

PCI Parent Coaching Pilot Projects

Summary of Results

Authors: Holly Schiffrin, Ph.D., and Gloria DeGaetano

February 2007

Submitted to:

The Parent Coaching Institute
1400-112th Ave. SE, Suite 100
(425) 401-1519

Submitted by:

Holly H. Schiffrin, Ph.D.
University of Mary Washington
1301 College Avenue
Fredericksburg, Virginia 22401
(540) 654-2281

TABLE OF CONTENTS

<u>Section</u>		<u>Page</u>
1.0	PCI PARENT COACHING PHILOSOPHY	2
	1.1 Overview of Model.....	2
	1.2 Goals of Parent Coaching	4
2.0	PILOT STUDIES.....	5
	2.1 Island County Health Department	5
	2.2 Snohomish County.....	7
	2.3 Little Red School House	9
3.0	CONCLUSION.....	11
4.0	REFERENCES	14

PCI PARENT COACHING PILOT PROJECTS: SUMMARY OF RESULTS

The Parent Coaching Institute (PCI) has worked with several agencies over the past five years to explore the feasibility and effectiveness of its parent coaching model for assisting the parents being served by the respective agencies. This report briefly summarizes the philosophy of the PCI parent coaching model as well as the results of three pilot studies conducted with three different agencies. The results of the pilot studies indicated that the PCI model of parent coaching holds excellent promise for improving the outcomes of similar groups of parents. Based on the initial success of these pilot projects, further study is recommended.

1.0 PCI Parent Coaching Philosophy

1.1 Overview of Model

The PCI coaching model “reclaims the role of the parent as a primary transmitter of culture to the child—a role that parents have traditionally held, but a role whose boundaries have become blurred within a popular, mass media culture that has impacted both parenting priorities and children's conceptions of self” (DeGaetano, 2007). A major focus of the model is that parenting is viewed as a living system, incorporating fifteen key living system principles into the PCI coaching process. These principles serve to more accurately explain and demonstrate qualities inherent in positive, sustainable change processes.

The following four principles are examples of the PCI’s living systems approach: (1) relationships are primary and people are interconnected; (2) measurements have their limits because the act of measuring something changes it and what has been measured may evolve over time; (3) participation is key to effective change so parents need to come to conclusions and decisions about parenting in their own time if they are to sustain the changes over time; and (4) what we pay attention to grows, thus, it is important to focus on what a parent is doing well and how to use those skills to move forward (Wheatly, 2001).

The principles inherent in living systems are foundational to the coaching methodology of the PCI model, which is Appreciative Inquiry. Appreciative Inquiry (AI) is an approach for addressing challenges that asks questions to strengthen a system’s capacity to achieve its highest potential (Cooperrider, Sorensen, Whitney, & Yaeger, 2000). It is an alternative to the typical problem-solving approach, that has been applied successfully in the business world. The PCI coaching model is the only focused approach that applies AI to family support and parent-child change process dynamics.

There are four phases in the AI process: discovery, dream, design, and destiny. In the discovery stage, the client shares his/her story while the coach listens and asks clarifying questions to understand where the client is starting from, what resources are available to the client, and how the client perceives, welcomes, and uses his or her internal strengths and external resources. In the dream phase, the coach asks the client to clearly articulate a goal(s) or dream(s) that s/he hopes to achieve through the coaching process. The focus is on the ideal future rather than the current state of affairs. In the design phase, the coach works with the client to identify the steps that are necessary to achieve the dream, so the client is a full participant in the process. Once the dream has been obtained, the destiny phase involves the coach helping the client realize and appreciate his/her success, along with making sure the client knows and can access behaviors, choices, qualities, feelings, and external resources to be able to self-sustain the positive changes.

There are four components to the PCI coaching model:

- Parenting as Living System™ forms the basis for seeing parents and children as living, dynamic beings with individual strengths, talents, and creative capabilities, which are shaped and developed by the relationships within the system.
- Understanding Current Society's Impact on the Family, including the influence of screen technologies, mass media, and a consumer society, helps to better understand and address today's unique parenting challenges.
- Brain-Compatible Parenting™ focuses on meeting the developmental needs of children and teens through a most efficient means—giving the growing brain what it needs at each stage of development.
- Appreciative Inquiry as Process Methodology provides the framework for coaching conversations, helping parents to focus on the positive and to use a vocabulary of hope.

