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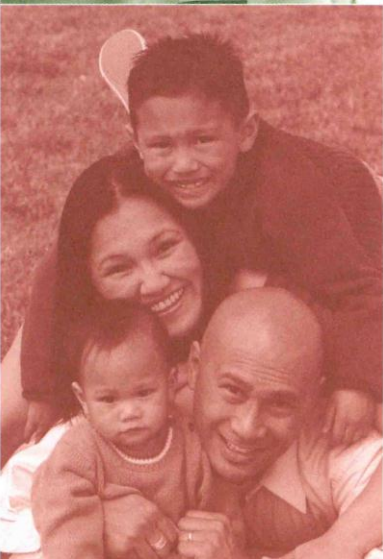


Practical Parent Education

*An evaluation of the Back to Basics series:
A final report*



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A final report*

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Executive summary

Practical Parent Education (PPE) provides curriculum, training, and support to parent educators nationwide to facilitate their implementation of successful parenting programs. Based in McKinney, Texas, PPE has developed a parenting education curriculum that consists of more than 50 modules addressing a wide range of childrearing topics. Individual modules can be selected and implemented as needed, allowing parent educators to tailor parent education classes to the needs of diverse populations within varied settings. Some modules or lessons have been intentionally packaged together to create a parent education series that focuses on specific parenting issues and/or targeted populations. One such series is *Back to Basics*, a typically six-session course that focuses on key, broad-based parenting topics such as parenting styles and the family system; positive communication and the expression of feelings; conflict management; self-esteem of children and parents; positive discipline techniques; and stress management.

Overview of the evaluation

The evaluation of Practical Parent Education focused on the *Back to Basics* series of lessons and assessed both process and outcome/impact aspects of the series. The process evaluation included: a) gathering descriptive information about participating parent educators and families, b) assessing the implementation of the series and parents' participation, and c) assessing parent satisfaction with the series. The aim of the outcome evaluation was to assess the impact of the *Back to Basics* series on both parents and their children.

The evaluation employed a quasi-experimental design, including a nonrandomized comparison group of parents who did not participate in the *Back to Basics* series. Parents completed several standardized parenting and child assessments prior to their participation in the first lesson of *Back to Basics* (pretest), immediately following the last lesson (posttest), and for program participants, approximately six months after they completed the *Back to Basics* series. At each time point, parents reported on specific dimensions of their parenting such as attachment, discipline practices, involvement, parental distress, and parent-child interactions, as well as their children's behavior and well-being.

The parents who participated in the evaluation were a diverse group, spanning a range of ages, races, education levels, incomes, geographic locations, and other individual and household characteristics. Program participants were exposed to 14 lessons about parenting issues through the *Back to Basics* series, generally across three to eight sessions over the period of about one month.

Key findings

In general, the results from the standardized assessments suggest some potential benefits and modest improvements in parenting and child outcomes associated with the PPE *Back to Basics* parenting series:

- Program participants showed some improvements in standardized assessments of parent-child attachment over time, including at the six-month follow-up.
- All participating parents reported that the series helped them learn how to become a better parent.
- All parents were highly satisfied with the *Back to Basics* series and would recommend it to other parents.
- Children's conduct problems, as perceived by parents, showed modest improvements over time, including at follow-up.
- Parents reported that their child's peer relationships improved over time.

While these results indicate that the series yielded some short- and longer-term benefits for program participants and their children, there were no changes in other domains of parenting and child well-being assessed in the study. Results do suggest, however, a potential relationship between additional parenting education (beyond the *Back to Basics* series) and more positive parenting skills and child outcomes in the future.

Overall, the findings must be considered in the context of the parenting intervention itself. The *Back to Basics* series is relatively brief, comprised of 14 lessons, typically taught across 3 to 6 sessions. Furthermore, in this particular study, the time that elapsed between pretest and posttest was relatively short (approximately one month). The expectation that a somewhat low-intensity parenting intervention would result in significant change in complex outcomes like parenting or child behavior within such a short time frame may not be realistic. Although the series is designed to address key, common parenting issues, it is possible that the exposure is not intense enough to produce measurable change, particularly at posttest. The fact that outcomes appear somewhat better for parents who went on to participate in additional parenting education beyond the *Back to Basics* series supports the notion that follow-up parenting education classes after a core parenting series like *Back to Basics* may act as a “booster” which helps to sustain or extend the benefits imparted by the original course.

Program background

Practical Parent Education (PPE) provides curriculum, training, and support to parent educators nationwide to facilitate their implementation of successful parenting programs. Based in McKinney, Texas, PPE has developed a parenting education curriculum that consists of more than 50 modules addressing a wide range of childrearing topics. Individual modules can be selected and implemented as needed, allowing parent educators to tailor parent education classes to the needs of diverse populations within varied settings.

Prior to using the curriculum, parent educators are required to attend a comprehensive three-day training in which they learn about family systems and lifespan development theory, the benefits to children of effective parenting skills, strategies for increasing parental capacity and involvement, group facilitation skills, short-term and long-term goals of parent education programs, and more. Through the services provided to parent educators, Practical Parent Education aims to provide parents with the support, parenting skills, and resources needed in order to raise responsible, self-confident, mentally healthy children.

Some modules or lessons have been intentionally packaged together to create a parent education series that focuses on specific parenting issues and/or targeted populations. One such series is *Back to Basics*, a typically six-session course that focuses on key, broad-based parenting topics. The series can be used in multiple settings with a wide array of caregivers, parenting children of any age. More specifically, the series addresses parenting styles and the family system; positive communication and the expression of feelings; conflict management; self-esteem of children and parents; positive discipline techniques; and stress management. The goal of the series is to provide parents with the knowledge and skills needed to establish a healthy family climate that nurtures the development of responsible young adults.

Overview of evaluation

The evaluation of Practical Parent Education focused on the *Back to Basics* series of lessons and assessed both process and outcome/impact aspects of the series. The process evaluation included: a) gathering descriptive information about participating parent educators and families, b) assessing the implementation of the series and parents' participation, and c) assessing parent satisfaction with the series. The aim of the outcome evaluation was to assess the impact of the *Back to Basics* series on both parents and their children.

Evaluation design

The evaluation employed a quasi-experimental design, including a nonrandomized comparison group of parents who did not participate in the *Back to Basics* series. This approach provides increased assurance that any changes in parenting or child behavior are the result of parents' participation in the *Back to Basics* series of lessons.

Parenting was assessed at three points in time in order to examine potential changes in parenting skills and the long-term maintenance of those skills over time. Parents completed assessments prior to their participation in the first lesson of *Back to Basics* (pretest), immediately following the last lesson (posttest), and for program participants, approximately six months after they completed the *Back to Basics* series. At each time point, parents were asked to self-report on specific dimensions of their parenting, including: attachment, discipline practices, involvement, parental distress, and parent-child interactions. Information about children's behavior and well-being was gathered from parents at these same time points to assess whether the skills and knowledge parents have gained translate into improvements in their children's behavior and interactions at home and/or school. Aspects of the parent-child relationship were also examined.

Because the purpose of the follow-up interviews was to assess for the maintenance of certain outcomes (e.g., parenting behaviors) and the emergence of other, longer-term outcomes (e.g., changes in child behaviors), the interviews were conducted with program participants only.

Evaluation instruments

Parents provided information on their perceived parenting skills, their relationship with their children, and their child's behaviors and performance in school through the completion of a family information form and three standardized assessments (see the appendix for more information about the tools):

- 1) **Family Information Form.** In addition to collecting background information about the family, this form asked parents to report on their child's performance in school and relationships with teachers and peers (if the focal child was school-aged).
- 2) **Parenting Stress Index – Short Form (PSI-SF).** The PSI-SF is a 36-item assessment completed by parents that identifies dysfunctional parenting and predicts the potential for parental behavior problems and child adjustment difficulties. It is a briefer version of the 120-item Parenting Stress Index, and can be completed by parents of children ages 1 month to 12 years.
- 3) **The Parenting Relationship Questionnaire (PRQ).** The PRQ is an assessment of parents' perceptions of the following parenting practices: attachment, communication, discipline, involvement, confidence, satisfaction with child's school, and relational frustration. It is available in two versions: a 45-item assessment for parents of preschool children (ages 2-5), and a 71-item assessment for parents of older, school-aged children (ages 6-18).
- 4) **The Eyberg Child Behavior Inventory (ECBI).** The ECBI is a 36-item assessment of parents' perceptions of the frequency of their child's behaviors (specifically, conduct-related problems) and whether or not those behaviors are a problem. The inventory can be completed by parents of children ages 2 to 16.

Recruitment of parent educators and parents

Parent educators on the PPE listserv were contacted by Wilder Research and invited to participate in one of two components of the study: a) the experimental group, which would involve teaching the *Back to Basics* series to a group of parents and administering the pretest and posttest surveys to them, and b) the comparison group, which would involve identifying a group of parents who did not have exposure to *Back to Basics* and administering the pretest and posttest surveys to them. Parent educators interested in participating were responsible for recruiting parents to participate.

All parents who participated in the evaluation received a \$10 gift card for their participation in the pretest-posttest phase of the study. Parent educators in both groups received a \$20 gift card for their efforts, as well as discounted subscriptions to PPE or free training in exchange for their participation.

Pilot phase

To determine the most appropriate tools and approaches for gathering this information, a pilot phase of the evaluation was implemented from April to September 2009. Three parent educators participated in the pilot phase of the evaluation and provided parent and child data. Findings from the pilot phase were reported out in a separate report in May 2010. Feedback was also gathered from both parent educators about the administration process, as well as participants about their experience completing the tools (e.g., amount of time needed, comprehension of items). This feedback resulted in a number of modifications that were made to the evaluation process prior to the implementation of the full evaluation in October 2009.

Limitations of the data

The following evaluation results should be considered in light of several limitations of the existing data.

First, matched pretest-posttest information was available for a relatively small number of individuals in each group. The intent was to include approximately 100 parents in each group, but this goal was not met for multiple reasons including: difficulty recruiting parent educators to participate; lower than anticipated participation rates in each class; attrition among parents during the course; and missing data (e.g., the participant did not fully complete all forms at each time point).

Secondly, the time between pretest and posttest was short (approximately one month). The expectation that significant change would occur in complex outcomes like parenting or child behavior is not necessarily realistic within such a brief time frame. Therefore, it is important to assess these outcomes at the 6-month follow-up.

In addition, related to the short duration between pretest and posttest is the intensity of the parenting intervention. The *Back to Basics* series is comprised of 14 lessons, typically taught across 3 to 6 sessions. Although the series is designed to address key, common parenting issues, it is possible that the exposure is not intense enough to produce measurable change, particularly at posttest.

Finally, multiple tools, including several standardized assessments, were included in this evaluation. Although these tools were selected because of their relevance to the general topics addressed by the curriculum and their good psychometric properties, it may be that these instruments are not sensitive enough to detect change in all areas, or the specific areas addressed by the *Back to Basics* series.

Focus of the report

The following report summarizes the findings from the pretest (baseline) period, posttest period, and at the 6-month follow-up interviews. Results include a comparative analysis of outcomes for program participants and their children, and the comparison group and their children, at pretest and posttest, as well as a time series analysis of outcomes for program participants over time (i.e., from pretest to posttest to follow-up). The report also includes descriptive information about the participating parent educators and parents (including those who participated in the *Back to Basics* series and those in the comparison group).

Process evaluation results

The following is a summary of the findings from the process evaluation of the *Back to Basics* series offered through Practical Parent Education (PPE).

Overview

Matched pretest-posttest data were available for a total of 56 parents in the program participant group, and 37 parents in the comparison group. It should be noted, however, that not all of these parents completed all of the data collection tools at each time point, so the totals reported vary by instrument. A total of 66 program participants and 41 comparison group parents completed pretest data but did not go on to provide posttest data for various reasons; most often, this was because parents did not continue participating in the *Back to Basics* series or because the tool was not appropriate given their child's age. Those individuals were excluded from the analyses.

