



# **INTERNATIONAL CHILD/PARENT DEVELOPMENT PROGRAM (ICDP-USA) 2014 Evaluation Report**

(Nov 2013-Dec 2014)

This document is a report of the results of the 2014 International Child/Parent Development Program (ICDP-USA) at the completion of projects funded by the Pritzker Early Childhood Foundation throughout Chicago, as well as pilot projects which took place in Kane County, Illinois. The report presents our initiatives to-date, which have demonstrated consistency with the existing evidence base of positive early childhood professional, parent/caregiver and child outcomes experienced by ICDP projects internationally.

The ICDP program is being implemented on a national level in several countries, including Norway, where it was founded. The program launched in Chicago in 2011, with extremely positive responses from families, schools, early education/Head Start workers, mental health agencies, and other community and faith-based institutions.

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# I. INTRODUCTION

The Changing Children's Worlds Foundation (CCWF) supports positive Family (Parent and Child) Development & Well-Being through a Community-based, Peer-facilitated, Empathy-based Parenting & Family Relationship Learning Group approach for Parents & Caregivers.

CCWF partners with local professionals and community leaders to offer this International Child/Parent Development Program (ICDP-USA), which provides psycho-social programming to target audiences of parents/caregivers of children 0-13 years old in parallel with a complementary program for their children (which parents also implement directly with their children).

CCWF's ICDP program is being used in Kane and Cook Counties - with partners such as Chicago (and other) Public Schools, Children's Home & Aid Societies, Mental Health Agencies/Services, Community Organizations, and Faith Communities. Community professionals and leaders are trained as resources within communities, who will in turn, facilitate the weekly learning group with parents and other caregivers during 8 to 16-week sessions.

## **Purpose**

Many families of Chicago, and other cities and communities, suffer from inter-generational cycles of violence. This phenomenon continues to increase as new generations of children are exposed to violence in their communities, schools, homes and families. Our children are at risk of health issues resulting from exposure to toxic home environments, child maltreatment, domestic violence and community violence, ranging from mental illness, child maltreatment injury and even death, as well as many related adverse health risks (ACE studies). CCWF aims to implement its empathy-based parenting program with the goal of ensuring children have a better chance to have healthier, stable households and the ability to develop critical thinking skills and self-regulation, as well as empathy for others, at a young and crucial age. This, as recognized by UNICEF and the World Health Organization (which have used ICDP in their work), will be one of the critical factors to eventually stem the violence and hardship which is sadly cultivated in so many cities/communities within the USA and internationally. Further, the "Dialogue" approach of ICDP, which encouraged parents/caregivers to talk with children on issues which span a spectrum from social/emotional, comprehension (cognitive development) and regulative (self-control/discipline) topics, assists children and parents to better understand each other, not only reducing the use of violence within the home, but also narrowing the 30-million word gap which exists between homes where parents do and do not talk and read regularly with their children.

ICDP parent/caregiver programs are unique due to the fact that we offer an evidence-based, empathy-based curriculum for parents, caregivers and children. The program creates a supportive community, i.e. for parents of a specific school or community, for single parents or military families or teen parents or immigrant parents, etc. Implemented in nearly 40 countries since 1985, ICDP was developed in Scandinavia and evaluated in many countries, including through a National Ministry Evaluation in Norway in 2011. Because we train professionals and parents within community to deliver the programs, it succeeds with diverse communities. Parents/caregivers who have not experienced positive parenting respond favorably to this strengths-based, empowering program. With the support of peers, parents/caregivers try out and practice more positive interactions with their children, and over time, integrate these into their daily behaviors and relationships with their children. ICDP also complements many other programs, from Early Head Start/Head Start to Parents as Teachers, etc.

## II. INTERNATIONAL CHILD/PARENT DEVELOPMENT PROGRAM

### A. ICDP Overview

ICDP ensures that Social/Emotional Learning (SEL) is not only being taught, but being engaged in and modeled to the child holistically and consistently by adults at home and in the school/center environment. Further, by building on the positive emotional communications segment, the program engages parents to help their children learn to focus, to expand their vocabularies, to think and strategize, and to become learners and leaders (Cognitive Development). Finally, as the parent gains confidence in their role in guiding their child's positive development as trusted coach and teacher, they learn to guide their children through self-control and positive discipline (Regulative Development). ICDP is distinct from other parent programs or classes in the following ways:

- 1) ICDP is community-based and peer facilitated, so the facilitators are from the institution/community, with peer facilitation of "Parent/Caregiver Learning Groups."
- 2) ICDP is strengths-based - seeking out the strengths of parents/caregivers to encourage and support further positive development (modeling how parents/caregivers should help their children and/or the children they work with build confidence from their strengths). This attracts parents, including fathers, and empowers them further).
- 3) ICDP is embodied in 8 guidelines which are simple to recognize and put into practice for anyone - adult-child or adult-adult, as well as child-child, but which hold profound depth for those interested in reflecting on and implementing deeper and broader change in all their human interactions.
- 4) ICDP Facilitators model the empathy-based attitudes, behaviors, communications, interactions and relationships with our caregivers/parents that we want participants to develop with their children and/or the children with which they work. Facilitators and caregivers/parents PRACTICE this through small group discussions and role-playing, which is normalized in sessions to provide maximum impact. Participants are also encouraged to complete home exercises with reflection, observation, practice and change.
- 5) ICDP covers a broad spectrum within the parenting roles, from teaching/modeling empathy and social/emotional skills to comprehension (learning/leading) and regulation (self-control/discipline and respect for others).
- 6) ICDP supports Parents/Caregivers to increase their Adult-Child Interaction based on increased, more positive communications with their children in the form of DIALOGUES on issues spanning from Social/Emotional to Comprehension to Regulative issues, which contributes to parent's commitment to talk to and read to their children, ultimately reducing the 30-million word gap which exists when children are not spoken to regularly to expand their vocabularies and knowledge, not explained to regarding how the world works and assisted in how to succeed in different situations in positive ways and with others **(30-million word STUDY)**.
- 7) ICDP is a program designed for all those in the child's ecology - the facilitators, caregivers (centers/schools) and the parents/families in the home environment, so the child is surrounded by consistent positive pro-social modeling and trusting relationships.

## B. ICDP-USA Curriculum Formats

Table 1 ICDP-USA Curriculum (8, 12, 14, 16-week optional formats)

Curriculum: Contents of ICDP-USA Sessions					
16 Weeks	14 Weeks	12 Weeks	8 Weeks		
UNIT 1: Session 1	S 1	S 1	S 1	Intro	Explore conceptions about children, about the caregiver's role and about childrearing activities. Reactivate positive aspects in local childrearing practices and traditions. Children may be present.
Session 2					
Session 3	S 2	S 2	S 2	Empathy and Emotional Interaction	Explore the concept of empathy and its critical role in effectively communicating with children. Explore the concept of caregiver/child attunement and its essential role in child's emotional development.
Session 4	S 3	S 3			
Session 5	S 4	S 4	S 3	The Three ICDP Dialogues	<p><b>Emotional Dialogue:</b> Explore elements of good emotional communication--giving love, praise and approval, allowing the child to lead, which leads to the child self-confidence and positive development (Social / Emotional Development)</p> <p><b>Comprehension Dialogue:</b> Explore communication that describes and expands the child's understanding of the world (Cognitive Development)</p> <p><b>Regulation Dialogue:</b> Explore how to positively regulate children's behavior, set limits (Regulative Development)</p>
Session 6	S 5				
Session 7	S 6	S 5	S 4		
Session 8					
UNIT 2: Session 9	S 7	S 6			
Session 10	S 8	S 7	S 5		
Session 11	S 9				
Session 12	S 10	S 8	S 6		
Session 13	S 11	S 9			
Session 14	S 12	S 10	S 7	The Eight ICDP-USA Guidelines (Emotional 1-4; Comprehension 5-7; Regulative 8a-8d)	<p><b>Guideline 1:</b> How do you show positive feelings, that you love your child?</p> <p><b>Guideline 2:</b> How do you follow and respond to the initiatives of your child?</p> <p><b>Guideline 3:</b> How do you hold an intimate dialogue with your child with and without words?</p> <p><b>Guideline 4:</b> How do you give praise and approval for what your child does?</p> <p><b>Guideline 5:</b> How do you share experiences and focus your child's attention with yours?</p> <p><b>Guideline 6:</b> How do you describe and give meaning to your child's experiences and show enthusiasm for your child's experiences?</p> <p><b>Guideline 7:</b> How do you expand and enrich your child's experiences by connecting topics and by making connections through imagination and creativity?</p> <p><b>Guideline 8a:</b> How do you support your child to plan step-by-step guidance to develop self-control?</p> <p><b>Guideline 8b:</b>-How do you support your child with scaffolding (gradual support) to encourage their initiative and competency?</p> <p><b>Guideline 8c:</b> Situational Regulation: How do you use situations and set routines to guide behavior?</p>
Session 15	S 13	S 11			
Session 16	S 14	S 12	S 8		
				Advanced Child Discipline Conclusion and Planning Session	Develop and present interactive videos of caregiver-child interactions. Children may be present. ICDP program evaluation. Group continuation discussion.

### III. ICDP-USA PROGRAM OVERVIEW (focus on major Pritzker Project)

#### A. Pritzker Project Introduction

The Pritzker Early Childhood Foundation (PECF) awarded CCWF a grant of \$35,000 annually for two years in November 2013 to introduce ICDP-USA in several Chicago communities between November 2013 and October 2015, with further funding committed through 2016/2017. To-date, we have conducted successful Pritzker-funded Projects in Carpentersville (2), Cicero (3), Englewood (2), Hermosa/Chicago (1), Humboldt Park (1), Melrose Park (1), Rogers Park (3) & Schaumburg (1). The PECF initiative aimed at replicating and expanding programs supporting the professional development of early childhood personnel. ICDP programs are provided directly to professionals and paraprofessionals working in early childhood, who in turn, train other internal professional and paraprofessional staff, and facilitate Parent/Caregiver Learning Groups and Children's Programs on "Empathy-based Parenting and Family Relationship."

ICDP Facilitator Trainees' direct engagement in empathy-based social/emotional learning/teaching of children (and parents) and empathy-based caregiving is strengthened as these professionals facilitate learning groups for other caregivers as well as with parents. Their understanding and commitment to positive outcomes for the families they work with increases as they teach and learn the ICDP Guidelines more and more deeply.

This results in a holistic increasingly positive family/school environment, focusing on child (& parent) well-being, where children are surrounded by adult modeling of empathy-based attitudes, behaviors, communications, interactions and relationships. Only through such a change in the standards our families, schools and communities hold for positive adult-child interaction, will we be able to shift social norms to a higher level of accountability. This investment in PARENTS + CHILDREN stimulates a reduction of intra-familial violence, with the potential to reduce violence perpetrated by our children/youth in school and community settings, and increases school readiness and success.

