

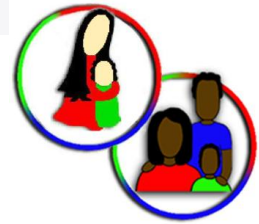
# Parenting our Children to Excellence (PACE) Program

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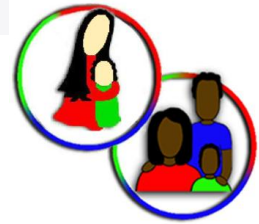
National Crime Victims Research and Treatment Center  
Medical University of South Carolina

26<sup>th</sup> Annual San Diego International Conference  
on Child and Family Maltreatment, January 2012



***“If there is anything that we wish to change in the child,  
we should first examine it and see whether it is not  
something that could better be changed in ourselves”***

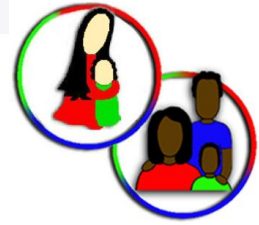
***Carl Jung***



# Background and Significance

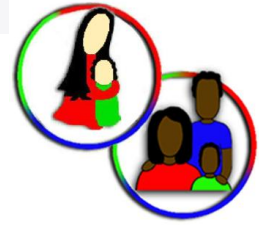
- Importance of positive parent-child interactions
- When dysfunctional parent-child interactions are combined with other adverse factors...
- Behavioral parent training programs increase positive parenting practices, which contribute to:
  - Increases in child coping competence
  - Increases in parent satisfaction and efficacy
  - Decreases in child disruptive behavior
  - Decreases in parent stress
  - Decreases in risk for child maltreatment

# Background and Significance



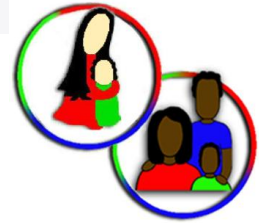
- Prevention, or *“nipping early risk factors in the bud”*
- Evidence for effective preventive parenting programs
- Problem with limited parental engagement
- Factors related to engagement:
  - Sociodemographic characteristics
  - Limited time availability and conflicts
  - Child behavior problems

# Parenting our Children to Excellence (PACE)



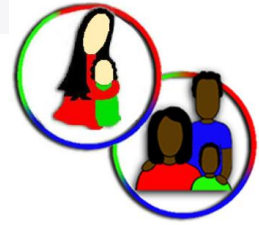
- 8-week, behaviorally-oriented, structured group parenting program
- Designed for parents of preschoolers (age 3-6)
- Delivered at daycare centers or schools
- Manualized for content and process
- *Designed to reduce common obstacles to engagement, and promote positive parent-child interactions*

# Parenting our Children to Excellence

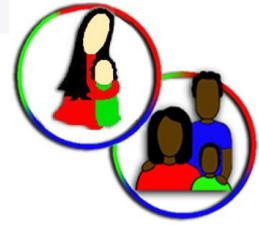


- (1) Bringing out the best in our children
- (2) Setting clear limits for our children
- (3) Helping our children behave well at home and beyond
- (4) Making sure our children get enough sleep
- (5) Encouraging our children's early thinking skills
- (6) Developing our children's self-esteem
- (7) Helping our children do well at school
- (8) Anticipating challenges and seeking support

# Targeting obstacles to engagement



- Program offered at daycare/school where child attends
- Transportation provided
- Childcare available
- Dinner served to parents and children



# Engagement in PACE

- 79% attended at least 1 session
- 60% attended at least 4 sessions
- 48% attended at least 7 of 8 sessions

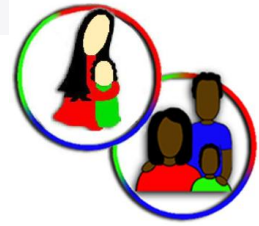
*Intent to enroll – enrollment – attendance – participation*

- Intended to enroll = few time constraints, more stress
- Enrolled = few time constraints, more stress, high disruptive behavior
- Attended = few time constraints
- Participated = higher attendance

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(Begle & Dumas, 2010;  
Dumas, Nissley-Tsiopinis, & Moreland, 2007)

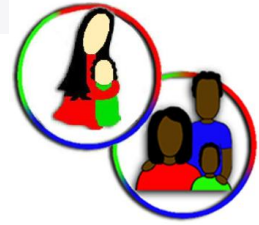
# Did incentives increase engagement?



- 319 in incentive condition, 291 in non-incentive condition
- Intent to enroll predicted enrollment (irrespective of condition)
- Parents in the incentive condition:
  - Did not enroll in greater numbers
  - Did not attend more sessions
  - Did not participate more actively
- Incentives encouraged some parents (younger and more socioeconomic disadvantaged) to enroll, but had no effect on attendance

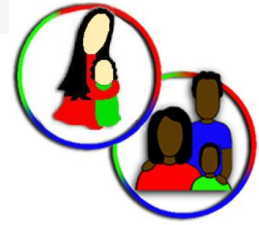
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# Parent and child outcomes of PACE

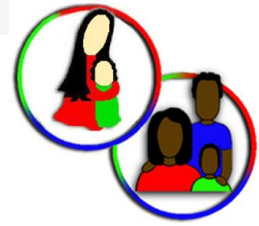


- Increased attendance predicted:
  - **Decreased child abuse potential** ( $t = 1.82, p < .10$ )
  