A total of 42 parents were eligible to participate in the six-month follow-up interviews (it was determined that some parents who had participated in the pretest and/or posttest were no longer eligible for various reasons, such as the age of their child, changes in their parenting status, or the lack of complete data at pretest and posttest). Follow-up interviews were completed with a total of 29 parents for a response rate of 69 percent. The most common reason for non-participation in the interviews was no contact (no answer) by the respondent after a minimum of 11 attempts.

Program participants were from several regions across the country. Most (55%) completed the *Back to Basics* series in Texas. Others completed the series in Virginia (25%), Oklahoma (13%), and Washington State (7%). All of the comparison group participants were from various regions across Texas.

Program participants participated in anywhere from three to eight sessions of *Back to Basics*, depending on how many PPE lessons were included in a single session and if instructors added on sessions to accommodate the evaluation. Most parents participated in six sessions each. As a result, sessions ranged in length from 1.25 to 2.5 hours. About half of the instructors (57%) taught the sessions in a community setting, while the remainder (43%) taught the series in a school setting. On average, there was a 31 day span between pretest and posttest for program participants, although this ranged from 14 to 43 days. For comparison group participants, the number of days between pretest and posttest ranged from 20 to 23 days, or an average of 21 days.

Description of parent educators

A total of seven instructors participated in the experimental group, and two facilitators participated in the comparison group. Figures 1-2 summarize information about the instructors in the experimental group who taught the *Back to Basics* series and the facilitators who administered surveys to the comparison group of parents. The instructors had a range of experience teaching parent education (less than 1 year to 32 years) and using the PPE lessons (less than 6 months to 7 years). For six of the seven instructors, their participation in the evaluation was their first experience teaching the *Back to Basics* series. The facilitators had less experience teaching parent education (less than 2 years) and using PPE (less than 6 months). Most of the instructors (N=5) also held college or graduate degrees; the two facilitators had a high school diploma and some college experience, respectively (Figures 1-2).

1. Parent education experience of Back to Basics instructors and facilitators

Type of experience	Number of instructors (N=7)	Number of facilitators (N=2)
Experience teaching parent education (general)		
Less than one year	1	1
1 - 2 years	2	1
3 - 4 years	2	0
5 - 10 years	1	0
More than 10 years ^a	1	0
Experience using PPE (any lessons)		
Less than 6 months	3	2
6 months - 1 year	3	0
More than 1 year ^b	1	0
First-time teaching Back to Basics series		
Yes	6	2
No	1	0

^a The instructor indicated 32 years of experience teaching parent education.

^b The instructor indicated 7 years of experience using PPE.

2. Education and licensure of instructors and facilitators

	Number of instructors (N=7)	Number of facilitators (N=2)
Highest education level completed		
High school diploma/GED	1	1
Some college	1	1
College graduate (BA, BS)	1	0
Graduate/professional degree	4	0
Licensure status		
Licensed Master Social Worker	1	0
Licensed Child Care Administrator	1	0
Licensed Mental Health Counselor Associate	1	0
No license held	4	0

Description of parents

Both program participants and comparison group parents provided background information about themselves and their families at pretest, or baseline. For program participants, this was prior to the start of their first *Back to Basics* class. Both English- and Spanish-speaking parents were eligible to participate in the evaluation, and evaluation materials were available in both languages.

Parent education experience

Program participants were significantly more likely to report previous experience with parent education than comparison group parents. Two-thirds of program participants (67%), compared to less than half of parents in the comparison group (44%), had previously participated in some form of parent education (Figure 3). Program participants were referred to the course by multiple sources, including their children's teacher or school administrator (19%), child care programs (18%), a family member or friend (8%), Child Protective Services or the court system (6%), or a counselor/therapist (2%). Many (31%) were not referred and simply chose to attend the class on their own. Eight parents (16%) were required to participate in a parenting education course (Figure 4).

Among program participants, most parents (69%) attended all of the *Back to Basics* sessions; one-quarter (25%) missed one session, and six percent missed two sessions. Parents who missed too many sessions were excluded from the analyses (i.e., more than one of three sessions, two of six, or three of eight). See Figure 5 for more information about attendance.

3. Parents' previous experience with parent education

	Program participants (N=51)		Comparison group (N=36)	
	N	%	N	%
Previously attended a parent education class	34	67%*	16	44%*
1 to 3 classes	8	24%	10	63%
4 to 6 classes	8	24%	2	13%
7 to 10 classes	3	9%	1	6%
More than 10 classes	14	42%	3	19%

Note. Differences between groups were tested using chi-square tests. Differences are significant at * $p < .05$, ** $p < .01$, and *** $p < .001$.

4. Back to Basics referral source: Program participants (N=51)

	N	%
Participation in a parenting course is mandatory	8	16%
Referred to the class		
By doctor/nurse/pediatrician	0	0%
By counselor or therapist	1	2%
By family member or friend	4	8%
By child's teacher/school administrator	10	19%
Child care programs/day care	9	18%
Court system or Child Protective Services	3	6%
No one referred me (self-referral)	16	31%
Other ^a	8	16%

Note. Parents could indicate multiple referral sources, so totals exceed 100 percent.

^a Other referral sources include: Department of Social Services/foster care agency (n=3), children's support services/programming (n=1), school classes (n=1), co-worker (n=1), and a specific instructor (n=1).

5. Parent attendance in Back to Basics class: Program participants

	Program participants (N=52)	
	N	%
Attended all sessions	36	69%
Missed one session	13	25%
Missed two sessions	3	6%

Note. The total number of sessions for any Back to Basics series varied from 3 to 8, depending on how many lessons an instructor included in a single session. Parents who missed more than one of three sessions, two of six, or three of eight, were excluded from the analyses.

Demographic characteristics

Program participants and those participating in the comparison group were similar on some demographic characteristics. Most were female (87-95%), between the ages of 22 and 50 (82-97%), and either married (56-68%) or separated, divorced, or widowed (22-25%) (Figure 6). The highest level of education completed by parents in both groups was also comparable. Most had either a high school diploma/GED (22-31%), some college experience (23-35%), or a two-year/technical college degree (11-17%) (Figure 7). The two groups were also fairly similar in terms of employment status, with slightly more than one-quarter (28-30%) being stay-at-home parents and about one-third to one-half (33-54%) employed full-time (Figure 7).

Parents in the two groups differed on other characteristics, however. There were significantly more White parents in the comparison group (81%) than in the program participant group (35%). Conversely, there were significantly more Hispanic parents in the program participant group (29%) than in the comparison group (0%). In addition, parents in the comparison group were significantly more likely than program participants were to report English as their primary language (97% of comparison group parents, compared to 77% of program participants). The remaining program participants (23%) identified Spanish as their primary language (Figure 6).

6. Demographic characteristics of parents at pretest

	Program participants (N=51-52)		Comparison group (N=37)	
	N	%	N	%
Gender				
Female	45	87%	35	95%
Male	7	14%	2	5%
Age				
17 or younger	1	2%	0	0%
18 to 21	1	2%	0	0%
22 to 30	10	20%	4	11%
31 to 40	19	37%	23	62%
41 to 50	13	25%	9	24%
51 to 60	5	10%	1	3%
61 or older	2	4%	0	0%
Race/ethnicity				
White/Caucasian	18	35%***	30	81%***
African American/Black	18	35%	6	16%
Hispanic/Latino	15	29%***	0	0%***
Other ^a	1	2%	1	3%
Primary language in household				
English	40	77%**	36	97%**
Spanish	12	23%	0	0%
Other (German)	0	0%	1	3%
Marital status				
Married	29	56%	25	68%
Separated/divorced/widowed	13	25%	8	22%
Single, never married	6	12%	2	5%
Living with a partner	4	8%	2	5%

^a One program participant described his/her race/ethnicity as Italian. The parent in the comparison group did not specify his/her race/ethnicity.

Note. The average age of parents was: 39 years (for program participants) and 37 (for control group participants).

Note. Differences between groups were tested using chi-square tests. Differences are significant at * $p < .05$, ** $p < .01$, and *** $p < .001$.

7. Education and employment status of parents at pretest

	Program participants (N=51-52)		Comparison group (N=37)	
	N	%	N	%
Highest education level completed				
Eighth grade or less	4	8%	0	0%
Some high school	3	6%	3	8%
High school graduate or GED	16	31%	8	22%
Some college	12	23%	13	35%
Two-year degree or technical college	9	17%	4	11%
College graduate	4	8%	2	5%
Some post-graduate work or professional school	1	2%	3	8%
Graduate/professional degree	3	6%	4	11%
Employment status				
Stay-at-home parent/guardian	14	28%	11	30%
Employed full-time	17	33%	20	54%
Employed part-time	10	20%	2	5%
Unemployed	5	10%	2	5%
Not working due to disability	1	2%	1	3%
Retired	2	4%	1	3%
Other ^a	2	4%	0	0%

^a One parent described his/her employment status as a registered childcare provider, and one parent described her status as a student.

Note. Differences between groups were tested using chi-square tests. There were no significant differences between groups.

Household characteristics

The household characteristics of parents in both groups were generally comparable. In most of the households, there were at least two adults present (66-79% of households), and between one and three children (69-75% of households). About half of the parents owned a home (46-49%), and the other half rented (46-48%). Almost all households (88-92%) earned less than \$80,000 annually, with about one-third (32-35%) reporting less than \$20,000 a year (Figure 8). About one in five respondents were single parents, whereas about one-half to two-thirds were co-parenting with a spouse or partner with whom they lived (Figure 9).

Custody status did differ among parents in the two groups. Parents in the comparison group were significantly more likely to have legal custody of all of their children (97%), compared to program participants (80%) (Figure 10).

8. Description of household at pretest

	Program participants (N=50-52)		Comparison group (N=37)	
	N	%	N	%
Number of adults living in the household				
One adult	17	34%	8	22%
Two adults	24	48%	23	62%
Three adults	7	14%	5	14%
Four adults	2	4%	1	3%
Number of children living in the household^a				
None	12	23%	0	0%
One child	15	29%	6	16%
Two to three children	21	40%	22	59%
Four to five children	3	6%	9	24%
Six or more children	1	2%	0	0%
Housing situation				
Rents a home/apartment	25	48%	17	46%
Owns home	24	46%	18	49%
Living with friend/relative	3	6%	2	5%
Total annual income of household				
\$10,000 or less	7	15%	2	6%
Between \$10,001 and \$20,000	9	20%	9	26%
Between \$20,001 and \$40,000	16	35%	9	26%
Between \$40,001 and \$60,000	6	13%	6	17%
Between \$60,001 and \$80,000	4	9%	5	14%
Between \$80,001 and \$100,000	2	4%	2	6%
More than \$100,000	2	4%	2	6%

^a The age of children living in the household ranged from 1 to 20 years of age.

Note. Differences between groups in terms of income were tested using chi-square tests. There were no significant differences between groups.

9. Parenting status at pretest

	Program participants (N=50)		Comparison group (N=37)	
	N	%	N	%
Single parent/guardian	9	18%	8	22%
Co-parenting with a spouse/partner living in the household	27	54%	25	68%
Co-parenting with a spouse/partner living elsewhere	9	18%	4	11%
Other	5	10%	0	0%

Note. Parents also described their parenting status as grandparents, having grown children, and working professionally with children.

Note. Differences between groups were tested using chi-square tests. There were no significant differences between groups.

10. Custody status of children at pretest

	Program participants (N=50)		Comparison group (N=36)	
	N	%	N	%
All children are currently in parent's legal custody	40	80%**	35	97%**

Note. Program participants without custody describe the various custody situations: in the process of trying to regain custody ($n=3$), have foster children ($n=3$), transferred custody ($n=1$), and awaiting placement of child in home ($n=1$). Parent in comparison group without custody describes the custody situation as follows: transferred custody ($n=1$).

Note. Differences between groups were tested using chi-square tests. Differences are significant at $*p < .05$, $**p < .01$, and $***p < .001$.