As was recently stated by the Nobel Award Committee in supporting two Award Winners working in the field of Child Education/Protection (2014)— **"Violence Against Children results in Violence Generation to Generation."** Further, James Heckman, Nobel Memorial Prize winner in economics, wrote in his article, "The Economics of Inequality," "The Value of Early Childhood Education — The logic is quite clear from an economic standpoint. We can invest early to close disparities and prevent achievement gaps, or we can pay to remediate disparities when they are harder and more expensive to close. Either way we are going to pay. And, we'll have to do both for a while. But, there is an important difference between the two approaches. Investing early allows us to shape the future; investing later chains us to fixing the missed opportunities of the past." (p.47)

Investing in Parents & Children will end this cycle. As UNICEF and the World Health Organization have recognized in many other countries, ICDP's community-based, peer facilitated and strengths-based approach is an efficient and cost-effective way to impact and improve inter-generational cycles of violence. The fact is that once learned, ICDP Guidelines are a powerful force. As mentioned by our Cicero (Family-Focus) Partner, families identified ICDP as a new "conscience" - a raised standard for what acceptable adult-child (and adult-adult, and child-child) interaction will be in their families going forward.

The Pritzker Foundation grant supports CCWF to expand our offering of the ICDP psychosocial approach to empathy-based adult-child relationships, within a cost-effective ICDP model broadly

throughout Cook County in 2013-2015. This has enabled us to pilot ICDP through early childhood institutions, schools and communities as a universal public health approach.

This is critical in cities and communities experiencing institutionalized, inter-generational cultures of violence - such as in Chicago, and so many other cities and communities throughout the USA. Further, the PECF grant supports the ongoing evaluation of our ICDP multi-site programs, advancing our evidence-base in several of Chicago's at-risk communities.

## B. 2013-2015 Project Timeline

This section covers an overview of ICDP Project timing, including the major Pritzker Project work completed as of February 2015, and an outlook for the next four months.

**Table 2 ICDP PECF Grant Program Activities/Upcoming Events (November 2013 - June 2015)**

Date	YEAR ONE : Activities	Completed
November 2013	Project Planning Communications and Organization: CCWF communicated with each partner: Children's Home & Aid Societies (Carpentersville & Englewood); Family Focus (Cicero) and Howard Area Community Center to confirm project engagement and December leadership and training meetings.  CCWF produced the ICDP materials: Facilitator Manuals; Caregiver Handbooks; Children's Booklets; Educational Resources; Evaluation Materials, to be used in the December training and Jan-April Pilots.	X
December 4	ICDP Pritzker Project Institutional Leader Meeting - reviewing the Program	X
December 4, 11, and 18	ICDP Facilitator Training Workshop	X
January 8	Leadership Teleconference	X
January 9	Evaluation Team meeting with Loyola University and Become, Inc.	X
January 13-20	Focus groups: Englewood-Jan 13; Cicero-Jan 14; Carpentersville Jan 16; Rogers Park Jan 20.	X
January 28-February 28	Pilot starts: Carpentersville (1 group over 8 weeks); Schaumburg (1 group over 8 weeks; Englewood (2 groups over 8 weeks); Rogers Park (1 group over 8 weeks); Cicero (2 groups over 8 weeks).	X
February 19, 24	Meetings with SGA Roseland/ Brighton Park Youth Services	X
March 6	Evaluation Team meeting with Loyola University and Become, Inc.	X
March 13-April 10	Last pilot session: Carpentersville-March 13; Schaumburg-March 31; Englewood (2) -April 1; Rogers Park-April 3; Cicero-April 10	X
March 27 and April 4	ICDP Pritzker Workshop 2-Day 1 and Day 2	X
April 24	ICDP Workshop - Lurie Children's Hospital	X

April 28-30	SGA Brighton Park Facilitator Training Workshop 1	X
May 1	ICDP Teleconference: BECOME Evaluator Report to Project Reps on Focus Group Results & Integrating Priorities into Projects	X
May 8-July 1	ICDP Full Group Initiations Carpentersville-May 8; Rogers Park-June 5; Cicero & Hermosa (new) Projects-July 1	X
May 24, May 31, June 1	CCWF Planning Meetings with BECOME Evaluator	X
June 13	APSAC Workshop - New Orleans	X
July 28	Call with Lauren/Pritzker Foundation	X
Aug 28-Sept 23	Full Group Completion: Roger's Park-Aug 28; Carpentersville-Sept 11; Cicero & Hermosa-Sept 23	X
Aug 28	Call with Lauren/Pritzker Foundation	X
Sept 4, 5, 8	SGA Roseland & Brighton Park ICDP Facilitator Workshop 1	X
Sept 12-15	ICDP-USA attends International Trainers Workshop – UK	X
Sept 17	CCWF Meeting with BECOME Evaluator	X
Sept 22	BECOME Evaluator Skype Training of CCWF Staff on Focus Group Facilitation	X
Sept 25-Dec	Closing Focus Groups: Carpentersville-Sept 25; Hermosa-Nov 5; Cicero-Nov 6	X
Oct 8	SGA Roseland/Woodlawn & Brighton Park ICDP Planning Meeting & Workshop Supplement	X
Oct 1-Dec 1	Collection of completed Summer Project Post Evaluations & all completed Surveys	X
October-November	KS conversations with each Project Director & Lead Facilitator Liaison-checking in on Year 1 & planning Project Year 2.	X
Oct 15	CCWF submits Year 1 Preliminary Report to the Pritzker Foundation	X
<b>Date</b>	<b>YEAR TWO : Activities</b>	<b>Completed</b>
Nov 2014-Jan 2015	CCWF, BECOME and Loyola University work on Year 1 Evaluation	X
Nov 2014-Jan 2015	ICDP RESOURCE MATERIALS - Review, Revisions & PRODUCTION: Facilitator Manual, Caregiver Handbook (Spanish & English), Children's Booklet (Spanish & English)	X
December 5 (tentative)	Final 1-Day Briefing for Facilitator Trainees to become CERTIFIED Facilitators for their Institutions!	X
<b>December 8-15</b>	ICDP Facilitator Workshop 1 for new Trainees from Pritzker Project organizations or partners.	X

<b>January / February</b>	New Parent Learning Groups start with CERTIFIED Facilitators +/-or New Facilitator Trainees: Englewood Jan 29, Humboldt Park-Jan 2, Rogers Park-Feb 12, Melrose Park-Feb 4,Cicero-Feb 16, Hermosa-Feb 19.	
January 21	ICDP Presentation for Parents of Pre-Teens, Pingree School District	
January 22, 26, 27, 28	ICDP Facilitator Workshop 1 for Chicago Public Schools: Bass Elementary and Langford Academy-Elementary Schools.	
<b>March 1</b>	2014 ICDP Evaluation REPORT (CCWF, BECOME, LOYOLA)	
<b>2015</b>	<b>UPCOMING EVENTS YEAR TWO : Activities</b>	
March/April	SGA Roseland Facilitator - Planning Discussions for 3-4 South Chicago, Calumet & West Pullman Schools Pilot Project Launch in August/September 2015	
April	Chicago Public Schools: Bass Elementary & Langford Academy Elementary Schools Pilot Projects Launch (7-8 weeks each) in preparation of Faculty in order to launch with Parents Fall 2015.	

### **C. Pritzker Pilot Groups (January-April 2014)**

#### **i. TRAINING: FACILITATOR TRAINING WORKSHOP 1 (December 4, 11, 18, 2013)**

As a first step, 16 ICDP Facilitator Trainees completed an intensive 2.5-3 day Training Workshop (Dec. 4, 11 in Arlington Heights, and 18 in Cicero in 2013). Trainees were selected by their institutional directors or supervisors from four community agencies: Family Focus/Nuestra Familia (5), Children’s Home and Aid Society (CHAS) (8), Howard Area Community Center (2) and Become, Inc. CEO/Evaluator (1). They included Supervisors, Early Childhood Director, Parent Coordinators, Site Managers, Family Support Worker and Head Start Teachers.

This is a very experiential workshop - with review, new learnings, reflection and discovery. ICDP workshops also facilitated relationships among Facilitator Trainees - both within and between institutions. This relationship building is a potential benefit to community building within and beyond institutions participating in ICDP. The team interaction of this cohort later continued through Workshop 2, a final Debriefing at Certification, and beyond with periodical post-training meetings.

Our curriculum included sections on caregivers’ perceptions of their role as well as of their children; empathy; ICDP’s 8 Guidelines; and ICDP’s Principles of Sensitization - our unique method of facilitating ICDP with other caregivers, parents and children. Trainees received Facilitator Manuals/ Lesson Plans (English), Caregiver Handbooks (English or Spanish), and Children’s Booklets (English, with Spanish Story Inserts). ICDP Workshops are accredited with the National Association of Social Workers, so Trainees were able to sign up for NASW credit, as well as for other training requirements for their specific professions.

On the final day, an ICDP National Trainer from Colombia joined our CCWF Trainers to assist our Spanish-speaking ICDP Facilitators with the curriculum, resource materials and program practice.

Following the Workshop, each Facilitator was requested to undertake one independent exercise and one with their institutional group:

- 1) Individual: A self-reflection paper on their own perception of how they communicate and interact on the ICDP 8 guidelines. This familiarized and sensitized them further to the challenges each of us faces in implementing positive adult-child interactions in real life situations.
- 2) Group: A signed action plan outlining the preparation, organization, management and commitment to hold their first Pilot Groups.

## **ii. PILOT (PRACTICUM 1)**

CHAS-Englewood (2), CHAS-Carpentersville (1)/Schaumburg (1), and HACC-Rogers Park (1) conducted their Pilots with internal staff. Family Focus-Cicero (2) completed their Pilots with parent leaders from the community. There are two main objectives of the Pilot: 1) practicum for Trainees internally, before facilitating the program for caregivers/parents who may have a higher need for the 12-16 week Learning Group program; 2) sharing the ICDP philosophy and curriculum for caregivers who work directly with parents and/or children (and some of whom are parents too).

All pilot projects were carried out with 6 caregivers-the recommended number, except HACC, which had made a special appeal to include 13 internal staff. This carried the risk of less trust and intimacy within the group, and a greater burden on Trainees to be able to engage the larger number in their first program practicum (which is 16 sessions within 8 weeks; see Table 3). However, we decided to allow it and analyze the outcomes. Staff participating in the internal Pilots as caregivers ranged from Early Childhood Director, to Program Administrators and Supervisors, to Child Care Workers and Home Visitors for Early Head Start and Head Start, as well as parents.

