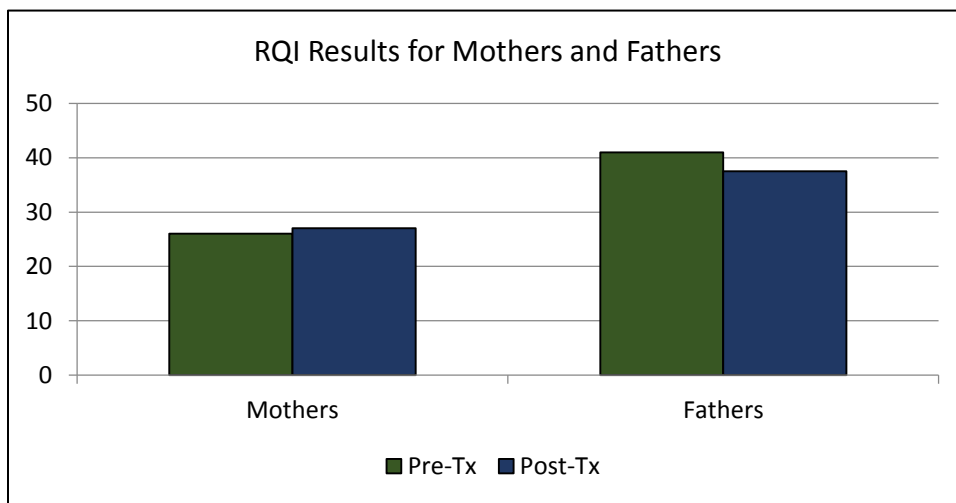


Scoring Interpretation

- Total scores range from 7 to 42.
- Scores less than or equal to 29 represent distress in one's relationship.
- Higher scores indicate a more positive relationship.

Overall RQI Results

A total of 16 adults completed the pre-treatment survey. Due to incomplete or missing surveys 7 adults (3 mothers; 4 fathers) had complete data and were included in the analyses.



	Pre-treatment <i>Mean (SD)</i>	Post-treatment <i>Mean (SD)</i>	Effect Size	Percent Improved	Reliable Change (%)
Mothers	26.00 (14.73)	27.00 (15.88)	.07	33.3	33.3
Fathers	41.00 (7.35)	37.50 (13.03)	-.33	0	0

Mothers reported lower levels of relationship quality and satisfaction at pre-treatment compared to fathers. Mothers displayed improvement from pre- to post-treatment, however fathers reported a less positive relationship after the completion of Teen Triple P. Mothers (33.3%) displayed clinically significant results at post-treatment.

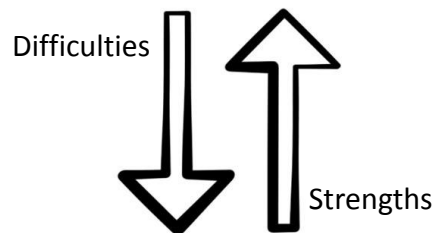
Strengths and Difficulties Questionnaire (SDQ)

Description

- Measures a parent's perception of their child's problem and prosocial behaviour.

Subscales

- Emotional Symptoms
- Conduct Problems
- Attention/Hyperactivity
- Peer Problems
- Prosocial Behaviour
- Level of Impact of Distress (or social impairment)



Scoring

- Each item is rated as a 0, 1, or 2 using the following labels:
 - Not True
 - Somewhat True
 - Certainly True
- Subscales are calculated by summing the items on each scale.
- A total score is calculated by summing all subscales, excluding the prosocial scale.

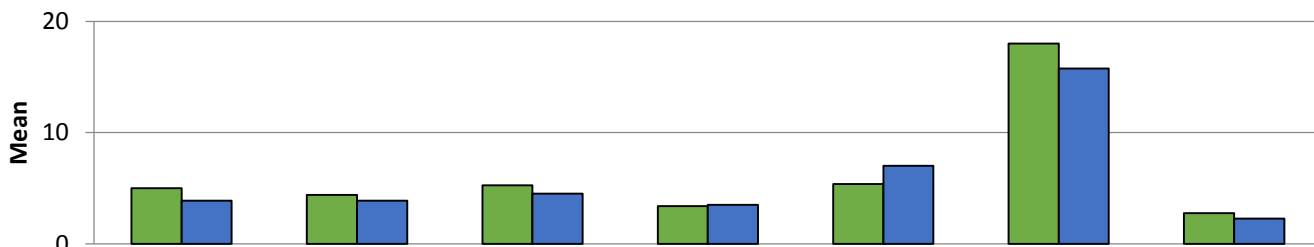
Scoring Interpretation

- Total difficulties scores range from 0 to 40.
- Subscale scores range from 0 to 10.
- Higher scores indicate greater difficulties, excluding prosocial.