Experiences with social support and stressful life events¹

Parents in both groups generally reported high levels of social support. At least 9 in 10 parents in both groups said that they had someone they could talk to about problems, someone they could spend time with doing fun activities, and someone who could give them a ride if needed. Many also reported having someone in their life who would watch their children for them (84-95%), help with household chores (76-80%), and loan them money if they needed it (76-78%) (Figure 11). Few parents had experienced specific stressful life events in the year prior to their participation in the evaluation. The most

¹ Items assessing social support and stressful life events were developed by the researcher based on literature and other research conducted on these topics.

common stressors for parents in both groups were household members starting new jobs (16-30%), moving in or out of the household (16-24%), and losing jobs (14%) (Figure 12).

11. Social support of parents at pretest

	Program participants (N=51-52)		Comparison group (N=37)	
	Number who said "yes"	Percent who said "yes"	Number who said "yes"	Percent who said "yes"
Right now, do you have someone in your life who...				
You can talk to about your problems or concerns?	50	96%	36	97%
Will watch your children for a few hours?	43	84%	35	95%
Will help you with household chores?	41	80%	28	76%
Will loan you money if you need it?	40	78%	28	76%
Will give you or your children a ride if you need it?	47	90%	36	97%
You can spend time with doing fun things?	50	96%	34	92%

12. Stressful life events experienced by parents at pretest

	Program participants (N=50-51)		Comparison group (N=37)	
	Number who said "yes"	Percent who said "yes"	Number who said "yes"	Percent who said "yes"
In the last 6 months, has...				
An adult in your household started a new job?	15	30%	6	16%
An adult in your household lost a job unexpectedly?	7	14%	5	14%
Someone in your household become seriously ill or injured?	5	10%	4	11%
Someone in your household moved in or out?	12	24%	6	16%
Someone in your household died?	0	0%	1	3%
Some in your household got married?	2	4%	0	0%
Someone in your household became pregnant?	3	6%	0	0%
Someone in your household became separated or divorced?	2	4%	2	5%
Someone in your household got into trouble with the law?	2	4%	3	8%
Someone in your household had an alcohol or drug problem?	1	2%	2	5%
Someone in your household was involved in a personal relationship with someone who hit them, slapped them, or pushed them around, or threatened to do so?	2	4%	2	5%

Description of children

Parents were also asked to provide some basic background information about their children. For parents of more than one child, the parent was asked to answer all evaluation questions in relation to one of their children (the “focal” child). Focal children ranged in age from 0 to 18 years of age; the average age of the focal child was 8 (for program participants) or 9 (for control group participants) (Figure 13).

Few parents reported that these children had any health issues or other conditions, although about one-third of program participants (38%) and 16 percent of comparison group parents said their child had emotional or behavioral problems (Figure 14). The fact that a substantial number of program participants in particular reported emotional/ behavioral problems among the “focal child” is not surprising given that some parents seek out parent education classes because their child exhibits these types of issues. Parents were also encouraged to identify their most “challenging” child as the focal child, thus increasing the proportion of focal children with emotional/behavioral issues.

13. Ages of focal children

Age	Program participants (N=47)		Comparison group (N=37)	
	Number of children	Percent of children	Number of children	Percent of children
0 to 2 years	2	4%	0	0%
3 to 5 years	8	17%	5	14%
6 to 9 years	23	49%	19	51%
10 to 12 years	6	13%	9	24%
13 to 15 years	4	9%	2	5%
16 to 18 years	4	9%	2	5%

Note. The average age of the focal children was: 8 years (for program participants) and 9 years (for comparison group parents).

14. Health and well-being of focal children at pretest

Child has...	Program participants (N=40)		Comparison group (N=37)	
	N	%	N	%
A physical disability	2	5%	2	5%
A learning disability	1	3%	4	11%
A mental or cognitive disability	0	0%	2	5%
A chronic health condition	2	5%	3	8%
Emotional or behavioral problems	15	38%	6	16%

Note. Parents described a range of conditions, primarily ADHD and asthma. Other conditions include: anxiety, Emotional Behavioral Disorder, Oppositional Defiant Disorder, depression, speech, bedwetting, delayed development, socially withdrawn, dyslexia, and relationship-based issues.

Outcome evaluation results

The following summarizes the results from the *Back to Basics* evaluation, including pretest-posttest comparisons between program participants and the comparison group, and an analysis of changes in outcomes for program participants at pretest, posttest, and the 6-month follow-up.

Comparison of groups

Before the analysis of outcomes was performed, program participant and comparison group parents were compared on a range of demographic variables at pretest to assess whether there were differences between groups that could influence the results. Participants were compared on the following characteristics: prior parent education experience; age; gender; primary language; race/ethnicity; education level; employment status; household income; marital status; parent status; and custody of children. Parents in the two groups were found to significantly differ with regard to their previous parent education experience, primary language, race/ethnicity, and custody status, as described above.

To account for these group differences, outcome analyses were conducted in two ways: weighting the variables to control for the effects of these particular variables (using inverse probability of treatment weights, or IPTW) and unweighted. The weighted variables failed to exert any meaningful influence on the findings, so results from the unweighted analyses are reported here.

In addition, the 56 program participants for whom matched pretest-posttest data were available were compared to the 27 program participants who participated in all three data collection periods (pretest, posttest, and follow-up) to assess whether those who participated in the follow-up differed from the original group of program participants. The two groups were similar on most characteristics, although those who went on to participate in the follow-up interviews were significantly more likely to be female (96% vs. 75%), Hispanic/Latino (43% vs. 13%), and more likely to speak Spanish as their primary language (36% vs. 8%).

Parenting outcomes

Changes in parenting were assessed using two standardized instruments: the Parenting Stress Index – Short Form (PSI) and the Parenting Relationship Questionnaire (PRQ). The PSI assesses parenting along three domains – Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child, plus a Total Stress score. The PRQ assesses parenting in multiple domains; three of these scales were examined in this study: Attachment, Discipline Practices, and Involvement. In addition, parents reported their perceived changes in their own parenting.

Parenting Stress Index (PSI)

Pretest to posttest comparison of program participants and the comparison group

Scores on the PSI from pretest to posttest were comparable for the program participants and comparison group parents. Controlling for differences at pretest, scores on each of the PSI subscales at posttest were similar across the two groups of parents (Figure 15). In general, most parents' scores (65% to 80%) fell into the “normal” range of parenting at both time points on each of the PSI subscales (Figures 16-19). Some parents did show improvement on each of the subscales (between 6% and 13% of parents), but program participants were no more likely to improve than the comparison group.

Although not statistically significant, there is a modest trend indicating that on several scales, somewhat more program participants had scores that either improved or remained within the normal range or parenting between pretest and posttest than did comparison group participants. For example, on the Parental Distress subscale, a measure of the distress a parent is experiencing in his/her role as a parent, 93 percent of program participants were in the normal range at posttest compared to 83 percent of the comparison group (Figure 16). Similarly, 84 percent of program participants were in the normal range at posttest on the Difficult Child subscale, compared to 71 percent of comparison group parents (Figure 18). This subscale assesses the basic behavioral characteristics of children that make them easy or difficult to parent.

15. Parenting Stress Index – Short Form results (adjusted means)

Domains	Possible range	Program participants (N=41-45)	Comparison group (N=34-35)
Parental Distress	12 – 60	22.5	23.4
Parent-Child Dysfunctional Interaction	12 – 60	19.6	21.2
Difficult Child	12 – 60	25.3	26.6
Total Stress	36 – 180	67.6	70.3

Note. Adjusted (raw score) means are reported. Scores at or above the following fall outside of the range of “normal” parenting behavior (i.e., problematic): parental distress (33 or above); parent-child dysfunctional interaction (26 or above); difficult child (33 or above); and total stress (86 or above).

Note. Significance tests (ANCOVAs) were conducted within groups, using a matched pair comparison, at each point in time, controlling for baseline differences in scores. There were no significant differences between groups.

16. Parenting Stress Index – Short Form results: Changes in Parental Distress percentile rankings

Change in parenting from pretest to posttest	Program participants (N=45)		Comparison group (N=35)	
	N	%	N	%
Improved (from clinical to normal)	6	13%	3	9%
Maintained normal	36	80%	26	74%
Maintained clinical	2	4%	3	9%
Declined (from normal to clinical)	1	2%	3	9%

Note. The normal range for scores is within the 15th to 80th percentiles. High (“clinical”) scores are considered to be scores at or above the 85th percentile. Parents who “improved” are those whose scores moved from the clinical to the normal range of parenting. Parents who “maintained normal” had scores that remained in the normal range. Parents who “maintained clinical” had scores that remained at the clinical level. Parents who “declined” had scores that moved from the clinical to the normal range of parenting.

Note. Differences between groups were tested using chi-square tests. There were no significant differences between groups.

17. Parenting Stress Index – Short Form results: Changes in Parent-Child Dysfunction percentile rankings

Change in parenting from pretest to posttest	Program participants (N=45)		Comparison group (N=35)	
	N	%	N	%
Improved (from clinical to normal)	5	11%	4	11%
Maintained normal	31	69%	23	66%
Maintained clinical	6	13%	4	11%
Declined (from normal to clinical)	3	7%	4	11%

Note. The normal range for scores is within the 15th to 80th percentiles. High (“clinical”) scores are considered to be scores at or above the 85th percentile. Parents who “improved” are those whose scores moved from the clinical to the normal range of parenting. Parents who “maintained normal” had scores that remained in the normal range. Parents who “maintained clinical” had scores that remained at the clinical level. Parents who “declined” had scores that moved from the clinical to the normal range of parenting.

Note. Differences between groups were tested using chi-square tests. There were no significant differences between groups.

18. Parenting Stress Index – Short Form results: Changes in Difficult Child percentile rankings

Change in parenting from pretest to posttest	Program participants (N=42)		Comparison group (N=34)	
	N	%	N	%
Improved (from clinical to normal)	4	10%	2	6%
Maintained normal	31	74%	22	65%
Maintained clinical	7	17%	10	29%
Declined (from normal to clinical)	0	0%	0	0%

Note. The normal range for scores is within the 15th to 80th percentiles. High (“clinical”) scores are considered to be scores at or above the 85th percentile. Parents who “improved” are those whose scores moved from the clinical to the normal range of parenting. Parents who “maintained normal” had scores that remained in the normal range. Parents who “maintained clinical” had scores that remained at the clinical level. Parents who “declined” had scores that moved from the clinical to the normal range of parenting.

Note. Differences between groups were tested using chi-square tests. There were no significant differences between groups.

19. Parenting Stress Index – Short Form results: Changes in Total Stress percentile rankings

Change in parenting from pretest to posttest	Program participants (N=41)		Comparison group (N=34)	
	N	%	N	%
Improved (from clinical to normal)	3	7%	3	9%
Maintained normal	30	73%	22	65%
Maintained clinical	6	15%	6	18%
Declined (from normal to clinical)	2	5%	3	9%

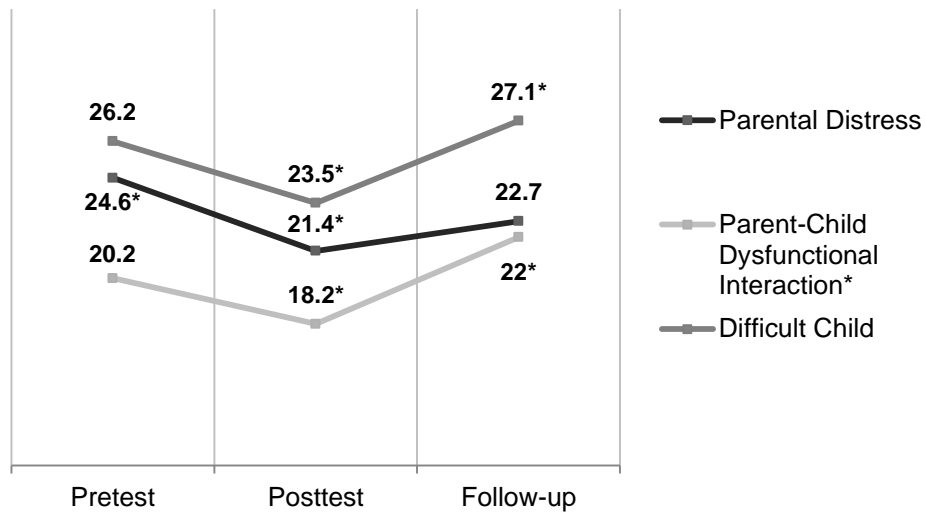
Note. The normal range for scores is within the 15th to 80th percentiles. High (“clinical”) scores are considered to be scores at or above the 85th percentile. Parents who “improved” are those whose scores moved from the clinical to the normal range of parenting. Parents who “maintained normal” had scores that remained in the normal range. Parents who “maintained clinical” had scores that remained at the clinical level. Parents who “declined” had scores that moved from the clinical to the normal range of parenting.

