

1 OUTCOMES # 011

2 ABSTRACT

(011) This outcome project used the Brief Child and Family Phone Interview to determine: (1) who enrolls in universally advertised, community based COPE parenting programs, (2) who successfully completes COPE parenting programs, and (3) what is the outcome of COPE parenting programs for parents of children with highly oppositional behavior (BCFPI Cooperation Scores greater than or equally to 70).

2.1 ABSTRACT DATE / UPDATE

JUNE 28, 2004; SEPT 21, 2004; FEB 16, 2005

3 SERVICE TYPE

Large Group Parenting Skill Building Program (COPE)

4 SERVICE DESCRIPTION

COPE, the Community Parent Education Program is a 10 session, large group (up to 25 participants), parenting program. COPE uses an active COPEing modeling learning process in which participants develop solutions to common problems, leaders model the solutions developed by the group, participants brainstorm application, practice new skills, and set homework projects to apply newly acquired strategies at home. In this project, COPE is advertised universally to the parents of all 3 to 12 year olds in the Hamilton-Wentworth Region as a part of the Children's Hospital's larger Community Education Service. The Community Education Services provides courses, workshops, and related educational materials to families in our region. These services are advertised via flyers sent via schools to all families (see communityed.ca). COPE groups include parents from the community, parents referred by local children's mental health service providers, and parents referred by local child protective services.

5 AGENCY CONTEXT: REFERRAL TYPES AND VOLUMES

McMaster Children's Hospital provides comprehensive health services to children and families in the Central Southwest Region of Ontario.

6 OUTCOMES SAMPLE TARGET

Pre-measures are taken on all cases entering the group. Post measures are taken at the final session from all those completing the program.

7 DATA GATHERING POINTS AND METHODS

As a part of our quality improvement program, all parents participating in COPE services are asked to complete paper and pencil versions of the Brief Child and Family Phone Interview at the beginning of the first session and the end of the last session of the COPE program. A registered hospital volunteer enters BCFPI results into our Centre's BCFPI data base.

Outcomes for this project will be scores on the BCFPI Cooperativeness, Externalizing, Child Functioning, and Impact on Family scales. 6 month follow-up using the BCFPI self-report form, is being considered.

8 START DATE

This project started in the Fall of 2003.

9 QUARTERLY UPDATES

9.1 PROGRESS

To date, 304 COPE participants have completed the initial BCFPI, and post data has been gathered on about 154 of these cases.

9.2 PROBLEMS

Parents who fail to complete the COPE program or are not present on the final session, are not included in our outcome data set. One solution would be to call parents who miss the final session and complete the brief discharge and follow-up outcomes and satisfaction phone BCFPI.

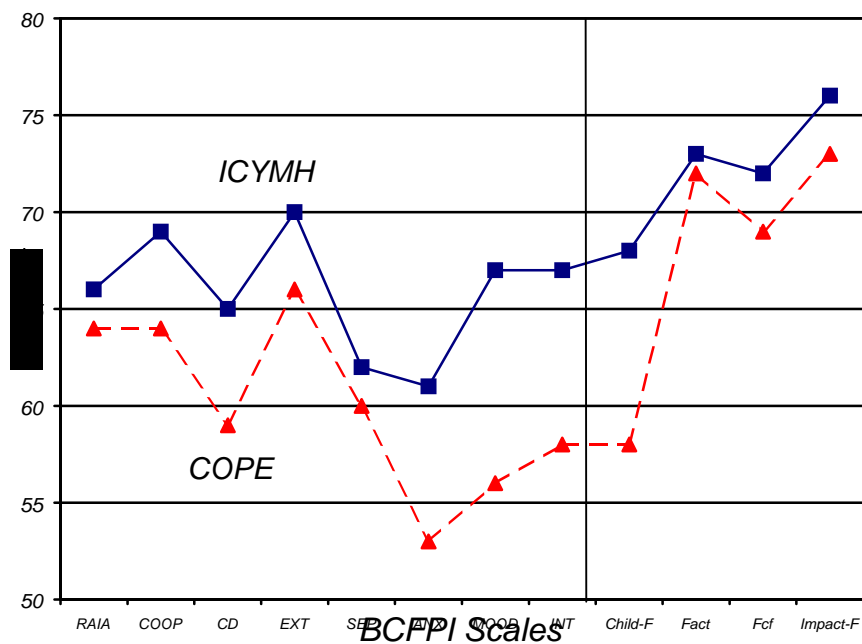
9.3 REVISIONS TO PLAN

10 INTERIM AND FINAL REPORT

10.1 REFERRAL, DISCHARGE AND FOLLOW-UP PROFILES

10.2 REFERRAL PROFILES

To determine who enrolled in the COPE program, we compared the children of 304 parents who enrolled in the COPE program to 1877 referrals to the Integrated Child and Youth Mental Health Services at McMaster Children's Hospital. This comparison is summarized below. Note that t-scores have a mean of



50 and a standard deviation of 10 with a t-score of 50 representing the mean for a normal population sample. A score of 65 is higher than 93% of the general population. A score of 70 is higher than 98% of the general population.

The figure above shows that a significant percentage of the children of COPE participants evidenced high externalizing (EXT) scores. For example, 53% of COPE referrals showed externalizing problem scores at or above the 65th percentile (greater than 93% of the population).