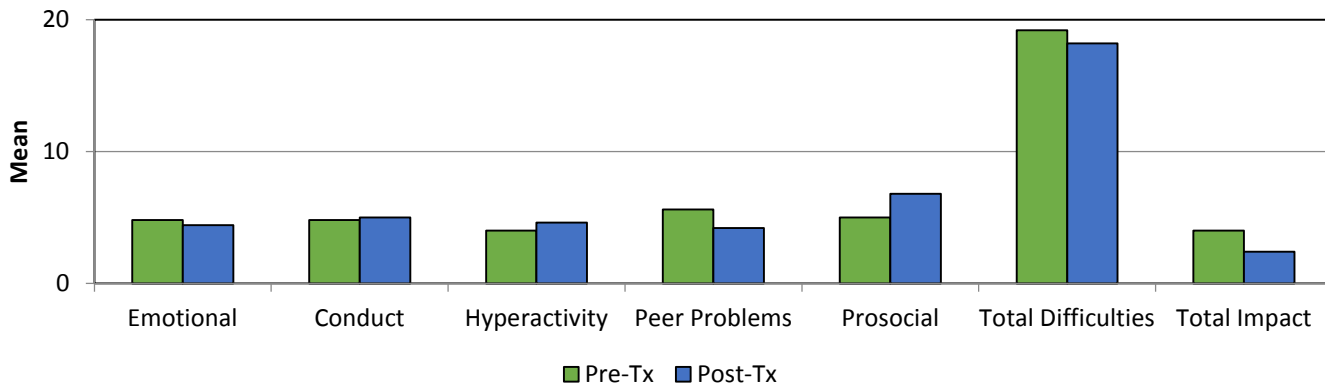
Overall SDQ Results

A total of 22 adults completed the pre-treatment survey. Due to incomplete or missing surveys 13 adults (8 mothers; 5 fathers) had complete data and were included in the analyses.

