Melissa Lim Brodowski: [00:43] Thank you, and welcome everyone. All the folks and our prevention grantees who have joined us today, we’re just so excited. My name is Melissa Lim Brodowski. I’m the Child Maltreatment Prevention Specialist at the Office on Child Abuse and Neglect at the Children’s Bureau. And we know that there were over 250 folks from across the country that have registered for this call, so we’re just thrilled at the response. I’m the Federal Project Officer for the Community-Based Child Abuse Prevention Program [CBCAP], which are State prevention grantees, as well as the FRIENDS National Resource Center and other research and discretionary projects.

So we’re particularly excited about this webinar, because we’re focused on—really, in the last several years with our prevention grantees—on building evaluation capacity for prevention programs to really look at outcomes for the activities that they’re doing. And so a number of years ago we worked with a group of State CBCAP lead agencies in response to some effort at the Federal level to really look at outcomes across all government programs.

So this was part of the Office of Management and Budget PART Process—I think Casandra’s going to talk a little more about this in a few minutes—but, basically, we really undertook an effort to look at some national outcomes and indicators of the CBCAP Program; at the same time, a number of States on our workgroup were also involved with implementing the Strengthening Families Through Early Care and Education Initiative that the Center for the Study of Social Policy [CSSP] had been starting to implement, so there was a tremendous amount of interest in really looking at examining protective factors. And how prevention programs are able to increase protective factors, as well as reduce risk factors.

So what’s really exciting about this whole effort that you’ll hear is that it really came from the States, and their ideas around how they wanted to try to do this work. Really, a lot of credit goes to the folks at the Texas CBCAP lead agency, Donna Norris, as well as other several States involved in the initial thinking around this. So you’ll hear more about the survey, and all the work that has been done with the University of Kansas and other folks around really trying to do the validity and reliability testing, because we’re trying to promote this whole idea of more vigorous ways to evaluate prevention programs.
So we’re very excited about this idea coming from the field, and the FRIENDS National Resource Center being able to really help support the work that the States are doing in this area, and look forward to hearing even from one of our States, Nevada, talking about their experiences with this.

So I think with that, I’m really looking forward to having you hear this information, as well as the questions you may have about this new tool and resource that we’re making available. I really also want to credit the FRIENDS National Resource Center staff there, and Casandra Firman, who really has the lead on all the evaluation-related technical systems and activities that are done there. So they’re a fabulous group of folks to work with, as you’ll hear. I’ll give the line to Casandra, then.

Ms. Firman: [04:16] Thank you very much, Melissa. First of all I’d like to introduce the other presenters. From the Institute of Educational Research at the University of Kansas, we have Jackie Counts, Karin Chang-Rios, Elenor Buffington, and Heather Rasmussen. From the Nevada Department of Health and Human Services, Toby Hyman and Jodi Tyson. And I am presenting for the National Resource Center for CBCAP.

Today what we’re going to be looking at, our agenda, is the motivation and reasoning behind the Protective Factors Survey, and I know that Melissa … and I will probably repeat a few things that Melissa has told you, but build on them a little bit. Also the development and testing of the Protective Factors Survey [and] some information on how to administer the survey. We will look at the database and how you can develop reports from the database. Jodi and Toby will talk about how one State is using the Protective Factors Survey, and then we’ll leave time for questions and answers.

The motivation behind the Protective Factors Survey. This was a really good idea that we put on a fast track. A tool that looks specifically at protective factors is a good idea to begin with. Certainly an increase in protective factors is a desirable outcome for this prevention program. The field has needed this type of tool for a very long time, I believe.

Especially, we wanted one that is being tested for reliability and validity. We also… the field has been very clear they need something inexpensive to administer. And in this case, the tool and the accompanying database are free, which is kind of nice; and they also wanted something that could be easily administered.

This whole idea was put on the fast track when the Federal Office of Management and Budget developed a measure to evaluate community-based child abuse prevention programs. And I will refer to that as CBCAP from now on. As an aside, by the way, OMB evaluated all federally funded programs for effectiveness.

Anyway, the measure they developed for CBCAP, the PART measure—which is Program Assessment Rating Tool—was to see if there was a decrease in first-time victims of child abuse and neglect across the country. After the first year that we were parted, or studied, we received a score of results not demonstrated.

Under the leadership of Melissa Brodowski, a work team of agency staff, FRIENDS, FRIENDS’ partners, such as the Circle of Parents [and the] Child Welfare League of America, and a team of
parents as well as researchers got together and talked about how else we could demonstrate that prevention is effective. One of the ways that we looked at, and actually developed a measure for looking at an increase of evidence-based and informed programs and practices.

The other thing we looked at, another idea, was to see if we could demonstrate an increase in protective factors. So another work team was formed, and we began the process of developing the Protective Factors Survey.

Again, we got together a team of researchers, CBCAP leads, FRIENDS staff and partners. We were very lucky that Donna Norris at the Texas CBCAP lead agency had already begun developing and field-testing a tool to look at protective factors, so that was our starting point.

We developed a relationship with the University of Kansas, and under their leadership, a literature review was conducted. We defined the constructs that we were using. We did an extensive review of existing validated and reliable tools because we really felt that there was something else out there we should, you know, perhaps … perhaps we don’t have to do this work. Well, we did have to do the work; and then FRIENDS developed a contract with the Institute for Educational Research and Public Service at the University of Kansas, and they then began the process of field-testing, and refining and further developing the tool.

At this point, I’m going to hand this over to the University of Kansas team and Jackie, the control is with you.

Ms. Counts: [09:24] Alrighty, thank you, Casandra. Can everybody see … can you see the screen?

Jean Nussbaum: [09:33] We’re not quite there yet, Jackie. [pause] There we go.

Ms. Counts: [09:44] OK. Well, I’d like to thank the Children’s Bureau, the FRIENDS staff, and all the program staff who have helped us out with this survey to date. It’s taken a lot of effort to get where we are today, and we’re happy to be sharing with you the process and the status of the PFS today.