Within the PCI model, the role of the parent coach is viewed as that of a catalytic change agent, who encourages brain-compatible parenting™ through Appreciative Inquiry process methodology to effect changes within the parent-child-family system.



Figure 1-1. Components of the PCI Model.

The PCI offers a graduate-level certification program in parent coaching in affiliation with Seattle Pacific University. The PCI certification program is the only parent coach training program affiliated with a university for graduate credit. Training in the PCI Model of parent coaching involves a twelve month program of distance learning that combines home study materials with regular phone classes and four on-site workshops. In addition to coursework, PCI graduates complete 100 hours of coaching practice with supervision and feedback.

1.2 Goals of Parent Coaching

Parent coaching is a collaborative relationship between a parent and a coach that is intended to help clients achieve their parenting goals in a manner that is consistent with their values and appropriate for their families. Parent coaching is not therapy or counseling. It is a technique to help parents work through the growing number of ordinary parenting struggles in daily life and find solutions that can be sustained for the long term. Parents often feel overwhelmed by the many competing demands for their time (e.g., parent, spouse, employee, person, friend, etc.) and do not feel they have the time or knowledge to resolve the child-rearing challenges they encounter. Parents that seek out information to increase their knowledge may be overwhelmed by the incredible amount of, often conflicting, information available on child-rearing. They lack confidence in their ability to discern the “correct” solution for their family. These circumstances often lead to parental stress that may adversely affect the caregiver-child interaction.

The goals of parent coaching addressed in these pilot studies were to:

- Increase parental self-care (e.g., diet, exercise, and rest) to provide basic resources necessary for effective parenting;
- Increase parents' ability to access the information and support that they need to foster their child's development;
- Increase parental confidence in their ability to make appropriate parenting decisions; and
- Increase enjoyment (and decrease stress) of parenting.

2.0 Pilot Studies

2.1 Island County Health Department

The pilot study with the Island County Health Department (ICHD) was conducted from June through November of 2002. The agency was concerned that home visitations were sporadic because the mothers were going back to work and were unavailable during the day. Providing parent coaching by telephone was explored to determine its viability as an alternative to in-person home visits. The goal of the coaching was to help reduce maternal stress, provide parenting information, guide mothers to resources in their local community, and improve perceptions of clients as parents. A flyer was created and distributed to the clients of the ICHD via home visitation nurses. Seventeen mothers responded to the flyer; each was administered a pre-coaching questionnaire to obtain a baseline status of parenting perceptions. Sixteen mothers began coaching sessions, which consisted of weekly calls lasting 45 minutes to an hour. Six mothers failed to complete the coaching process for a variety of personal reasons. However, data are presented on the ten clients who completed between 5 and 18 sessions as well as a post-coaching questionnaire. On average, clients completed 12 sessions ($SD = 4.08$).

The pre-coaching questionnaire asked participants to rate themselves on each of ten statements about their parenting on a five point scale where higher scores indicate more positive feelings about parenting abilities. Table 2-1 contains the means and standard deviations on the pre- and post-coaching questionnaires for the 10 participants who completed the pilot study. On the pre-coaching questionnaire, participants' mean scores ranged from 2.30 (*I find that getting my child to stop doing something is easy*) to 4.50 (*I know where to find community resources when I need them*) on the ten parenting questions. On the post-coaching questionnaire, participants' mean scores ranged from 3.30 (*I have enough time to take care of myself like I want to*) to 4.90 (*I know where to find community resources when I need them*).

