

Program Overview: Parenting Through Change (PTC)

Please note that the accuracy of the contents of this inventory cannot be guaranteed until the program director has reviewed this summary for accuracy. Changes may be pending.

Category	Parenting Programs	Definitions/ Notes
Program Name	Parenting Through Change (PTC)	
History of Program	Parenting Through Change (PTC) is one of the Parent Management Training - Oregon Model interventions developed from social learning and interaction models that account for the negative effects of stressful life circumstances on parenting practices and child outcomes. PTC, a parent-training preventative intervention, was designed for families experiencing transition. Parents learn how to decrease coercive interactions with children and increase positive social behavior through skills encouragement, limit-setting, monitoring, problem-solving, and becoming positively involved in children's social, emotional, behavioral, and academic development.	
Description of Program as it Relates to addressing CEV	PTC has been used with and is being adapted for families with a high risk for trauma, including families in which there is known maltreatment and domestic violence. It has also been implemented with families living in domestic violence homeless shelters and supportive housing units, as well as with refugee populations in which risk for exposure to violence is high.	
Service Continuum	Primary/Universal Prevention Secondary/Selective Intervention	
Primary Exposure Type	Domestic Violence Maltreatment (non-specific) Refugee/Immigration/War/ Political High Risk for Exposure / Trauma	

Highlighted text indicates program components are currently under review. Changes may be pending.

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Target Population	Individual Parent/Caregivers(s)	
Target Age	Middle Childhood (6 - 12)	Has been implemented with children as young as 4 years old.
Target Gender	Both	
Appropriate for Unique Ethnic, Cultural, or Linguistic Populations?	<p>Has this program been used or evaluated with minority, cultural, or linguistically diverse groups?</p> <p>Yes</p> <p>If yes, please indicate:</p> <p>Latino/Hispanic African American Other East African Refugees in the US, Somali immigrants in Norway, Single mothers in Child Welfare System in Mexico</p>	
What Adaptations have been made?	<p>Have any adaptations or modifications been made with respect to specific minority, cultural, or linguistic groups?</p> <p>Yes</p> <p>If yes, please describe:</p> <p>An adaptation is currently underway for Spanish-speaking, traumatized families in Mexico. No evaluation data are currently available.</p>	blank
Primary Settings	<p>Supportive Housing/Shelters Child Welfare System Mental Health Community Agency Schools</p>	
Persons or Entities in charge of delivering Program	<p>Supportive Housing/Shelter Staff Child Welfare Workers Mental Health Providers (e.g., Social Workers, Therapists) Community Providers (e.g., mentors)</p>	
Primary Components	<p>Assessment/ Triage/Screening Parent Training/Therapy Other (Please describe): Weekly phone check-ins</p>	

Resource & Capacity Planning

Category	Parenting Programs	Definitions/ Notes
Length/ Duration of Program	Please Describe: PTC can be delivered individually with parents or as a group format. Group PTC is 14, weekly, 90-minute sessions.	
Required Materials	Manuals/Program materials Video/Audio Equipment Fidelity Checklists/Assessments	bl-
Are Materials Available in Multiple Languages?	Please Describe: Not at this time	
Training Requirements	Face-to-face training Supervision Consultation Other: DVDs of specific session segments of the 4th group must be submitted to the Implementation Sciences International, Inc. (ISII) for fidelity monitoring.	
Provider Certification/ Training/ Requirements	Program Specific Certification/Training Required	
System or Agency Recommendations for Serving CEV Populations	With-in Agency Support & Infrastructure: Implementing PTC requires a long-term commitment and support for evidence-based practice from agencies/ systems. Implementation Sciences International, Inc. (ISII) works with individual agencies or systems to develop a plan for training local therapists, with the goal that once the trained therapists become certified, they will serve as local PMTO coaches and fidelity raters. Implementation success, particularly when serving high-risk populations exposed to violence, requires agencies to assess their service	

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	<p>infrastructure, financial resources to cover costs of training, materials, incentives for participants, addressing transportation or other barriers, and may require planning for reallocation of caseload. Infrastructure is needed to support staff attendance at trainings (18 days, typically delivered as 6, 3-day trainings) and weekly or bi-weekly consultation for the first 3 training groups, as well as time for co-facilitators to plan and prepare group and to make calls between group sessions.</p>	
<p>Costs of Implementation</p>	<p>Training & Consultation: \$24,000/ 2 co-facilitators to attend 18 days of training</p> <p>Materials/Manuals: \$3,000/group</p>	

