



NYC Project LAUNCH Local Brief
Strong families and communities
Promoting social and emotional health
Healthy, happy and successful children
 Linking Actions for Unmet Needs in Children's Health:
September 30, 2010–September 29, 2015



Family Strengthening Parenting Program

Early investments in children's wellbeing, particularly for young children facing risks such as socio-economic disadvantage and parental depression, have long-term health, mental health and social benefits for families and communities (National Scientific Council on the Developing Child, 2008/2012). Parenting interventions that strengthen parent-child relationships can have a positive impact on parents' ability to support their child's healthy development and prevent social, emotional and behavioral challenges from developing later (Shonkoff, 2012). Through NYC Project LAUNCH, a SAMHSA-funded young child wellness grant, family advocates from NYC Department of Health and Mental Hygiene (DOHMH) funded and Mental Health Association of New York City (MHA) operated Family Resource Centers (FRCs) implemented family strengthening parenting programs in two high-need communities.

NYC Project LAUNCH provided Strengthening Multi-Ethnic Families and Communities (SMFC) classes for parenting support in years 1 through the beginning of the third year of the grant, but found that the model was not suitable for parents with the youngest children. To address this gap for parents with young children, NYC Project LAUNCH and Council on Young Child Wellness initiated a collaborative effort with key stakeholders including parents and caregivers from the community and family advocates leading parent coaching classes, to identify a model focused on early childhood development: the Circle of Security Parenting Program (COS-P) was selected. COS-P was selected for several reasons including its focus on building secure attachment between caregiver and young child, strengthening parent-child relationship and promoting positive early childhood development rather than the focus of many other models which is changing behaviors, developing skills or preventing abuse and neglect. The model was linguistically and culturally appropriate for the target population, and could be offered in community settings by parent advocates.

COS-P is a theoretically-grounded, research informed, relationship-based model to enhance secure attachment between parents and young children (Powell et al, 2014; Zeanah, et al, 2011). The series of eight group-based classes for parents and caregivers of children 0 to 5 years used video, images and family-friendly language to increase parent empathy and capacity to self-reflect, read a child's cues and regulate stressful emotional states in order to meet the child's needs. Thus, this model focuses on caregiver-child interactions, responsiveness to a child's needs and reflection on parental strengths and challenges.

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Research shows parent depression can increase risk for adverse social-emotional development and lower rates of secure attachment (Goodman & Brand, 2009). Therefore, NYC Project LAUNCH screened parents in COS-P for depression at the beginning and end to assess the models impact on parental depression.

Workforce Development: Training Parent Coaches in NYC

Through NYC Project LAUNCH, family advocates from the NYC DOHMH funded FRCs to implement the evidence-informed relationship-based early childhood parenting program, COS-P, in Harlem and the South Bronx. In 2013, 50 family advocates, supervising and support staff from all nine FRCs in NYC were trained. Further, NYC Project LAUNCH led citywide workforce development in the COS-P model and successfully expanded training and implementation. As shown in Exhibit A, DOHMH further expanded capacity for COS-P beyond LAUNCH communities to reach families across NYC. Through these various activities and efforts, COS-P training will be sustained and the program is expected to continue to expand throughout NYC.

Exhibit A: Circle of Security Parenting Program Workforce Development in NYC, April 2013–March 2015

Training Date	April/May 2013	June 2014	March 2015
Registered Parent Educators	50 Trained	63 Trained*	25 Trained
Funding	LAUNCH	DOHMH	DOHMH
Workforce Trained	LAUNCH and FRCs	FRCs, Administration for Children's Services Preventive Services and other providers	Parents and caregivers from neighborhoods near District Public Health Office in Harlem and Brooklyn

*Plus 22 additional participants registered from public and paid own tuition.

From the initial training through 2015, NYC Project LAUNCH implemented 34 cycles of COS-P in the South Bronx and Harlem, with graduation rates increasing from 65% in year four to 77% in year five as engagement strategies were refined. During each quarter, family advocates in each neighborhood provided sessions in both English and Spanish. The project also developed a COS-P implementation toolkit—including outreach and engagement logs—and provided family-friendly incentives such as childcare, Metrocards, food and children's books to support family engagement. Family advocates conducted outreach directly to parents at community events as well as through community partners and held classes in community settings such as WIC and Head Start programs.

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NYC Project LAUNCH evaluators developed a COS-P fidelity measure to track fidelity to the model. Classes were observed using a tool with 11 items with scores ranging from 1, indicating poor fidelity, to 5, indicating strong fidelity. In fidelity observations from 2013 to 2015, the majority of items received scores of 4 to 5, indicating strong evidence of high fidelity. Results indicate that facilitators maintained high fidelity to the intervention model while practicing specific itemized activities related to group facilitation. Program staff maintained close contact with model developers to monitor fidelity of implementation and foster sustainability throughout the grant period.