Dependent sample t-tests were conducted to compare the pre-coaching and post-coaching scores on the questionnaire for the ten people who completed both. The conventional Type I error level ($p = .05$) was used to evaluate each of the ten parenting items. A Bonferroni correction was deemed too conservative given that these are pilot study data with extremely small sample sizes. Seven of the pre- and post-coaching comparisons were statistically significant at the .05 level, as indicated by an asterisk in Table 2-1. All differences were in the direction of clients scoring significantly higher on each parenting item after receiving coaching.¹ The effect sizes were calculated using Cohen's formula in which effect size (d) equals the mean of the difference scores between the pre- and post-questionnaire (M_D) divided by the standard deviation of the difference scores (Aron, Aron, & Coups, 2006). All of the effect sizes ranged from a medium ($d = .50$) to large effect size ($d = .80$) based on Cohen's definitions. They ranged from 0.57 (*I feel satisfied as a parent* and *I know where to find community resources when I need them.*) to 1.66 (*I know ways to reduce the stress of parenting*). Achieving statistical significance with such a small sample size ($N = 10$) is difficult. Therefore, it is not surprising that items with a large effect size were found to be statistically significant, while those with a medium effect size were not.

Parenting Statement	Pre-Coaching	Post-Coaching	Effect Size (d)
1. I feel satisfied as a parent.	4.30 (0.67)	4.70 (0.48)	0.57
2. I know how to get support.	3.70 (0.67)	4.70 (0.48)*	1.22
3. I have enough time to take care of myself like I want to.	2.40 (1.07)	3.30 (1.25)	0.62
4. I find that getting my child to stop doing something is easy.	2.30 (1.16)	4.40 (0.84)*	1.90
5. I find information on how to parent readily available.	3.44 (0.84)	4.67 (0.71)*	1.12
6. I know ways to reduce the stress of parenting.	3.00 (1.05)	4.40 (0.52)*	1.66
7. I feel confident in my parenting skills.	3.80 (0.42)	4.30 (0.48)*	0.95
8. I know where to find community resources when I need them.	4.50 (0.71)	4.90 (0.32)	0.57
9. I feel I have a good understanding of my child's (children's) needs at this stage of his/her (their) growth.	3.80 (1.03)	4.80 (0.42)*	1.06
10. I know what to do to stay calm when my child is acting up.	3.50 (1.27)	4.50 (0.71)*	1.22

* Significant at the $p = .05$ level or lower

Table 2-1. Means (and standard deviations) of ICHD Pre- and Post-Coaching Questionnaire ($N = 10$)

¹ If a Bonferroni correction was made for the ten comparisons conducted, and the .005 level was used to evaluate each parenting item, four of the comparisons would still be statistically significant including items 2, 4, 6, and 10.

2.2 Snohomish County

Snohomish County Health and Human Services is a department of the Snohomish Health District in Everett and Lynnwood, Washington offering essential health care education and programs to single parents, pregnant mothers, and needy families throughout the county. The PCI collaborated with its Family Resource Division to pilot a parent coaching project for mothers and fathers feeling stressed with parenting challenges who did not qualify for other agency support or limited agency support. Agency staff notified parents that they served about the opportunity to obtain coaching services through the PCI. Interested parents contacted the pilot coordinator at the PCI office for an in-take evaluation and to begin the process. All parent coaching was offered on a pro bono basis.

The Snohomish County pilot study was conducted from October 2005 through February 2006. There were 39 clients who expressed interest in participating in the pilot program and completed a pre-coaching questionnaire. Among the 39 participants, 89.7% were female and 10.2% were male. The project pilot coordinator administered the pre-coaching questionnaire and then assigned the clients to PCI coaches who were given calling cards to contact the interested parties for coaching sessions. Of the 39 people who completed pre-coaching questionnaires, 10 people (25.6%) never answered or responded to the contact attempts made by their assigned coach. Sixteen people (41.0%) had between one and seven coaching sessions, but then discontinued their participation in the pilot study and were not followed up. Eleven people (28.2%) had eight or more coaching sessions, and eight of these people completed a follow-up questionnaire. There were two participants (0.05%) who completed the pre-coaching questionnaire for whom the number of coaching sessions they had was unknown. Independent t tests were conducted using the .05 alpha level to determine if people who completed the post-coaching survey were different from those who did not in terms of their pre-coaching survey responses. The groups did not differ on their responses to any of the items on the pre-coaching questionnaire.

Several of the items in the pre-coaching questionnaire were modified from the ICHD pilot study; however, the response scale remained the same (i.e., participants rated themselves on each of ten statements about their parenting using a five point scale where higher scores indicate more positive feelings about parenting abilities). Table 2-2 contains the item wording, means, and standard deviations on the pre-coaching questionnaire for the 39 participants in the pilot study. Participants' mean scores ranged from 2.31 (*I acknowledge myself daily for my parenting skills*) to 3.38 (*I know where to find community resources when I need them*) on the ten pre-coaching items. Overall, respondents' mean scores indicated that they rated themselves as average to below average on each of the ten parenting questions.