So we’re going to start off with the background of the PFS and talk about how it aligns with CSSP model; then we’re going to go into the field studies that have been conducted thus far. We’re going to talk about the purposes of each phase, the protocol we used to recruit and administer the PFS, and finally, the findings of the research.

And the end of our presentation, or after Nevada presents their experience, then we’ll open it up for questions.

Starting in 2001, the Center for the Study of Social Policy conducted an extensive literature review and held conversations with hundreds of parents, practitioners, and national experts, and documented the link between early childhood and child abuse and neglect prevention. Out of this work they created a logic model, and the strengthening-families approach, which consists of five protective factors.
The CSSP protective factors are listed on the left side of your slide, and include parental resilience, social connection, knowledge of parenting, concrete support in times of need, and social and emotional competence of children.

As both Casandra and Melissa mentioned earlier, Donna Norris in 2006, from the Texas Department of Family and Protective Services, began collaborating with the FRIENDS National Resource Center to develop alternative tools for Community-Based Child Abuse and Neglect Prevention, or CBCAP programs, in order to monitor program impact.

The intent was to develop an easily administered survey that measures the protective factors in the CSSP model to develop alternative outcome measures that programs could utilize to demonstrate effectiveness, and to generate data useful for program improvement.

At that point we conducted a literature review to operationalize and define the protective factors. Existing tools that measure at least one element of the protective factors were also reviewed. Many of these tools demonstrated reliability and validity but did not fit the needs of CBCAP programs because they did not measure multiple protective factors, they required extensive time and staff requirements, or number 3, they had significant costs associated with them.

The right side of the slide lists the protective factors that are included in the PFS. And those protective factors, again, came from the literature review, and the arrows show their alignment with the CSSP model.

The PFS that we have developed in conjunction with you is the Self-Report Parent Survey, therefore it doesn’t include the protective factor, the social and emotional competence of children. And then finally, the workgroup also deemed nurturing and attachment as an important protective factor against abuse and neglect, and so it was also included in the PFS. And that’s the bottom protective factor on the right side of the screen.

So the final PFS includes five family functioning and resiliency items, three emotional support items, three concrete support items, four nurturing and attachment items, and five child development and knowledge of parenting items.

Throughout all phases of the PFS, the intent has been to obtain a small set of integrated items tapping multiple factors. Each phase also explored relationships with other instruments that measured risk factors for child maltreatment and buffers against maltreatment. And those will be described later in our presentation by Heather.

Phase III examined the predictive validity of the PFS to assess whether the PFS predicted scores on health, stress, and depression scales. And in Phase IV, we looked at the PFS as an instrument of change over time, and we also looked at a retrospective version. Each of these will be discussed at length later in the presentation, and now Elenor Buffington will describe the field study protocol that was used in all the phases.

Ms. Buffington: [14:10] Agencies that participated in the field studies were recruited through the distribution of a recruitment flyer on numerous national electronic mail-based listers including the Early Childhood Comprehensive System, Community-Based Child Abuse Prevention, Child Abuse Prevention Partners, Child Welfare League of America, Circle of Parents, National
Alliance of Children’s Trust and Prevention Funds, and FRIENDS, the National Resource Center for CBCAP, and also at the national 2007 CBCAP grantees conference. Interested agencies completed a web-based registration survey, and the Internet address for this survey was provided through that recruitment flyer.

Those interested agencies were then contacted by KU staff, and provided training kits that were sent out via both hardcopy and through email. The service kits including a training manual with survey administration instructions, sample informed-consent statements, and the survey itself. Electronic copies were provided on a CD to allow agencies to generate the appropriate copies needed for their consumers and their own agencies.

KU also provided technical assistance and training webinars and phone calls to the participating agencies throughout each phase of the study. and finally, data entry in Phase II was completed by the agencies online. The subsequent data entry was completed at KU. Agencies submitting more than 15 survey responses for each phase received reports about their sample, and comparison to the overall sample as well.

While many States expressed interest in participating in the field study, this map illustrates the participation of those able to complete a phase of the study. In Phase I we had 349 participants, and they were from Texas and Kansas; in Phase II we had 249 survey respondents from Kansas, Illinois, Florida, and Oklahoma; in Phase III we had 291 survey respondents from Georgia, Illinois, Kansas, Kentucky, Maine, New York, South Carolina, Virginia, and Washington.

This survey administration required consumers who were available at two time points, approximately 1 month apart; and for Phase IV we had a total sample of 94 from California, Connecticut, Tennessee, Utah, and Vermont. And this survey administration required a set of consumers who were available for both a true pretest and a posttest, either at the end of the service or at the end of the survey administration time frame.

Ms. Chang-Rios: [16:55] Today Heather and I going to give you a summary of the findings from our four phases of field studies. For those of you who are interested in a fuller account of our work, there is a technical report and you can find that on the FRIENDS website [www.friendsnrc.org/outcome/pfs.htm].

As Jackie mentioned, one of the goals of the field studies was to make sure the instrument measured multiple protector factors and incorporated a strong pool of items. In each field study the factor stretcher was examined using a statistical procedure called factor analysis. The results were consistent across all four field studies. The factor analysis revealed a four-factor structure for our instrument aligned with the family functioning scale, the social support scale, concrete support, and nurturing and attachment.

Now if you read in the technical report, you’ll find that the child development and knowledge of parenting items were not included in our factor analysis. The work group determined very early on that these items were unique and were not expected to be correlated. As a consequence, we didn’t treat them as a subscale, but we treated them as separate items.

In addition to looking at the factors structure, reviewing and refining the items was a critical part of our field studies, and the final set of items was selected using several different criteria. First,
expert review was used, in which we asked a work group that consisted of practitioners and experts in the field to review the items and make suggestions for improvement. We also used results of our oratory factor analysis and our confirmatory factor analysis to guide the item selection. And in this process we were really looking for strong items with solid psychometric properties. If they did not exhibit that, we removed them from the item pool.