Note. Differences between groups were tested using chi-square tests. There were no significant differences between groups.

Analysis of program participants over time

Figures 20 and 21 illustrate the mean scores at each point in time for each of the Parenting Stress Index (PSI) scales. It was expected that program participants’ scores would decrease from pretest to posttest (indicating an improvement) and either further decrease or remain stable (i.e., low) at follow-up. Overall, scores remained somewhat stable over time, although there was an overall effect of time period on Parent-Child Dysfunctional Interaction scores, meaning scores on that scale changed over time with the most pronounced change occurring between posttest and follow-up (i.e., there was an unexpected significant increase in scores from posttest to follow-up). There was also a statistically significant increase in the Difficult Child subscale scores from posttest to follow-up (unexpected), and a statistically significant decrease in the Parental Distress subscale score from pretest to posttest (expected). In general, each of the subscale scores followed a similar pattern, dipping slightly at posttest and increasing somewhat at follow-up. Although the expectation is that scores at follow-up should either remain stable or further decrease (i.e., improve), this generally did not occur with the exception of the Parental Distress scale. The fact that scores tended to increase between posttest and follow-up suggests that the benefits of the parenting education series may not be sustaining over time. However, it should be noted that scores at each time point fell into the “normal” range of parenting, indicating that PSI scores did not dramatically improve or decline over time, despite small fluctuations between time points.

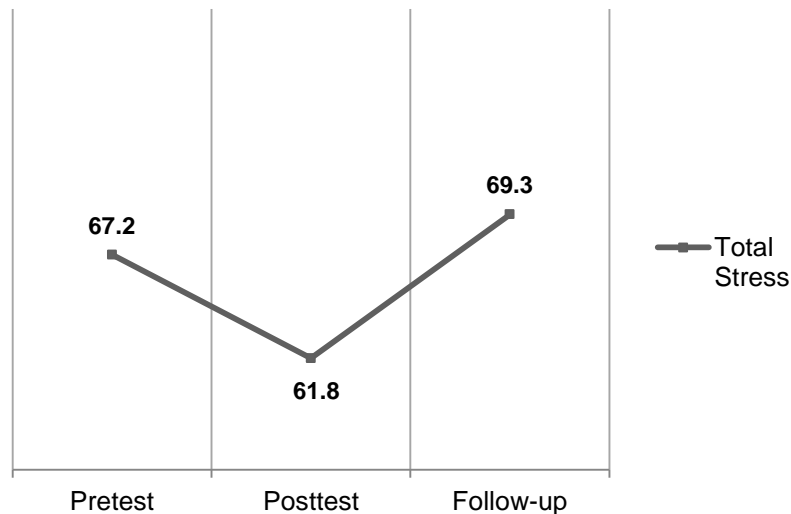
20. Parenting Stress Index – Short Form time series results for program participants (adjusted means): Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child scales (N=25-27)



Note. Adjusted (raw score) means are reported. Scores at or above the following fall outside of the range of “normal” parenting behavior (i.e., problematic): parental distress (33 or above); parent-child dysfunctional interaction (26 or above); and difficult child (33 or above).

Note. Significance tests (repeated measures ANOVAs) were conducted, using a matched sample at each point in time. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$. Time period overall was significant for parent-child dysfunctional interaction ($F=3.5$, $p < .05$).

21. Parenting Stress Index – Short Form time series results for program participants (adjusted means): Total Stress scale (N=24)

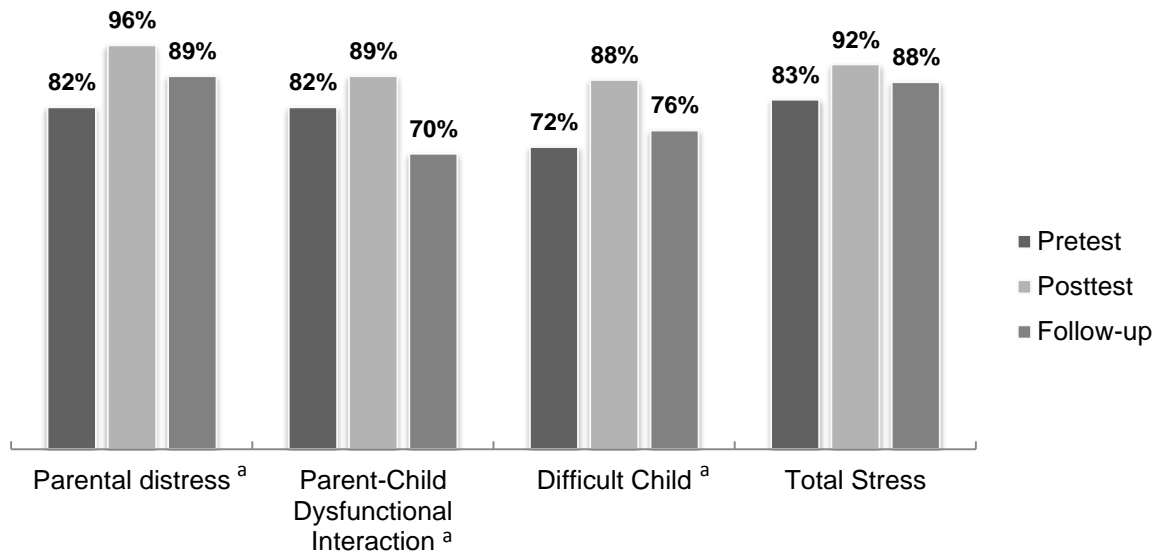


Note. Adjusted (raw score) means are reported. Scores at or above the following fall outside of the range of “normal” parenting behavior (i.e., problematic): total stress (86 or above).

Note. Significance tests (repeated measures ANOVAs) were conducted, using a matched sample at each point in time. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$. There were no significant differences between time points, although difference between pretest and posttest ($p = .087$) and posttest and follow-up ($p = .085$) approached significance.

Overall, most parents (at least 70%) had scores that were within the “normal” range of parenting on each subscale at each time period (Figure 22). However, there was an increase from pretest to posttest in the proportion of parents whose scores represented “normal” parenting, as was expected. This increase approached statistical significance on two scales: Parental Distress and Difficult Child. At posttest, the vast majority of parents (88-96%) fell into this normal range, suggesting that the *Back to Basics* series had some impact on parents’ PSI scores. At follow-up, however, fewer parents had scores in this range; this decline is most evident on the Parent-Child Dysfunctional Interaction scale, where 89 percent of parents’ scores were within the “normal” range at posttest, compared to just 70 percent at follow-up. Similar to the results presented above, this trend suggests that some of the benefits incurred as a result of the parenting education series are not being maintained over time.

**22. Parenting Stress Index – Short Form results for program participants:
Proportion of parents with scores in the “normal” range at each time
period (N=24-27)**



Note. Adjusted (raw score) means are reported. Scores at or above the following fall outside of the range of “normal” parenting behavior (i.e., problematic): parental distress (33 or above); parent-child dysfunctional interaction (26 or above); and difficult child (33 or above).

Note. Significance tests (McNemars) were conducted within domains between time periods, using a matched sample at each point in time. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$. Differences approached significance at ^a $p < 1.0$: Parental distress, pretest to posttest, $p = .063$; Parent-child dysfunctional interaction, posttest to follow-up, $p = .063$; and Difficult child, pretest to posttest, $p = .063$.

Parenting Relationship Questionnaire (PRQ)

Pretest to posttest comparison of program participants and the comparison group

Similar to the PSI, the pretest-posttest results of the PRQ were comparable for program participants and the comparison group. Controlling for differences at pretest, scores on each of the PRQ subscales at posttest were similar across the two groups of parents (Figure 23). Mean scores for both groups fell into the average or normal range at posttest. Compared to the PSI scales, a higher number of parents in both groups (13% to 35%) showed improvement on the PRQ subscales of Attachment, Discipline Practices, and Involvement (Figures 24-26). However, program participants were no more likely to show improvement on any of these scales as compared to the comparison group of parents.

One statistically significant difference did emerge, although not in the anticipated direction. More parents in the comparison group (68%) had scores on the Discipline Practices subscale that remained in the normal range of parenting from pretest to posttest than program participants (40%). In addition, significantly more program participants (15%) had scores on this scale that remained in the clinical range, compared to parents in the comparison group (0%) (Figure 25). In general, the results suggest that the program did not have a positive impact in the area of discipline, as assessed by the PRQ.

Although not statistically significant, there is a modest trend on the other two subscales suggesting that somewhat more program participants either improved or remained in the normal range at posttest than did the comparison group. Specifically, 80 percent of program participants improved or remained in the normal range at posttest with regard to Attachment, compared to 74 percent of the comparison group (Figure 24). Additionally, 83 percent of program participants improved or remained in the normal range at posttest on the Involvement subscale, compared to 74 percent of comparison group parents (Figure 26). The Attachment scale measures the relationship between parent and child in terms of feelings of closeness, empathy, and understanding, while the Involvement scale assesses the extent to which parent and child participate together in common activities.

23. Parenting Relationship Questionnaire results (adjusted means)

Domains	Program participants (N=40)	Comparison group (N=31)
Attachment	52.6	51.1
Discipline Practices	50.5	53.6
Involvement	56.2	55.0

Note. For all domains, T-scores can be classified into the following ranges: 10-30 (lower extreme), 31-40 (significantly below average), 41-59 (average), 60-69 (significantly above average), and 70+ (upper extreme).

Note. Adjusted (T-score) means are reported. Significance tests (ANCOVAs) were conducted within groups, using a matched pair comparison, at each point in time, controlling for baseline differences in scores. There were no significant differences between groups.

24. Parenting Relationship Questionnaire results: Changes in Attachment T-scores

Change in parenting from pretest to posttest	Program participants (N=40)		Comparison group (N=31)	
	N	%	N	%
Improved (from clinical to normal)	14	35%	6	19%
Maintained normal	18	45%	17	55%
Maintained clinical	4	10%	6	19%
Declined (from normal to clinical)	4	10%	2	7%

Note. For all domains, T-scores can be classified into the following ranges: 10-30 (lower extreme), 31-40 (significantly below average), 41-59 (average), 60-69 (significantly above average), and 70+ (upper extreme). Parents who “improved” had scores that increased and moved them into a higher range. Parents who “maintained normal” had scores that remained average or above average. Parents who “maintained clinical” had scores that remained below average. Parents who “declined” had scores that decreased and moved them into a lower range.

Note. Differences between groups were tested using chi-square tests. There were no significant differences between groups.

25. Parenting Relationship Questionnaire results: Changes in Discipline Practices T-scores

Change in parenting from pretest to posttest	Program participants (N=40)		Comparison group (N=31)	
	N	%	N	%
Improved (at least one range)	9	23%	4	13%
Maintained normal (average or better)	16	40%*	21	68%*
Maintained clinical (below average)	6	15%*	0	0%*
Declined (at least one range)	9	23%	6	19%

Note. For all domains, T-scores can be classified into the following ranges: 10-30 (lower extreme), 31-40 (significantly below average), 41-59 (average), 60-69 (significantly above average), and 70+ (upper extreme). Parents who “improved” had scores that increased and moved them into a higher range. Parents who “maintained normal” had scores that remained average or above average. Parents who “maintained clinical” had scores that remained below average. Parents who “declined” had scores that decreased and moved them into a lower range.

