Essentials of Program Evaluation: How We Know the ACT PROGRAM is Changing Parents’ Behaviors

Tasha R. Howe, Ph.D
Professor and Chair of Psychology Department
Humboldt State University, Arcata, CA, USA
th28@humboldt.edu

Elisa Rachel Pisani Altafim, Ph.D
Psychologist, ACT Brazil
Researcher at LAPREDES – University of São Paulo
altafim.elisa@gmail.com
Why Should We Conduct Program Evaluations?

Sensa claimed to enhance the smell and taste of food, make users feel full, & lose weight.

Conversion Therapy claims to make gay people straight.

Lumos Labs said its app would help prevent Alzheimer’s disease.

Holding Therapy claims to help traumatized children bond.

Ex-Gays prove change is possible.

Holding therapy at a glance:

1. Child lies down on a mat or across the laps of one or two therapists.*
2. Parent encourages child to share feelings verbally. The parent remains calm and in control and offers comfort when the child stops resisting.
3. Forced eye contact
4. Therapist may be on one side with parent on the other.

Child may be restrained if he or she becomes violent.
ACT Raising Safe Kids Objectives

- Equip organizations and professionals with research-based tools and knowledge to help build strong and healthy families that contribute to safe communities

- Teach parents of young children positive parenting skills that create safe, stable, healthy and nurturing environments and relationships that prevent children’s exposure to abuse and adversities that have lifelong consequences

- Create a community of learners contributing to reduce the violence in the communities

➢ Are we building strong and healthy families?
  - How would we know?

➢ Are we creating safe, stable, healthy environments & relationships?
  - How would we know?

➢ Are we creating a community helping to reduce violence?
  - How would we know?
Types of Evaluations

- Formative (ongoing directly for program improvement)
  - Implementation
    - Attrition
    - Changes in protocol
    - Completeness of data
    - Implementation of informed consent
    - Fidelity to methods
  - Progress
    - Participants’ progress in completing measures
    - What parts of the program work and for whom
Early Work: Train-the-Trainers Program

- CDC-funded evaluation performed by Battelle Centers for Public Health Research & Evaluation (2004).

6 months after being trained (N = 62; mostly Kansas City):
- 85% of professionals had used the program in their own work with families
- 40-60% had conducted professional trainings for other staff at various sites
- 17-28% at various sites set up infrastructure to maintain program long-term.
Train-the-Trainers Evaluation & Replication

51 professionals – Humboldt County, CA

- Post test increases in child development knowledge, violence prevention skills & knowledge
- 3 month follow up: further increases in skills & knowledge plus ability to apply knowledge to new scenarios
- 44.8% used program in their work but none trained others (did not replicate Battelle’s)

Evaluating Professional Training

226 professionals vs. comparison group

- Post test - ACT professionals’ knowledge:
  - Increases in understanding anger management, social problem solving, discipline, & media literacy
  - Showed ACT gave professionals knowledge to help prevent violence.

Types of Evaluations

- **Summative**
  - Implemented after the program ends
  - Discovers whether the program met its goals
  - Can inform program improvement but that’s not its ultimate goal
How We Get to “Evidence-Based:”
The Six Stages of Evidence Quality

- **Virtually Irrelevant:**
  Case Studies & Testimonials

- **Emerging Picture:**
  Single group pre-post

- **Solid Conjecture:**
  Treatment group compared to control group (not randomized)

- **Gold Standard – Public**
  (e.g., FDA): randomized controlled trial – treatment vs. no treatment (or placebo or waitlist)

- **Gold Standard – Science**
  Randomized controlled trial – treatment vs. treatment as usual (w/follow-up preferably)

- **Cannot argue!**
  Randomized controlled trial – treatment vs. TAU vs. EBP w/follow-up & replication
Significant decrease over time in hostile attributions and beliefs about spanking. Three month follow up: no parents reported spanking; improvements in media literacy & anger management. Parents found the program non-judgmental & enjoyable.