And finally we look at the interpretability of the instrument in terms of readability, cultural appropriateness, and ease of interpretation from the agency’s perspective. This was a particularly important part of Phase I and was really used to guide the initial development of the item.

Heather Rasmussen: [19:13] I’m going to talk about the Protective Factor Survey and the validity portion of our study. These findings that I’m going to present on are from the different phases of testing. So we administered several different brief measures that were out in the public domain during the field tests.

These include measures of depression; that measure was called the PRIME-MD Patient Health Questionnaire, the depression subscale; measure of stress, which was the perceived stress scale; measure of positive and negative affect, which is the PANAS; a measure of optimism, which is called the LOT-R, the Life Orientation Test-Revised; measure of coping, which was the COPE; the measure of child abuse potential, which was the brief Child Abuse Potential Inventory; and finally we used a measure of caregiver physical health and functioning, which was from the RAND 36-Item Health Survey.

We calculated correlation coefficients between the Protective Factors Survey subscales in each of these other measures during our field tests. We found that all four subscales of the PFS were significantly negatively correlated with child abuse potential and stress, and the PFS was also significantly positively related to the adaptive coping strategy of positive reframing. All of the PFS subscales, except for concrete support, were significantly related to depression and positively related to positive affect. So the findings were in the expected direction and provided initial validity evidence for the Protective Factors Survey.

As for the predictive validity of the Protective Factors Survey, this is where we gave measures at two different time points. So we found that the time one Protective Factors Survey subscales were related to time two validity measure. So we found that the time one PFS subscales were negatively related to the second time point stress and depression.

The time one PFS subscales were also positively related to physical health and functioning of caregivers, which is the RAND 36-Item Health Survey at time two. So we found that the PFS negatively predicts risk factors for child abuse and neglect, which are stress and depression, and positively predicts caregiver health. So in other words, those who were high on protective factors, for instance, had greater physical health.

Ms. Chang-Rios: [22:04] Heather’s talked about the core validity findings, but I wanted to just take a few minutes to talk about our most recent study, what we call Phase IV. This study was initiated to look at change over time through the collection of data at two time points—first at the beginning of services, and then again approximately 4 to 8 weeks later. In addition to the
traditional pretest/posttest design, the study also included a retrospective format that was administered at the second time point.

Our intent was to look at the traditional and retrospective versions to see if there were any noticeable differences. First was with regard to change over time—we were able to detect or gather some preliminary evident instrument stability to detect increases in protective factors. Mean scores for the protective factors increased from pretest to posttest, with family functioning showing statistically significant change. These findings should be viewed with caution, however, because of our limited sample size and that short interval of intervention.

We also found some differences between the traditional pretest scores and the retrospective scores. In general, scores on the retrospective were lower than the traditional pretest scores. However, the difference was statistically significant only for one of our subscales.

There are several possible reasons for these differences, including response shift bias, specially desirable responding, effort justification, and possibly impression management. Our study didn’t address or look at these issues, and we really believe that additional research is needed before the retrospectives can be released to the field.

We know that many of you are practitioners in the field, and so we wanted to take a few minutes to go over some of the practical details of the tool in terms of survey administration and share with you some resources you can use to help the process.

Staff preparation is fairly straightforward for the instrument. All of the materials needed to administer the survey can be found on the FRIENDS website. This includes the actual survey, the manual, and the database for data entry. We strongly suggest that staff members who will be administering the survey read the manual carefully before the first administration.

A couple of general notes about the survey. In terms of timing, the survey takes about 10 to 15 minutes to administer. The survey can be administered in a group or in a one-on-one setting. A staff member’s presence is not required, but we encourage staff to be on hand in case participants have questions—in our field studies we have found that participants do have questions during the process.

The survey has two parts: one to be completed by participants, and another section for program staff. We recommend that participants complete their section first, followed by a staff member. If an agency plans on tracking responses over time, it’s important that participants are given a unique ID number so that the responses can be linked.

And then to the manual—all the instructions are provided in the manual for survey prep and administration. This includes a set of checklists for staff to review before survey administration. It also includes scripts that staff can use to introduce the survey and to guide participants in survey completion. And finally, there is a section with item paraphrasing that staff can use if participants are having trouble understanding the questions.

Ms. Rasmussen: [25:58] As Karin mentioned, there are several resources that can be used to help with the survey administration, and we just wanted to highlight that all of those materials are available on the FRIENDS website at www.friendsnrc.org.
And now Casandra will talk about another resource that’s important for folks planning to use this and that is managing their survey data, and she has a demonstration of the FRIENDS database to show us.

Ms. Firman: [26:35] You need to go off mute before you start talking. Hi. Thank you very much.

What you should have in front of you now is a picture of the access database. What FRIENDS found over the years of doing the evaluation work, is many programs are able, and willing, to follow through on collecting data and conducting surveys, but a big gap is then: What do I do with this information? How do I manage this data? So we have basically made an agreement with ourselves that when we produce materials such as surveys we will always have a data management system to accompany us.

The Protective Factors Survey, of course, is no different. This can be downloaded from the FRIENDS website. There are instructions on the FRIENDS website about how to download it. And it’s not terribly tricky if you understand Access, but if you don’t, I really recommend you print out the read-me instructions before you open the database.

So the first thing you do with the database is—we have it fixed up so that a number of different programs could use the database, and then if they wanted to aggregate it, they would be able to send it to maybe a head office, and all of the data from different programs can be aggregated. And that’s why the first thing you do is assign agents the ID.

So when you open the database what you’ll what to do is go and assign agents the ID. (I put in Casandra there.) When you actually open it for the first time it will say “unassigned,” and I’m going to add an ID here called Data Test, and I’m just going to go ahead and make this the agency ID. Or I could add more. I’m going to exit and go back to the main menu.

When I am about ready to enter data, I’m going to first add a new record. So I have had program respondents complete the survey, and each survey has, should have on it, a unique participant ID.