Note. Differences between groups were tested using chi-square tests. Differences are significant at * $p < .05$, ** $p < .01$, and *** $p < .001$.

26. Parenting Relationship Questionnaire results: Changes in Involvement T-scores

Change in parenting from pretest to posttest	Program participants (N=40)		Comparison group (N=31)	
	N	%	N	%
Improved (at least one range)	7	18%	5	16%
Maintained normal (average or better)	26	65%	18	58%
Maintained clinical (below average)	1	3%	3	10%
Declined (at least one range)	6	15%	5	16%

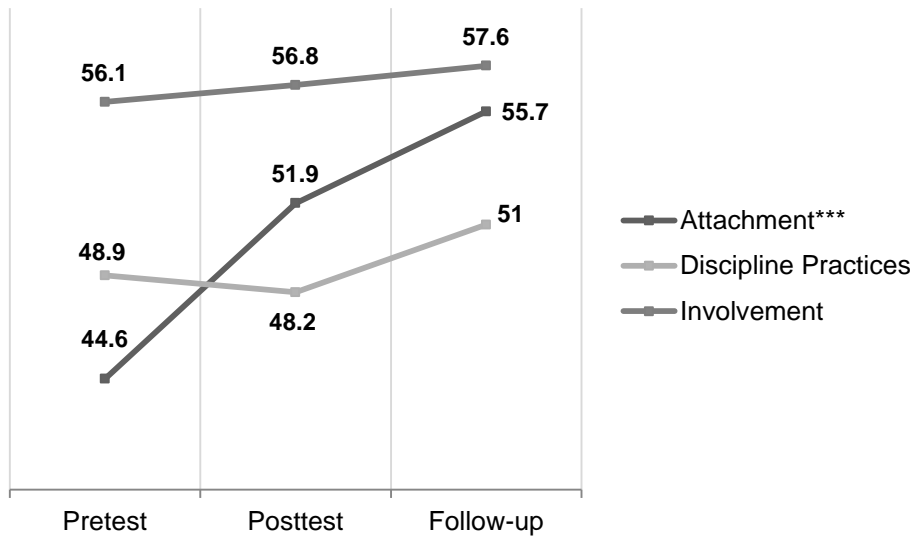
Note. For all domains, T-scores can be classified into the following ranges: 10-30 (lower extreme), 31-40 (significantly below average), 41-59 (average), 60-69 (significantly above average), and 70+ (upper extreme). Parents who “improved” had scores that increased and moved them into a higher range. Parents who “maintained normal” had scores that remained average or above average. Parents who “maintained clinical” had scores that remained below average. Parents who “declined” had scores that decreased and moved them into a lower range.

Note. Differences between groups were tested using chi-square tests. There were no significant differences between groups.

Analysis of program participants over time

Higher scores on the PRQ indicate more positive parenting; thus, it was expected that scores would increase from pretest to posttest and then either remain stable or continue to increase at follow-up. Program participants’ scores on the Discipline Practices and Involvement scales remained relatively stable from pretest to posttest to follow-up, with no statistically significant increases or decreases between time periods. However, attachment scores increased significantly over time, suggesting that the *Back to Basics* series may be having a positive impact on parent-child attachment and that this effect is sustaining beyond parents’ participation in the parenting class (Figure 27).

27. Parenting Relationship Questionnaire time series results for program participants (adjusted means): Attachment, Discipline Practices, and Involvement scales (N=27)

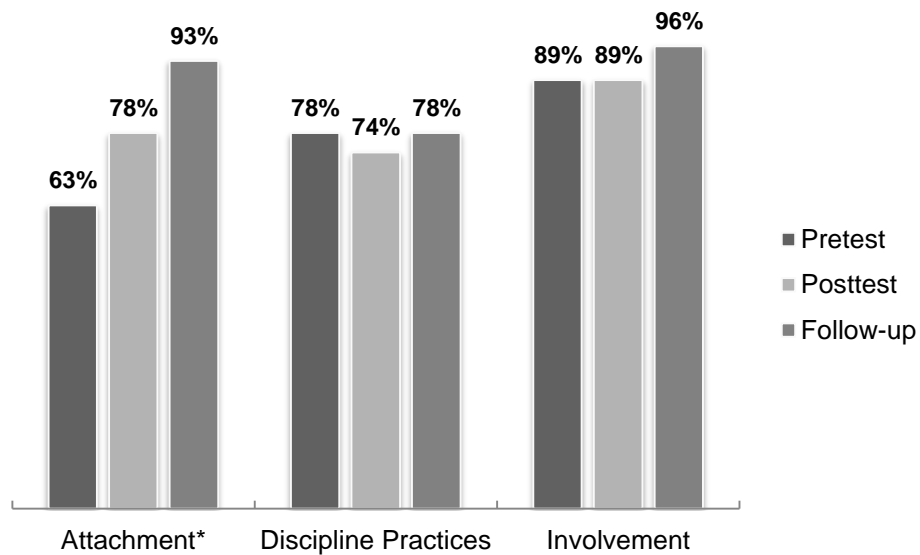


Note. Mean T-scores are reported. For all domains, T-scores can be classified into the following ranges: 10-30 (lower extreme), 31-40 (significantly below average), 41-59 (average), 60-69 (significantly above average), and 70+ (upper extreme).

Note. Significance tests (repeated measures ANOVAs) were conducted, using a matched sample at each point in time. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$. Time period overall was significant for attachment ($F = 10.9$, $p < .001$), with significant differences between pretest and posttest ($p < .01$), pretest and follow-up ($p < .001$), and differences approaching significant between posttest and follow-up ($p = .078$).

Similar to the PSI scores, most program participants (63% to 96%) had scores that fell within the “normal” range of parenting at each of the three time periods (Figure 28). A similar proportion of parents had scores that fell within this normal range across all three time periods on the Discipline Practices and Involvement scales, indicating little movement or change on these scales. However, there was a steady increase in the proportion of parents with scores in the normal range on the Attachment scale from pretest (63%) to posttest (78%) to follow-up (93%). This pattern again points to the positive influence of the *Back to Basics* series on parent-child attachment.

**28. Parenting Relationship Questionnaire results for program participants:
Proportion of parents with scores in the “normal” range at each time
period (N=27)**



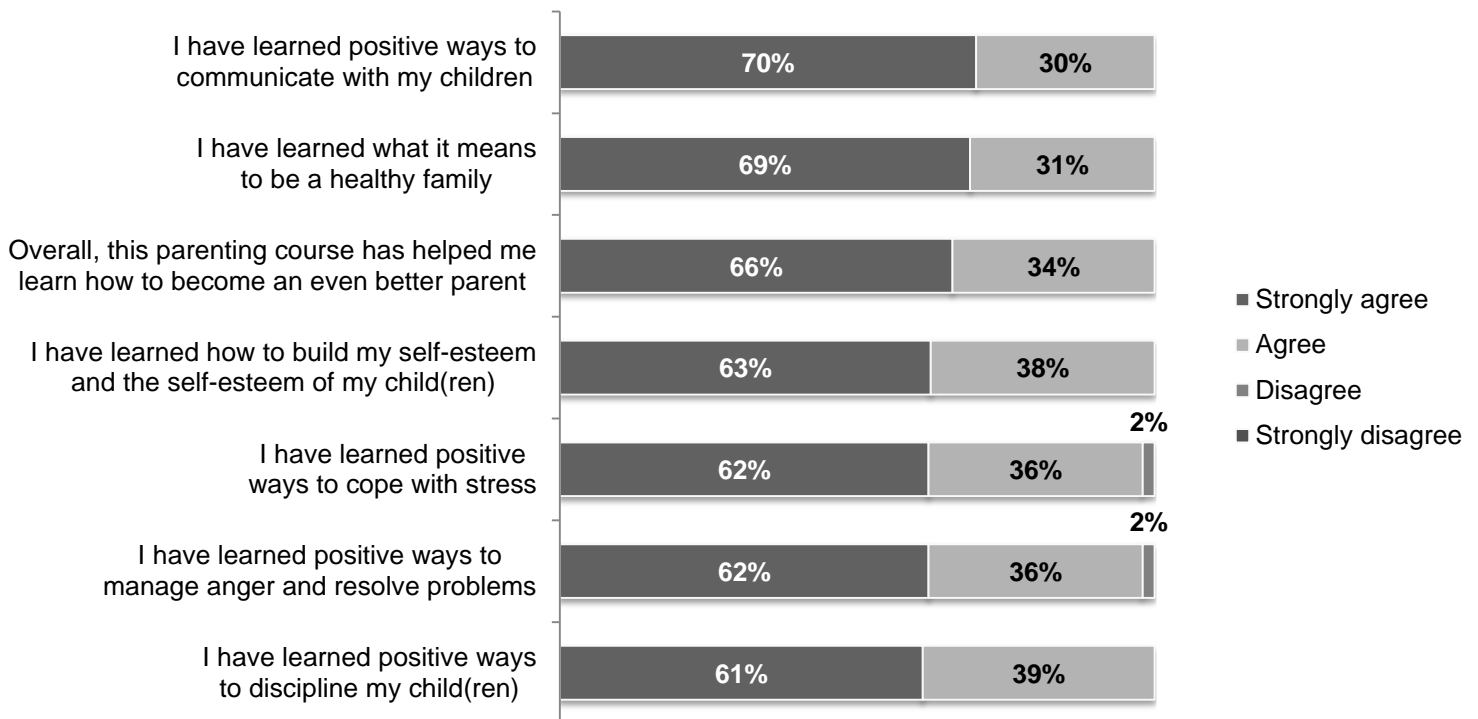
Note. For all domains, T-scores can be classified into the following ranges: 10-30 (lower extreme), 31-40 (significantly below average), 41-59 (average), 60-69 (significantly above average), and 70+ (upper extreme). Scores within the “normal” range are those 41 or above.

Note. Significance tests (McNemars) were conducted within domains between time periods, using a matched sample at each point in time. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$ (specifically, for Attachment, pretest to follow-up, $p < .05$; the difference between pretest and posttest for Attachment approached significance, $p = .063$).

Parent perceptions of their parenting

Program participants also reported their own perceptions of how much their parenting had changed in various ways at posttest. In general, participants of the *Back to Basics* series felt the course improved their parenting in multiple areas. All program participants (100%) “strongly agreed” or “agreed” that they learned: positive ways to communicate with their children; positive ways to discipline their children; what it means to be a healthy family; and how to build their and their children’s self-esteem (Figure 29). In addition, 98 percent of parents learned positive ways to cope with stress as well as manage anger and resolve problems. Overall, all program participants (100%) at posttest said that the *Back to Basics* series helped them learn how to become an even better parent.

29. Parent perceptions of changes in parenting (N=48-50)



Child outcomes

Child outcomes were assessed using two methods: a) the Eyberg Child Behavior Inventory (ECBI), and b) parents' self-report of their child's performance in school.

Eyberg Child Behavior Inventory (ECBI)

Pretest to posttest comparison of program participants and the comparison group

The ECBI includes two scales: the Intensity scale, which assesses the frequency with which a child displays a range of conduct problems, and the Problem scale, an indication of whether the behavior is a problem for the parent. Controlling for differences between groups at pretest, results indicate no differences between groups in their scores on either subscale at posttest (Figure 30). The children of both program participants and the parents in the comparison group had scores at posttest that fell within the normal range of behavior.

Few children in either group (3% to 11%) showed improvement on either the Intensity or Problem subscales at posttest, although this may be because the majority (77% to 90%) were in the "normal" range of behavior at pretest (Figures 31-32). The children of program participants were no more likely to improve than the children of the comparison group parents.