- Increased participation predicted:
  - **Increased child coping competence** ( $t = 2.18, p < .05$ )
  - **Increased parental satisfaction** ( $t = 2.18, p < .05$ )
  - **Decreased parental stress** ( $t = -1.75, p < .10$ )

# High Risk Subsample



- Parents in top 10<sup>th</sup> percentile for child abuse potential (N = 72 parents)
  
- Engagement compared to overall sample:
  - 71% attended at least 1 session (compared to 79%)
  - 43% attended at least 4 sessions (compared to 60%)
  - 31% attended at least 7 of the 8 sessions (compared to 48%)

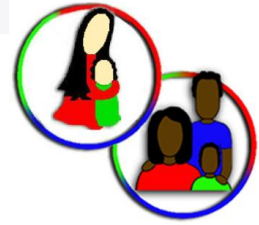


# Outcomes: High Risk Subsample

- Increased attendance predicted:
  - Increased parental satisfaction ( $t = 2.48, p < .05$ )
  - Increased parental efficacy ( $t = 2.75, p < .01$ )
  - Decreased parental stress ( $t = -3.65, p < .01$ )
  - Decreased child abuse potential ( $t = -2.59, p < .05$ )
  
- Increased participation predicted:
  - Increased parental satisfaction ( $t = 2.38, p < .05$ )
  - Decreased parental stress ( $t = -3.85, p < .01$ )
  - Decreased child abuse potential ( $t = -2.89, p < .01$ )

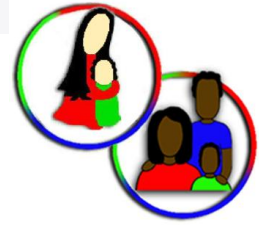
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# Comparing the samples...



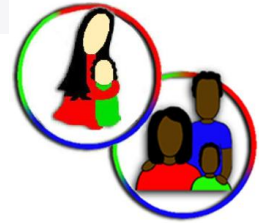
- Enrollment was similar in both samples, but attendance better in the overall sample
- Quality of participation affected outcomes more than attendance in the overall sample
- Both attendance and quality of participation affected outcomes in the high risk subsample

# Implications for preventive programs in urban areas



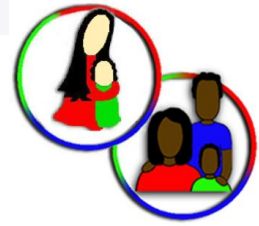
- Individual parent training programs effective, but barriers may present challenges for high risk families
- Group parent training programs
- PACE addresses many limitations
- Increased engagement in PACE improved parent and child outcomes – especially for high-risk parents

# Adapting PACE to additional settings



## ■ Pilot work in South Carolina

- 2 pilot groups in Charleston, SC (Headstart, Elementary school)
- Similar recruitment and engagement strategies
- 13 participants enrolled
  - 15% attended 0 sessions (n = 2)
  - 62% attended 1-4 sessions (n = 8)
  - 23% attended 5-6 sessions (n = 3)



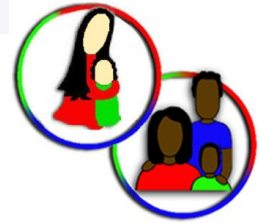
# Engagement in rural settings

- Greater number of people living below poverty line
- More obstacles – lack of public transportation
- Attitudinal barriers more prevalent
  - Stigma regarding mental health services
  - Difficulty developing relationships with “outsiders”
- Important to build relationships through schools, churches, or community centers

(Baffour, Gourdine, Domingo, & Boone, 2008; Boydell et al, 2008; DeLeon, Wakefield, & Hagguld, 2003; Murphy & Owens, 2006; Spotlight on Poverty, 2010)

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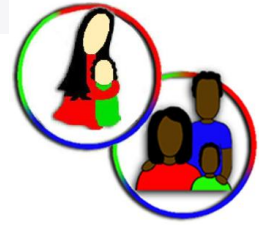
# Engagement in rural settings



## ***Community Liaison Network*** (Murry & Brody, 2004)

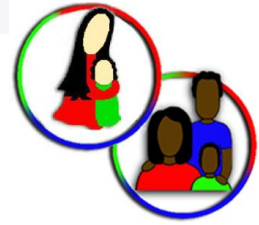
- Community Liaisons work with research team to:
  - Provide input on recruitment and retention strategies
  - Discuss issues that arise regarding engagement
  - Assist with enrolling, contacting, scheduling, and tracking families
  - Help identify experienced and competent group leaders
- Train GLs through the schools and community organizations – build sustainability

# Future directions for PACE...



- PACE in rural settings...
  - Potential adaptations to engagement strategies
- PACE through pediatric primary care
  - Recruitment via self-referral or provider referral
- CANNE
  - Pilot work completed in Indianapolis, IN and Charleston, SC
  - Rural and community healthcare settings

# Thank you to the PACE teams



- In Indiana...

Jean Dumas, Ph.D.

Amanda Pearl, Ph.D.

Amanda Mosby

Stephanie Wynder

Sharon Hampton

- In South Carolina...

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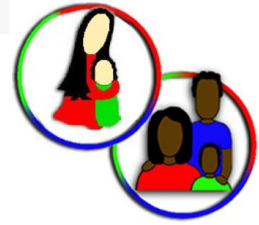
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# Thank you and Questions?



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