As you can see, it starts with the date the survey is completed, so I’ll just put in the numbers 1, 0. OK. So basically, for the pretest I enter data on the left-hand side. None of the fields are required. You can put in as many or as few as you wish. However, if you don’t put in certain dates, it will be difficult for you to run reports later.

But we know that some programs, for example, they will only be doing the interviews by face-to-face interview, the survey. So they may not need to fill out that piece. Or the third question, “Has the participant had any involvement with Child Protective Services?”—and again, this is
program information, the families are not completing this—you may not need to answer that question because you know that none of your parents is involved with CPS.

So you may answer as many or as few here; you identify—and I’m only answering questions in the pretest—I can identify which types of services they were receiving. Here we have the number of hours that were offered to the consumer. So perhaps I have a 12-week, 2-hour program, and so that’s the number of hours that was offered to the consumer.

Participant information: This information is gathered on the survey; and again, you can see you can enter sex, or the parent’s age in years, race, ethnicity—and these are all drop-down windows—marital status, family housing, income. Again, you don’t need to collect this information. A lot of programs really want it if they find it very useful. Especially, if you notice, the family housing—if you’re a program that is working on perhaps housing issues, and you want to see if your program has increased the number of families that are renting or owning their homes, you might want to track that. Also family income, level of education. And then, “Which, if any, of the following services do you currently receive?” So again, you don’t need to collect it, but it may be very useful. Because when you do the posttest data, you’ll be able to track and see if there was a change.

Child information: On the survey that the parents complete, they are going to tell you about their children. You may notice as soon as I put in “male,” a number came up; so the first child we’re talking about is a boy. And then the relationship to the child—and here’s a number of different relationships you can select.

Then I’m going to the Protective Factors Survey. This is the actual survey item. And in it, on the pretest, you will put in—and I’m just putting in some bogus data—you’ll put in the actual answers that the parents provided.

So that is entering pretest information. And if you have the posttest data with you, you could go ahead and enter it now, or you may decide to enter your pretest data, and then go back later for your posttest data, which I’m going to do. I just went back to the main menu, and I’m going to locate a record, it’s traditional, going to go there and locate that record, let’s see, the program that assigned myself, I was data test, so I selected that one, I’m going to edit it, and now I can go back and I can put in the posttest data. And again I, sorry about that, and it looks like it took place on 1-20.

So basically what I can do is I can go back and put in the correct information. I just made an error there, I’m going to correct that one. So basically, that’s how you go back in and add posttest data. Or if you need to edit the data that you put in, that’s how you do it.

I’m going to save this record and return to the main menu, and I want to show you how you can gather some reports. I’m going to go to Utilities and click on Summary Report. I will need to select the type of Protective Factors Survey data—remember, there is no retrospective version released. This database has the capacity to do [retrospective] Protective Factors Surveys, we decided to build that in initially as a cost-saving measure; however, right now it’s not released, so I can only choose traditional.
I have a choice of just looking at the summaries of certain agencies, so I could decide that I’m only going to look at these different programs. But since I want to show you some real data, I’m not going to select one. I could also choose to just look at programs that began and ended during a certain timeframe. So that’s why I was saying you can choose to leave dates off, but if you just want to look at programs that completed during a certain quarter, or a certain year, this is how you would be able to sort through and look at those.

But I’m going to look at all of the data, and I will start by just looking at the program data. This is the information that is not completed by the parents. Program data. [typing] I hope you can all see that. I can either print it, or I can look at it this way first, and as you can see, it tells us the total number of families that’s in the database. We can look and see from the pretest to the posttest how the interviews or how the survey was completed. We can see if during the time they were involved, whether or not there was any CPS referrals because it asks about involvement with CPS, so you can see the differences between pre- and post--; you can see the services they were offered and actually received, the length of service in days, from the time they began to the time they were completed, hours they were offered, and hours that they actually attended and used the program.

I can also look at the participants. And here you can see with the participant information, you can look at the housing, pre- and post-, was there an increase or decrease in families who may have been homeless? In this sample you can see that at the beginning seven were in the homeless category, at the end of the posttest there were zero. Family income. So basically you can look at the difference between pre- and post-.

I can also look at children’s data. How many children were of each age? But I’m just going to take you to Protective Factors Survey subscales [typing] and what you can see here—again, I want to enlarge this for you—and you will see each of the subscales. So the Protective Factors Family Functioning, you will be able to see how many, what the mean score, the standard deviation score in the pretest, so this is combining all of the items that were under family functioning.

Some of these, in all of them we have some reversed scored items, so in most of them a higher score is a more positive outcome; a lower score is more negative. We have done some reverse scoring, but this database takes all of that into account. So you can see what the mean score was in the pretest, the mean score in the posttest—I want to remind you all that this is bogus data, just for the purpose of this presentation—and then you can see a change score. So you can see how many of them showed an increase in protective factors in this area, in family functioning.

So basically it provides you with a report for the subscales family functioning, emotional support, concrete support, nurturing and attachment. Then you may recall that the knowledge of parenting items are looked at individually, rather than as a group. And in fact, I’m going to ask the KU staff again to talk a little bit about looking at these domain scores and what it may mean to you.

Ms. Chang-Rios: [40:34] Hi, this is Karin again. A couple of notes on scores interpretation. In the manual there is a scoring protocol. Now if you use the FRIENDS database, the nice piece of
that is that all the scoring is done as part of the recording process, so you don’t need to manually score, that’s all done for you.

If you decide to score by hand, it’s really important to follow that scoring protocol that’s in the manual. It’s a multistep process that requires you to first orient all the items in the proper direction, and then compute the item average for each subscale. So I strongly recommend that you review the manual before, if you decide to do it by hand.

In terms of interpreting the scores, the Protective Factors Survey is designed to be interpreted at the factor level. So it’s important to focus on the factor scores and not the individual items. It’s these subscale scores that have been validated, and not the item. The exception is the Child Development and the Knowledge of Parenting item, which Casandra referred to. Those are unique items, and they can be looked at individually. So go ahead and look at the item mean scores for each of those. But for the other four factors, look at the factor scores because those are the most valid and reliable.