ACT RSK Evaluation
University of Toledo

Parents are hitting their children significantly less
Parents are less hostile toward their children
Parents have more effective parenting skills
Less behavioral problems in children


“I really enjoyed the program. When I first started, I literally would scream at my child because it was what I grew up with. Always popped and hit on the butt. So I did the same. I expected him to do things - telling him to be quiet and sit down, and if he didn’t, I would pop him! And he’s one year old! I don’t do that anymore. My mom was always hitting us and screaming at us. That’s what I grew up with, so that’s what I did. I have learned so much!”

National, Multi-Site Study: Humboldt State University

- 300+ participants
- 9 sites across the U.S.
- Increases in positive parenting practices,
- Effective anger management,
- Use of positive discipline practices,
- Improved social problem solving
- Improved knowledge of child development
- Spanish speakers benefitted even more than English speakers.

ACT PRSK Evaluation – CDC – Funded Research Study

Multi-site, experimental design with random assignment to groups.

FINDINGS: Significantly reduced harsh discipline, increased nurturing behavior, and improved social support for parents who completed the ACT-RSK program relative to controls.

Focus groups: parents perceived numerous benefits to the program, including help with controlling their anger, learning better parenting and discipline strategies, and recognizing when their child’s behavior is developmentally appropriate.

ACT RSK in Community Health Centers Evaluation: Washington, DC and Toledo, OH
test-retest reliability

FINDINGS: Improved nurturing, positive parenting behaviors, and use of nonviolent discipline as well as lower rates of psychologically and physically aggressive behavior toward children. These improvements occurred independent of children’s age and prior levels of aggression in a sample of both Spanish and English speaking parents.

Findings:

- Declines in psychologically and physically aggressive behavior toward children and negative discipline
- Improvements in positive parenting behaviors and nurturing behavior

RCT - 84 caregivers from community health centers

Pre × Post - 60 caregivers from Community-based sites
Child Behaviors

- Decreased bullying behavior in children (Burkhart et al., 2013).
- Decreased child behavior problems (Knox & Burkhart, 2014).


Altafim et al. (2016) Pre × Post - 82 mothers from Family Health Centers and Public Schools
Improvements on:
➢ **Parenting practices** - Parenting Style; Electronic media control; Parental behavior
➢ **Child Behavior** - Total behavior difficulties

Pedro et al. (2017) - 64 mothers from private and public schools
Regardless of socioeconomic level and type of school, there were improvements in parenting practices and child behavior.
The ACT program was validated for mothers with different SES (private and public schools; low and medium SES)

ACT Program efficacy: A randomized controlled trial
82 mothers – Intervention group ($n = 40$) and Waiting list control group ($n = 41$)

Findings:
✓ Efficacy of the ACT program to improve parenting practices (Positive Discipline, Emotional/Behavioral Regulation) and to reduce child behavior problems.
✓ After participating in the intervention, CG mothers also reported improvements in both outcomes.
✓ The three most effective strategies for learning the content of the ACT program, according to the mothers: Facilitators’ explanations; Group discussions; Program activities
International child abuse prevention: insights from ACT Raising Safe Kids

Tasha R. Howe, Michele Knox, Elisa R. Pisani Altabim, Maria Beatriz M. Linhares, Nahoko Nishizawa, Trista Juhsin Fu, Ana P. Leao Camargo, Gabriela I. Reyes Ormeno, Teresa Marques, Luisa Barrios & Ana I. Pereira

Background: Evidence-based practices are often viewed as lofty goals endorsed by wealthy academics in developed nations, but impossible to implement in other contexts. This article will provide evidence suggesting that, to the contrary, we can indeed scale up western-developed parenting interventions that can be both effective and warmly received by parents in diverse cultural and economic contexts.

Methods/Results: This paper gives a brief overview of the ACT Raising Safe Kids Program and summarizes the results of evaluation studies done with parents around the world. It discusses specific strategies facilitators use to modify the program as necessary to fit cultural contexts while also maintaining fidelity, implementing the manualized curriculum under varied, and complex circumstances.

