

Parenting Education Series Impacts: Highlights from Multnomah Project LAUNCH

Project Background



Beginning in 2011, Multnomah Project LAUNCH began funding an innovative service model, bringing Early Childhood Mental Health Consultation (EC MHC) and Early Childhood Positive Behavior Interventions & Supports (EC PBIS) to three early care and education (ECE) programs and one Healthy Families home visiting program in Portland, Oregon.

Mental health consultants (MHCs) provided consultation and EC PBIS coaching to ECE and home visiting staff and administrators to help prevent child behavior problems, strengthen staff skills, and improve overall quality of early childhood classroom environments and home visiting services.^{1,a,b} MHCs also delivered Incredible Years® (IY) parenting series to provide direct support to parents of children enrolled in the ECE and home visiting programs served through Multnomah Project LAUNCH.

Two IY preschool series, two IY infant-toddler series, one Attentive Parenting® (AP), series and one Balancing Lessons series were offered over four years. Groups met for two hours per week for 6 to 14 weeks. Groups included a mix of didactic instruction, viewing video vignettes, group discussion, practice exercises, and coaching, in addition to out-of-group homework and check-ins by the MHC and between group members.

The IY two preschool series were aimed at parents of children ages 3 to 5 with the goals of strengthening the parent-child relationship, reducing harsh discipline, and supporting parents' ability to promote social and emotional development.² The sessions took place in two of the ECE programs and recruited families from each program.

The two IY infant-toddler series were aimed at parents of children ages 1 month to 3 years in order to help parents bond with their child; support their child's language, social and emotional development; establish routines; and use positive discipline to reduce challenging behaviors.³ The infant-toddler IY series recruited from the home visiting program.

An Attentive Parenting® series was offered to parents across ECE and home visiting programs, but largely enrolled parents from the home visiting program. The AP series aimed to build parent skills to promote their child's self-regulation and social and emotional competence.⁴

The second IY infant-toddler series that was offered was preceded by and linked to a Balancing Lessons (BL) series, which was developed by the EC MHCs and drew on cognitive-behavioral principles to strengthen families' skills in stress management and self-care first. This series set (BL followed by IY infant-toddler) was designed to address families' pressing needs for stress management support, and was implemented in part to help increase family engagement and participation in the subsequent IY parenting skills group. Although families could attend either Balancing Lessons or the subsequent IY infant-toddler series, most parents (11 of 13, 85%) participated in the consecutive BL-IY groups as an extended series.

Participants

A total of 91 participants enrolled in the parenting education series, representing 86 parents who attended at least one group. Fifty-seven (57) of 91 participants attended half or more of the sessions in their series, resulting in a rate of 63% of participants receiving an adequate program "dosage" thought to impact child and parent outcomes.

Among participants who attended at least one group, 53 "target" children were represented, i.e., the primary child for whom the series was intended to benefit. Two-thirds (66%) of these children were identified as White. Among participants who attended half or more of sessions, 37 target children were represented, 70% of whom were identified as White.

Fidelity

MHCs utilized checklists developed for IY series to assess the extent to which each group session and series overall was delivered as intended. The goal was to achieve a fidelity rate of 75% or higher; the mean rate for Multnomah Project LAUNCH series was 80%.

Evidence of Effectiveness

Of the 57 participants who received adequate dosage, 46 (81%) provided pre- and post-series data by completing questionnaires related to parent stress⁵, depression⁶, and use of harsh discipline⁷, as well as child challenging behavior⁸, initiative, attachment/relationships, and self-regulation⁹.

Parent Outcomes

As shown in Table 1, no significant changes were observed in parents' report of stress, parenting demands, and depressive symptoms. Parent-reported use of harsh discipline, however, did decrease significantly from series start to series end.

Table 1. Pre-Post Parent Domain Mean Scores

Domain	Pre Mean Score (sd)	Post Mean Score (sd)	Significant?
<i>Decrease indicates improvement</i>			
General distress (N=44)	16.8 (5.9)	16.9 (7.7)	No
Parenting demands (N=44)	13.4 (4.3)	13.2 (5.1)	No
Depressive symptoms (N=43)	4.5 (4.8)	4.3 (4.4)	No
Harsh discipline (N=23)	1.6 (.3)	1.4 (.2)	$p < .05$

Child Outcomes

Although changes in parenting outcomes were generally not statistically significant, parents did report significant reductions in child problem behavior, and significant improvements in child initiative, attachment/relationships, and self-control.

