

Research Brief

The Best Start for Families-A Health Equity Approach

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Overview

The International Child/Parenting Development Program (ICDP), or The Best Start for Families (BSFF) in USA, is a comprehensive psycho-social approach to strengthening adult caregiver/parent-child relationships. While parenting challenges can be very different according to children's developmental stage, every parent or caregiver needs support and guidance in parenting at some time. Regardless of age, there is the need for effective, caring parent-child communications and positive relationships.

Based on tenets of developmental and humanistic psychology, the program emphasizes empathy, competence-building, and communication between parents and children (Sherr et al., 2013; Skar et al., n.d.). Empathy is modeled as a foundation of parenting values. This enables caregivers to confidently experience and communicate their love as they guide the positive development of their children. Further, community-based, facilitated Caregiver/Parent Learning Groups support caregivers to expand their "zone of empathy" more broadly, and supplemental children's programming strengthens understanding and results for full families.

The "ICDP-USA: Best Start for Families-A Health Equity Approach" curriculum for adult caregivers/parents is based on exploring new guidelines as questions each week. Trained facilitators introduce the questions and then engage caregivers in small and large group discussions of photo and video vignettes, where parents raise relevant and concrete experiences. Role-playing (improvisation) is also used to for parents to try out, practice and receive feedback on new ways to interact, communicate with and build relationships with children. Caregivers, as adult learners, use Caregiver Handbooks in-session and for home practice, reflection, observation, and self-assessment. During sessions, trauma-informed facilitators support caregivers to gain confidence in learning and supporting the learning of others in the group, embedding a

ICDP-USA/BEST START FOR FAMILIES CORE CAREGIVER CURRICULAR ACTIVITIES

- Review concepts and related home practice. Celebrate successes and support struggles.
- Explore a new guideline each week and discuss circumstances which challenge parents to implement them successfully.
- Analyze and discuss photo, video and written scenarios.
- Role-play situations practicing new skills.
- Use Caregiver Handbooks at home.
- Use Children's Activity Booklets with children at home.
- Engage in a parallel process of trauma-informed communication within the learning group and at home with children and other

parallel process of establishing trust and attachment in the group and in adult-child relationships. The program aims to improve the developmental opportunities for children through providing caregivers information about children's psychosocial development and increasing their basic caregiving skills and ability to give social support to the children (Skar et al., n.d.). ICDP-USA is an internationally tested and supported program.

Implementation of ICDP-USA in Illinois has been established by the Changing Children's Worlds Foundation (CCWF) with widely disparate partner organizations in Kane, Cook, DuPage, Dekalb and McHenry counties. Partners include schools and early childhood centers; mental health/social service agencies; detention-jails/prison settings; community/youth and faith-based organizations. CCWF also hosts community-based sessions with Department of Children and Family Services (DCFS) child welfare families, supplemented with individualized Parent Coaching sessions.

The purpose of this brief is to present outcomes of ICDP-USA Best Start programs implemented in multiple community-based child and family service settings in Illinois. The study centers on core intended outcomes of parent self-efficacy, positive parenting behaviors, nonviolent discipline, and child strengths and difficulties.

Methods

Study participants are caregivers/parents who received the ICDP-USA program across a six-year time span (2014-2020) in Chicago, Illinois. Programs were implemented in a broad cross-section of Chicago-area communities, including many low socio-economic communities. These included Children's Home and Aid Societies, Family Focus agencies, Chicago Public Schools and Early Childhood/Elementary Schools and the Chicago Children's Advocacy Center, also including in Aurora and Elgin. Participating caregivers from the Kane County Adult Justice Center (Jail, St. Charles) were also included. Caregivers participated in 1.25 to 2-hour weekly sessions (range 12-20 total hours), over 9 to 16 weeks on average (covering the 16-session required content).

Participants completed assessment measures during the first (pre) and last sessions (post) of each ICDP-USA learning group. The current study focuses on four of the nine measures administered that assess parent self-efficacy, discipline, child strengths and difficulties, and positive parent-child interactions.