Parenting Statement	Mean	Standard Deviation
1. I feel satisfied as a parent.	3.33	1.01
2. I feel satisfied with my relationship to my child/children at the present time.	3.23	0.99
3. I have enough time to take care of myself like I want to.	2.41	1.23
4. I have the parenting techniques I need right now.	2.46	1.02
5. I acknowledge myself daily for my parenting skills.	2.31	1.26
6. I know ways to reduce the stress of parenting.	2.77	1.04
7. I feel confident in my parenting skills.	2.97	0.96
8. I know where to find community resources when I need them.	3.38	1.25
9. I feel I have a good understanding of my child's (children's) needs at this stage of his/her (their) growth.	3.33	1.08
10. I am aware of my strengths as a parent as well as my family's strengths.	3.32	1.21

Table 2-2. Results of Pre-coaching Questionnaire for Snohomish County (N = 39)

Dependent sample t-tests were conducted to compare the pre-coaching and post-coaching scores on the parenting questionnaire for the eight people who completed both. The conventional Type I error level ($p = .05$) was used to evaluate each of the ten parenting items. A Bonferroni correction was deemed too conservative given that these are pilot study data with extremely small sample sizes. All of the pre- and post-coaching comparisons were statistically significant at the .05 level, indicating that clients scored significantly higher on each parenting question after receiving coaching.² Achieving statistical significance with such a small sample size ($N=8$) is indicative of extremely large effect sizes. The effect size was calculated using Cohen's formula (see section 2.1). All of the effect sizes exceed Cohen's definition for a large effect size ($d = .80$). They ranged from 0.94 (*I feel satisfied with my relationship to my child/children at the present time*) to 2.31 (*I feel satisfied as a parent*).

² If a Bonferroni correction was made for the ten comparisons conducted, and the .005 level was used to evaluate each parenting question, all but three of the comparisons would remain statistically significant including questions 1, 3, 4, 5, 6, 8, and 9.

Parenting Statement	Pre-Coaching	Post-Coaching	Effect Size (d)
1. I feel satisfied as a parent.	3.25 (0.46)	4.69 (0.46)*	2.31
2. I feel satisfied with my relationship to my child/children at the present time.	3.63 (0.92)	4.63 (0.52)*	0.94
3. I have enough time to take care of myself like I want to.	2.00 (1.20)	3.88 (0.58)*	1.47
4. I have the parenting techniques I need right now.	2.25 (1.16)	4.63 (0.52)*	1.82
5. I acknowledge myself daily for my parenting skills.	2.75 (1.04)	4.00 (0.76)*	1.41
6. I know ways to reduce the stress of parenting.	2.25 (1.16)	4.38 (0.52)*	1.57
7. I feel confident in my parenting skills.	3.00 (1.31)	4.50 (0.47)*	0.98
8. I know where to find community resources when I need them.	2.63 (1.19)	4.56 (0.50)*	1.41
9. I feel I have a good understanding of my child's (children's) needs at this stage of his/her (their) growth.	3.63 (0.92)	5.00 (0.00)*	1.50
10. I am aware of my strengths as a parent as well as my family's strengths.	3.50 (1.07)	4.81 (0.13)*	1.27

* Significant at the $p = .05$ level or lower

Table 2-3. Means (and standard deviations) of Pre- and Post-Coaching Questionnaire for Snohomish County ($N = 8$)

2.3 Little Red School House

Little Red School House, in Everett, Washington, provides early intervention and family support services to children who are delayed in their development or at great risk of falling behind. They offer a broad spectrum of services designed to meet the individual needs of each child and family. Much of their focus is on prevention work with families regarding issues of parent-child bonding as well as child abuse and neglect. The Program Director for the Little Red School House contacted the PCI after the success of the Snohomish Pilot Study. She wanted to provide an individual focus on parenting issues, without adding another home or clinic visit for the parents. She believed that the phone coaching model of PCI parent coaching could benefit parent of special needs children by providing support and resources without putting more stress in their already full lives.