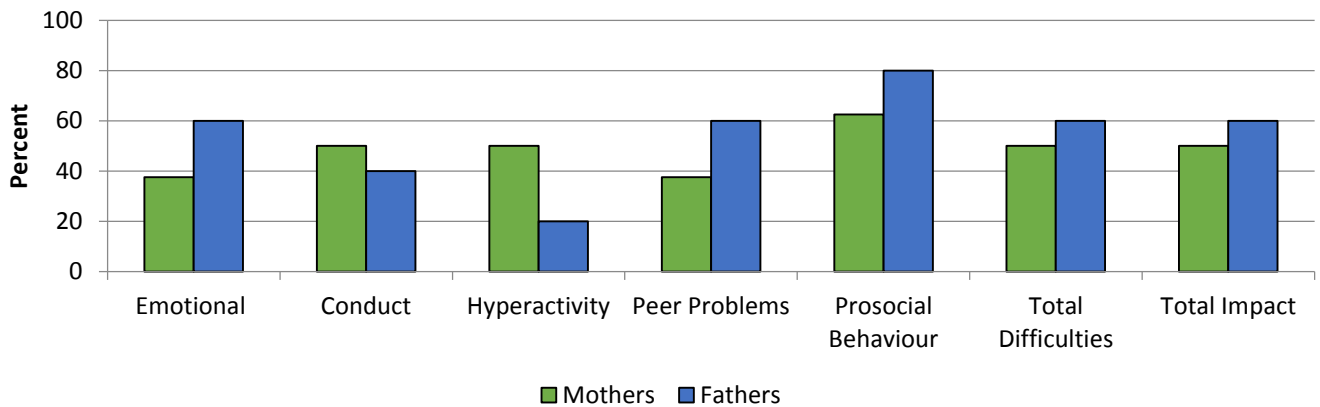
SDQ Results for Mothers



SDQ Results for Fathers



SDQ Improvement for Mothers and Fathers



Subscales	Pre-treatment Mean (SD)	Post-treatment Mean (SD)	Effect Size	Percent Improved	Reliable Change (%)
Mothers					
Emotional	5.00 (3.67)	3.87 (2.64)	.35	37.5	37.5
Conduct	4.38 (3.25)	3.88 (1.46)	.20	50.0	25.0
Hyperactivity	5.25 (2.82)	4.50 (2.56)	.28	50.0	50.0
Peer Problems	3.38 (2.33)	3.50 (1.51)	-.06	37.5	37.5
Prosocial	5.38 (2.26)	7.00 (1.93)	.77	62.5	50.0
Total Difficulties	18.00 (7.29)	15.75 (5.8)	.34	50.0	50.0
Total Impact	2.75 (1.91)	2.25 (3.37)	.18	50.0	37.5
Fathers					
Emotional	4.80 (4.09)	4.40 (2.88)	.11	60.0	60.0
Conduct	4.80 (2.95)	5.00 (3.94)	-.06	40.0	20.0
Hyperactivity	4.00 (2.74)	4.60 (3.36)	-.20	20.0	0
Peer Problems	5.60 (3.51)	4.20 (3.19)	.42	60.0	40.0
Prosocial	5.00 (3.81)	6.80 (2.68)	.55	80.0	60.0
Total Difficulties	19.20 (12.30)	18.20 (11.93)	.08	60.0	20.0
Total Impact	4.00 (3.16)	2.40 (2.51)	.56	60.0	40.0

Mothers displayed improvement from pre- to post- treatment on all subscales, excluding Peer Problems. Fathers did not display improvement for Conduct and Hyperactivity, but displayed improvement on all other scales. Both mothers and fathers displayed a moderate to large effect size on the Prosocial subscale, as well as displayed at least 50% clinically significant results.

Subscales	Before Treatment (%)			After Treatment (%)		
	Normal	Borderline	Clinical	Normal	Borderline	Clinical
Mothers						
Emotional	50.0	0	50.0	50.0	0	50.0
Conduct	37.5	0	62.5	25.0	12.5	62.5
Hyperactivity	62.5	0	37.5	75.0	0	25.0
Peer Problems	50.0	12.5	37.5	12.5	62.5	25.0
Prosocial	37.5	25.0	37.5	87.5	0	12.5
Total Difficulties	25.0	12.5	62.5	37.5	12.5	50.0
Total Impact	25.0	0	75.0	25.0	50.0	25.0
Fathers						
Emotional	40.0	0	60.0	40.0	0	60.0
Conduct	20.0	0	80.0	20.0	20.0	60.0
Hyperactivity	60.0	20.0	20.0	40.0	0	60.0
Peer Problems	20.0	0	80.0	20.0	0	80.0
Prosocial	60.0	0	40.0	60.0	0	40.0
Total Difficulties	20.0	0	80.0	40.0	0	60.0
Total Impact	20.0	0	80.0	40.0	0	60.0

The table above describes the number of children who fell within the normal, borderline, and clinical range, based on SDQ severity ratings. The same amount of children or less were considered clinical on all subscales for mothers. More children were considered clinical for fathers on the Hyperactivity subscale, but remained the same or less for all other subscales. The largest decrease in clinical children was seen on the Total Impact subscale for mothers.

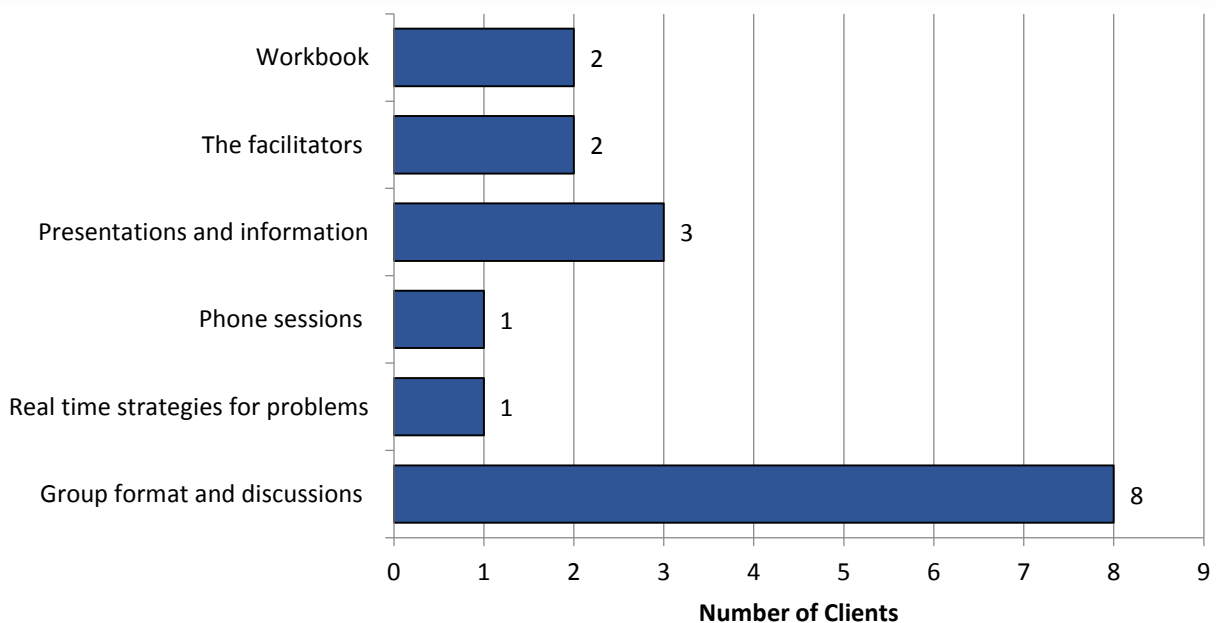
Teen Triple P Parent Experience Questionnaire