Assessments were collected by program facilitators. Descriptive and pre-post analyses using paired t-tests were conducted to describe the sample at baseline and examine outcomes at program end. Measures include the Tool to Measure Parental Self-Efficacy (TOPSE; Kendall & Bloomfield, 2005); Conflict Tactic Scales: Parent to Child (PCCTS; Strauss et al., 1998); Strengths and Difficulties Questionnaire (SDQ; Goodman et al., 2010) and the ICDP Guidelines (ICDP-USA, 2012).

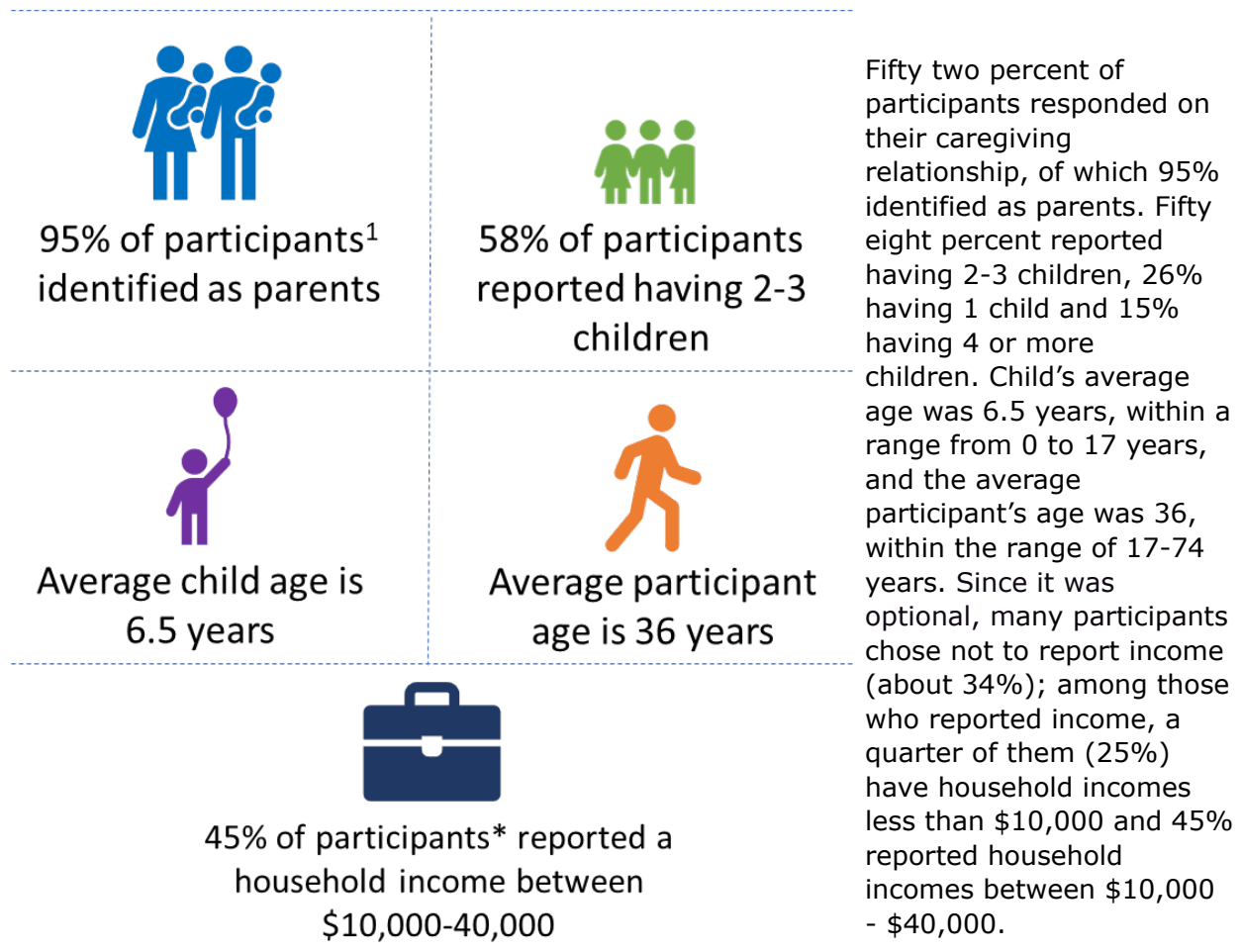
Findings

Pre-post assessments were completed for 555 caregiver program participants. Of complete assessments, most are female 65%. Slightly over one-half reported Hispanic/Latino race/ethnicity (55%), 20% identified as White, 19% identified as Black and the remainder (6%) identified as other, multi race or declined response.

Education level varied; 43% reported some or completion of college degrees, 39% had completed high school, and 18% reported no formal education. Participants were primarily

employed, with 75% reporting full or part-time employment or working from home. Most participants reported being married or living with a partner 62%.

Figure 1. Demographic Characteristics of ICDP-USA Program Participants



**Of the 66% who responded*

Outcome Findings

Total and subscale scores were observed from pre to post-intervention. Mean scores, standard deviation and results of significance testing for each assessment measure total score are reported in the following tables for the Tool to Measure Parental Self-Efficacy (TOPSE), International Child/Parenting Development Program (ICDP), Parent perception of child strengths and difficulties (SDQ), and Parent child conflict tactics score (PCCTS). The findings show significant changes in all these measures.