Similar to the parenting assessments, however, there is some indication (although not statistically significant) that children of program participants are somewhat more likely to either improve or remain in the normal range of behavior at posttest compared to children of parents in the comparison group. On the Intensity subscale, 93 percent of program participants' children were in the normal range of behavior at posttest, compared to 81 percent of comparison group parents' children (Figure 30).

30. Eyberg Child Behavior Inventory results (adjusted means)

Domains	Program participants (N=40)	Comparison group (N=31)
Intensity T-scores	48.4	48.7
Problem T-scores	49.0	48.9

Note. T scores greater than or equal to 60 are clinically significant; scores below 60 are within the normal range. A cut-off T-score of 60 or higher on the Intensity scale indicates severe conduct problems that should be further evaluated for potentially significant psychopathology. A T-score of 60 or higher on the Problem scale identifies a parent who is significantly bothered by the conduct problems of the child.

Note. Adjusted (T-score) means are reported. Significance tests (ANCOVAs) were conducted within groups, using a matched pair comparison, at each point in time, controlling for baseline differences in scores. There were no significant differences between groups.

31. Eyberg Child Behavior Inventory results: Changes in Intensity T-scores

Change in child behavior from pretest to posttest	Program participants (N=38)		Comparison group (N=32)	
	N	%	N	%
Improved (from clinical to normal)	4	11%	1	3%
Maintained normal	31	82%	25	78%
Maintained clinical	2	5%	6	19%
Declined (from normal to clinical)	1	3%	0	0%

Note. T scores greater than or equal to 60 are clinically significant; scores below 60 are within the normal range. Children who “improved” had scores that moved from the clinical to normal range of behavior. Children who “maintained normal” had scores that remained within the normal range of behavior. Children who “maintained clinical” had scores that remained within the normal range of behavior. Children who “declined” had scores that decreased from the normal to clinical range of behavior.

Note. Differences between groups were tested using chi-square tests. There were no significant differences between groups.

32. Eyberg Child Behavior Inventory results: Changes in Problem T-scores

Change in child behavior from pretest to posttest	Program participants (N=28)		Comparison group (N=27)	
	N	%	N	%
Improved (from clinical to normal)	1	4%	2	7%
Maintained normal	22	79%	19	70%
Maintained clinical	2	7%	4	15%
Declined (from normal to clinical)	3	11%	2	7%

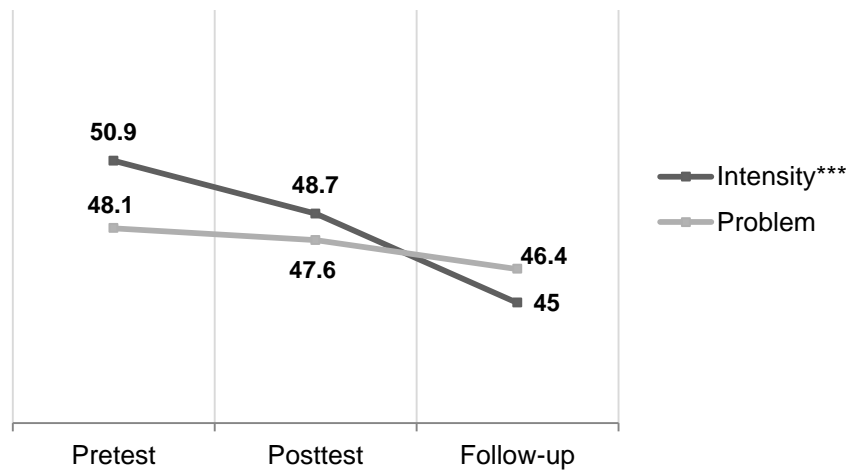
Note. T scores greater than or equal to 60 are clinically significant; scores below 60 are within the normal range. Children who “improved” had scores that moved from the clinical to normal range of behavior. Children who “maintained normal” had scores that remained within the normal range of behavior. Children who “maintained clinical” had scores that remained within the normal range of behavior. Children who “declined” had scores that decreased from the normal to clinical range of behavior.

Note. Differences between groups were tested using chi-square tests. There were no significant differences between groups.

Analysis of program participants over time

Lower scores (below 60) on the ECBI are considered to be within the “normal” range. Because one might expect that it would take some time for children’s behaviors to change or improve as a result of parenting education, it was expected that while scores on both the Intensity and Problem scales *might* decrease between pretest and posttest, they should more likely decrease by the follow-up. The Problem scale remained relatively flat across all three time periods (Figure 33). Although scores decreased slightly over time, these changes were not statistically significant, indicating that parents’ perceptions of their child’s behaviors as problematic remained fairly constant. Scores on the Intensity scale, however, did significantly decrease over time, particularly by follow-up, as was expected. That is, according to parents, children were displaying fewer conduct problems at follow-up, which may be a result of parents’ participation in the *Back to Basics* series.

33. Eyberg Child Behavior Inventory time series results for program participants (adjusted means): Intensity and Problem scales (N=19-26)

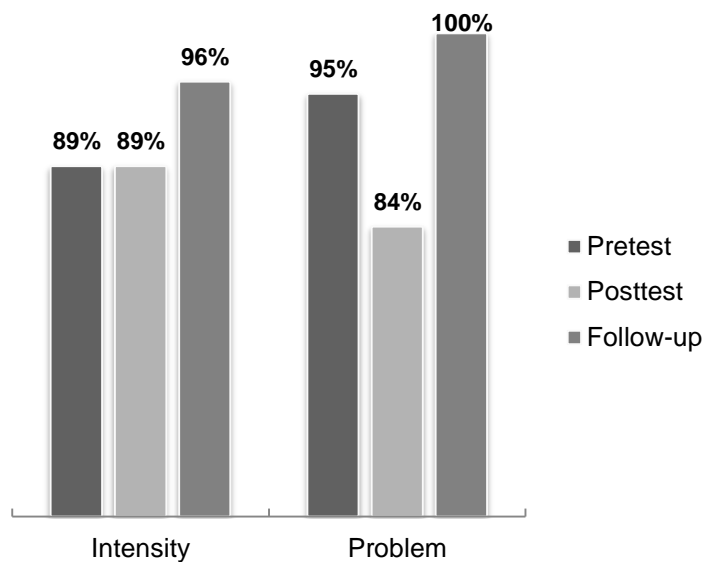


Note. *T* scores greater than or equal to 60 are clinically significant; scores below 60 are within the normal range. .

Note. *Significance tests (repeated measures ANOVAs) were conducted, using a matched sample at each point in time. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$. Time period overall was significant for intensity ($F=10.7$, $p < .001$), with significant differences between pretest and posttest ($p < .05$), pretest and follow-up ($p < .001$), and between posttest and follow-up ($p < .01$).*

As with the other assessments, children's scores on the ECBI generally fell within the "normal" range at all three time periods (Figure 34). The same proportions of children (89%) were within this range on the Intensity scale at pretest and posttest; little change between these two time periods was expected. At follow-up, a slightly higher proportion of children (96%) had scores in the normal range, although this increase was not statistically significant. On the Problem scale, the proportion of children with scores in the normal range dropped slightly from pretest (95%) to posttest (84%) and then rose again at follow-up (100%). Although these changes were not statistically significant, the pattern of results for this scale is somewhat unusual, and the reason for such a pattern is unclear. It may be that at posttest, as a result of their parenting education experience, parents were either more informed about or more willing to admit certain problem behaviors in their child. At follow-up, no parents felt that their child's behaviors were problematic for them, suggesting that perhaps their *Back to Basics* experience helped them learn how to manage these behaviors going forward. Given the small number of respondents, however, especially on the Problem scale (N=19), these findings should be interpreted with caution.

**34. Eyberg Child Behavior Inventory results for program participants:
Proportion of parents with scores in the “normal” range at each time
period (N=19-26)**



Note. *T* scores greater than or equal to 60 are clinically significant; scores below 60 are within the normal range.

Note. Significance tests (McNemars) were conducted within domains between time periods, using a matched sample at each point in time. There were no significant differences.

Children's school experiences

Pretest to posttest comparison of program participants and the comparison group

Parents were also asked to describe their children's current performance in school as it relates to their schoolwork or grades, their ability to get along with other children at school, and their ability to get along with their teachers. Overall, there were no statistically significant differences between children of program participants and comparison group participants on any of these measures from pretest to posttest (Figures 35-37), although little improvement was expected during this short time frame.

Results indicate that both groups of children were equally likely to improve in each of these areas. However, although the analyses were not statistically significant, there is a modest trend suggesting program participants' children may be somewhat more likely to improve than comparison group parents' children. For example, 29 percent of children whose parents participated in *Back to Basics* showed improvement in their schoolwork or grades at posttest, compared to 18 percent of comparison group children (Figure 35). Similarly, 28 percent of program participants' children improved their relationship with

peers, compared to 15 percent of comparison group parents' children (Figure 36). In addition, 21 percent of program participants' children improved their relationship with teachers, compared to 12 percent of comparison group parents' children (Figure 37). This modest trend should be interpreted cautiously, however, given the short duration between pretest and posttest (about one month).

35. School performance of school-aged focal children: School work or grades

Changes in child's schoolwork or grades from pretest to posttest	Program participants (N=38)		Comparison group (N=33)	
	N	%	N	%
Improved	11	29%	6	18%
Maintained good grades	20	53%	21	64%
Maintained poor grades	2	5%	1	3%
Declined	5	13%	5	15%

Note. Parents assessed their child's performance using the following scale: excellent, good, fair, or poor. Children who "improved" had a higher rating at posttest than pretest. Children who "maintained good grades" had a rating of 'excellent' or 'good' at both pretest and posttest. Children who "maintained poor grades" had a rating of 'fair' or 'poor'. Children who "declined" had a lower rating at posttest than pretest.

Note. Differences between groups were tested using chi-square tests. There were no significant differences between groups.

36. School performance of school-aged focal children: Getting along with peers

Changes in child's relationship with other kids at school from pretest to posttest	Program participants (N=39)		Comparison group (N=33)	
	N	%	N	%
Improved	11	28%	5	15%
Maintained good relationships	17	44%	23	70%
Maintained poor relationships	4	10%	1	3%
Declined	7	18%	4	12%

Note. Parents assessed their child's performance using the following scale: excellent, good, fair, or poor. Children who "improved" had a higher rating at posttest than pretest. Children who "maintained good relationships" had a rating of 'excellent' or 'good' at both pretest and posttest. Children who "maintained poor relationships" had a rating of 'fair' or 'poor'. Children who "declined" had a lower rating at posttest than pretest.

Note. Differences between groups were tested using chi-square tests. There were no significant differences between groups.

37. School performance of school-aged focal children: Getting along with teachers

Changes in child's relationship with teachers at school from pretest to posttest	Program participants (N=39)		Comparison group (N=33)	
	N	%	N	%
Improved	8	21%	4	12%
Maintained good relationships	20	51%	22	67%
Maintained poor relationships	3	8%	1	3%
Declined	8	21%	6	18%

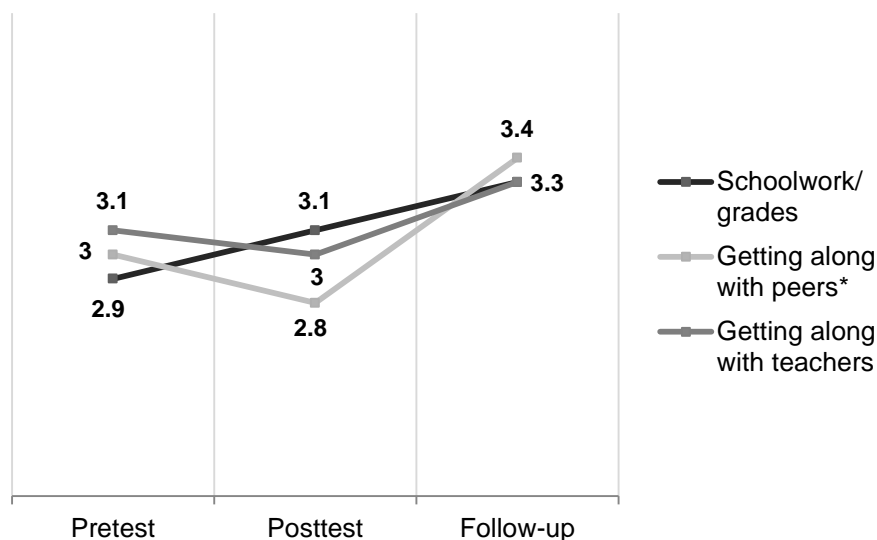
Note. Parents assessed their child's performance using the following scale: excellent, good, fair, or poor. Children who "improved" had a higher rating at posttest than pretest. Children who "maintained good relationships" had a rating of 'excellent' or 'good' at both pretest and posttest. Children who "maintained poor relationships" had a rating of 'fair' or 'poor'. Children who "declined" had a lower rating at posttest than pretest.