Externalizing problem scores (e.g. problems with the regulation of attention and cooperation with others) were much higher than internalizing problems (INT) (managing anxiety or mood) in COPE program participants. This is consistent with the goal of COPE as a parenting program for families of 3 to 12 year olds with disruptive behavior disorders.

In general, t-scores for participants in the COPE program were lower than those of referrals to our Integrated Child and Youth Mental Health Service. This is consistent with the fact that COPE is advertised as a universally available community service for families of challenging 3 to 12 year olds (in the Hamilton-Wentworth region) and is also available as an interim service option to families on our Integrated Child and Youth Mental Health Service waiting lists.

Like other referrals to our center, COPE participants reported that the problems their child was experiencing exerted a very significant adverse impact on family functioning. For example, 67% of COPE participants and 70% of ICYMH referrals showed Global Family Situation Scores (Impact-F) at or above a t-score of 65 (greater than 93% of the normal population). Family functioning subscales showed that COPE referrals exerted an adverse impact on family activities (Fact) and were a significant source of conflict and anxiety in the family (Fcf).

10.3 CLIENT SATISFACTION UPON DISCHARGE

10.4 EFFECT SIZES FOR CASES WITH HIGH 'BEFORE' SCORES

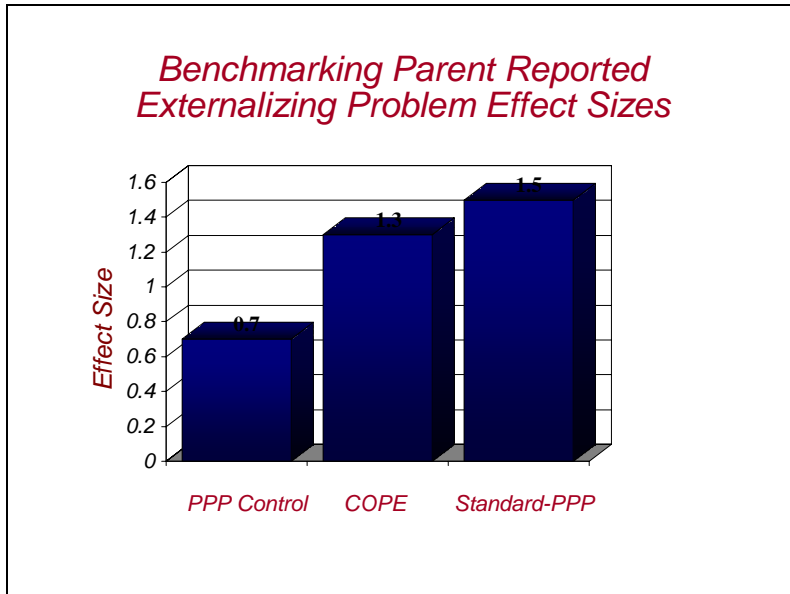
We evaluated the impact of COPE on the problems presented by children with high externalizing scores. Children with high externalizing scores have difficulty regulating their attention, impulsivity, and activity level, cooperating with others, and regulating more serious antisocial behavior. Of a subgroup of 150 parents who completed pre and post questionnaires, we selected those parents ($n = 56$) whose children entered the COPE program with BCFPI externalizing problem t-scores of 70 or greater (more externalizing problems than 98% of the population). This facilitates a comparison of the outcome of COPE with previous studies of children with high externalizing scores (oppositional and conduct disorders).

To compute an effect size we (1) subtracted post test BCFPI externalizing scores from pretest BCFPI externalizing scores and (2) divided this by the pooled pretest and post test standard deviation ($sd\ pre + sd\ post$)/2. On average parents completing the COPE program reported a 1.3 standard deviation reduction in externalizing problems. This is considered to be a very large effect size.

10.5 EFFECT SIZES COMPARED TO AVAILABLE BENCHMARKS

As a benchmark, the figure below compared COPE effect sizes to another well-established evidence-based parent training program, Triple P (Sanders, Markie-Dadds, Tully, & Bor, 2000) of similar duration (10-12 sessions). We used effect size calculations from a review of evidence-based treatments being compiled for a BCFPI Evidence-based Service Benchmarking Report. We selected an outcome measure from the study by Sanders and colleagues that is similar to the BCFPI's externalizing score (Eyberg Child Behavior Inventory Total Score). Sanders reported an effect size of 1.5 for a standard individually delivered behavioral family intervention. With an effect size of 1.3 standard deviations, COPE's cost

effective large group model compares favorably to Triple P's individually administered program. Both programs yield greater improvements than the Triple P control group.



10.6 SERVICE COST

In comparison to an evidence-based benchmark program, Triple P, which was conducted by “four clinical psychologists, 6 psychologists completing postgraduate training in psychology, and two psychiatrists”, the COPE program evaluated here was conducted by early childhood educators. Groups were conducted by an individual leader and our children’s social skills activity group was conducted by trained paraprofessional volunteers. Moreover, while Triple P was conducted as an individual face to face parent training program, COPE is conducted as a large group (up to 25 participants) model. Comparatively, the cost-effectiveness of the COPE program (effect size x parents served/cost) is extremely high.

10.7 CONCLUSIONS

11 CONTACT INFORMATION

Randi Knight
Email: rknight@HHSC.CA