

Texas Agency 2

Working to improve the lives of Children, Families & Communities

Evaluation Report *Nurturing Parenting Program 5 -19* July 2018 – July 2019



PRAXIS

with integrity

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Introduction

This agency provides a voluntary, strength-based home visiting program that provides services intended to enhance the abilities of parent/caregivers to protect their children from abuse/neglect. The program provides parental education to ensure safety, independence and improved family functioning through home-based services and by connecting the family to community resources. This program puts families first by providing families with intervention, referral, support and training.

This report provides program evaluation results from the use of *Nurturing Parenting Program 5-19* for clients referred by the Texas Department of Family and Protective Services (Family Based Protective Services and Conservatorship Families) from July 2018 – July 2019.

Nurturing Parenting 5-19

The *Nurturing Parenting Program 5-19 (NPP)* is family-centered, trauma-informed and designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices. The long-term goals are to prevent recidivism in families receiving social services, lower the rate of multi-parent teenage pregnancies, reduce the rate of juvenile delinquency and substance abuse, and stop the intergenerational cycle of child abuse by teaching positive parenting behaviors. The *Nurturing Programs* target all families at risk for abuse and neglect with children birth to 19 years and include primary prevention, secondary prevention, and tertiary (treatment) programming.

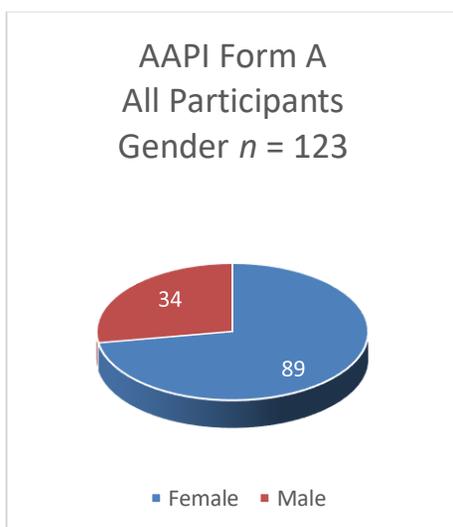
Evaluation and Data Analysis

The evaluation and analysis of *Nurturing Parenting* includes a pre-test and post-test using the AAPI Assessment Tool.

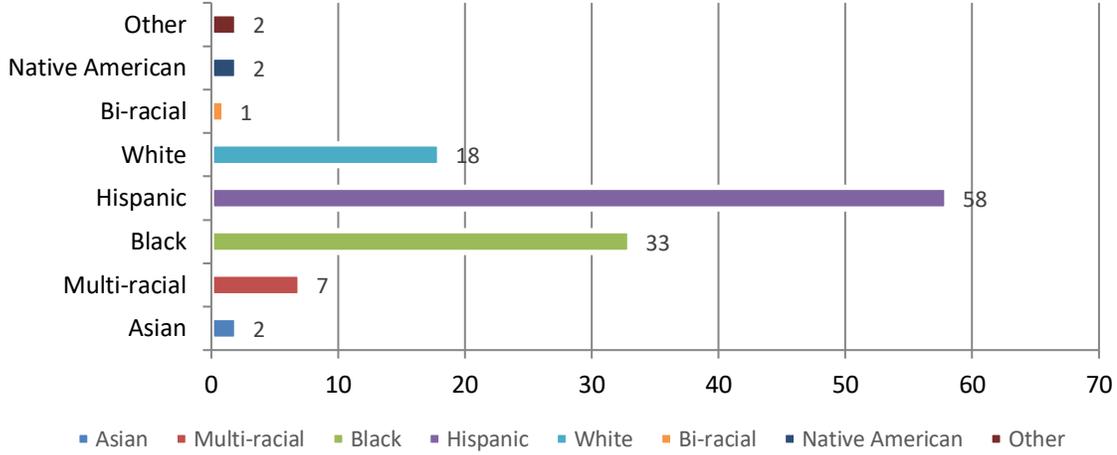
Assessment Tool	Description
Adult Adolescent Parenting Inventory (AAPI 2.1)	The AAPI is designed to assess the parenting and child rearing attitudes of adult and adolescent parent and pre-parent populations. Inventory responses provide an index of risk for practicing behaviors that are known to be associated with child abuse and neglect.