Scores on the PFS can be used for a couple of different purposes; I just want to point those out. It can be used as a baseline measure. They can be used as a needs assessment to identify focus areas for your program. It can also be used as a measure of change, which I think is what most people will be using it for, to use in terms of the pretest/posttest design to assess gains in protective factors.

I want to point out it’s important to note that the instrument has not be validated for clinical or diagnostic purposes, and shouldn’t be used in this way.

I’m going to hand it off to Nevada, who’s going to talk about their experience with the PFS.

Toby Hyman: [42:51] Thank you. This is Toby Hyman, and I am the CBCAP lead for Nevada; and we use our CBCAP money, in addition we add it to some other funds, and that becomes our Children’s Trust Fund which we grant out competitively every 2 years. And when I attended the CBCAP meeting in March of 2008, and I saw that the Protective Factors Survey was ready to be used, we decided in Nevada that we wanted those programs that were funded starting in our fiscal year, July 1st, 2008, those that would be funded to do parenting programs, that we would require that they use the Protective Factors Survey as a preimposed test.

In the past, for many years, our Children’s Trust Fund grants have funded parenting programs, and they have used a variety of programs for parenting, and many of those came with preimposed tests. But when we looked at the results to see measure of change, to see if parents changed their way of thinking, or their way of interacting with their children, we wanted something that was going to be consistent across our State. We wanted to compare apples to apples, as opposed to different kinds of preimposed testing.

So we started using this in July of 2008. Currently we have 16 agencies who are doing parenting programs funded through our Children’s Trust Fund, and they are using the Protective Factors Survey, and we require quarterly reports from our grantees, so we have just completed our first quarter—July, August, September—so we have minimal results.
And I’m now going to turn it over to Jodi Tyson, my colleague, who is actually managing the database for our grantees, and she’s going to talk about some of the results that we’ve had so far.

Ms. Tyson: Well, in preparing for making some comments regarding the PFS and how it’s being used in Nevada, Casandra felt that one of the lessons that we could best give out to people listening in on the webinar was to articulate what it was that we did to prepare our grantees and how we actually began the process of using the PFS.

And so to go back to the original—this would be in the spring of last year in 2008, actually earlier in this year—we when released our online instructions for our applicants who were applying for funding through the Grants Management Unit, we stated that we would be implementing the Protective Factors Survey as a requirement of programs funded for parent education.

So then after the awards were determined, and the notices of grant award were distributed in July, we did coordinate one videoconference meeting statewide with all of our parent education grantees to begin to establish a dialog with our grantees about the concept of the PFS, and to answer any initial concerns of our program.

The grantees were provided with information on how to access the FRIENDS website. They were given information about the Protective Factors tool, and they were given instructions forms as to how to download and use the database.

And then from that point there was an email that was sent to grantees with a reminder about downloading the database, and they were given a predetermined agency identification. And this was to be able to help us in the Grants Management Unit with our coordinated database to be able to pull out either agencies that we identified that we wanted to look at a little bit more, or to be able to aggregate everyone’s together.

So they were given preidentified agency IDs. And they were also given a PSS database training date. We had four training dates selected, and grantees were given a date and a time to attend, and this was done by teleconference with a computer-assisted database demonstration.

There were four teleconferences to teach our grantees how to use the information on the FRIENDS website and the PFS database itself. And Casandra was actually gracious enough to help us as a trainer on the first two calls, and then I took the training lead on the last two calls. The grantees were given instruction as to how they can also use the PFS as an evaluation tool for their own programs and agencies, and this would include how to use this information within your agency for grant writing, for board education, and for program self-evaluation.

Grantees were also provided with a single point of contact within the Grants Management Unit to send their quarterly databases, and to request technical assistance related to the transferring of their databases into the compressed files that they send to me, and then also for troubleshooting when they downloaded their databases originally.

So far in Nevada we’ve had good response. All of our programs who were doing parent education have implemented the PFS, and we have not had any technical issues that we couldn’t address right in the Grants Management Unit and within the grantee organization as well. And
we’ve had eight agencies so far submit their first-quarter data. And as Toby said earlier, there were 16 programs, but because of the way our quarter started, which is July, they really only had from about September 15th to September the 30th, which was a couple of weeks after school started, to look at the parent programs that they were doing. A lot of our programs are really reliant and partner with the school districts, so they may not have even completed one parent training program within that first quarter. So that’s why we only have eight agencies that have submitted first-quarter reports for their PFS. Only the data that’s pre- and post-pairings are included when get that information.

And then also, the other half of our parent program—many of our parent programs are actually multiweek programs, too. So we are asking them that they not even complete the pretest portion, like Casandra showed you, until they have their posttest. And that’s because we really want to look at the change mechanism that Kansas University was talking about. So we’ll be looking at more information in quarter 2 from our grantees, and we’re expecting that we will have over 2,000 in our first year. When our grantees apply for funds they tell us how many parents they assume that they’ll reach in a year, so that’s what we’re basing our theories on—how many PFS data entries we’ll have by the end of the year.

Ms. Firman: Thank you very much. At this point we are opening it up to questions and answers, so I will leave it up to Jean to go ahead and coordinate that. Thanks.

Ms. Nussbaum: Jim, or James, we are prepared to take questions from the participants now.

James [Moderator]: OK. And to ask a question, all you have to do is press the “star 1” on your touch-tone phone. You’ll be prompted for your name. Please state your name, you’ll be announced prior to your question. “Star-1” for questions, please.

One moment for the first question. Karen Ryan, your line is open.

Ms. Ryan: Oh, thank you very much. Did the person who was just speaking—I don’t remember if it was Jodi or Toby—just say that the program participants don’t take the pretest until the program has ended?

Ms. Tyson: No, I’m sorry. They take their pretest, but the program staff is not entering the pretest in the PFS database until they have a paired posttest.

Ms. Ryan: Oh, got you. OK. Thank you. That was a…

Ms. Tyson: For the change.