Table 1. Results of significance testing for difference in total scores pre- and post-intervention – TOPSE

Tool to Measure Parental Self-Efficacy (TOPSE)	N	Mean	Std. Deviation	Difference	Sig.	
Emotion	468	52.5	7.6	1.6	0.000	***
		54.1	6.4			
Play	502	53.5	8.9	2.1	0.000	***
		55.6	7.3			
Empathy	515	51.6	8.8	3.0	0.000	***
		54.6	7.1			
Control	483	43.0	9.2	4.3	0.000	***
		47.3	7.6			
Discipline	491	47.1	10.2	4.1	0.000	***
		51.2	8.1			
Pressures	441	40.7	11.6	2.8	0.000	***
		43.6	11.1			
Self-Acceptance	483	49.1	7.7	2.2	0.000	***
		51.3	7.2			
Learning	500	52.5	7.3	1.7	0.000	***
		54.2	6.6			
Resilience	477	52.4	7.7	2.4	0.000	***
		54.8	6.5			
TOTAL SCORE	290	390.0	53.3	20.2	0.000	***
		410.1	46.2			

* $p < .10$; ** $p < .05$; *** $p < .01$.

Table 2. Results of significance testing for difference in total scores pre- and post-intervention – ICDP

International Child/Parenting Development Program (ICDP)	N	Mean	Std. Deviation	Difference	Sig.	
Emotional Dialogue	536	8.91	1.16	0.281	0.000	***
		9.19	1.06			
Comprehension Dialogue	533	8.60	1.46	0.425	0.000	***
		9.02	1.20			
Regulation Dialogue	531	8.12	1.71	0.665	0.000	***

	531	8.78	1.32	0.000	0.000	
ICDP Guidelines	536	8.54	1.30	0.450	0.000	***
		8.99	1.12			

* $p < .10$; ** $p < .05$; *** $p < .01$.

Table 3. Results of significance testing for difference in total scores pre- and post-intervention – SDQ

Parent perception of child strengths and difficulties (SDQ)	N	Mean	Std. Deviation	Difference	Sig.	
Emotional	316	1.80	1.81	-0.27	0.006	***
		1.53	1.69			
Conduct	317	2.12	1.58	-0.30	0.001	***
		1.82	1.54			
Hyperactive	301	4.15	2.40	-0.53	0.000	***
		3.62	2.32			
Peer	305	2.11	1.56	-0.17	0.078	**
		1.94	1.60			
Prosocial	322	7.26	2.12	0.25	0.036	***
		7.50	2.08			
SDQ TOTAL	229	17.26	5.12	-0.88	0.002	***
		16.38	4.91			

* $p < .10$; ** $p < .05$; *** $p < .01$.