Demographics

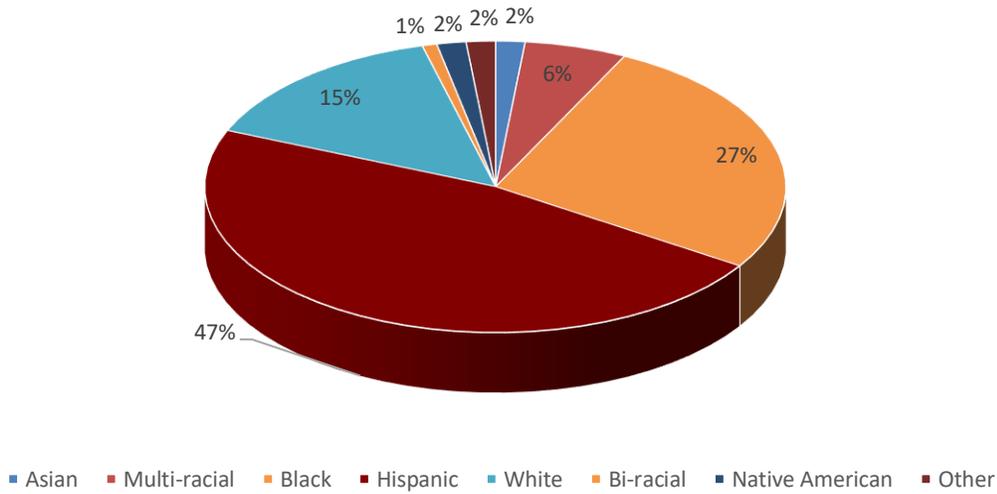
A total of 123 participants completed the AAPI Pre-Test between July 2018 – July 2019. They *completed* the Pre-Assessment as they began their participation in the xxxxxxxx *Nurturing Parents Program*. Caregivers ranged in age from 18 – 52 years of age.



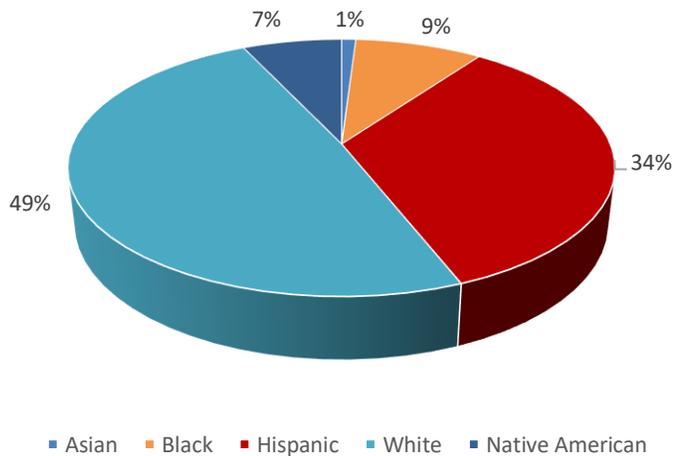
AAPI All Participants - Race $n = 123$



Participants by Race Percentages $n = 123$



Travis County Population Race Percentages 2018



All of the participants at this agency are received through the referral process from the Department of Family and Protective Services (DFPS). It is interesting to compare the participants included by percentages of race to the percentages of the general population in Travis County itself as reported by the 2018 data. Notably, Black and Hispanic participants are referred for services at rates higher than their percentage in the general population of Travis County.