Changes in child outcome domain means scores are presented in Table 2.

Table 2. Pre-Post Child Domain Mean Scores

Domain	Pre Mean Score (sd)	Post Mean Score (sd)	Significant?
<i>Decrease indicates improvement</i>			
Problem behavior frequency (N=30)	117.3 (25.4)	107.2 (15.8)	$p < .05$
Problem behavior intensity (N=30)	10.5 (6.4)	5.5 (4.6)	$p < .001$
<i>Increase indicates improvement</i>			
Child initiative (N=37)	47.2 (7.9)	53.9 (9.3)	$p < .001$
Child attachment/relationships (N=37)	46.9 (9.3)	53.2 (11.1)	$p < .001$
Child self-control (N=31)	46.8 (9.7)	52.0 (9.3)	$p < .01$
Child total protective factors (N=37)	43.3 (9.6)	48.9 (9.1)	$p < .001$

Participants also provided positive feedback through series satisfaction evaluations at the last group session. In the words of one parent:

"This class changed my life! It made me much more confident as a parent and gave me some great, practical tools. I'm very grateful I had the opportunity to learn from [the MHCs]."

– IY Series Participant

What Makes the Groups Work?

Key Elements of IY Series

Partnering with ECE and home visiting program staff to recruit families. Building on positive staff relationships with families, MHCs leveraged staff trust to create opportunities for nonjudgmental conversations with parents about the benefits of parenting series and supports.

Offering tangible supports to encourage attendance, including meals, child care, materials, and incentives (chocolate, small increment gift cards). MHCs also considered transportation challenges and helped families develop travel plans in order to attend group sessions.

Building a support network through weekly check-in calls by the MHC and "buddy calls" or texts between group members to encourage skills practice and establish relationships between parents.

Monitoring group fidelity to assess the extent to which the series was delivered as originally intended by the developer in order to impact child outcomes.

Key Benefits

As shown through child outcome data, key benefits were observed through **increased child protective factors**, including initiative, attachment/relationships, and self-control. Benefits were also observed in terms of **reduced**

child problem behavior frequency and intensity.

Parents also reported **increased connections with other parents**, reducing social isolation. MHCs reported that parents who participated in the first IY infant-toddler series, in particular, experienced this benefit and continued to meet informally outside of group sessions and after the series ended, in order to maintain their social network established through the series.

Key Challenges

The **time required** of MHCs to recruit families and facilitate groups resulted in fewer hours per week they were available for individual or program

consultation during the series period. The demand for the consultant's time outpaced her availability.

*"Sharing personal stories/experiences with other parents!"
– IY Series Participant, when asked what was most helpful about the series*

Attendance/retention of families remained an ongoing challenge for MHCs. MHCs had to proactively identify potential barriers and work with families to increase the likelihood they would be able to attend regularly and receive adequate series dosage.

Completing requisite enrollment and evaluation forms was described as a challenge by both the MHCs and families. MHCs had to balance the need for program and evaluation data with the interests of families to quickly dive in to relationship- and skill-building, unhindered by burdensome paperwork requirements.

Lessons Learned

Relationship-building needed to be an intentional piece between MHCs and both staff and families in order to build trust quickly and ensure a positive experience for families to build skills and gain support.

*"[MHCs] both were patient, understanding, helpful, and seemed to genuinely have care and concern for us and our children."
– IY Series Participant*

Adapting tangible supports to the participants in a given series to promote attendance based on their needs. For some groups, transportation may emerge as a key issue, for others it may be the need for small

but consistent incentives that helps them prioritize attendance each week.

Responding to parent needs was critical to the success of the second IY infant-toddler series. By building in the Balancing Lessons content first, parents were able to practice and adopt stress management techniques, enabling them to more easily receive and utilize the parenting skills taught and practiced through the IY series.

*"It's going to be a great feeling to know I have added more tools to my parenting kit."
– IY Series Participant*

References

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Endnote

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