Conclusions: It is hoped that the lessons learned from our work will inspire practitioners to adapt ACT or other programs to diverse contexts, evaluate those programs, and thereby improve the mental health and life trajectories of children and families around the world.

- United States, Brazil, Japan, Taiwan and Portugal – cultural adaptations

Aims:

- To examine the psychometric properties of the ACT parenting scale,
- To examine the relations between socioeconomic status, parenting practices, and child behavior problems

We examined the ACT Pre-Post Test Measure and found that the questions could be statistically sorted into the three following over-arching constructs.
# ACT Questionnaire

**Table 1**
ACT Scale items and corresponding factor loadings from an exploratory factor analysis.

<table>
<thead>
<tr>
<th>Items of ACT Scale</th>
<th>FL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Factor 1 - Emotional and Behavioral regulation</strong></td>
<td></td>
</tr>
<tr>
<td>PS2 When I am upset or under stress: I am picky and on my child's back/I am no pickier than usual.</td>
<td>0.64</td>
</tr>
<tr>
<td>PS5 When my child misbehave: I raise my voice or yell/I speak to my child calmly.</td>
<td>0.73</td>
</tr>
<tr>
<td>PS6 After there's been a problem with my child: I often hold a grudge/Things get back to normal quickly.</td>
<td>0.56</td>
</tr>
<tr>
<td>PS7 When there's a problem with my child: Things build up and I do things I don't mean to do/Things don't get out of hand.</td>
<td>0.72</td>
</tr>
<tr>
<td>PS8 When my child misbehaves, I spank, slap, grab, or hit my child: Never or rarely/Most of the time.</td>
<td>0.74</td>
</tr>
<tr>
<td>PB2 I control my anger when I have difficulties with my children: Never/Always</td>
<td>0.71</td>
</tr>
<tr>
<td>PB6 I calm myself down when I am angry so my children can learn how to do the same: Never/Always</td>
<td>0.62</td>
</tr>
<tr>
<td><strong>Factor 2 - Communication</strong></td>
<td></td>
</tr>
<tr>
<td>PS4 When my child misbehaves: I give my child a long lecture/I keep my talks short and to the point</td>
<td>0.48</td>
</tr>
<tr>
<td>PS10 When my child misbehaves: I rarely use bad language or curse/I almost always use bad language.</td>
<td>0.68</td>
</tr>
<tr>
<td>PS11 When my child does something I don't like, I insult my child, say mean things, or call my child names: Never or rarely/Most of the time.</td>
<td>0.63</td>
</tr>
<tr>
<td><strong>Factor 3 - Positive discipline</strong></td>
<td></td>
</tr>
<tr>
<td>PB 1 - I pay attention to what I say and do in front of my children: Never/Always</td>
<td>0.66</td>
</tr>
<tr>
<td>PB3 I teach my children how to resolve conflicts with others using words, not violence: Never/Always</td>
<td>0.37</td>
</tr>
<tr>
<td>PB4 I limit how much violence my children can see on TV, in movies, and in games: Never/Always</td>
<td>0.84</td>
</tr>
<tr>
<td>PB5 I help my children express their feelings and understand the feelings of others: Never/Always</td>
<td>0.48</td>
</tr>
<tr>
<td>PB8 I praise my children when they behave well and do good things. Never/Always</td>
<td>0.53</td>
</tr>
</tbody>
</table>

Notes. FL = Factor Loading; PS = parental style section of the original ACT Scale; PB = parental behavior section of the original ACT Scale (Silva, 2011). Item responses made on a 5-point Likert scale.
Future Directions

- Replications using same measures
- Better monitoring of program fidelity
- More long-term follow-ups (& measures beyond self-report)
- More use of comparison groups (TAU + other Tx)
- More measures of children’s behavior & official child maltreatment records