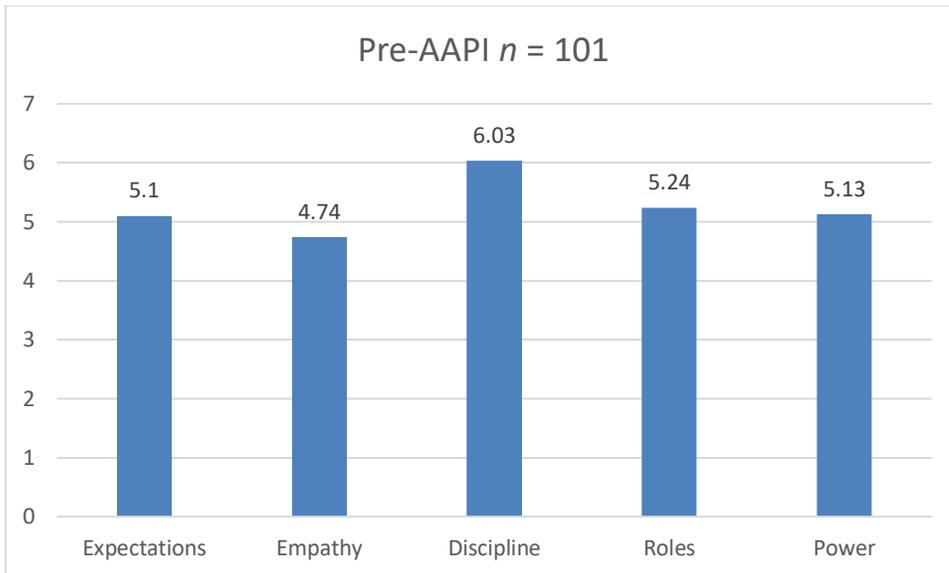
Adult-Adolescent Parenting Inventory (AAPI)

The AAPI is designed to assess the parenting and child rearing attitudes of adult and adolescent parent and pre-parent populations. Inventory responses provide an index of risk for practicing behaviors that are known to be associated with child abuse and neglect. The inventory provides a risk index for five specific parenting and child rearing behaviors including: (1) Expectations of Children, (2) Parental Empathy towards Children's Needs, (3) Use of Corporal Punishment – Dignified Discipline, (4) Parent-Child Family Roles, and (5) Children's Power and Independence. Each of the five subscales is scored and then plotted on the AAPI-2 Parenting Profile providing an index of risk for abusive and/or neglecting behaviors. The risk scores are presented in three categories including high risk, medium risk, and low risk to child maltreatment.

AAPI-Constructs	
Subscale (Construct)	Description
Expectations of Children	Assesses parents' appropriate and inappropriate expectations of their children. Expectations that exceed the child's developmental capabilities are inappropriate.
Parental Empathy Towards Children's Needs	Assesses parents' level of empathy for their children's needs. Low levels of parental empathy would include a fear of spoiling their child.
Use of Corporal Punishment Dignified Discipline	Assesses parental beliefs in the value of physical punishment. An example of a strong belief in the value of corporal punishment would be that hitting, spanking, and slapping children is appropriate and required.
Parent-Child Family Roles	Assesses reverse and appropriate family roles. An example of a reverse family role is when a parent expects their child to make life better by providing love and comfort. An example of an appropriate family role is when a parent allows their child to express developmental needs.
Children's Power and Independence	Assesses the restrictions and value of power and independence that is placed on the child. An example of restricted power is when a parent tends to view children with power as threatening. An example of valued power is when a parent places high-value on children's ability to problem solve.

The risk index provides direction for design and use of the *Nurturing Parent Program 5 - 19* as a program to "treat" abusive and neglecting parent-child or parent-teen dysfunctional interactions through a process called "re-parenting." In this re-parenting, parents increase their understanding of the abuse and neglect they experienced as children and how these parenting beliefs and patterns were passed on to their children.

For this reporting period, on the AAPI there were a total of 101 participants who completed the AAPI Form prior to mid-April (to allow for the 16-week program period) as a Pretest for use by those that were to provide the *Nurturing Parenting Program* as a way to understand the needs of their clients. In the chart below, it is worth noting that the average score for the construct of empathy was the lowest. This indicates that most clients would benefit from understanding empathy as it relates to their relationship to their children and others.