### **Table 3 Example Condensed Pilot Curriculum**

<b>Week/ Session</b>	<b>Session activities</b>
1	Introductions, Pre-Evaluation Process and Exploration of conceptions about children, about the caregiver's role and about childrearing activities.
2	Empathy and Emotional Interaction and The Three ICDP Dialogues: Emotional, Comprehension and Regulation.
3	Review Dialogues. Guideline 1: How do you show positive feelings, that you love your child? Guideline 2: How do you follow/respond to the initiatives of your child?
4	Guideline 3: How do you hold a meaningful dialogue with your child with and without words? Guideline 4: How do you give praise and approval for what your child does?
5	Guideline 5: How do you share experiences and focus your child's attention with yours? Guideline 6: How do you describe and give meaning to your child's experiences and show enthusiasm for your child's experiences?
6	Guideline 7: How do you expand and enrich your child's experiences by connecting topics and by making connections through imagination and creativity. Guideline 8A: How do you set boundaries and support your child to plan step-by-step to develop self-control?
7	Guideline 8B: How do you support your child with scaffolding (gradual support) to encourage their initiative and competence? Guideline 8C: Situational Regulation: How do you use situations and set routines to guide behavior?
8	Guideline 8D: Self-Discipline: How do you positively set consequences to develop responsibility and moral understanding? ICDP Conclusion and Planning Session. ICDP post-assessments

### iii. METHODS

Participants completed a battery of pre and post assessments, measuring various related factors including parent self-efficacy, mental stress, quality of life, health, intimate partner dynamics, perceptions and observations of the child of focus, and exposure to violence. At their first session and final sessions, they completed the measures. When they completed the measures, they were asked to randomly think of a child age four years or younger with whom they work. They were to monitor their interactions and work with this particular youth as part of their self-evaluation from beginning to end of the program. Data were analyzed using descriptive statistics, t-tests, regression analysis, and analysis of variance. Weekly surveys were also distributed to caregivers at each session, where they were asked to provide their feedback and given a chance to describe what they received from the sessions. Data from these surveys was analyzed using content analysis.

**Table 4 Instruments used in ICDP Pilot Evaluation**

### Instrument functions and scoring information

Happiness with partner was measured using a Visual Analogue Scale (VAS) item taken from the Dyadic Adjustment Scale (Spanier, 1976). The item was scored from 0 (extremely unhappy) to 6 (perfectly happy).

Parents' perception of their health and quality of life were measured using the SF-36 VAS Scale (Ware, Snow, Kosinski, & Gandek, 1993). Two SF-36 VAS scales were used, scored 0 on the extreme left and 100 on the extreme right.

To measure change in mental health, 13 questions from Shona Symptom Questionnaire (SSQ; Patel, Simunyu, Gwanzura, Lewis & Mann, 1997) was used. The SSQ is a culturally sensitive and reliable tool developed in sub-Saharan Africa focused on the emotional nature of a mental illness.

An adapted version of the HITS (physically Hurt, Insulted, Threatened with harm, and Screamed at them) questionnaire, a brief domestic violence screening tool (Sherin, 2003), was used to measure any harm/abuse in their romantic relationship.

Child behavior was measured using the Strength and Difficulties Questionnaire (SDQ; Goodman, 1999). The SDQ measures children's emotional symptoms, conduct problems, hyperactivity, peer problems, and prosocial behavior.

Activities with the child was measured using the Parent-Child Activity Scale (Bigner, 1977). This includes 25 items scored on a Likert scale from 1 (never) to 5 (always), focusing on engagement with children, such as reading books, playing sports, and putting them to bed.

To measure exposures to violence, an adapted version of a subscale of Chicago Youth Development Study Stress and Coping Interview (Tolan & Gorman-Smith, 1991) – the Exposure to Violence Interview – was used. It asks questions around being a victim of or being exposed to violence, such as sexual assault, robbery, or other violent crimes.

At the caregivers/parents' first session and final sessions, they completed the measures (as Pre- and Post-Evaluations). Data were analyzed using descriptive statistics, t-tests, and univariate analysis of variance.

### iv. EVALUATION RESULTS

A total of 48 caregivers (early childcare professionals and parent leaders) participated in the pilot program. Three nonprofit community-based organizations in five Chicago area communities participated in the pilot. The demographics presented in Table 5 are for those who completed these items on the survey. The average age of participants in the program was 36. Participants' households consisted of three to four people with an average of two children per household. When asked to report the age of their child or the child they work with nearest to four year old, participants reported 19 girls and 10 boys total. Of the 29 program participants who disclosed their race/ethnicity, 11 were White, 11 were Black, five were Latino, and two were bi-racial.

**Table 5 Pilot Participant Demographics**

Demographic	Frequency	Percent
<i>Race/Ethnicity</i>		
White, non-Hispanic	11	26%
Black, non-Hispanic	11	26%
Hispanic/Latino	5	12%
Two or more races	2	5%
<i>Household Income</i>		
\$5,000-10,000	1	2%
\$10,001-20,000	0	0%
\$20,001-40,000	10	23%
\$40,001-80,000	8	19%
\$80,001-120,000	3	7%
<i>Education</i>		
High school diploma	3	7%
Some college	7	16%
Bachelors	18	42%
Masters degree or higher	7	16%
Technical Degree	3	7%
<i>Gender</i>		
Male	1	2%
Female	41	95%
<i>Civil Status</i>		
Married or Living with Partner	29	67%
Separated or Divorced	2	5%
Single	11	26%

Thirty-seven of the 45 caregivers were internal staff members of the participating child-related institutions, while 11 were parent leaders working with Family Focus-Cicero, which accounted for a higher level of employment, education and even female gender among this Pilot caregiver group versus that of the majority of parents in their communities. Twenty-three of the 28 respondents who disclosed their personal income levels had an annual income between \$20,001 and \$40,000. The majority of participants' family income fell within the \$20,001-\$40,000 and the \$40,001-\$80,000 brackets.

The majority of participants also indicated working full time. Further, the majority of program participants had at least some college experience. Forty-two percent had earned a bachelor’s degree. The participants were predominately female, with only one participant identifying as male. Most of the program participants reported being married or living with their partner.

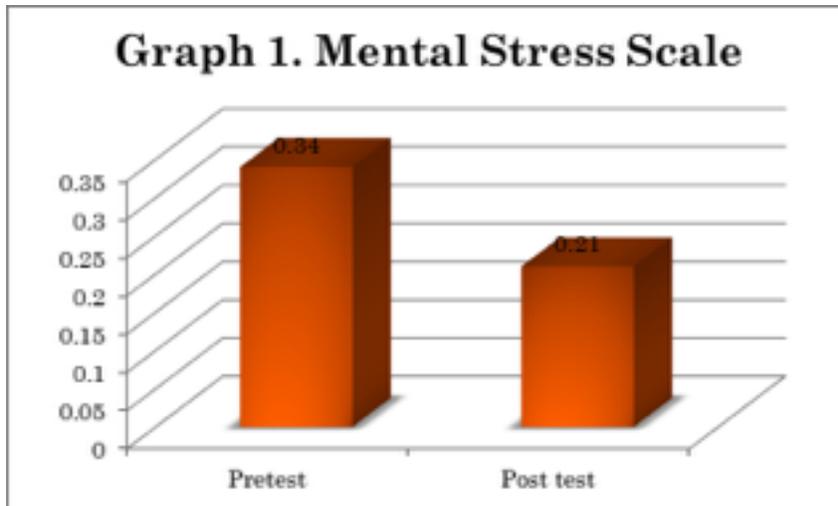
Overall, caregiver participants (already early childhood professionals in most cases) made slight improvements in their interactions with the children they work with (for professionals) or their own children (for parent leaders-12) and for themselves. Table 6 presents the main outcome areas of focus for this project. The Tool to measure Parent Self-Efficacy (TOPSE) targets parenting skills, like patience, engagement, and consistency. It also targets parents’ perceptions of themselves as parents or caregivers, in this case. For caregivers and parents in the pilot, their score increased by .11. The rating of their application of ICDP guidelines slightly decreased from 8.62 to 8.59, which may be due to their lack of knowledge on the guidelines at the onset of the program and their increased knowledge and, thus, more accurate rating of themselves at the end of the program. Individuals who have undergone the ICDP program sometimes become more critical of their progress with an enhanced understanding of what good interaction can really be, and therefore assess themselves more conservatively after completing the program.

Happiness with their partner slightly increased by .03. Their perception of their quality of life increased by nearly 2 points. Parent disciplinary or conflict tactics enhanced, meaning that corporal or authoritarian parent disciplinary strategies decreased and more affectionate (e.g., hugging, time out) tactics increased slightly. General coping of the child appeared to increase, which indicates that the child has fewer problems and the caregiver and/or family has greater capacity to handle problems with less of an emotional burden. However, none of the findings discussed above are statistically significant, which may be due to the low number of participants and/or that the pilot period was only 8 weeks and behavior is difficult to change in that short amount of time. Also, these are the first projects the Facilitators are facilitating, so we may expect their increased experience to result in further improved outcomes for caregivers in future. Note that this Facilitator Trainee practicum is provided over 8 weeks only to more highly functioning caregivers/parent leaders for this reason.

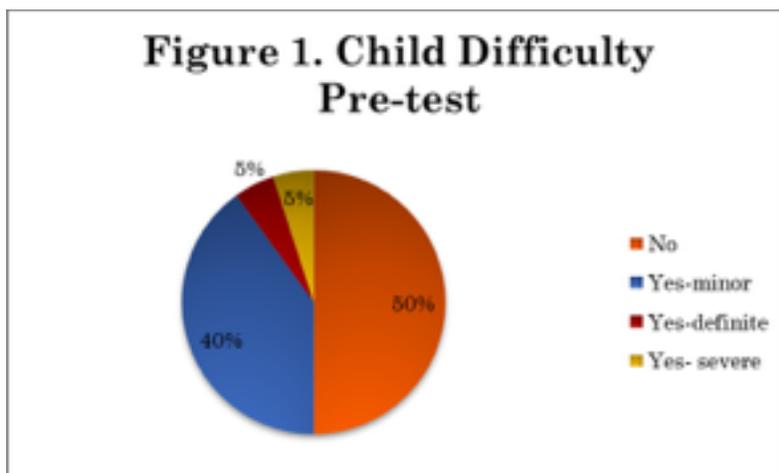
**Table 6 Instruments used in ICDP Pilot Evaluation**

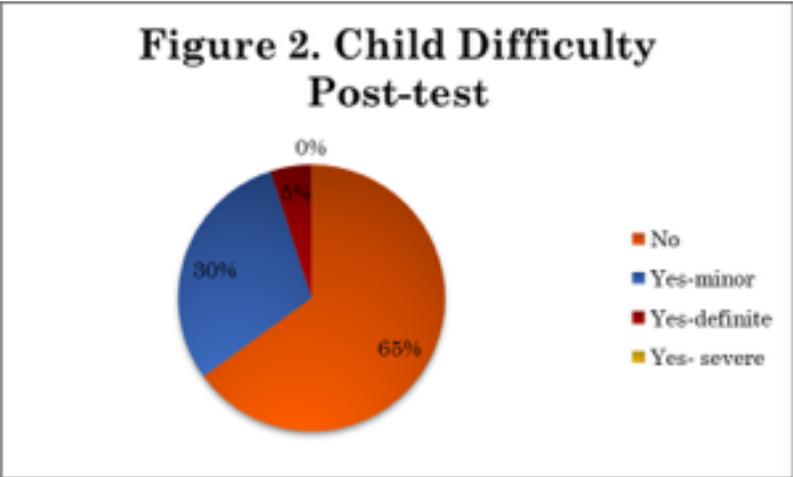
Variable	Pre-score	N	Post-score	N
TOPSE	8.09	42	8.20	25
ICDP Guidelines	8.62	31	8.56	25
Happiness with Partner	3.97	30	4.00	19
Health	78.66	41	78.60	25
Quality of Life	82.18	39	84.00	25
Mental Stress (Shona)	0.35	19	*0.21	19
Partner Affection (HITS)	2.43	41	2.27	19
Conflict Tactics	5.22	42	5.16	22
General Coping (Activities)	4.32	39	4.48	22

One of the most essential core beliefs of ICDP is that of self – knowing self, improving self as a parent or caregiver, so one can be the example for the child. For this to happen, it is important that the caregiver be mentally healthy. This shift in mental stress was the most notable outcome, as it was the only statistically significant ( $p < .05$ ) result that emerged through the course of the 8-week pilot with the caregivers. This scale asked whether or not participants had experienced multiple stress indicators in the past week. The average participant experienced a proportion of 0.35 stressful indicators in the pretest and this proportion decreased to 0.21 in the posttest examining how often they felt stressed over the past week. This difference is statistically significant ( $t=2.45, p=0.025$ ). This could reflect an improved, less stressful adult-child interaction as a result of the program.