Table 4. Results of significance testing for difference in total scores pre- and post-intervention – PCCTS

Parent child conflict tactics score (PCCTS)	N	Mean	Std. Deviation	Difference	Sig.	
Non-Violent	148	41.2	27.9	0.93	.693	
		42.1	26.4			
Positive Discipline	202	20.0	14.0	2.68	.019	**
		22.7	15.3			
Psychological Aggression	200	8.5	12.1	-3.08	.000	***
		5.4	9.4			
Physical Assault	198	2.5	5.5	-0.85	.026	**
		1.6	4.5			

* $p < .10$; ** $p < .05$; *** $p < .01$.

Self-efficacy (TOPSE)

- Parent self-efficacy **scores significantly increased** between pre- and post-intervention for **all of the** subscales and in total, with a significance level below $<.001$.

Parent-child interaction (ICDP)

- There was a **significant increase across all dialogue scores** between pre- and post-intervention including emotional, comprehension, regulation, and in total.

Parent perception of child strengths and difficulties (SDQ)

- Parent perception of child's conduct behavior **decreased significantly** between pre- and post-intervention **in total and across all sub-scores** of the SDQ. Peer subscale ($p<.10$), all other sub-scores and total ($p<.05$).

Discipline (PCCTS)

- **Psychological aggression** ($p<.000$), and **physical assault** ($p=.026$) **significantly decreased** from pre- to post. There are no significant changes in nonviolent discipline behavior, although the **positive measures of discipline** within this sub-score did **significantly increase** from pre to post ($p=0.019$).

Conclusion

ICDP has demonstrated high potential to support parents and caregivers while providing positive, non-violent parenting support through its guideline-based relationship-building curriculum. This ICDP-USA: Best Start study demonstrates specific implementation aspects which contribute to successful parenting training with social support. The study also contributes to the growing literature on parenting intervention evaluations to understand their effectiveness in resulting in positive outcomes by both addressing "significant risk factors associated with parent and child difficulties and to bolster key protective factors" (Sherr, et. al., 2011).

The ICDP-USA Best Start study shows evidence of **increases in parental self-efficacy, positive parent-child interaction, and positive discipline and decreases in psychological and physically aggressive/abusive** approaches to discipline. This provides preliminary evidence that caregivers/parents who receive ICDP-USA Best Start may change their perception of child behaviors, perhaps indicating more developmental knowledge and emotional empathy for children's behavior after having received the program. Caregivers/parents may need more guidance in knowing about and utilizing non-violent disciplinary measures such as redirections and time out.

Importantly, it is necessary to acknowledge study limitations such as, it is based on evaluation data collected by program implementors from multiple projects in the field over a four-year period. This was a naturalistic evaluation of the routine implementation of ICDP, and although evaluation procedures were administered consistently, the protocol for data collection included allowing community parents to skip any questions or sections that made them feel uncomfortable, as the priority was to encourage program participation. This resulted in a large number of skipped questions, as well as missing responses related to specific issues which may have worried or embarrassed caregivers. Additionally, some evaluation items, particularly the Parent Conflict Tactic questions, elicited the same response by the majority of caregivers. The majority of responses were 'has never happened,' skewing the distribution and making it difficult to assess changes in psychological aggression, and most especially physical assault over the study period.

Secondly, all data were collected with self-report methodology, hence social desirability may have influenced parents' responses. Current results demonstrating improved parenting behavior and perceived impacts on the child's strengths and difficulties indicate that a more rigorous evaluation of the effects of the "ICDP-USA: Best Start" on parents and their children should be undertaken.

In conclusion, the ICDP-USA: Best Start Parent Training and social support program consistently demonstrated positive impacts on caregivers, children and families. These findings support the expansion of community-based, trauma-informed parenting programs with the potential to not only reduce aggression and maltreatment of children, but to support them to thrive in positive development.

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