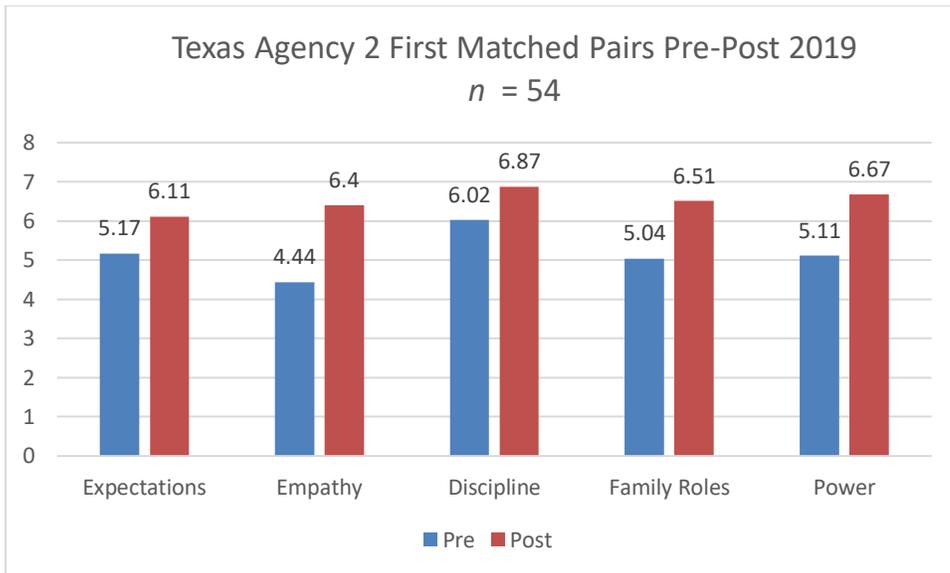


Using Research for Program Delivery

With over 30 years of research by Dr. Stephen Bavolek, the *Nurturing Parent Program* recognizes that, as a result of our early and continual positive and negative childhood experiences, a belief system forms which guides us in making choices for our behavior. Over time, these experiences normalize our thought processes which can form healthy and and/or diseased cellular networks. These networks shape our behavior. Assessment is therefore most effective when designed to gather information at the beginning and end of programs with parents that assess long standing parenting habits and beliefs and any changes after the intervention of the *Nurturing Parent Program 5-19*. The AAPI is designed and validated to demonstrate these belief systems and changes. Using the initial assessment, agencies and facilitators can create effective parenting interventions that are designed to build positive, nurturing parenting behaviors. Agency reports and statistical analysis can aid in interpretation of the inventory assessments and group program data as groups begin the *NPP*. After the standard 16-week program participation, the combination of pre and post-test measures can show changes in belief systems that shape behaviors.

Matched Pre and Post Assessments for Program Results

Best results of the service or program delivery are best measured when participants complete both the pre and the post assessment. This year more than 50% of participants (total of 54 matched pairs of 101 participants) completed both the pre and the post AAPI assessment. Some participants, as reported in the demographic reports, are still in *Nurturing Parenting Program* or have just begun the sessions.



The data from the completed assessments (participants completing a pre and a post-test) overtime do show 1) significant progress for improvement on the constructs measured and 2) a significant decrease in risk index score for child abuse or neglect as shown in the following sections. Empathy shows the lowest pre-test score and hence the greatest area of need.

As the data in the table reflect, a majority of clients improved their scores on each subscale from pretest to posttest:

Subscale	Count Improved	Total Clients	% Improved
STEN 1 Expectations	28	54	52%
STEN 2 Empathy	41	54	76%
STEN 3 Discipline	28	54	54%
STEN 4 Family Roles	36	54	67%
STEN 5 Power	40	54	74%

A series of paired t-tests were conducted to determine if the observed increases in mean scores on each subscale were statistically significant. The tests revealed that the observed increases in mean scores were significant for all subscales. This means we can say with 99.9% certainty that the increases in mean scores on those subscales were not merely due to chance. Moreover, the medium effect sizes for the improvements on each subscale suggest that the statistical significance found for those subscales' gains was not merely due to a factor such as large sample size. In other words, the program very likely had an impact on clients' level of risk/abuse in each area assessed by the instrument, and that impact was moderate.