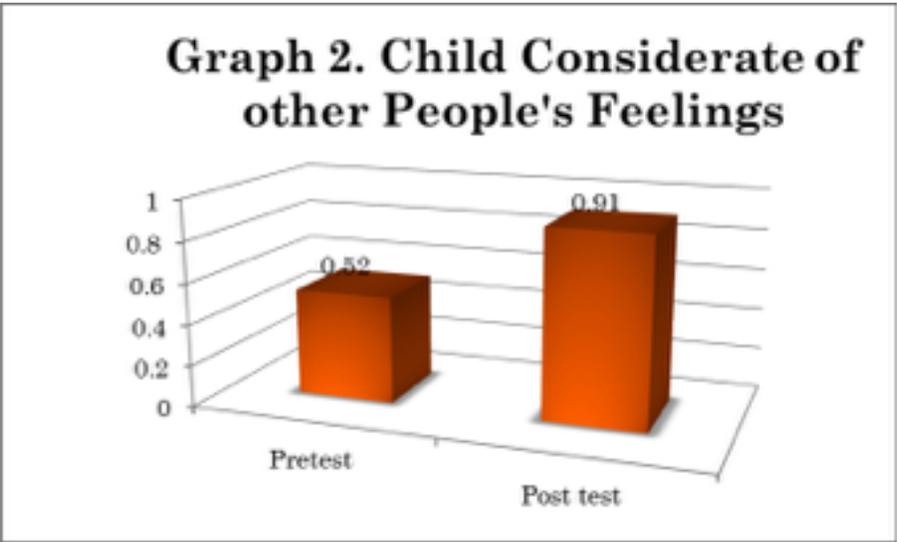


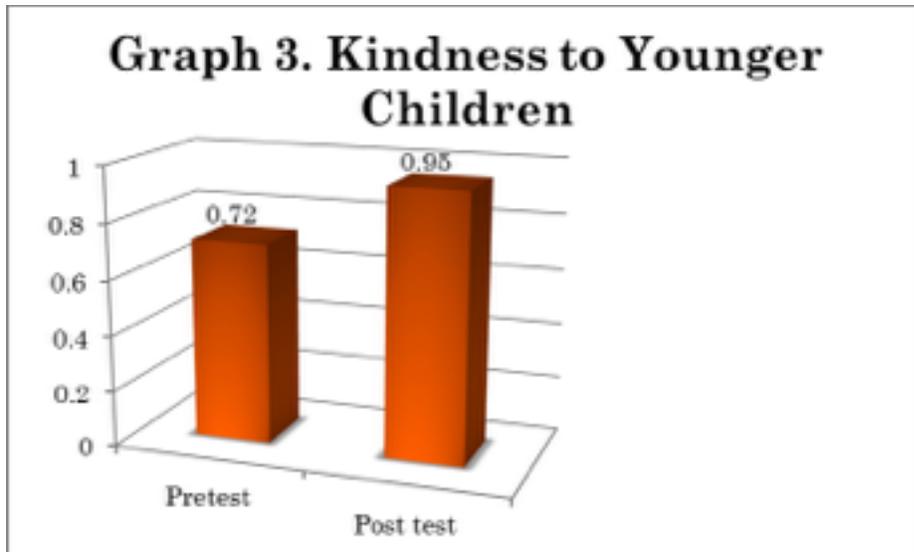
There were also several notable non-significant differences in perceived child behavior between the pre and post-test assessments. As shown in the pie charts in Figures 1 and 2, 50% of participants perceived their child or the child of focus to have some type of emotional or behavioral difficulties. This number decreased to 35% in the pos-test assessment.





Additionally, perception of the child also shifted in a positive direction, with caregivers, on average, perceiving the child to treat others better and exhibit more prosocial behavior (see Graphs 2 and 3 below) after the program. This may be the result of children’s behaviors enhancing after the improved communications and interactions they see the caregivers’/their parents’ modeling as a result of ICDP.





It appears that most of these results are not only from the content teaching of ICDP but, in large part, through the discussion, sharing, learning, and camaraderie of others in the group. In the weekly surveys, the majority of participants indicated that learning from and connecting with others in the group was one of the most influential aspects of the program.

ICDP appeared to inspire or motivate participants to be better caregivers. Through the program sessions, they reported becoming more empathic with the child of focus. They indicated that empathy and being proactive were changes they wanted to make or did make in their interaction with their children while they were in the program. Participants reported a desire to empathize with their children by putting themselves in each child's shoes. They were also more willing to listen to other members' experiences in order to learn from them.

Although there were differences between communities around level of effectiveness or change, the general response from caregivers was positive. For example, in one community, all stated that they would take monthly sessions if they were to be offered in the future, with additional comments such as, "of course!", "I would love to!", "We need to continue to educate ourselves!"

### **ENGLEWOOD RESULTS-SNAP SHOT**

The Englewood Pilot results were collected later than the Pilot results discussed above. It is interesting to note that the results from the Pilot of Children's Home & Aid Society Englewood Staff (which included several Staff who were also Parents) within the Englewood Pilot demonstrated stronger outcomes specifically in the TOPSE results, which included gains in parenting skills, including patience, engagement, and consistency with their children and those they cared for. It also reflected strong improvement in parents' perceptions of themselves as parents or caregivers.

**Table 7 Englewood Pilot Results Summary**

**Englewood Pilot Results Summary**

<b>Variable</b>	<b>Pre-score</b>	<b>N</b>	<b>Post-score</b>	<b>N</b>
TOPSE	8.65	7	11.40	7
ICDP Guidelines	9.16	7	9.00	7
Happiness with Partner	4.60	5	3.80	5
Health	78.57	7	80.00	7
Quality of Life	82.14	7	82.85	7
Mental Stress (Shona)	0.38	7	0.27	7
Partner Affection (HITS)	2.44	5	2.56	5
Conflict Tactics	5.41	5	5.25	6
General Coping (Activities)	4.29	5	4.86	5

**D. Pritzker Parent Learning Group (May-December 2014)**

**i. TRAINING - WORKSHOP 2 (March 27, April 4)**

13 of the original 16 ICDP Facilitator Trainees completed their Pilot Projects and participated in the next step of the ICDP Facilitator Training - Workshop 2. These included

- Children’s Home & Aid Society-Englewood (4 of 4)
- Children’s Home & Aid Society-Carpentersville/Schaumburg/Humboldt Park (2 of 4)  
[1 person left CHAS when contract expired/ 1 person couldn’t keep commitments)
- Family Focus Cicero/Hermosa-Chicago (5 of 5)
- Howard Area Community Center-Rogers Park (2 of 2)
- Community Evaluator participated in Workshop 1 for introduction to content only.

Their next step was to participate in an intensive 1.5 day Training Workshop (March 27th and April 4th at CHAS-Viva, in Humboldt Park. Workshop 2 brings together the learnings of the Facilitator Trainees with information and more advanced practice which develops a deeper understanding of the goals, content and potential of the ICDP Program when facilitated skillfully, for maximum outcomes of Parents/Caregivers and their Children. Time was also devoted to studying and using the Resource Materials more effectively, and to implementing the Survey and Evaluation Instruments and Reporting tools more effectively. This was in preparation for the next phase of the Trainees’ experience: facilitation of a Full Parent/Caregiver Learning Group. The ICDP workshop continued to facilitate interaction and relationship building among Facilitator Trainees as well. This continued later in their final Debriefing at Certification, and ideally, beyond, with periodical post-training meetings.

Facilitators again were given a Survey on their progress with ICDP, which will be followed up with a final Survey after the final Briefing. Further, Co-Facilitators of coming Full Parent/Caregiver Learning Groups worked together to develop an Action Plan and Budget outlining the preparation, organization, management and commitment for these upcoming Projects, to be reviewed and finalized in coming weeks. These were finalized and submitted before each Full Group project was authorized to begin.

**ii. CAREGIVER/PARENT FULL LEARNING GROUPS (PRACTICUM 2)**

CHAS-Carpentersville (1), HACC-Rogers Park (1) and Family Focus-Cicero (2, including a new one initiated in Hermosa/Chicago) engaged Parents from their Communities (currently being served as well as through new outreach). Parents/Caregivers were invited from parents being served including those enrolled in Head Start and Early Head Start, as well as other Children & Family Programs. Parents included Single, Teen, Divorced/Divorcing, with Special Need Children, and many Immigrant/Hispanic Parents.

These sessions were now offered for 12 to 14 weeks, minimum, as they were aimed at caregivers/parents who may have a higher need for the 12-16 week Learning Group program. The support group aspect of the program continued to be recognized as very high value, in addition to the actual curriculum and focused practicing of changed adult-child interactions.

Again, our Facilitator Trainees ranged from Early Childhood Director, to Program Administrators and Supervisors, to Child Care Workers and Home Visitors for Early Head Start and Head Start, as well as parents. With greater experience and confidence levels, parents responded with open-ness that is critical for them to recognize and embrace their potential to change and improve for their children.

**Table 8 2014 Full Group Timing Overview**

May 8-July 1	ICDP Full Group Initiations Carpentersville-May 8; Rogers Park-June 5; Cicero & Hermosa (new) Projects-July 1
May 24, May 31, June 1	CCWF Planning Meetings with BECOME Evaluator
June 13	APSAC Workshop - New Orleans
July 28	Call with Lauren/Pritzker Foundation
Aug 28-Sept 30	Full Group Completion: Roger’s Park-Aug 28; Carpentersville-Sept 11; Cicero & Hermosa-Sept 23

CHAS-Humboldt Park (led by the Schaumburg Facilitator) held off initiating their next program until 4th Quarter 2014. CHAS-Englewood held off until Winter/Spring 2015. Results will be reported in the 2015 Mid-Term Report.