Evidence for CEV

Category	Parenting Programs	Definitions/ Notes
Evidence for Preventing or Addressing Violence Exposure	This EBP or program demonstrates <i>sufficient feasibility evidence</i> (successful recruitment and retention; high engagement and satisfaction) that it is feasible to implement the program <i>with fidelity</i> in settings serving or with populations exposed to violence, when such adaptations differ from the original intent/ outcomes of program.	
Evaluation Design of Studies with Children Exposed to Violence	Pre- and post-test (no comparison group) Feasibility testing (no efficacy trials yet; limited data such as satisfaction, engagement)	
Violence Exposure-Related Outcomes	Parent (Briefly Describe): Feasibility testing of an adaptation of PTC for community-base agencies serving low-income families with domestic violence (transitional/ housing shelters and supportive housing) indicate high parent engagement and satisfaction, including strong average attendance, a high degree of participant satisfaction and a moderately strong participation rate (e.g., completing homework assignments, actively participating in group). Greater satisfaction with sessions was associated with higher levels of participation in and outside the classroom. Initial findings also suggest that participating mothers felt empowered to engage as primary care taker and learned ways of becoming more consistent in monitoring and routines.	
Additional Research Information	Study 1: Design, Setting, Participants: 10 mothers participated in a feasibility study of an adaptation of PTC for community-based provider serving high-risk families. All mothers were living with their children in a homeless shelter due to domestic violence. The retention rate for the 14-week program was 90%, and 80% of the participants attended at least 12 of the sessions. During the intervention, weekly sessions coaching sessions were held with the group leaders. The intervention	

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	<p>model provides for videotaping both as a coaching tool, and as a fidelity check. 4 of the 10 mothers participated in a post-intervention focus group interview.</p> <p>Outcome Measures: Attendance and homework completion data were collected at each session. Parent satisfaction (e.g., satisfaction with leader & materials, group dynamics, and participant affective state) was measured using a self-report 15-item, 5-point likert scale questionnaire developed by program implementers. Fidelity of implementation was monitored by reviewing videotaped group sessions (see, Knutson, Forgatch, & Rains, 2003).</p> <p>Reference: Gewirtz, A. & Taylor, T. (in press). Participation of homeless and abused women in a parent training program: science and practice converge in a battered women's shelter. In M. F. Hindsworth & T. B. Lang (Eds.) <i>Community Participation and Empowerment</i>. Hauppauge, NY: Nova Science Publishers.</p> <p>Study 2: Design, Setting, Participants: As part of larger, multi-component randomized control trial evaluating a comprehensive preventive intervention, 44 mothers with children between the ages of 4-12 living at 8 supportive housing sites (randomly selected program sites) participated in adaptation of PTC for community-based settings (e.g., supportive housing). Over half of the participants reported at least one lifetime event of violence exposure, with more than half having experienced domestic violence or childhood abuse. Groups included an average of 7 mothers/session.</p> <p>Outcome Measures: Parent satisfaction, homework completion, and engagement were measured using a self-report 15-item questionnaire developed by researchers with questions about satisfaction with leader, group</p>	

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	<p>dynamics, satisfaction with material, and participant affective state using 5-point likert-scale ratings (not at all to very much). Engagement was also assessed using weekly attendance and homework completion data.</p> <p>Reference: Gewirtz, A., Plowman, E., & August, G. (2009). Making evidence-based prevention feasible for community-based sectors of care: An evaluation of a parenting program in supportive housing. <i>Manuscript in preparation.</i></p>	
<p>Is this Program an Evidence-Based Practice in other Family/ Youth Development Areas?</p>	<p>Yes</p> <p>Endorsements NREPP California Clearing House Rated</p>	<p>Over 30 years of research and evaluations of PTC using different samples have consistently demonstrated significant improvements in children's behavioral adjustment (including reductions in aggression, conduct disorder, depression, and incarceration and recidivism). Moreover, research confirms that these changes are the result of improvements made in parents' positive parenting practices and reductions in their coercive (hostile, ineffective) interactions with their children.</p>
<p>Evaluation Designs of other evaluations</p>	<p>Randomized, control experimental design</p>	
<p>Sources</p>	<p>Empirical Studies (peer-reviewed journal) Review Article (peer-reviewed journal) Evaluation Conducted by Program</p> <p>NREPP: Average Scientific Quality Rating: 3.6 Other (describe): Book Chapters</p>	

Contact Information

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