Paired Samples T-Test

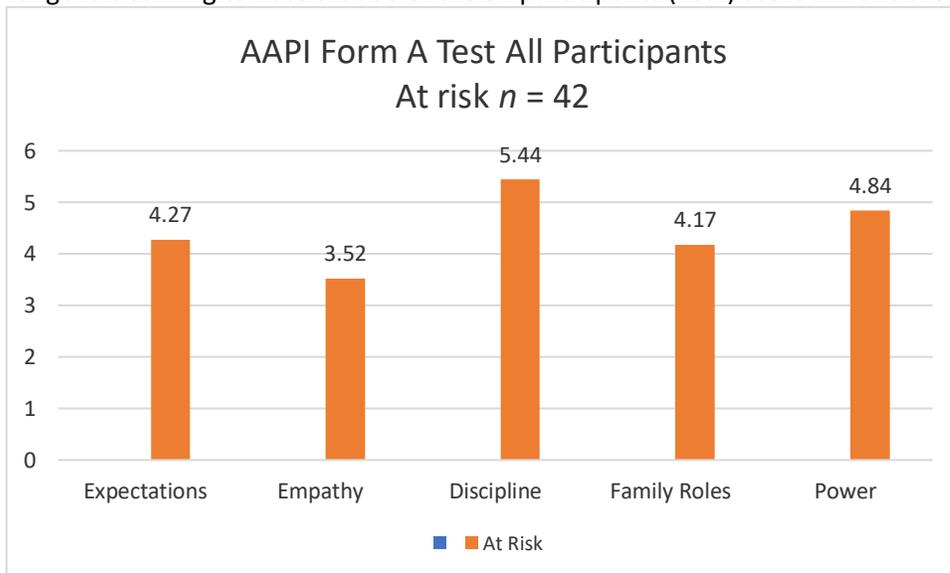
	t	df	p	Cohen's d
Pre Expectations - Post Expectations	-2.983	53	< .002	-0.4059
Pre Empathy - Post Empathy	-5.608	53	< .000	-0.7631
Pre Discipline - Post Discipline	-3.359	53	< .000	-0.4571
Pre Family Roles - Post Family Roles	-4.434	53	< .000	-0.6033
Pre Power - Post Power	-4.953	53	< .000	-0.6740

Descriptives

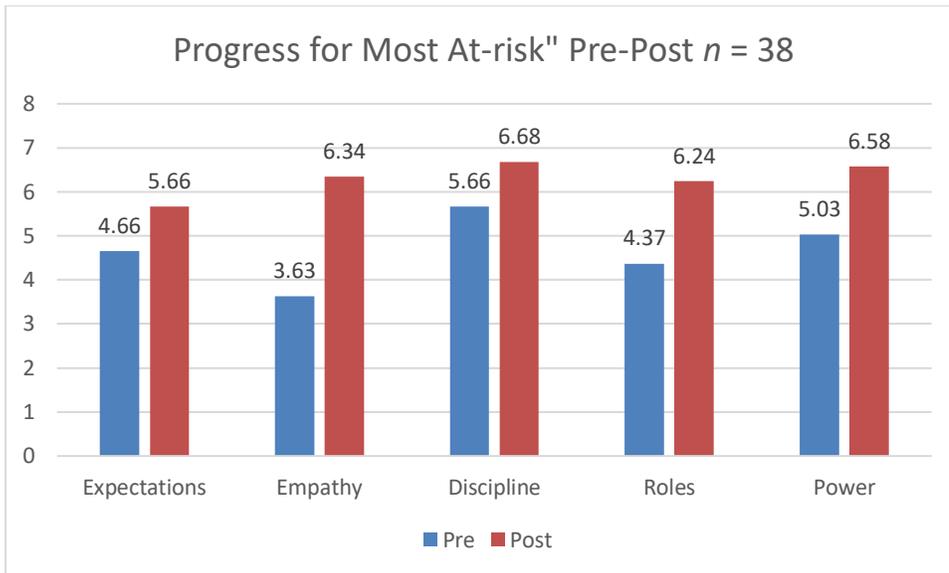
	N	Mean	SD	SE
Pre-Expectations	54	5.15	1.84	.025
Post Expectations	54	6.11	2.12	0.29
Pre-Empathy	54	4.44	2.08	0.28
Post Empathy	54	6.44	2.19	0.30
Pre-Discipline	54	6.02	1.82	0.25
Post Discipline	54	6.89	2.04	0.25
Pre-Family Roles	54	5.04	1.92	0.26
Post Family Roles	54	6.52	2.04	0.28
Pre-Power	54	5.11	2.19	0.30
Post-Power	54	6.74	2.11	0.29