The pilot study with the Little Red School House began in August of 2006 and was completed in February 2007. Little Red School House provided the funds for 10 one-hour coaching sessions for 7

parents, with the PCI offering pro-bono coaching for up to 30 parents during this time period. Criteria were developed to identify parents who would most benefit from the coaching. Parents who were overly stressed and dealing with the demands of their special needs child who could use additional support within a relationship model such as coaching were the primary focus. At the end of the pilot period, only 7 clients were referred for coaching; therefore, the pro bono component of the project was deferred to a later time. Three of the mothers coached were Mexican immigrants and required the services of a Spanish-speaking PCI Certified Parent Coach.

There were several challenges associated with this project that precluded a comparable quantitative analysis of the pre- and post-coaching questionnaires. First, the pre-coaching questionnaire data were lost in a computer theft and were not able to be recovered by all of the participating coaches. In addition, one of the coaches lost data in another computer-related problem making the size of sample too small for a quantitative comparison of pre- and post-coaching evaluations. Second, post-coaching evaluation data on five of the clients could not be obtained due to scheduling conflicts for the exit interviews and the fact that some participants failed to respond to repeated call attempts. Overall, although the mothers were highly motivated to participate in the parent coaching process and reported positive benefits during their participation (see below), their lives were in chaos much of the time and they were too stressed to be focused enough to fill out forms and respond to e-mail and phone inquiries for the PCI coaches.

Despite these challenges, the positive benefits of parent coaching mothers from the Little Red School House have been demonstrated through their qualitative feedback. As part of their regular coaching sessions, mothers reported the benefits they were receiving from the coaching, and the coaches recorded their responses. The following is a summary of benefits from coaching as reported by the mothers that have been organized around the four primary goals of the coaching pilot projects.

- *Increase parental self-care (e.g., diet, exercise, and rest) to provide basic resources necessary for effective parenting.* Mothers reported feeling more calm and productive at work; being more focused on what is positive about themselves and their children; understanding the need for self-care and how it positively affects the mother-child relationship; increasing their positive self-talk and using more affirming language with their children; using more relaxation techniques (e.g., deep breathing); eliminating activities that were no longer rewarding; increasing their appreciation for their own resilience and resourcefulness; as well as feeling deeply listened to and validated about important issues (e.g., parenting and personal struggles).
- *Increase parents' ability to access the information and support that they need to foster their child's development.* Mothers reported having an increased understanding of their child and child's needs based on their coaching conversations; as well as being

able to make more efficient use of the resources available to them (e.g., family, friends, and community).

- *Increase parental confidence in their ability to make appropriate parenting decisions.* Mothers reported having more courage to follow-through on difficult tasks; being able to set priorities based on child's needs and make parental decisions on those priorities; moving from feeling dependent and powerless to more confident and empowered; as well as being able to assist child in becoming more self-reliant (e.g., getting self ready for school in the morning).
- *Increase enjoyment (and decrease stress) of parenting.* Mothers reported spending more quality time with their children; being more intentional about spending time with their children; feeling more connected to their children; increasing their presence and engagement with all family members; using more effective communication strategies with spouse and children; being more organized and having order in the home environment; having more energy and less stress; having more realistic expectations for themselves (e.g., letting go of making gourmet meals in order to spend time with their child); as well as feeling more hopeful and empowered about initial parenting challenges.

As a result of these initial successes from the pilot project, the Little Red School House and the PCI are continuing their collaboration, seeking funding to provide PCI parent coaching for more parents.

3.0 Conclusion

These preliminary pilot studies provided both quantitative and qualitative evidence that the PCI model of parent coaching was effective in meeting the goals of the pilot projects, which were to:

- Increase parental self-care (e.g., diet, exercise, and rest) to provide basic resources necessary for effective parenting;
- Increase parents' ability to access the information and support that they need to foster their child's development;
- Increase parental confidence in their ability to make appropriate parenting decisions; and
- Increase enjoyment (and decrease stress) of parenting.