Ms. Ryan: Thank you.

James: Next we have Jean Ortega.

Ms. Ortega: Yes. I was wondering if the folks from Nevada, excuse me, could talk a little bit about any pilot testing they may have done with the instrument, with their various programs, or the areas of the State that they’re working with?
Ms. Hyman: [52:46] Well, actually, there were several of our grantees in the last go around who were part of the field-testing that KU did. And I’m not sure why Nevada wasn’t blue on the map, and it may be because some of the grantees started and didn’t finish; but that was what we did. We did participate, some of the programs did participate, in the field testing.

Our grantees had all been familiar with doing pre- and posttesting in the parenting program, so we didn’t feel it was necessary to do any kind of preliminary testing before we instituted the PFS this year.

Ms. Ortega: Thank you.

James: [53:42] Next we have Bonnie, your line is open.

Bonnie: [53:47] OK. Could you please tell me how long it takes to administer this particular tool, and how many questions are on it? [pause] Hello?

Ms. Firman: [54:06] I’d like to hand that over to Jackie.

Ms. Counts: [54:09] Sure. There are 20 questions on the PFS, and it takes about 10 to 15 minutes to administer in our experience. Nevada, have you had any other experiences that it’s taking less time, or longer?

Ms. Hyman: [54:23] That’s about right, Jackie.

Ms. Counts: OK.

Ms. Firman: [54:27] And in terms of the database, what I’ve found is the first few times you enter data, if you’re managing the data, it will take you 5 to 10 minutes. And then I’ve done an awful lot of it, and then pretty soon you’re going through it relatively quickly. I can get one done in 3 minutes or less.

James: [54:53] Next we have Kristin, your line is open.

Kristin: [54:56] Hi. I was just curious if this survey was looking at specific curriculum; but if not, if they are going to put a piece in the survey for that in the future.

Ms. Firman: [55:08] Again, I’m going to hand that one to KU.

Ms. Counts: [55:10] Sure. The PFS was not developed for any one particular curriculum; that is one of the questions we ask under the demographics types of services, they can check all that apply. And so if you wanted to select and see if there were any differences between types of curriculum if you were following an EBP [evidence-based practice] you could certainly do that, but the Protective Factors Survey was developed to look at these five protective factors across a variety of services and programs.

Kristin: [55:44] OK, I just … OK.

Ms. Counts: [55:47] Did you have a follow-up to that?
Kristin: [55:48] No, I was just curious if you were going to then compile all this information and have a report on any specific program that was more effective. Is there any way to do that?

Ms. Firman: [55:58] Yeah, I might address that one briefly. We are looking at other ways we can study the Protective Factors Survey, and that is certainly something that would be worth looking at. Of course we have to—you know, resources are always an issue. There are many different ideas we have. For example, we would really like to have a good Spanish translation that was also studied and found reliable and valid. So we have some programs using a Spanish version; however, it’s really critical that we get the reliability and validity data behind that. So there are a number of things that we would like to study, it’s a matter of when we have the resources. These are time consuming projects.

Kristin: Thank you.

James: [56:52] Next we have Warren, right? Your line is open.

Warren: [56:56] Hi, thank you. Thank you for the presentation. So I understand that the Protective Factors Survey is not a clinical assessment device, but that you can use it for a needs assessment. When you use it that way, is it just basically a qualitative look at the responses?

My follow-up to that is—if you do use it as a needs assessment device, can it also be used as a research device? So if you, on the basis of a needs assessment, if that impacts the services you deliver, how does that factor into the analysis of posttest data? Thanks.


Ms. Chang-Rios: [57:37] When I indicated the use, I suggested two potential uses: one as the needs assessment, and the other for evaluation purposes, which is looking at change over time. I think it could be used for research purposes; we certainly have the validity and reliability evidence for that. I don’t think it’s been done yet.

Ms. Firman: [58:03] Did that answer your question, or do you have more?

Warren: [58:05] Um … well, yeah. I mean, when you use it as a needs assessment … I mean, so if it’s a clinical tool, then there would be like established cutoffs, and you don’t have it. So if we wanted to use this as a needs assessment—which I think we do—how do you do that? Is it just a qualitative look at someone’s responses to determine a service plan?

Ms. Rasmussen: [58:28] I think at this point, that you would just have to make those decisions on the agency level. That would you … you know, if your participants scored at a certain level on emotional support, would you like to see them higher? Or if you saw large discrepancies between the different factors scores. But we really haven’t gotten to that point yet to establish some firm cutoff. Does that give you a little more information?

Warren: Yes, yes, it did. Thank you.

Ms. Firman: [59:04] And I would like to … if people want to have further discussions about the Protective Factors Survey and how it is used, you can certainly contact me, and I will refer you
to the right person. So if you have more discussion, the FRIENDS website—my name’s Casandra Firman—and you can contact me.

James: [59:29] Annette Markus, your line is open.

Ms. Markus [59:31] Right. First of all it’s exciting to see this work, thank you for it. I had to have two questions. One is: the five protective factors were originally designed around the early childhood setting, and I just want to be clear whether this survey is designed for early childhood, or if the intention is for it to be used broadly across programs—not just parenting programs, but all different kinds of family support programs.

Ms. Firman: [1:00:01] It was designed to be used across a broad array of programs. And the Center for the Study of Social Policy Protective Factors for Early Care and Education was a starting point. However, we do consider many—we did look at a large array of programs and ages of children and families served in the development of it.

KU, can you answer that?

Ms. Counts: [1:00:29] We just agree with what you said…

Ms. Firman: [1:00:33] You disagree? I’m sorry!

Ms. Counts: [1:00:34] We agree. [laughter]

The PFS has been tested with multiple different programs. We didn’t focus on just, on specifically, like early childhood programs. It’s a generalized measure of protective factors.

Ms. Markus: [1:00:53] Thank you. And I guess the other quick question was, I wasn’t sure what you meant when you talked about the retrospective versus the traditional.