Index of Needs – Scores (Additional Assessment of Risk)

A risk index score was calculated on each subscale from the initial assessments. Families showed a greater risk if a score **was assessed as 1-4 on the pre-test** on any of the subscales of empathy, punishment or family roles. Using this data range it is striking to note that 38 of the 54 participants (70%) scored in this area.



Of the 42 participants identified as “high-risk”, 38 participants, or 90%, completed (were retained) the pre and post assessment with the AAP. Their improvement in the pre and post tests show significant increase in all constructs as shown in the chart below.



Paired Samples T-Test

		t	df	p	Cohen's d
PreExpectations	Post Expectations	-2.38	37	< .011	-0.3702
Pre Empathy	Post Empathy	-3.091	37	< .002	-0.5015
Pre Punishment	Post Punishment	-4.636	37	< .000	-0.7521
Pre Family Roles	Post Family Roles	-4.143	37	< .000	-0.6722
Pre Power	Post Power	-5.142	37	<.000	-0.8341

These paired sampled *t-test* in these construct areas showed that the improved gained was statistically significant and not merely due to random effects. From this, we can conclude that the NPP did have a positive effect on participants' improvement.

Summary

- 54 participants completed an initial and final assessment of the AAPI during their participation in the *NPP 5-19* program. (Note: Program participants who completed the Pre-test after April 16 were not included in the final data analysis in order to allow them the 16 weeks to complete the NPP program).
- Participants tended to decrease their level of risk in all categories of child abuse/neglect. Additionally, most clients improved their scores on each subscale from pretest to posttest.
- Participants that were most "at-risk" by their Pre-test scores moved to not "at-risk" in those areas at statistically significant rates in all construct areas.

Highlights

- This year more than 50% of participants were able to complete the pre and post AAPI assessment after receiving the *Nurturing Parenting Program* sessions. This allowed for better delivery of services and assessment of outcomes.
- Of the 42 participants identified as most at risk or "high-risk", 38 participants, or 90%, completed and were retained in the program as demonstrated with the pre and post assessment of the AAPI. Their improvement in the pre and posttests is noted in the three most critical areas of empathy, alternatives to corporal punishment and family roles at statically significant rates.

- This clearly shows that families most at-risk (high-risk) can be retained in a quality comprehensive program providing 16 weeks of fidelity implementation.
- Empathy had the lowest averages in all groupings considered in this report on the pre-AAPI. There was a statistical increase in empathy between the pre and post assessment. Empathy has been shown to be critical in good parenting. Dr. Bavolek, the developer of the *Nurturing Parent Program* defines empathy as two-fold: (1) the affective capacity to share in another's feelings, by first valuing self and (2) the cognitive ability to understand another's feelings, needs and perspective by first understanding your feelings, needs and perspective. Through the *NPP 5-19* participants are better able to recognize their own feelings, value self, increase their self-awareness and learn to value and provide nurturing care to their children.
- There was an increase scores on alternatives to corporal punishment (dignified discipline) which means there was an increase in alternatives to creating fear, anxiety and a sense of powerlessness in their children's bodies as a means to force them into submission to behave a certain way. Participants have more appropriate forms of discipline that create an environment of cooperation and culture of nurturing.
- There was also an increase seen by participants in the construct of family role. This means participants developed their adult voice and power to make the best decisions for themselves and their children and they understand the purpose for routines, consistency and predictability when raising children.

Recommendations

- When entering the Post-Test (Form B) data, use the Agency Client ID column to enter the number of sessions (group or home visits) completed for that participant. We would like to begin capturing the number of face-to-face services a family receives and verify the variation in improvement with number of lessons and sessions as independent variables.
- Continue to increase the number of Fathers served by the program.
- If possible, assess participants 6 months and 12 months after their completion of the program. This will require pre-planning in order to capture this critical data needed for Families First funding.