Evaluation and Findings

NYC Project LAUNCH evaluation examined the impact of COS-P on parent depression, parent-child relationships, and family well-being. During the evaluation period (July 2013 to May 2015), 269 parents and caregivers enrolled in LAUNCH-supported COS-P classes and 189 graduated by attending six or more classes. Of the enrolled parents/caregivers, 170 consented to participate in this study; 117 completed measures of study outcomes at the beginning and end of the eight-session COS-P; and 109 participants with two data points graduated from the classes, indicating that they received a sufficient dosage of the intervention. Since COS-P was created specifically for parents with children between 0 and 5 years, analysis and results include only the 93 parent graduates who reported at least one child in this age range. Outcomes included self-reported measures looking at the impact of the program on parent and caregiver depression using the Patient Health Questionnaire-9 (PHQ-9) (Kroenke & Spitzer, 2002), parent-child relationship quality using the Child-Parent Relationship Scale (Pianta, 1992), and parent knowledge of parenting/child development and nurturing and attachment using the Protective Factors Survey (Counts et al, 2010) at the beginning and end of the program. T-tests with paired samples assessed statistically significant changes in outcomes over time.

Among the diverse group of families in the evaluation, high percentages had limited income and education. The evaluation participants (N=117) were predominantly female (79%), Latino (68%) or African American (19%), and low income (50% with household income below \$10,000 and 68% below \$20,000). In addition, 38% had not graduated from high school and 20% had high school diploma or equivalent as their highest level of education.

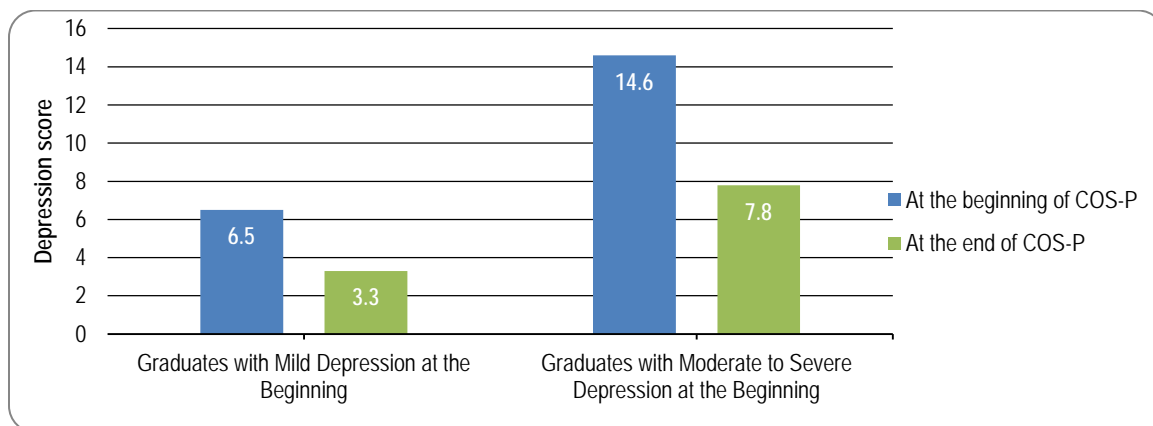
At the beginning and end of each cycle, parents in COS-P were screened for depression using the PHQ-9 to understand baseline depression and to see if there were any changes in depression at the end of the program.¹ Among graduates with young children with depression scores in the mild category (N = 16) at the beginning of COS-P (average score: 6.5), there was a significant decrease ($p < 0.01$) in PHQ-9 score by 50%, reflecting less depression (average score: 3.3), by the

¹ Each of the 10 items in the parent self-reported PHQ-9 questionnaire is rated from 0 to 3, and the total score ranges from 0 to 27 with “no to minimal depression (scored 0–4),” “mild depression (scored 5–9),” “moderate depression (10–14),” “moderately severe depression (scored 15–19),” and “severe depression (scored 20–27).”

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end of COS-P. Further, for graduates with moderate to severe depression ($N = 14$) at the beginning (average score: 14.6), there was a significant decrease ($p < 0.01$) in depression scores by 47%, improvement as shown in the decrease in PHQ-9 scores (average score: 7.8) at the end of COS-P (Exhibit B).

Exhibit B: Change in Average Depression Score Among Graduates with Young Child With Mild ($N = 16$) and Moderate to Severe ($N = 14$) Scores From the Beginning and to End of COS-P, May 2013–May 2015



Note: Statistically significant for both at $p < 0.01$.