**Table 9 Example Condensed Pilot Curriculum**

<b>Week/ Session</b>	<b>Session activities</b>
1	Introductions, Pre-Evaluation Process and Exploration of conceptions about children, about the caregiver's role and about childrearing activities.
2	Empathy and Emotional Interaction and The Three ICDP Dialogues: Emotional, Comprehension and Regulation.
3	Review Dialogues. Guideline 1: How do you show positive feelings, that you love your child? Guideline 2: How do you follow/respond to the initiatives of your child?
4	Guideline 3: How do you hold a meaningful dialogue with your child with and without words? Guideline 4: How do you give praise and approval for what your child does?
5	Guideline 5: How do you share experiences and focus your child's attention with yours? Guideline 6: How do you describe and give meaning to your child's experiences and show enthusiasm for your child's experiences?
6	Guideline 7: How do you expand and enrich your child's experiences by connecting topics and by making connections through imagination and creativity. Guideline 8A: How do you set boundaries and support your child to plan step-by-step to develop self-control?
7	Guideline 8B: How do you support your child with scaffolding (gradual support) to encourage their initiative and competence? Guideline 8C: Situational Regulation: How do you use situations and set routines to guide behavior?
8	Guideline 8D: Self-Discipline: How do you positively set consequences to develop responsibility and moral understanding? ICDP Conclusion and Planning Session. ICDP post-assessments

iii. METHODS: Pritzker Parent Learning Group (June-December 2014)

Participants completed a battery of pre and post assessments, measuring various related factors including parent self-efficacy, mental stress, quality of life, health, intimate partner dynamics, perceptions and observations of the child of focus, and exposure to violence.

Parent efficacy was measured using the Tool to measure Parent Efficacy (TOPSE). It was developed through focus groups, measures parents' perception of their own parenting skills efficacy, with a focus on their ability to manage their children under age six years. (Bloomfield, Kendall et al. 2005; TOPSE, 2015). According to TOPSE developers:

TOPSE consists of 48 self-efficacy statements that address six domains of parenting; emotion and affection, play and enjoyment, empathy and understanding, control, discipline and boundary setting, pressures of parenting, self-acceptance, and learning and knowledge. There are six self-efficacy statements for each domain and parents indicate how much they agree with each statement by responding to a Likert scale from 0-10 where 0 equates to completely disagree and 10 equates to completely agree (TOPSE.org.uk).

The extent to which parents perceived their application of the ICDP Guidelines was measured by the aforementioned list of ICDP guiding questions. Parents were asked to rate the degree to which they implement the principles in their parenting on a scale of 0 to 10, with 0 equating to not at all or no implementation and 10 equating to absolute implementation.

**Table 10 Instruments used in ICDP Full Group Evaluation**

<b>Instrument functions and scoring information</b>
Happiness with partner was measured using a Visual Analogue Scale (VAS) item taken from the Dyadic Adjustment Scale (Spanier, 1976). The item was scored from 0 (extremely unhappy) to 6 (perfectly happy).
Parents' perception of their health and quality of life were measured using the SF-36 VAS Scale (Ware, Snow, Kosinski, & Gandek, 1993). Two SF-36 VAS scales were used, scored 0 on the extreme left and 100 on the extreme right.
To measure change in mental health, 13 questions from Shona Symptom Questionnaire (SSQ; Patel, Simunyu, Gwanzura, Lewis & Mann, 1997) was used. The SSQ is a culturally sensitive and reliable tool developed in sub-Saharan Africa focused on the emotional nature of a mental illness.
An adapted version of the HITS (physically Hurt, Insulted, Threatened with harm, and Screamed at them) questionnaire, a brief domestic violence screening tool (Sherin, 2003), was used to measure any harm/abuse in their romantic relationship.
Child behavior was measured using the Strength and Difficulties Questionnaire (SDQ; Goodman, 1999). The SDQ measures children's emotional symptoms, conduct problems, hyperactivity, peer problems, and prosocial behavior.
Activities with the child was measured using the Parent-Child Activity Scale (Bigner, 1977). This includes 25 items scored on a Likert scale from 1 (never) to 5 (always), focusing on engagement with children, such as reading books, playing sports, and putting them to bed.
To measure exposures to violence, an adapted version of a subscale of Chicago Youth Development Study Stress and Coping Interview (Tolan & Gorman-Smith, 1991) – the Exposure to Violence Interview – was used. It asks questions around being a victim of or being exposed to violence, such as sexual assault, robbery, or other violent crimes.

As with the Pilot Sessions, at parents' first session and final sessions, they completed the measures. Data were analyzed using descriptive statistics, t-tests, and univariate analysis of variance.

**iv. Full Group Evaluation Results: Pritzker Parent Learning Group (June-December 2014)**

A total of 34 parents/guardians participated in the complete program from six communities. Four community sites are part of the Pritzker Early Childhood grant and three are supported by other means. The demographics presented in Table1 are for those who completed these items on the survey. The average age of participants in the program was 33 years old, with the youngest parent at 23 and oldest at 51. Participants' households consisted of one to six people with an average of two children per household. Child age was an average of five years old, ranging from 0 to six years old. Of those who disclosed their ethnicity, six were White, one was African American/Black, 16 were Latino, and one was Asian/Asian American.

Four of the 29 respondents who disclosed their personal income levels had a household income between \$5,000 and \$10,000. The majority of participants' family income fell within the \$10,000 to 20,000 and the \$20,001-\$40,000 brackets. The majority of participants indicated they were stay at home parents. The majority of program participants did not have higher than a high school diploma. Most of the program participants reported being married or living with their partner (see Table 9).

In addition to those parents who participated in the complete program, there were 11 Hispanic parent leaders in the pilot program, making a total 45 parents served this year through the ICDP program. The breakdown in numbers per community for the complete program implementation is shown in Table 11.

**Table 11 Full Group Demographic Information**

<b>Demographic</b>	<b>Frequency</b>	<b>Percent</b>
<b>Grant</b>		
Pritzker	27	79%
Other	7	21%
<b>Community</b>		
Carpentersville	6	18%
Hermosa	9	27%
Cicero	11	32%
Batavia	1	3%
Geneva	6	18%
Rogers Park	1	3%
<b>Race/Ethnicity</b>		
White, non-Hispanic	6	25%
Black, non-Hispanic	1	4%
Hispanic/Latino	16	67%
Asian	1	4%
<b>Household Income</b>		
\$5,000-10,000	4	14%
\$10,001-20,000	8	28%
\$20,001-40,000	8	28%
\$40,001-80,000	3	10%
\$80,001-120,000	6	20%
<b>Education</b>		
No formal education	8	28%
High school diploma	9	31%

Some college	5	17%
Bachelors	5	17%
Masters degree or higher	2	7%
<b>Gender</b>		
Male	18	56%
Female	14	44%
<b>Civil Status</b>		
Married or Living with Partner	28	90%
Separated or Divorced	2	7%
Single	1	3%
<b>Work Status</b>		
Full time	6	21%
Part time	5	17%
At home	15	52%
Unemployed	2	7%
Other	1	3%

**Table 12 Pre and Post Numbers per Community**

	Carpentersville	Hermosa	Cicero	Rogers Park	Batavia	Geneva	Total
<b>Pre</b>	6	9	11	1	1	6	34
<b>Post</b>	4	9	12	1	0	5	31

ICDP was shown to have a very positive and potent impact on the parents, both as parents and as people in general. Not only did they improve in their confidence and social and emotional skills as parents but also in their sense of wellbeing and ability to be a better partner on average and where applicable (see Table 12).

**Table 13 Pre and Post Scores**

Variable	Pre-score	N	Post-score	N
TOPSE	7.5	19	**8.26	23

<b>ICDP Guidelines</b>	8.12	23	*8.86	24
<b>Happiness with Partner</b>	3.72	25	4.30	27
<b>Health</b>	77.70	33	83.00	31
<b>Quality of Life</b>	81.97	30	^87.65	31
<b>Mental Health (Shona)</b>	1.53	27	*1.67	26
<b>Partner Affection (HITS)</b>	4.48	27	4.55	26
<b>Child Behavior</b>	2.49	19	2.49	24
<b>General Coping (Activities with Child)</b>	4.31	21	4.43	23

^approaching statistical significance at the  $p \leq .05$  level

\*statistically significant at the  $p \leq .05$  level

\*\*statistically significant at the  $p \leq .01$  level

**Table 14 Pre and Post Scores per Community**

	<b>Carpentersville</b>	<b>Hermosa</b>	<b>Cicero</b>	<b>Rogers Park</b>	<b>Geneva</b>
<b>TOPSE</b>					
Pre	7.43	7.80	7.58	7.63	7.30
Post	8.15	8.52	8.12	9.10	7.75
<b>ICDP Guidelines</b>					
Pre	7.59	8.43	8.14	8.55	8.27
Post	8.50	9.33	8.52	8.91	9.00
<b>Happiness with Partner</b>					
Pre	4.50	3.71	3.90	5.00	2.80
Post	4.67	4.86	3.91	5.00	4.00
<b>Health</b>					
Pre	81.67	82.22	79.91	70.00	64.17
Post	73.25	91.11	85.00	80.00	72.00
<b>Quality of Life</b>					

Pre	82.50	80.00	85.36	80.00	75.00
Post	82.00	92.22	85.00	90.00	89.80
<b>Mental Health (Shona)</b>					
Pre	1.68	1.57	1.43	1.46	1.62
Post	1.67	1.66	1.65	1.85	1.77
<b>Partner Affection (HITS)</b>					
Pre	4.25	4.63	4.56	4.80	4.23
Post	4.53	4.79	4.36	5.00	4.20
<b>Child Behavior</b>					
Pre	2.59	2.72	2.37	2.48	2.57
Post	2.49	2.45	2.60	2.60	2.28
<b>General Coping (Activities with Child)</b>					
Pre	4.61	4.37	4.24	/	4.17
Post	4.33	4.68	4.29	/	4.26

/ No data provided

Note: There were no significant differences between communities

Their confidence and perception of parenting efficacy was the most potent outcome, as there was a statistically significant increase ( $p \leq .01$ ) from pre to post score on the TOPSE. Their reporting of the extent of implementation of ICDP principles and their overall mental health also significantly increased ( $p \leq .05$ ). Their perception of their quality of life increased, nearing statistical significance ( $p = .09$ ; see Figures 3 through 6).

