# Evaluating the effectiveness of the Raising Resilient Kids parenting program

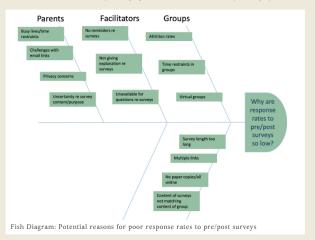
Author: Dr. Emily Shelton, PGY5 Resident in Psychiatry Supervisor: Dr. Joanna Cheek, MD, FRCPC

### 01. Introduction

The Raising Resilient Kids (RRK) program is a quality improvement (QI) project that aims to break the cycle of transgenerational effects of trauma through reflective parenting groups. This project will create early, evidence-based, equitable and accessible group interventions in primary care for parents who are at high risk for mental health difficulties in their families. Group-based parenting programs have been shown to improve short term parental well being including decreasing anxiety, depression, stress and guilt, and increasing confidence, (Barlow, et al. 2014). By improving both the parents' distress/mental health symptoms and their capacity to healthily attach, attune, and provide a safe environment for their children, we can prevent Adverse Childhood Experiences (ACE) and insecure attachment in the next generation, which has been consistently linked to poor physical, mental and social health outcomes. These reflective parenting groups are for parents with mental health difficulties, higher ACE scores, emotional distress, or parent-child difficulties. It aims to teach skills to attach securely to their children and teach healthy relational skills and emotional regulation in both parents and children. These groups focus on psychoeducation surrounding attachment, parenting skills about self and co-regulation, incorporating aspects of mindfulness and self-compassion. The objectives of this project include increasing parental selfefficacy, improving confidence in parenting, and increasing comfort in managing children's difficult behaviour

## 02. Problem

One of the challenges of this project is measuring change in the parenting groups. This includes developing an accessible and sensitive parental self efficacy scale, with a positive response rate. By improving the response rates of pre and post group surveys we will be able to better determine the efficacy of the program and the ensure sustainability of this project.



#### 03. Aim

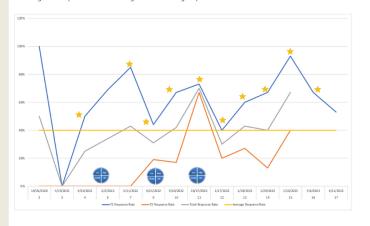
To increase the response rate on pre/post surveys by 50% by May of 2023

> Interventions done through multiple Plan-Do-Study-Act



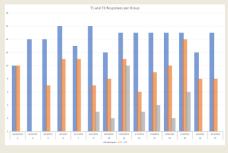
# 04. Response Rates over time

Below demonstrates the different response rates for the pre-group survey (T1) and post group survey (T2) from the earliest Raising Resilient Kids group (RRK2) up until the latest groups (RRK17). Included are the various changes we implemented with our goal of increasing response rates.



- For the first 5 groups, there were only 2 questions sent out as a pre-group survey no post-group surveys.
  RRK Group 3 having no pre/post surveys at all.
- I joined the project for RBKO
   we developed a pre-post survey to include the 'Me as a Parent (MAAP)' self-reporting scale by Hamilton et al 2014 as well as
  the Self Compassion Scale Short Form (SCS-SF) from Raes et al (2011)
   We changed the facilitator squide to include reminders for the groups to complete the surveys.
- RRK 11 we combined the link to parents, to include both surveys.
   The facilitator for RRK11 gave the participants time during the final session to complete the post survey
   We included email reminders to facilitators about the prefpost surveys

The above run chart demonstrates a significant change in the T2 surveys after our first PDSA cycle changes, with >6 points



# 04. Results

- Initial survey response rates remained at or above 40%
- · Post group survey response rates consistently below 40% with one group being the exception

# 05. Conclusion

In order to determine the efficacy of our early intervention parenting program, and ensure its sustainability, we need a means of measuring change pre and post groups. This project focused on increasing the response rates for these surveys, with the goal of increasing these response rates by 50% by May of 2023.

The pre-group surveys have consistently been completed at higher than average rates (>40%) throughout. Our interventions of combining the surveys into one link, sending reminders out to facilitators, including discussion of the surveys in the facilitators guide, appear to have ensured these results as they have not fallen below 40% since these interventions.

The challenge remains the post-group surveys, which have mostly fallen below our average response rate of 40%. The one group in which the facilitator allowed time for completion of the post-survey in the group saw the highest completion rate of 67%. Also, our most recent group which encouraged facilitators to remind participants in the session about the post survey, saw a 40% completion rate. We need more time and consistency in approaches from facilitators to determine if these interventions are significant.

There are many reasons we may be struggling to obtain the pre/post survey completion rates. All our groups are virtual, so we don't have physical copies of surveys - instead they are sent out by email. We are working with busy parents, who may easily forget once they are out of

For our next PDSA cycle, we will consistently allow time in our final session for completion of the post-group survey.