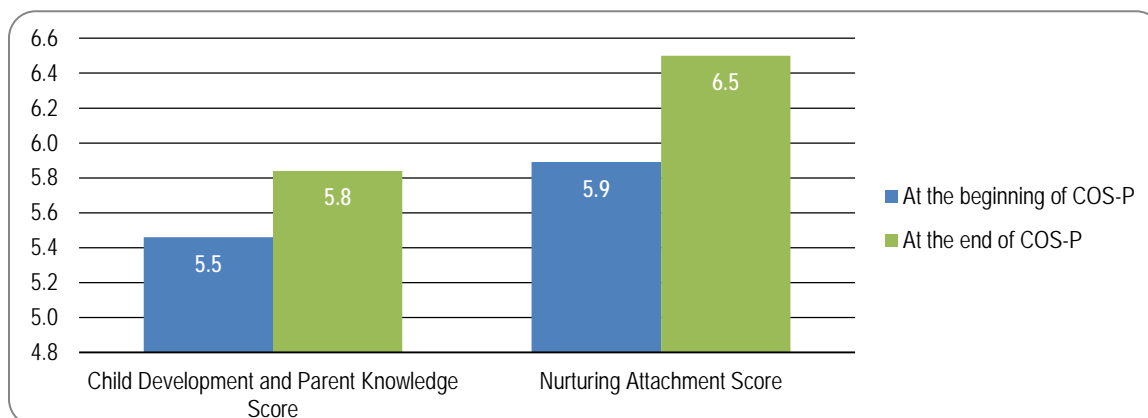
In addition to reporting severity of symptoms, 19 parents reported difficulty managing symptoms at home, at work, and with other people at the beginning of COS-P, with an overall decrease by 26%, with 14 parents reporting difficulty at the end of COS-P.

Changes in child-parent conflict and closeness were measured by subscales of the Child-Parent Relationship Scale. Among parents who did not have the maximum score (35 out of 35) in the closeness subscale ($N = 83$), there was significant improvement ($p < 0.05$) in the closeness subscale at the end of the classes (average score: 29.1 at the beginning to average score: 30.5 at the end). While there was a slight reduction in conflict from the beginning to end, it was not statistically significant.

At the end of COS-P, there was a significant increase ($p < 0.01$) in the child development knowledge and use of effective child-parenting skills subscale (average score: 5.5 at the beginning to average score: 5.8 at the end) of the Protective Factor Inventory among graduates ($N = 74$) with low scores at the beginning. There was also significant improvement ($p < 0.01$) of nurturing attachment subscale (average score: 5.9 at the beginning to average score: 6.5 at the end) among a subgroup of graduates with low scores (below sample average) ($N = 51$), as shown in Exhibit C.

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Exhibit C: Parent/Caregiver Improvement in Parenting Knowledge ($N = 74$) and Nurturing Attachment ($N = 51$) for Graduates with Young Child and Low Scores* at Beginning of COS-P, May 2013–May 2015



*Below group average when maximum scores are excluded in each Protective Factors Survey subscale

Note: Statistically significant for both at $p < 0.01$.

NYC Project LAUNCH successfully engaged a diverse group of parents in COS-P with a strong parenting class graduation rate among a population facing socioeconomic disadvantage. Parents with mild to severe depression scores at the start of COS-P experienced reductions in depression by the end of the program. Similarly, on two measures of parenting—for subgroups of parents with lower child development knowledge, closeness or nurturing attachment with their child at the beginning of COS-P—there were significant improvements by the end. These gains were evident in scores reflecting increased knowledge of child development, lower parent-child conflict, a closer parent-child relationship and more nurturing parent behavior.

NYC Project LAUNCH implementation and evaluation of COS-P shows promise as an effective strategy for enhancing the capacity for nurturing parenting in vulnerable families. Positive changes in a subset of parents' depression and parenting found in the evaluation suggest that COS-P may benefit the parent-child relationship and young children's social-emotional development. Building wider system capacity and parent and caregiver access for COS-P has the potential to help large numbers of parents strengthen nurturing, responsive relationships; promote their young children's early development and build a stable foundation for success in school and beyond.

Experience of NYC Project LAUNCH indicates that workforce development and training in COS-P with ongoing supervision can contribute to effective provider changes in practice, fidelity in implementation and positive child and family outcomes. As a result of NYC Project LAUNCH success, the DOHMH is expanding funding to serve additional families from at-risk communities with COS-P, so that more young New Yorkers can grow up with a healthy foundation in early childhood and family wellness.

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