Parents who participated in focus groups corroborated their assessment responses, with a high focus on increasing empathy:

*I have become closer to them. I understand more, put myself in their shoes and make myself think about how they are feeling.*

Due to this newfound empathy not only in their parenting but also in other relationships, like their romantic and work relationships (for some), they reported enhanced relationships and relationship satisfaction overall. One parent represented others by saying, “*I am more united with [my children], my relationship with them is more intimate.*”

Figure 3. TOPSE pre and post score averages

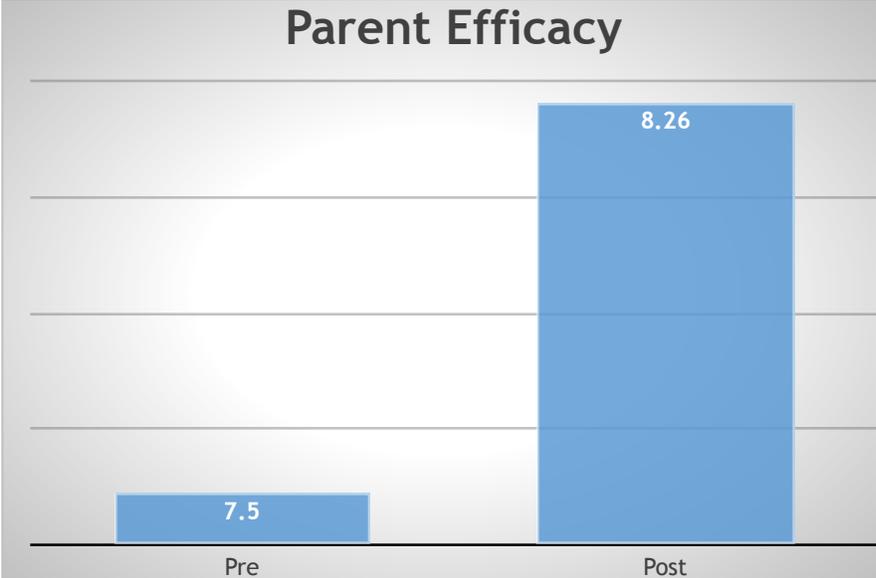
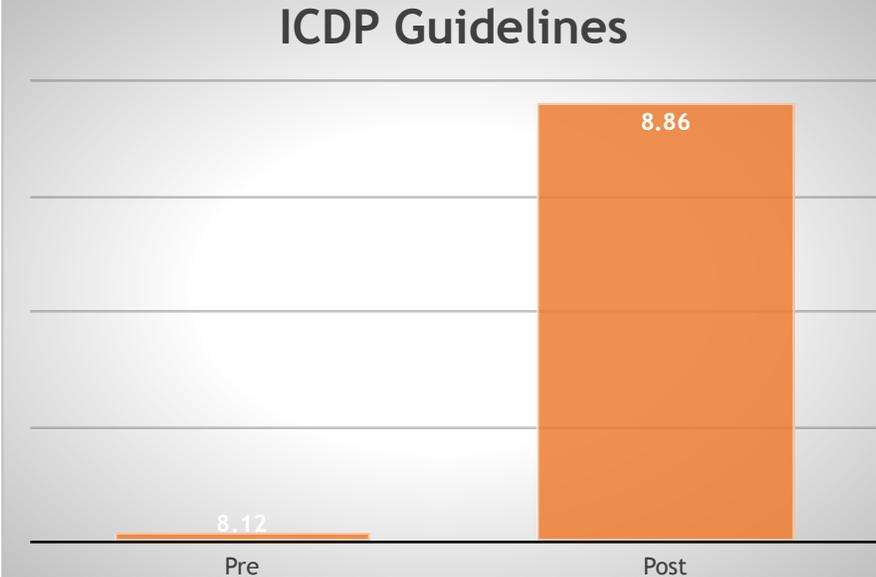
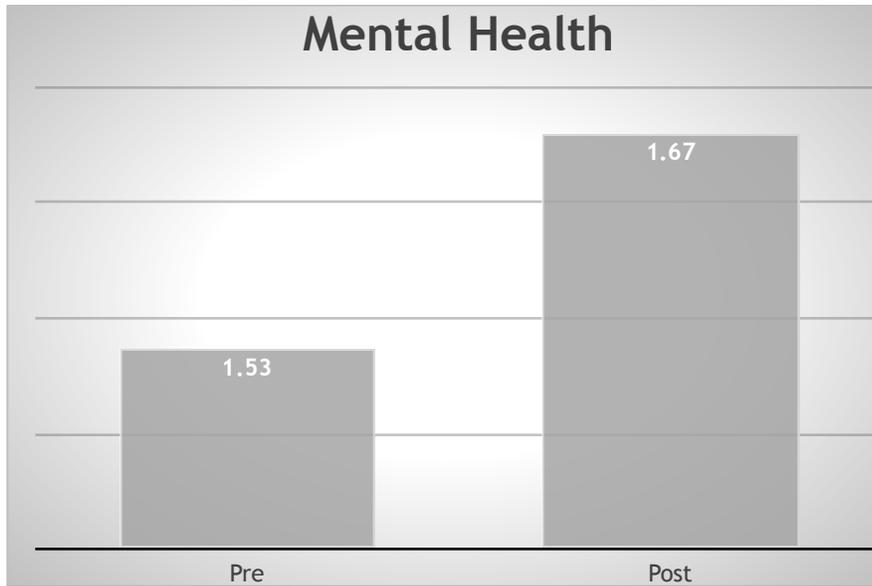


Figure 4. ICDP guideline pre and post score averages



**Figure 5. Mental health pre and post score averages**

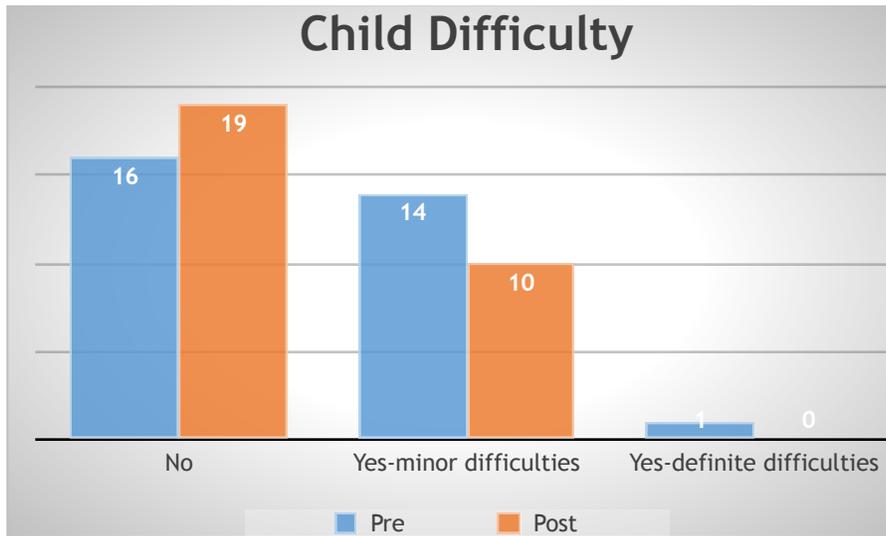


**Figure 6. Quality of life pre and post score average**



Although scores for parents' confidence and general wellbeing were most likely changed by the program, the report of their application in way of activities with their children were lacking, albeit increased. Furthermore, reports of their children's behavior did not change from pre to post program; however, reports of children's emotional difficulty did decrease, although non-significant (see Figure 7). Parents accounted their change in perception, confidence, and ability to both the program content and learning from and being supported by one another.

**Figure 7. Child difficulty with emotions, concentration, and/or behavior.**



These reports may mean that either there was not enough time in the program for parent behavior to change significantly, for fuller execution of lessons, and for children’s behavior to change, or there needs to be further activities and/or accountability within the program.

To improve the program, parents suggested:

- Ensuring responsiveness and inclusion of fathers/husbands/partners
- Tailoring the program and materials for those who cannot or do not like to read
- Extending the program to 16-20 sessions
- Adding more time and materials to the discipline section

## **v. NON-PRITZKER GROUP RESULTS**

The Batavia/Geneva results we included in the 2014 Evaluation were five responses from our first Military Family project. Facilitated by a retired Colonel, a retired Major, an MSW Social Worker, and the ICDP-USA Founder, these parents (4 had been in the military, one was a spouse), found the program of benefit. It was interesting that the issues being dealt with by the group included: special needs children, divorce/separation issues, loss of job/job search issues, and tenuous living situations, personal anger management issues, family re-location for training, as well as conflict with teen children.

ICDP-USA will definitely seek to continue our ICDP-USA programming with military families. We aim to train additional military caregivers/parents to work directly with these families, as this was recognized as an extremely positive aspect of the effectiveness of this program.

# I. PREVIEW - NARRATIVE OUTCOME EXAMPLES

## A. Preliminary Facilitator Notes on Caregiver Results (Examples): Pilot 1 (Professionals/ Paraprofessionals) and Pilot 2 (Parents)

The ICDP Facilitator Trainee journal notes below depict actual experiences of our ICDP Caregivers (Professionals and Parents) in learning about child development, positive communications, interactions and relationship with their children, and extending to their spouses and others in their families and broader environments. We see learning taking place along the spectrum from early discussions of Empathy - to Emotional Communications/Interaction - to Comprehension Communications/Interaction - to Regulative Communications/Interactions.

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**Project: Cicero, 12pm Pilot, Adriana**

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### **2/7/2014 Topic: Empathy and Emotional Interaction**

Caregiver Comments: Empathy was so crucial in the life of every person; identifying feelings also crucial. One of the participants is an activist for immigration reform, played the role of the “still face” baby while another group member played mother this was very impactful.

### **2/21/2014 Topic: The Three ICDP Dialogues**

Caregiver Comments: “I want to be less controlling”, “I need to be less permissive”, “I need to learn to show my love to my children besides the basic needs.”

### **3/7/2014 Topic: Guideline 3-4 (Emotional Dialogue)**

Caregiver Comments: Parent shared story where she was experiencing a headache and her daughter encouraged her to not take aspirin, and instead motivated her to cook together. Mother cried because she realized her headache went away; daughter’s empathy had helped her.

### **3/28/2014 Topic: 8b-8d (Regulative Dialogue)**

Caregiver Comments: This group would like an introduction of ICDP in the community by May 1<sup>st</sup>—concentration on empathy

### **4/10/2014 Topic: Empathy and Emotional Interaction, Guideline 1, 8b, 8d (Love + Regulative Dialogue)**

Caregiver Comments: They would like to continue with the group. This group gave them the opportunity to talk about their inner feelings, improvements, and enhance parenting skills. One parent said: “I wish I had all this when my children were younger. I have learned a lot and will continue to practice.” Another said, “I really like the role play because it gave me the opportunity to see myself as very controlling.”

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**Project: Cicero, 9am Pilot, Elizabeth**

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### **2/21/2014 Topic: The three communication dialogues, Guideline 1 (Emotional Dialogue)**

Caregiver Comments: Father expressed empathy toward daughter when she got first menstruation cycle. He talked to her about getting it, and about getting her the necessary supplies.

### **3/7/2014 Topic: Guideline 5 and 6 (Comprehension Dialogue)**

Caregiver Comments: One parent shared how she focused more on her daughter this past week who was attempting to do loom bracelets and felt very frustrated because she couldn’t get it right. When the mother heard this, her initial response was “that’s not a big deal” but instead chose to put herself in her daughter’s shoes and tried to understand her child’s perspective. Her daughter responded very positively to her. Another parent shared that she stopped saying to her child “it’s a waste of time” when they wanted to help in the kitchen. Now she is following their lead.