Note. Differences between groups were tested using chi-square tests. There were no significant differences between groups.

Analysis of program participants over time

It was expected that by the six-month follow-up, parents would perceive positive changes in their child's school work and relationships with others at school. There was slight improvement by follow-up in terms of children's schoolwork or grades, and in their ability to get along with teachers, although this improvement was not statistically significant (Figure 38). However, parents were significantly more likely to rate their child's relationship with his/her peers positively at follow-up, compared to pretest or posttest. This suggests that parents perceive some improvement in their child's social skills over time, which may be linked to the parent's participation in the *Back to Basics* series. It is also possible that these perceived improvements are the result of maturation and the development of social skills with age. More research is needed to further examine this possible trend.

38. School performance time series results for program participants' school-aged focal children (N=21-22)

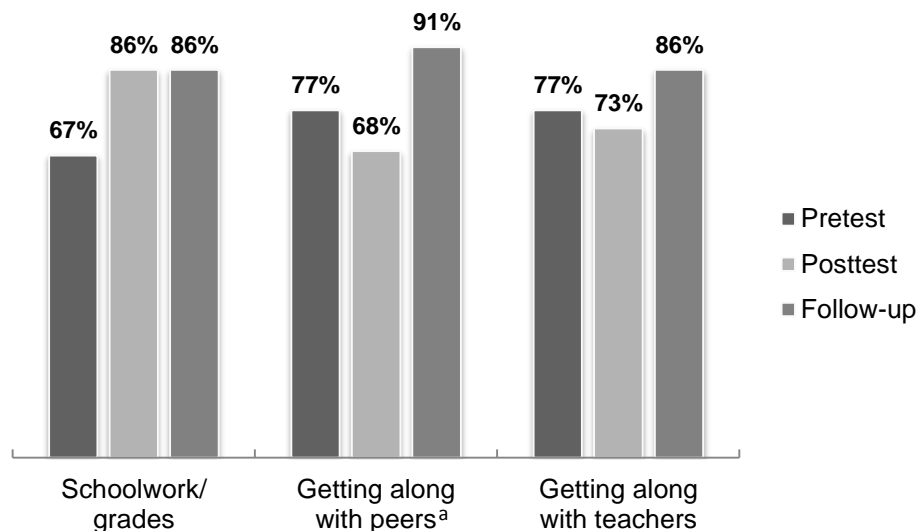


Note. Parents assessed their child's performance using the following scale: excellent (4), good (3), fair (2), or poor (1). Higher ratings, therefore, indicate a more positive performance or more positive relationships as perceived by parents.

Note. Significance tests (repeated measures ANOVAs) were conducted, using a matched sample at each point in time. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$. Time period overall was significant for 'Getting along with peers' ($F=4.2$, $p < .05$), with significant differences between pretest and follow-up ($p < .05$), and between posttest and follow-up ($p < .05$).

At least two-thirds of children (67%) were rated as “excellent” or “good” in terms of their school work or grades, their ability to get along with their peers, and their ability to get along with their teachers at each time period (Figure 39). In terms of school work or grades, there was some perception of improvement between pretest (67%) and posttest (86%), and this remained stable at follow-up (86%). In terms of children’s relationships with peers and teachers, there was little change reported between pretest and posttest. However, although not statistically significant, a higher proportion of parents (86% to 91%) felt these relationships were “good” or “excellent” by follow-up, again suggesting that perhaps parents’ involvement with *Back to Basics* did result in improved social skills for some children in the long run. As noted earlier, this growth may also be the result of maturation.

39. School performance results for program participants’ school-aged focal children: Proportion of children with ratings of “excellent” or “good” by their parents at each time period (N=21-22)



Note. Parents assessed their child’s performance using the following scale: excellent (4), good (3), fair (2), or poor (1).

Note. Significance tests (McNemars) were conducted within domains between time periods, using a matched sample at each point in time. There were no significant differences; the difference between posttest and follow-up for the “getting along with peers” scale approached significance ($p=.063$).

Parent satisfaction

In addition to completing the standardized instruments, program participants were asked to indicate their level of satisfaction with the *Back to Basics* series and instructor at posttest. Program participants were overwhelmingly satisfied with their experience in the parenting course. All participants (100%) “strongly agreed” or “agreed” that the instructor was well prepared, had strong knowledge of the material, related information clearly, responded well to questions, and involved the participants in the course (Figure 40). All respondents also felt that the handouts contained helpful information. Overall, all program participants thought the course was of high quality and would recommend it to other parents.

40. Parent satisfaction with *Back to Basics* course: Program participants (N=48-50)

Item	Strongly agree	Agree	Disagree	Strongly disagree
Overall, the parenting course was of high quality.	57%	43%	0%	0%
The instructor had strong knowledge of the material presented.	66%	34%	0%	0%
The instructor was well prepared.	70%	30%	0%	0%
The instructor related information in a clear and understandable manner.	76%	24%	0%	0%
The instructor involved the participants in the course.	76%	24%	0%	0%
The instructor responded well to questions.	72%	28%	0%	0%
The handouts or written materials contained helpful information.	70%	30%	0%	0%
I would recommend this parenting course to other parents.	72%	28%	0%	0%

The influence of other factors on outcomes

Approximately six months elapsed between posttest and follow-up. It is possible that events during this period may have impacted the extent to which parents and their children continued to experience, or maintained, the benefits they gained while participating in *Back to Basics*. For example, did anything happen that might either diminish or augment the effects of the *Back to Basics* series by follow-up? To assess this, parents were asked at follow-up about specific experiences in the past six months (since completing the class), including their participation in additional parent education (which might augment benefits) and recent stressful life events such as a death, illness, job loss, etc. (which might diminish or undo benefits).

Few parents reported experiencing multiple stressful life events in the six-month period between completing the *Back to Basics* course (posttest) and follow-up. Of 11 possible stressful events parents were asked to indicate if they had experienced, 13 parents reported no stressful events, seven parents reported one stressful event, four reported two such events, and four parents reported three or more stressful events. The most common stressful events were the start of a new job (N=11), the loss of a job (N=6), and someone moving in or out of the household (N=5). Because only four parents reported at least three life stressors during the six-month period, additional analysis examining the impact of high stress on the outcomes of interest was not conducted.

Nine parents reported participating in additional parenting education classes after the *Back to Basics* series concluded (between one and 10 classes each). To assess the effect of subsequent parenting education on parent and child outcomes at follow-up, parents who did and did not participate in additional parenting education were compared in terms of their PSI, PRQ, and ECBI scores. Overall, the pattern of findings suggests a potential relationship between additional parenting education and more positive parenting skills and child outcomes in the future. For example, on the PSI, parents who participated in additional parenting education after the *Back to Basics* series had significantly lower scores on the Parental Distress ($t=-1.9, p<.05$), Parent-Child Dysfunctional Interaction ($t=-2.0, p<.05$), and Total Stress ($t=-2.1, p<.05$) scales than parents who did not go on to receive additional parenting education. Although both sets of parents had scores below the cut-off, indicating “normal” parenting, the scores for parents with follow-up parenting education were comparatively more positive. Similarly, on the Problem scale of the ECBI, parents involved in parenting education post-*Back to Basics* had significantly lower (more positive) scores than parents without additional parenting education ($t=-2.4, p<.05$). Although this trend did not hold true on all of the parenting scales assessed, the results do suggest that follow-up parenting education classes after a core parenting series like *Back to Basics* may act as a “booster” which helps to sustain or extend the benefits imparted by the original course.

Conclusions

The parents who participated in the evaluation were a diverse group, spanning a range of ages, races, education levels, incomes, geographic locations, and other individual and household characteristics. Program participants were exposed to 14 lessons about parenting issues through the *Back to Basics* series, generally across three to eight sessions over the period of about one month.

Parenting

The results from the pretest to posttest comparisons on the standardized parenting assessments indicate few changes in parenting skills or behavior, relative to the comparison group. Overall, most parents in both groups fell into the “normal” range of parenting at the pretest, thereby limiting the number of individuals for whom we might expect to see improvement. Some modest (although not always statistically significant) trends suggest that program participants may be somewhat more likely *either* to improve or at least maintain a healthy parenting style as compared to parents in the comparison group. The most promising evidence was found in the area of attachment, in which the improvements in attachment demonstrated by program participants appear to persist over time. However, other improvements, such as the modest growth from pretest to posttest on the various PSI scales, did not sustain by the six-month follow-up.

Despite the lack of consistent significant findings on the standardized parenting assessments, parents own reports of change were positive, such that all parents felt the series helped them learn how to become a better parent. Although these findings may reflect some bias on the part of parents, it may also be that parents’ perceptions are a truer reflection of the impact of the program and that the assessments are not adequately detecting real change.

Child well-being

Child outcome results indicate little improvement in children’s behavior or school performance from pretest to posttest, relative to the children of parents in the comparison group. Given the short duration of time between pretest and posttest, it is not surprising that child behavior in particular did not change. One would expect that it would take time for the *Back to Basics* series to impact parenting, and subsequently influence the parent-child relationship, and ultimately affect the child’s behavior. This appears to be the case with the ECBI Intensity scale, which assesses the frequency of children’s conduct problems (ECBI). The results indicate modest improvement in conduct problems over time, including at follow-up. In addition, parents also perceive that their children’s relationship with peers is improving over time, although maturation may also account for this perceived growth.

Program satisfaction

Parents rated the *Back to Basics* series and their instructors very highly. All program participants thought the course was of high quality and recommended it to other parents.

Overall

In general, the results from the standardized assessments suggest some modest improvements in parenting and child outcomes associated with the PPE *Back to Basics* parenting series. Parents themselves perceived improvements in their own parenting and rated the series quite positively. In combination, this pattern of results suggests, at least tentatively, some positive benefits associated with the *Back to Basics* course.

These results must be considered in the context of the parenting intervention itself. The *Back to Basics* series is relatively brief, comprised of 14 lessons, typically taught across 3 to 6 sessions. Furthermore, in this particular study, the time that elapsed between pretest and posttest was relatively short (approximately one month). The expectation that a somewhat low-intensity parenting intervention would result in significant change in complex outcomes like parenting or child behavior within such a short time frame may not be realistic. Although the series is designed to address key, common parenting issues, it is possible that the exposure is not intense enough to produce measurable change, particularly at posttest. The fact that outcomes appear somewhat better for parents who went on to participate in additional parenting education beyond the *Back to Basics* series supports the notion that, while the *Back to Basics* series may contribute to some initial improvements in parenting and child well-being, longer-term parenting interventions may be necessary in order to yield more positive results.

Appendix

Evaluation tools

Family Information form (full tool)

Parenting Stress Index – Short Form (description)

Parenting Relationship Questionnaire (description)

Eyberg Child Behavior Inventory (description)

Back to Basics series brochure

PRACTICAL PARENT EDUCATION
Back to Basics Evaluation

Family Information Form

Experience with parent education

Please answer the following questions about your previous experience with parent education classes and your current interest in this parenting course.