Ms. Firman: [1:01:00] Well, originally, many of our programs like to use a pretest that is done retrospectively. So at the end of the program, rather than doing the pretest at the beginning before services begin, at the end of the program, the same time they do the posttest, they are asked to look back and score how they would have scored, how they believed they would have scored, at the beginning of the program. And that’s a retrospective pretest design.

We wanted to test to see if, that we could release the Protective Factors Survey in that format. And what we decided is we really needed to do more study before we could legitimately release that as something that we felt was solid and reliable. So that’s what we mean by a retrospective.

We developed—I decided I’d better develop a database because of limited resources; while we were developing the database we went ahead and set it up so it could be scored retrospectively. However, there’s no retrospective version released at this time.

Ms. Markus: Thank you.

James: [1:02:15] Next we have Jean? Monica? Your line is open.
Monica: [1:02:19] Hi. Thanks also for doing this work. It’s really great and exciting.

My question is specifically related to the program self-evaluation purposes of the database, and I know that you can generate mean scores. But I was wondering if that data can be transferred to a database that can do high-level analysis, to really, you know, be sure about the connection between cause and effect?

Ms. Firman: [1:02:48] Cause and effect connection is a question for KU, but I will let you know that you can. If I could have control of the webinar right now, the screen, then I’ll show you what you can do.

Monica: [1:03:03] Oh, I’m sorry, I’m, I had to, I mean, I had a little trouble with getting here. I’m sorry, thank you.

Ms. Firman: [1:03:09] You are able to download … if you can hear me?

Monica: Yep.

Ms. Firman: [1:03:13] You are able to download into Excel right off the main menu of the database. So you can, I don’t know if you can see my screen right now?

Monica: No, I’m sorry.

Ms. Firman: [1:03:25] Well, don’t worry then. Basically the answer to that is “Yes.” And if you want, the instructions are in the read-me manual on the database. You can also contact me for additional help, showing you how to do that.

Monica: [1:03:42] Oh, great. And, I’m sorry, it’s Casandra I’m speaking with, OK?

Ms. Firman: Yes.

Monica: [1:03:47] OK, thanks. And also, can you download into FPSS?

Ms. Firman: [1:03:50] Right. You can download directly into Excel, and then Excel can go …

Monica: [1:03:50] OK, that’s correct, that’s right, thank you so much.

James: [1:04:01] Next we have Linda Hanes?

Ms. Hanes: [1:04:05] Hi. I was wondering if you could comment a little bit more on the correlation between people who have, show greater protective factors and better physical health, and do you have any citation on that? That seems like pretty powerful information.

Ms. Firman: [1:04:26] That’s a KU question?

KU Team Member: [1:04:30] Yeah. That was self-reported physical health and functioning with the RAND 36-Item Health Survey. Actually, is that in the technical report on the FRIENDS?

Ms. Counts: I’m not sure if that one’s up there.
KU Team Member: [1:04:44] We are in the midst of writing all of these analyses up for publication. So we have a bunch of different publications out there. But if it’s not in the FRIENDS technical report, we could certainly send you more information about that if you are interested.

Ms. Hanes: Yeah, I would really like that.

Ms. Firman: [1:05:04] We will have the most recent report on the website shortly. We were holding off until after the webinar because we wanted to sort of disseminate them close together. So, yes. The final report that discussion that will be up on the website.


KU Team Member: [1:05:26] Just to let you know, those subscales of the RAND Health Survey included self-reported general health, the physical functioning of the caregiver, role limitations due to their physical health, social functioning, pain, and an energy/fatigue scale. So it was pretty interesting to us also. Thanks for your interest.

Ms. Hanes: [1:05:45] Is there any information about their accessing health care more frequently, or more reliably than previous?

KU Team Member: [1:05:55] Not on this survey, there was not.

Ms. Hanes: [1:05:58] All right. Thank you very much.

KU Team Member: Sure.

James: [1:06:01] Once again, to ask your question, press “star 1” on your touch-tone phone. You will be prompted for your name, please state your name so that you can be announced. Next we have Sharon Rutka, your line is open.

Ms. Rutka: [1:06:16] Thank you. One of my questions [was] already answered, so I won’t ask that again. And then I want to know how many languages is this tool available in?

Ms. Firman: [1:06:29] Unfortunately, right now the tool is available in English. And as I mentioned earlier, we have some Spanish translations that have been done. FRIENDS cannot endorse them because we need to go through a process. We hope to have the resources to be able to test a Spanish translation; however, at this point we can’t release one and endorse it, or say that it has reliability and validity. That takes additional testing.

Ms. Rutka: Thank you.

James: [1:07:04] Next we have Donna Beckus, your line is open.

Ms. Beckus: [1:07:09] Hello?

Ms. Firman: Hi.
Ms. Beckus: [1:07:13] Thank you. This is about the database for technical. If we want to use the database, and we have various staff members working on this database, do you need to use one computer to enter the information into? Or can you do it from other terminals?

Ms. Firman: [1:07:32] Yes. You can put the data in from any computer, and it can, then you can transfer it to a central data, to a central computer. So basically, I could enter data here, you could enter data where you are, we could both send it to Nevada—they probably wouldn’t be happy [laughs]—but we could both send it to Nevada, and they would be able to aggregate it for us.

The instructions are on the read-me, but if you’re really struggling and it’s not helping, the information for contacting me is on the FRIENDS website.

Ms. Beckus: [1:08:08] Right. Because we’re also interested in doing the manual scoring, but that also is in the read-me? Because some of them, as you said, need to be turned around.

Ms. Firman: [1:08:15] Yes, and you can, it automatically is turned around, of course, on our database. And if you do it manually, in the instructions it explains which ones you should reverse.

Ms. Beckus: OK, thank you very much.

Ms. Tyson: [1:08:29] If I could just add to that—this is Jodi in Las Vegas—and I just want to point out that the one thing that I would encourage you not to do though, is to put it on a shared drive for two reasons. Number 1, because depending on where your server is, it could take a really long time for that access database to open.