**3/21/2014 Topic: Guideline 7 and 8 (Comprehension & Regulative Dialogues)**

Caregiver Comments: One parent shared that since she starting praising her daughter more, she has noticed positive changes. She now has a closer relationship with her.

**3/28/2014 Topic: Guideline 8b-8d (Regulation Dialogue)**

Caregiver Comments: Parents felt very content and lucky to be in the program. They discovered different ways of implementing discipline. They also mentioned that the time they had was not enough, and they are eager for more sessions.

**4/10/2014 Topic: Review of 8 Guidelines, discussed what they learned**

Caregiver Comments: Parents have been able to make many changes. They are more tolerant, patient observant, communicative and loving. They say that CDP has been like a conscience: it helps them to remember things that they need to do with their children. Participants commenting that they are more confident in what they are doing because of ICDP.

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**Project: Cicero Full Group (Adriana)**

**7/1/2014 Topic: Intro**

Caregiver Comments: "I learned that everyone has similar problems and we can learn from them all." "I found it challenging to understand the temperament to talk to kids". Parents wanted to learn more about communicating with their kids and educating them.

**7/8/2014 Topic: Empathy and Emotional Interaction**

Caregiver Comments: "This session made me think about how to engage myself into the world of my son." "I learned that my daughter is just as important as another adult, if not more."

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**Project: Hermosa Full Group (Elizabeth)**

**7/1/2014 Topic: Intro**

Caregiver Comments: "I learned that many of us share the same sorrows and joys." "I intend to get more to the level of my child to understand what they feel and think." "I feel able to teach my son what I learned." "I'm confident about using what I learned today because I have all the time to give to my children and I know I can do it." Parents felt confident, comfortable, and happy. Many parents talked about their feelings of helplessness when their children are sick or hospitalized. All agreed that parenting is difficult and they feel "worried, desperate, torn, impotent, frustrated, sad and total suffering" whenever they feel their children going through difficult times/ experiences and wish to protect them.

**7/8/2014 Topic: Empathy**

Caregiver Comments: "I felt safe to safe." Parents often forget to see their children as individual beings with their own thoughts, feelings, and ideas.

**7/15/2014 Topic: Three Dialogues**

Caregiver Comments: "We are all different; I need patience; I need to give my child more attention and praise; I need to learn to listen to my child's feelings." Parents shared their traumatic childhood experiences and how we contribute to our child's character and personality into adulthood; one participant was abandoned by her mother; another parent was raped by several individuals during her childhood and was not believed by her mother, which made her feel unloved and unimportant.

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**Project: Carpentersville, 5:30 Full Group (Joy)**

**5/15/2014 Topic: Session 1 Communication**

Caregiver Comments: (My goal is to) Try to get on the same page with my husband so i'm not functioning like a signal mom.

**5/22/14 Topic: Session 2 Empathy**

Caregiver Comments: The information was real coming from other moms and how important it is to respect and have empathy for your child.

**5/29/14 Session 3 Regulative Interaction**

Caregiver Comments: Doesn't seem too hard to try to implement different types of ways to keep children calm and under your guidance with them listening. But only the child will let me know if it works in time.

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**Project Rogers Park, 9 am Pilot Group (JC)**

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**7/17/14 Topic session 7 guidelines 5, 6 (Comprehension Dialogue)**

Caregiver Comments: I never thought about parenting like that before I came to this program.

**8/7/14 Topic: Session 10 guideline 8c (Regulative Dialogue)**

Caregiver Comments: (I) Felt stress coming to group but after this session I feel better as a parent.

**8/21/14 Topic: Session 12 Regulating Behavior**

Caregiver Comments: Tips and tricks of discipline (offer) very good insight on what other parents are doing to get their child to listen

## **B. Preliminary (First) Parent Post Focus Group Responses (Carpentersville)**

After the first ICDP Summer Group finished, we conducted a short focus group with them to learn more about their experiences. The four parents who completed the program were extremely positive, noting real positive changes in themselves, their families and their outlooks for the future. Focus group questions will be asked of all groups as they finish, or in their continuation sessions one month or so after the program is completed.

1. **Please tell me about your experience in the program:**
  - a. I liked how I was able to talk about the same problems and issues I have.
  - b. I really liked to get to know the other mothers and to talk about our children.
  - c. It was very informative, very fun and I enjoyed it . This changed my life for good and especially for my children.
  - d. I really enjoyed the program and learned a lot about myself, ways to improve myself as a parent.
  
2. **Did the program make a difference in your lives?**
  - a. Yes i've realized i'm not the only one. I always thought my children were the ones who acted out
  - b. Yes! A lot because I try to understand my children more. There is more love and laughter in my house
  - c. I'm much more patient with my children and I understand them more
  - d. Of course. I feel like I am more open with my children and relaxed more, allowing me to enjoy them freely.
  
3. **What lessons did you apply outside the program (e.g., at home, at work, with friends) that you learned through the program, if any?**
  - a. The yes/no cycle has helped me a lot.
  - b. Yes vs no cycle The cycle has altered my thinking about stagnant situations.
  - c. Everything can be applied, this program taught us how to handle different situations and how to change negative to positive.
  - d. I have gained positive strategies in being able to treat others including my children as humans too.

4. **How did your relationship with your child change as a result of the program, if at all?**
  - a. I have tried every step of the program and I have noticed if I stick to it, it will work.
  - b. Everything has changed for the better in my reactions, my behavior, and we feel happier altogether.
  - c. It was great, more so than my children the change was in me because kids will be kids and the ones who have to change are us and this program helps us to understand them better
  - d. I feel I am closer to my children, and they are emotionally closer to me.
  
5. **What impact did the program make on you, if any?**
  - a. I have changed for the better
  - b. It changed me for the better
  - c. the impact that the program had was very positive, I feel less stressed, more positive and with more tools for different situations with my child every day
  - d. I am better able to cope with my children's abrupt behaviors and i am showing my husband how to do so as well.
  
6. **What did you dislike about the program?**
  - a. It has ended
  - b. It ended
  - c. nothing everything was great, Thank you!
  - d. That it has to end
  
7. **How can we improve the program?**
  - a. N/A
  - b. N/A
  - c. Having programs like these in Spanish as we are the less educated minds, and it really changes the way we see our children.
  - d. I think a longer, ongoing program would be awesome. There is always room for improvement in our parenting!

## IV. NEW PARTNERS (APRIL 2014-JANUARY 2015)

**SGA BRIGHTON PARK/SGA ROSELAND PARTNERS (April 2014-Jan 2015).** The initial recruitment of Partner Institutions to join our PECF ICDP Project in Summer 2013, was relatively easy. Every institution recognized the value of assisting parents to provide empathy-based parenting, and support of their children's social/emotional and cognitive development, as well as their self-control and emerging feelings of responsibility, and caring about others.

However, the first and only Chicago Public School dropped out when they recognized they could not afford the Trainees' time away from their school responsibilities (they had selected one assistant principal and one early Head Start teacher) for Training, Meetings and Parent Groups. We replaced the School Facilitator Trainees with a new excellent partner, however, SGA-Brighton Park & Roseland agencies. We trained 6 of their staff members between April and September, with the goal for them to begin programs 4th quarter 2014. SGA Brighton Park piloted implementation of ICDP-USA with another program - Parents as Teachers/CPS beginning in October/November 2014 and running through June 2015. The Facilitator Trainee is specifically working with transient Teen/Young Parents who are high school drop outs with young children. This is a very high risk population, often homeless for periods of time, so we are eager to learn from this project.

We also trained an SGA-Brighton Park Facilitator Trainee in Sept/Oct 2014, along with 4 new SGA-Roseland/Woodlawn Trainees. Two Trainees will work in South Chicago with Family Groups,

including their clients going through marriage counseling/family development. This group has just gone through Workshop 1 and are developing their Action Plans with Chicago Public Schools. This has delayed the start to commence projects in August/September 2015 with 2-4 new schools in South Chicago, Calumet, and West Pullman.

**NEW: Chicago Public Schools Spring 2015. CCWF was invited to introduce our program to CPS Parent Engagement and Social Work professionals in Fall 2014. We convened a meeting with the principals of two Englewood Elementary Schools from Bass and Langford Academy, who authorized the ICDP-USA program. Six teachers attended ICDP Workshop 1 in February 2015. The Bass trainees included 1 Pre-School Teacher, 1 Pre-School Teacher Assistant and 1 Special Education Teacher. The Langford trainees included 1 Pre-School Teacher, 1 Pre-School Teacher Assistant and 1 (Foster) Parent also working part-time at the school. Their Reflection Papers and Action Plans were completed in March and Pilots launched in April 2015. More information will follow in our next report.**

## V. PUBLIC EDUCATION - TARGETED POPULATION STATISTICS

**Table 15 Community Awareness/Education Outreach**

Target Objectives (Goal +/- 20%)	Actuals as of 30 Sept	Notes
Community Outreach Conferences/ Workshops	22	<u>JAN/FEB 2014:</u> Each partner institution (Family Focus-Cicero, Howard Area Community Center-Rogers Park, Children’s Home & Aid Societies 1-Englewood & 2-Carpentersville) requested a Community Focus Group to start up the ICDP Program in January/February 2014. These were facilitated by Evaluator Dominica McBride or ICDP Trainer Kimberly Svevo, and allowed us to initiate community-based discussions about parent/caregiver needs and priorities for parent/child development programs in their specific communities, which we can measure and build upon during the two-year ICDP project. While approximately half, 22 of the 44 persons who participated in the Focus Groups, were professionals/community leaders, 22 were parents who joined an ICDP group, and are not counted here.
	30	<u>APRIL 2014:</u> Chicago Lurie Children’s Hospital invited an ICDP Workshop for their Strengthening Chicago’s Youth audience (Chicago-based professionals working with parents, youth, children). K.Svevo and D.McBride conducted the half-day workshop, which was attended by current & future partners, such as representatives of the Lurie Children’s Hospital, Stroger Children’s Hospital, Chicago Public Health Department-Safe Start, Care & Share Parenting Program, etc.
	15	<u>MAY 2014:</u> Family Focus Cicero Facilitators were invited to present a Parent Group (PUPI) Workshop on Empathy by parent leaders in their ICDP Pilot, who felt it was extremely important for the community.