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

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

- “Bigger groups for those that can't always make group sessions.”
- “Change from 2 phone sessions to 1, changing to group instead.”
- “Keep up the good work.”
- “More information on parenting in the age of technology and social media.”
- “The group is too short!”
- “Time - 7-9 pm”
- “Wish the videos were not British.”

What did you like best about this program?



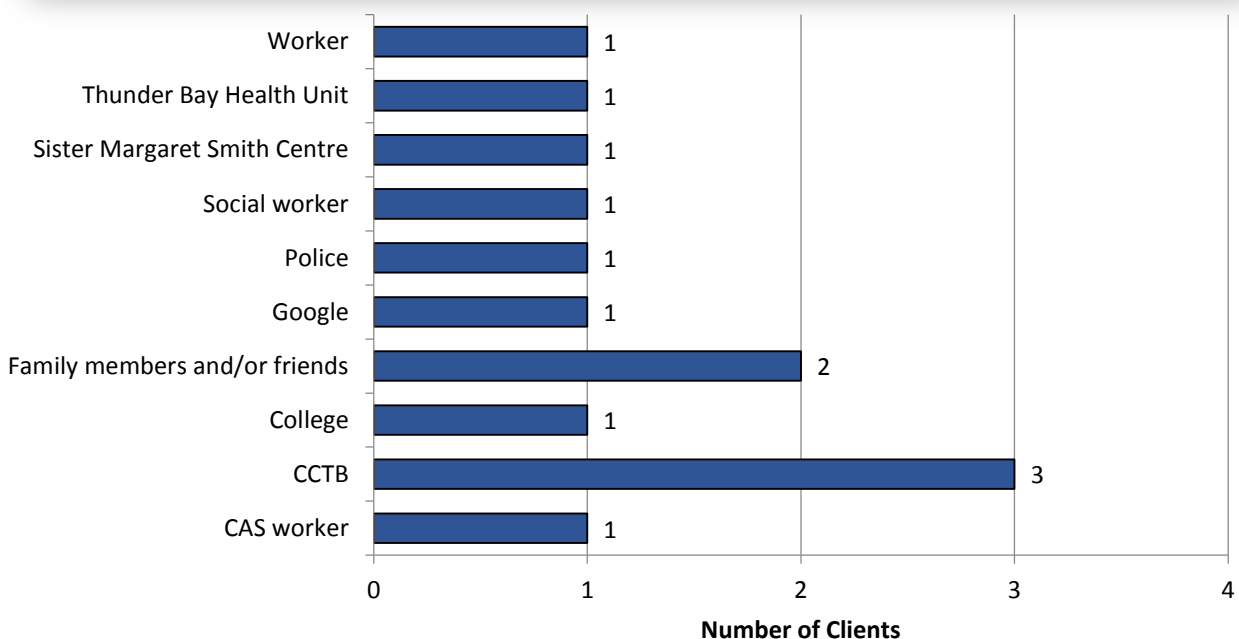
Is there anything else you would like to tell us?

- “Excellent program. The program is a great way to acknowledge our issues as parents and focus on improving.”
- “I really appreciate the extra help with transportation issue and that they were patient in the phone sessions.”
- “I really enjoyed the class and would think that more parents should take it.”
- “I would participate in longer sessions.”
- “Keep the program going.”
- “Thank you for listening and being there when I called.”
- “Thank you for your time and effort.”

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

- “A parenting service geared to kids and parents living with mental health issues and how that affects children.”
- “Internet security and teens. More ongoing support during high conflict divorces.”
- “Maybe a class for kids ages 9 - 13.”
- “Not that I know of.”

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



Teen Triple P Client Experience

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