1. Before today, have you attended a parent education class or group?

☐¹ Yes ☐² No ☐⁸ Don't know/Unsure



If YES: Approximately how many classes or groups have you attended?

☐¹ 1 to 3 classes ☐² 4 to 6 classes ☐³ 7 to 10 classes ☐⁴ More than 10 classes ☐⁸ Don't know

2. Is your participation in a parenting course mandatory (that is, are you participating because of a requirement by the court system or Child Protective Services)?

☐¹ Yes ☐² No

3. Please indicate if anyone referred you to this parenting class (CHECK ALL THAT APPLY):

☐¹ Court system or Child Protective Services

☐² Administrator or teacher at my child's school

☐³ Doctor/nurse/pediatrician

☐⁴ Counselor or therapist

☐⁵ Family member or friend

☐⁶ No one referred me

☐⁷ Other (please specify: _____)

Background

Please answer the following questions about your background and that of your family.

4. What is your age? _____ (years)

5. What is your gender? ☐¹ Female ☐² Male

6. What is the primary language spoken in your household? (CHECK ONE)

☐¹ English

☐² Spanish

☐³ Other (please describe: _____)

7. Which best describes your race or ethnicity? (CHECK ONE)
- ☐¹ African-American or Black ☐⁵ White or Caucasian
- ☐² American Indian/Native American ☐⁶ More than one race
- ☐³ Asian/Southeast Asian/Pacific Islander ☐⁷ Other (please specify: _____)
- ☐⁴ Hispanic/Latino
8. Which best describes the highest grade or year of school you have completed? (CHECK ONE)
- ☐¹ Eighth grade or lower ☐⁵ Two-year degree or technical college
- ☐² Some high school ☐⁶ College graduate (BA, BS)
- ☐³ High school graduate or GED ☐⁷ Some post-graduate work or professional school
- ☐⁴ Some college ☐⁸ Graduate/professional degree (MA, MS, MEd, PhD)
9. Which best describes your current employment status? (CHECK ONE)
- ☐¹ Employed full-time ☐⁵ Stay-at-home parent/guardian
- ☐² Employed part-time ☐⁶ Retired
- ☐³ Unemployed ☐⁷ Other (please specify: _____)
- ☐⁴ Not working due to disability
10. Which best describes your household's total annual income? (CHECK ONE)
- ☐¹ Less than \$10,000 ☐⁵ Between \$60,001 and \$80,000
- ☐² Between \$10,001 and \$20,000 ☐⁶ Between \$80,001 and \$100,000
- ☐³ Between \$20,001 and \$40,000 ☐⁷ More than \$100,000
- ☐⁴ Between \$40,001 and \$60,000

Household information

11. Which best describes your current marital status? (CHECK ONE)
- ☐¹ Married ☐⁴ Separated/Divorced/Widowed
- ☐² Living with a partner ☐⁵ Other (please describe: _____)
- ☐³ Single, never married
12. Which best describes your parenting situation right now? (CHECK ONE)
- ☐¹ Co-parenting with a spouse/partner who lives with me
- ☐² Co-parenting but co-parent lives elsewhere
- ☐³ Single parent/guardian
- ☐⁴ Other (please describe: _____)
13. How many adults (18 years old or older) live in your household? _____
14. How many children under age 18 live in your household? _____
15. What are the ages of your children – those that you are parenting (in years)?
- Child 1 age: _____ Child 5 age: _____
- Child 2 age: _____ Child 6 age: _____
- Child 3 age: _____ Child 7 age: _____
- Child 4 age: _____ Child 8 age: _____

16. Which best describes your housing situation right now? (CHECK ONE)

- ☐¹ Rent a home or an apartment ☐⁴ Live in a shelter
☐² Own home ☐⁵ Transitional or supportive housing
☐³ Live/stay at friend's or relative's home ☐⁶ Other (please specify:_____)

Social support

The following questions ask about sources of support in your life.

Right now, do you have someone in your life who...	Yes	No
17. You can talk to about your problems or concerns?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
18. Will watch your children for a few hours?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
19. Will help you with household chores?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
20. Will loan you money if you need it?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
21. Will give you or your children a ride if you need it?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
22. You can spend time with doing fun things?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²

Stressful life events

The next set of questions asks about whether you or your family has recently experienced any of the following stressful events. Please indicate which, if any, of the following events have happened in the last 6 months.

In the last 6 months, has...	Yes	No
23. An adult in your household started a new job?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
24. An adult in your household lost a job unexpectedly?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
25. Someone in your household became seriously ill or injured?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
26. Someone in your household died?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
27. Someone in your household got married?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
28. Someone in your household became pregnant?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
29. Someone in your household became separated or divorced?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
30. Someone in your household moved in or out?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
31. Someone in your household got into trouble with the law?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
32. Someone in your household had a drug or alcohol problem?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
33. Someone in your household was involved in a personal relationship with someone who hit them, slapped them, or pushed them around, or threatened to do so?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²

Child information

If you have more than one child under the age of 18 living with you at home for whom you are the parent/guardian, **please identify one child, currently in school (K-12th), about whom you will answer the next set of questions.**

If possible, think about the child that inspired you to take this parenting class – that is, perhaps a child that has been challenging to you as a parent. You will be asked additional questions about this same child later in this packet.

Child's first name: _____ **Child's age:** _____ years

Child's health

34. Please indicate if the child identified above has any of the following conditions. (CHECK ALL THAT APPLY)

- ☐¹ A physical disability ☐⁴ A chronic health condition
☐² A learning disability ☐⁵ Emotional or behavioral problems
☐³ A mental or cognitive disability

34b. Please list or describe any conditions noted above: _____

Child's schooling

If the child identified above is NOT in school right now, please skip to the section on Custody (question 39).

35. Over the last month, how well has this child been doing in his or her **schoolwork or grades**?

- ☐¹ Excellent ☐² Good ☐³ Fair ☐⁴ Poor ☐⁸ Don't know

36. Over the last month, how well has this child been getting along with other **kids** at school?

- ☐¹ Excellent ☐² Good ☐³ Fair ☐⁴ Poor ☐⁸ Don't know

37. Over the last month, how well has this child been getting along with **teachers** at school?

- ☐¹ Excellent ☐² Good ☐³ Fair ☐⁴ Poor ☐⁸ Don't know

38. Over the last 3 months (i.e., semester), how many full days of school has this child missed?

- ☐¹ 0 ☐² 1 to 4 ☐³ 5 to 7 ☐⁴ 8 or more days ☐⁸ Don't know

Custody

39. Do you currently have legal custody for all of your children?

- ☐¹ Yes (STOP HERE)
☐² No



a. How many of your children are **not** in your legal custody right now? _____

b. Which best describes your situation related to the child(ren) not in your custody? (CHECK ONE)

- ☐¹ Trying to regain custody
☐² Transferred custody (child or children permanently living elsewhere)
☐³ In the process of transferring custody
☐⁴ Still considering different options
☐⁵ Something else (please describe: _____)

Thank you! Please continue to the next page to answer the next set of questions.

Parenting Stress Index – Short Form (PSI-SF)

The PSI-SF is a 36-item assessment completed by parents that identifies dysfunctional parenting and predicts the potential for parental behavior problems and child adjustment difficulties. It is a briefer version of the 120-item Parenting Stress Index, and can be completed by parents of children ages 1 month to 12 years.

The PSI-SF assesses parenting along three domains – Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child, plus a Total Stress score. The Parental Distress subscale assesses the distress a parenting is experiencing in his or her role as a parent. The types of stresses associated with this subscale include: an impaired sense of parenting competence, experiencing restrictions on other life roles because of parenting, conflict with the child's other parent, lack of social support, and depression. The Parent-Child Dysfunctional Interaction subscale focuses on the parent's perception of whether the child meets his or her expectations and whether their interactions are reinforcing to the parent. The Difficult Child subscale assesses basic behavioral characteristics of children that make them easy or difficult to parent (e.g., parents ability to manage the child's behavior in terms of setting limits and gaining the child's cooperation).

Parenting Relationship Questionnaire (PRQ)

The PRQ is an assessment of parents' perceptions of the following parenting practices: attachment, communication, discipline, involvement, confidence, satisfaction with child's school, and relational frustration. It is available in two versions: a 45-item assessment for parents of preschool children (ages 2-5), and a 71-item assessment for parents of older, school-aged children (ages 6-18). Only scales that were relevant to parents of children of any age (2-18) were included in this evaluation, which were attachment, discipline, and involvement.

The PRQ assesses parenting in multiple areas, three of which were examined in this study: Attachment, Discipline Practices, and Involvement. Attachment measures the affective, cognitive, and behavioral relationship between the parent and child that manifests in feelings of closeness, empathy, and understanding. It assesses the parent's awareness of his or her child's emotions and thoughts, and the parent's ability to comfort the child during periods of distress. The Discipline Practices subscale assesses the parent's ability to consistently apply consequences when his or her child misbehaves and to what extent the parent supports establishing and following rules. Involvement focuses on how often the parent and child spend time together doing common activities, as well as the parent's knowledge of the child's activities.

Eyberg Child Behavior Inventory (ECBI)

The ECBI is a 36-item assessment of parents' perceptions of the frequency of their child's behaviors (specifically, conduct-related problems) and whether or not those behaviors are a problem. The Inventory can be completed by parents of children ages 2 to 16. The ECBI includes two scales: the Intensity scale, which assesses the frequency with which a child displays a range of behaviors, and the Problem scale, an indication of whether the behavior is a problem for the parent.



Back to Basics

Strong Parents → Strong Families → Strong Communities

Practical Parent Education's *Back To Basics* series offers mental health professionals a six week course to assist families in establishing a healthy climate that nurtures the development of responsible young adults.

This course can be offered as an option for schools, the court system or child protective services when dealing with families that face legal action, suspension or expulsion because of poor parenting choices, truancy and/or serious school violations.



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Back to Basics

Session 1: *Parent Power*

PPE Curriculum Modules: 1.1 *Understanding the Family System as a Whole*
1.2 *Recognizing Traits in a Healthy Family*
5.1 *Establishing Authority as a Parent*

- ◆ Recognize the importance of balanced authority in the within the family
- ◆ Recognize your parenting style
- ◆ Recognize traits of a healthy family

Session 2: *Shut Up and Listen to Me*

PPE Curriculum Modules: 3.1 *Communicating Effectively with Children at all Stages*
3.3 *Expressing and Communicating Feelings and Emotions*

- ◆ Recognize communication traps that create conflict
- ◆ Learn to encourage the positive expression of feelings
- ◆ Model and communicate healthy expression of emotions

Session 3: *Don't Pop Your Cork!*

PPE Curriculum Modules: 3.6 *Dealing with Anger in the Family*
3.7 *Helping Children Learn to Manage and Resolve Conflict Peacefully*

- ◆ Understand the emotion of anger
- ◆ Recognize how exposure to violence can affect children
- ◆ Develop skills for resolving anger in family

Session 4: *We Can Do It!*

PPE Curriculum Modules: 4.4 *Encouraging Children's Growth in Social Skills*
4.3 *Building and Nurturing Self-Esteem in Parents*

- ◆ Understand the concept of self-esteem and the importance in healthy development
- ◆ Identify the main sources of self-esteem
- ◆ Understand parents' self esteem must be healthy to enhance child's self-esteem

Session 5: *SOS...My Kids Won't Mind Me*

PPE Curriculum Modules: 5.2 *Choosing Effective Discipline Techniques*
5.3 *Giving Children Responsibility for Themselves*

- ◆ Recognize ineffective discipline choices
- ◆ Identify effective discipline techniques for each age level
- ◆ Recognize when responsibility belongs to the parent and when it belongs to the child

Session 6: *I'm Stressed*

PPE Curriculum Module: 6.3 *Dealing with Stress in the Family*

- ◆ Identify stressors in own family and explore ways to cope
- ◆ Identify stressors we do and do not have control over
- ◆ Identify symptoms of stress in children (by ages)
- ◆ Learn tips for reducing stress in children and parents