	24	<u>AUG 2014:</u> K.Svevo & D.McBride presented at an Engelwood-based Children's Home & Aid Society Parent Care & Share Workshop, introducing ICDP to a broad group of parents of children of all ages.
Outreach Total	91	
SUPERVISORS	4	Family Focus (1), Howard Area Community Center (1), CHASI (2). SGA adds 1-2.
FACILITATORS	14	Family Focus (5), Howard Center (2), CHASI (6 of 8). TOTAL Active = 13 of 15, with Evaluator also in Training = 14 of 16. SGA adds 3-6.
Pilot CAREGIVERS	46 of 60	Family Focus (12 of 16), Howard Center (10 of 16), CHASI (24 of 28). SGA will add 5-10 in 2014-15. Special Notes: Challenges included when Facilitators were not senior to or equal status/respect level of those they conducted the pilot project with (i.e. CHASI had one very young mother/admin level person, who was challenged to teach staff. Another CHASI employee (facilitator trainee) was terminated during the pilot, which was disruptive, but resolved as best as possible). The Howard Center pilot began too large (16 caregivers) for beginning Trainees, as the Supervisor wanted everyone trained at the same time, and that was challenging, but worked out ok, with some loss in participants.
Certified CAREGIVERS	31 to-date, of 70 signed up/ to be signed up. SGA not included	Family Focus (24 of 32), Howard Center (4 of 10), CHASI (3 of 7, to-date, targeting 20-24 more). SGA will add 6-12 in 2015. Special Notes: The Howard Center tried a bilingual Parent Group approach, and found that the necessary interpretation was cumbersome, and ended up deciding to hold the group in English, and schedule Spanish-speaking parents as a subsequent Group.
<b>TOTAL PERS. REACHED</b>	181 to-date	Targeting an additional 24-30 in the CHASI & SGA Groups which are being organized for Fall 2014/Winter 2015.

## VI.LESSONS LEARNED (YEAR 1) & NEXT STEPS

The International Child/Parent (Family) Development Program has had a very important First Year. This was made possible through the wonderful support of the Pritzker Early Childhood Foundation, which also covered the expenses of program evaluation. Other key investors (program funders) included the American Legion, VFW, AmVets and Rotary Club for our Military Family Program, and Chicago Public Schools, which have invested their staff members to explore ICDP-USA for their Families.

Key learnings include recognition and proactive management of:

- A) Careful selection and training of Facilitators who are committed to the parents and children they serve, who are interested in supporting Families - and training back-up Facilitators in each Institution to ensure a consistent quality of ICDP program offering when Facilitators have conflicts or move from their institutions.

- B) Strategic planning of Parent Group timing and accessibility to accommodate the many challenges that parents face in general with small children, which make regular attendance of a program difficult. Eliminating the barriers of participation will be critical and may look different in each different community and for each family. This includes ensuring that meals / refreshments for parents & children, and child care for parents are available for sessions, and also making the program available when parents are not at work. The program timing was challenging especially over the summer, causing some projects to delay to Fall/Winter timing. Evenings are also challenging for some some institutions which do not traditionally offer programs outside their 'school' hours, sometimes because of dangerous neighborhoods in the evening but often because Facilitators may not be paid for evening (or weekend) work.
- C) Careful presentation of the program as a positive social and learning event, which parents commit to initially because it is good for their children. However, over time, Facilitators and caregivers/parents can begin to discuss how important it is for the parent's benefit and positive personal development, as well as for the full family's well-being and toward community opportunities as well. We continue to explore opportunities for this benefit to expand beyond our initial targeted adult-child interaction, and this will increasingly be addressed in our Continuation Sessions (beyond the initial 12-16 sessions planned).
- D) A facilitative approach and interactive techniques which allow parents to see their agency in owning their growth, development and in their own power to make decisions on their parenting (attitudes, behaviors, communications, interactions and relationships) as well as in their other (spouse, etc.) relationships, which provide powerful positive modeling for their children and others in their families. Research shows that fathers may also be reacting more positively to this approach.

Next steps will be to complete the Full Parent Group Projects within partner Institutions by June 2015, to evaluate these Spring 2015 results and share them with partners. We will then work with Partner Institutions to design their strategies and action plans for Summer-Fall-Winter 2015, and to consider Continuation Programs for Parents who participated in Groups in 2014 and Spring 2015.

## VII. ECONOMIC PERSPECTIVE ON ICDP SUSTAINABILITY WITHIN COMMUNITIES

Communities (urban and rural) throughout the United States and globally, require a cost-effective foundation of empathy-based development support for parents/caregivers and children/youth. Optimally, this will be provided through a universal, public health, strengths-based approach in order to meet the needs of all families without the stigma, shame or resistance attached to punitive, mandated parent programming.

We require cost-effective programming which is community-based and peer-facilitated, adapted for every unique community so that it is relevant and effective for each.

The ICDP-USA program is designed to be offered through many outlets - whether as a stand-alone program, or better: a program which is integrated into other complementary family/school/ community programs aimed at positive development and well-being.

Year 1 costs for an average institution vary between \$7,500 for Year 1 (estimated to cover 4 Trained Facilitators; a first Pilot with 25 Caregivers, and a Parent Learning Group for 25 Caregivers and

25+ Children, to \$15,000 for Year 1. The \$15,000 would cover the training of 5 Facilitators, 2 Pilots (16-20 persons, 8/9 weeks) and 2 Caregiver Learning Groups for 28-35 Caregivers/40+ Children, 12-16 weeks) with Optional Activities (Pre & Post Focus Groups as well as 1-2 Community Education Workshops). This would also cover Facilitator & Parent Stipends during the Pilot & Full Group, and a small budget for Continuation Sessions (3 over 3 months minimum).

**Table 16 Examples of ICDP-USA Project Budget Models**

<b>EXAMPLES OF 2015 Project Budgets</b> <i>(estimates)</i>		
<b>Option 1: YEAR ONE Budget:</b> No Trained Staff. CCWF Facilitation of Single Caregiver Learning Group 16 sessions.	\$2,500	12-15 Parents, 12-15 Children
<b>Option 2: YEAR ONE Budget:</b> Training 4 Facilitators, 1 Pilot (8-10 persons, 8/9 weeks) and 1 Caregiver Learning Group for 14-16 Caregivers/15+ Children, 12-16 weeks) with no Optional Activities (Focus Groups, Community Workshops)	\$ 7500-9,000 (50+ persons)	4 Facilitators; 25 Caregivers; 25+ Children
<b>Option 3: YEAR ONE Budget:</b> Training 5 Facilitators, 2 Pilots (16-20 persons, 8/9 weeks) and 2 Caregiver Learning Groups for 28-32 Caregivers/40+ Children, 12-16 weeks) with NO Optional Activities (Focus Groups, Community Workshops)	\$ 9500-14,000 (100+ persons)	5 Facilitators; 50+ Caregivers; 50+ Children
<b>Option 4: YEAR ONE Budget:</b> Training 5 Facilitators, 2 Pilots (16-20 persons, 8/9 weeks) and 2 Caregiver Learning Groups for 28-35 Caregivers/40+ Children, 12-16 weeks) WITH Optional Activities. Also with Facilitator & Parent Stipends and Continuation Sessions (3 over 3 months minimum)	\$ 15,000-25,000 (150+ persons, includes Facilitator & Caregiver stipends)	5 Facilitators; 50-150 Caregivers; 50-150 Children; 50-100 Caregivers via Workshops
<i>Expenses not included: Travel if necessary, Childcare, Refreshments</i>		
<b>Future Year Parent/Caregiver Learning Groups - Estimated Costs based on 9-20 week sessions.</b>		
	Example	Optional: CCWF Monitoring & Evaluation
<b>25- 49 persons (\$32 x each). For 25 Book Sets-</b>	\$1,280.00	1050
<b>50- 74 (\$30 x each). For 50 Book Sets-</b>	\$1,800.00	1750
<b>100-150 (\$27 x each). For 100 Book Sets-</b>	\$2,700.00	2500

## VII. Update on ICDP & Related RESEARCH - The Growing Evidence Base!

In the past 5 years, since the national study done by the Norwegian National Ministry, an evidence-base supporting ICDP as an effective community-based, peer-facilitated (cost-effective) and widely replicated program has been emerging rapidly, from Norway, to Colombia and beyond. Internationally, the program has been implemented with all types of parents, ranging from parents and caregivers with children with special needs, to incarcerated parents, to father groups, to minority/immigrant parents, to parents in high violence communities, with strong success and outcomes of raising awareness and competency in empathy-based parenting and family-relationships, to reducing intrafamilial violence.

As facilitators gain experience with ICDP-USA, we are seeing stronger results in the areas of attitude, confidence and competency changes and improvements of parents, as well as positive responses from children.

Note: Brief information on these important articles are included in the Article References Appendix. Earlier studies are also available from many countries around the world.

Ministry Of Children, Equality, and Social Inclusion (June 2011). Evaluation of the Parental Guidance Program Based On The International Child Development Program. LSherr, University College London.

Skar, A., (May 2013). "Paradoxical correlates of a facilitative parenting programme in prison-- counter productive intervention or first signs of responsible parenthood?" *Journal of Scandinavian Studies in Criminology and Crime Prevention*, Vol. 15, 35-54. A Solheim Skar, S Tetzchner, C Clucas & L Sherr

Sherr, L., (April, 2014). "Evaluation of the International Child Development Programme (ICDP) as a community-wide parenting programme." *European Journal of Developmental Psychology* Vol.11, 1-17. L Sherr, A Solheim Skar, C Clucas, S Tetzchner & K Hundeide.

Skar, A., (2014). "Evaluation of Follow-Up Effects of the International Child Development Programme on Caregivers in Mozambique." *Infants & Young Children* Vol.27, 120-135. Department of Psychology, University of Oslo, Norway. Skar, A-M. S, Sherr, L., Clucas, C., von Tetzchner, S.

Clucas, C., (August 2014). "Mothers and Fathers Attending the International Child Development Programme in Norway." *The Family Journal: Counseling and Therapy for Couples and Families* 1-10.

Skar, A., (August 2014). "The long-term effectiveness of the International Child Development Programme (ICDP) implemented as a community-wide parenting programme." *European Journal of Developmental Psychology*. 1-15.

Skar, A., (October 2014). "The Impact of a Parenting Guidance Programme for Mothers with an Ethnic Minority Background." *Nordic Journal of Migration Research*. 108-117.

A theoretical paper addressing ICDP will be published in "Early intervention: Theory and practice" soon: Skar, A-M. S., & von Tetzchner, S. (2015, in press). *Early parenting intervention as a universal preventive approach. Early Intervention: Theory and Practice*. <http://journal.eii.ru/en/>

Further upcoming ICDP Reports planned from : Colombia, Brazil and several other countries in 2015.

*RELATED: ICDP-Supporting Research*

## **Family Process**

Relationships, Environment, and the Brain: How Emerging Research is Changing What We Know about the Impact of Families on Human Development (March 2014)

*Jo Ellen Patterson & Susanna Vakili*

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Developmental and Economic Effects of Parenting Programs for Expectant Parents and parents of Preschool-age Children (Feb. 2009)

*Sharon M. McGroder, PhD, MS, Senior Scientist & Allison Hyra, PhD, Senior Associate*

- Investing in parenting education has the potential to improve outcomes for individuals and society—not only for the immediate generation of children *and* their parents but also for generations of children and parents to come.

20 April 2015