Table 3-1 summarizes the relationships between the four goals and the pre- and post-coaching questionnaire items for the ICHD and Snohomish pilot projects. Despite small sample sizes, significant increases were seen for virtually every parenting item assessed. Although a comparable analysis was not possible for the Little Red School House Project, qualitative data from coaching progress reports indicated that mothers were experiencing benefits in all four of the primary goal areas (see Section 2.3). In addition, several participants from each of the three pilot projects wanted to continue parent coaching

beyond the pilot period due to their satisfaction with its success. Pro bono parent coaching was provided to all participants who requested; many continued for several months after the end of the pilot projects.

Goal	ICHHD	Snohomish
Increased Self-care	Item 3	Item 3* Item 5*
Increased Access to Information & Support	Item 2* Item 5* Item 8 Item 9*	Item 8* Item 9*
Increased Parenting Confidence and Decision-making	Item 4* Item 7* Item 10*	Item 4* Item 7* Item 10*
Increased Parenting Enjoyment	Item 1 Item 6*	Item 1* Item 2* Item 6*

* An asterisk indicates there was a significant improvement from the pre- to post-coaching questionnaire.

Table 3-1. Table of Questionnaire Items Organized by Goals of the Pilot Coaching Projects

The results of the pilot studies are extremely promising in terms of the potential of the PCI coaching model to increase parents' perceptions of their parenting abilities and reduce parental stress. Significant differences between pre- and post-coaching responses to the parenting inventory were found on many items, despite extremely small sample sizes. However, the results of a one-group, pre-test post-test research design, such as the design used in these pilot tests, should be interpreted with caution due to potential threats to validity such as attrition, regression to the mean, history, maturation, and Hawthorne effects (Cook & Campbell, 1979). Analyses were conducted to assess the impact of some of these threats. In the Snohomish County pilot study for example, the 31 people who completed the pre-coaching questionnaire, but did not complete the study were compared to the pre-coaching questionnaire scores of the eight people who completed the study. There were no significant differences on the pre-coaching scores of these two groups indicating that attrition may not be problematic for the interpretation of the results of this pilot study.

In addition, an analysis was conducted to determine if there were initial differences on the pre-coaching questionnaire among the clients being served by the ICHD and Snohomish County agencies.

Independent t tests were conducted on the pre-coaching questionnaires for the seven items that were comparable across the two pilot tests (i.e., items 1, 3, 4, 6, 7, 8, and 9) to determine if there were any differences between the groups prior to coaching that could account for the increased advantages seen in the Snohomish pilot study. The ICHD participants scored significantly higher than the Snohomish participants on two items, including (a) I feel satisfied as a parent and (b) I know where to find community resources when I need them. However, the two groups of participants were not significantly different on any of the other items on the pre-coaching questionnaire. A significant effect of coaching was found for both of these items in the Snohomish County, but not the ICHD pilot studies, indicating that pre-group differences may account for the lack of effect. In other words, the ICHD participants were higher functioning at the start of the pilot study on these two dimensions and had less room for improvement; therefore, the effects of coaching would be more difficult to detect.

Considering the threats to the one-group, pre-test post-test design, additional study is required to fully understand the benefits of the PCI coaching model. Ideally, studies would be conducted with larger sample sizes using more rigorous experimental designs. For example, introducing a control group that does not receive coaching, but that is similar on key characteristics such as stress levels and income would control for some of the threats identified. In addition, if participants could be randomly assigned to the coaching versus the control group in a true experimental design, then observed increases in parenting abilities could be causally attributed to the PCI parent coaching model.

4.0 References

- Aron, A., Aron, E. N., & Coups, E. J. (2006). *Statistics for psychology (4th ed.)*. Upper Saddle River, NJ: Prentice Hall.
- Cook, T.D., & Stanley, D. T. (1979). *Quasi-experimentation: Design and analysis issues*. Houghton Mifflin.
- Cooperrider, D. L., Sorensen, Jr., P.F., Whitney, D., & Yaeger, T. F. (Eds.) (2000). *Appreciative inquiry: Rethinking human organization toward a positive theory of change*. Champaign, IL: Stipes Publishing.
- DeGaetano, G. (2007). Retrieved February 19, 2007, from <http://www.thepci.com/coachingmodel.htm>
- Wheatley, M. (1999). The participatory nature of the universe. *Leadership and the New Science*. San Francisco, CA: Berrett-Koehler Publishers.