And secondary because of the way that the, it seemed like it was more difficult for multiple people. You can’t access it at the same time on different computers, so for our grantees we recommended that they put it on the hard drive; and then if they needed several people to be able to enter it in, to enter it in from the same computer. But we don’t have agencies that are working from multiple different locations and trying to put information into one.

But as Casandra said, you can download that into an Excel or a compressed file and then email it somewhere and it can be uploaded into your database. So that seemed to work better than the shared drives. I just wanted to point that out.

Ms. Beckus: Thank you.

James: [1:09:38] Next we have Karen Ryan, your line is open.

Ms. Ryan: [1:09:41] Thank you. My question is about whether it’s possible to add additional questions that you might have?

Ms. Counts: [1:09:53] Casandra, do you want us to take this one? I guess I will take this one.

The PFS right now has been validated, and for the questions that are on the 20 items. If you would want to add other questions just for your interest or that were program specific, you would have to report on those separately, and you couldn’t include those in any of the scale scores.

James: [1:10:26] Next we have Lisa.

Lisa: [1:10:31] This may have been answered and I missed it, but is there a uniformity in the timeframe between the pre- and post-, or does it differ depending on the programs?

Ms. Counts: [1:10:49] There isn’t a uniform time; I think the most important thing is that you use it as a true pretest, so that you would administer the survey before services have begun, and then also to do the posttest after they have completed all the services in your program. Or if it’s a specific, like a 6-week class, to do it after they’ve received services.

Ms. Firman: [1:11:14] Now there are some situations where programs serve families sometimes over a period of years. And you need to get evaluation results before you wait 3 or 4 years. So I think it’s quite reasonable to set a time when you feel that there should be a change. And say, at the 6-month period, for example, this is a reasonable time, they’ve received x-number of hours of service, and you can make that decision to do the posttest then, rather than waiting for many years to do the posttest. Would you agree with that, Jackie?

Ms. Counts: [1:11:53] Yes. So that would just be a multiple response test. And you could look at your pretest, and then you could look at year-1 results, and then you could also look at the next year results.

Lisa: OK, thanks.

James: [1:12:08] Once again, to ask your question press “star 1” on your touch-tone phone. You’ll be prompted for your name, please state your name, you’ll be announced prior to your question. Next up we have Betsy—your line is open.

Betsy: [1:12:22] Hello. I’m wondering about when we expect to be able to do this with Spanish-speaking families, since some of us work primarily with either solely Spanish-speaking or immigrant families.

Ms. Firman: [1:12:43] I’m going to answer it, and I bet KU is going to this time maybe disagree with me. OK [laughs]. There are some programs that have developed a Spanish version. And we could certainly connect you if you wanted to see the version they are using. However, at this point you cannot say that this is a valid, reliable measure in that Spanish translation.

We hope to get resources, and we certainly, we just can’t, we don’t have the resources now, so we can’t make a commitment. But I can assure you, that is one of our top priorities, is developing a valid, reliable Spanish version of the test. However, the resources are the issue, and we sure hope we can give you a better answer in a year or so.

Ms. Tyson: [1:13:39] This is Jodi in Nevada, too. If I can just tack on to that, Casandra, just from our experience, is that we worked with someone to do a translation for us, that we then disseminated out to the grantees. But when they were given their preidentified agency ID, they were given two. One that was for their English PFS surveys, and one that was for their Spanish. So they have to identify which, for us, they had done for their PFS. And then we—although all
of it goes into the database—we would then only be extracting out the agency IDs that started “Eng” for English, so that we could show a valid measure of how our programs are doing in the evaluation.

So I just want to point that out, that Nevada is not omitting any of that information, but we are recognizing the need to separate it out.

Betsy: Thank you.

James: [1:14:42] Next we have Peggy Polinksi, your line is open.

Ms. Polinksi: [1:14:46] Hi, this is Peggy, and I have exactly the same question as was just previously asked. But part of that is, Casandra, I think you mentioned that you could put people in touch with other programs that are using a Spanish version that they’ve already translated? How would we get that information?

Ms. Firman: [1:15:06] Send me an email, and I know you’ve got my email address because I believe we’ve corresponded recently, and I will connect you.

Ms. Polinksi: OK, thank you. All right. That’s it.

James: [1:15:24] Next we have Liz McFarland [phonetic], your line is open.

Ms. McFarland: [1:15:25] Oh, terrific. OK. My question has to do with the validity study. It appears, based on the presentation, that you had participants from diverse regions of the U.S., which is fabulous, but I couldn’t tell from the presentation what percentage of eligible respondents actually participated by completing the Protective Factors Survey.

Ms. Firman: [1:15:52] I’ll give that to KU.


Ms. McFarland: [1:15:58] Well, I mean, say you were looking for a sample of participants to complete the validity site for the instrument, right? And so I’m wondering if eventually it might have, you probably had some criteria, eligibility criteria that participants had to meet. And I couldn’t tell if you were looking—of those families who met your eligibility criteria at sites across the country, what percentage actually completed the study? And was there any variation in the families that actually elected to complete the survey, for example, versus those that did not?

Ms. Chang-Rios: [1:16:42] There was only eligibility criteria for Phase IV, and that criteria was that they had to have a true pretest. So they had to be right at the beginning of services. So basically any agency that showed interest was open to utilize the survey.

We did look at dropouts, though, because in Phase III and Phase IV, you know, we had two time points. And we did look to see if there were significant differences between those who dropped out and those who stayed in the sample, and there were not differences.
Ms. McFarland: [1:17:18] OK, and is this—I know you guys indicated that you have a broader report on the FRIENDS website. Is this information in that report?

Ms. Counts: [1:17:26] I think the report might be from Phase II. We can work with FRIENDS on getting the last two reports up there.

Ms. Firman: [1:17:35] The other reports will be up. We’ve been holding back on putting them on the website, so we’re going to put them up. We wanted to do the webinar and disseminate it this way first. They will be on the website, and many of the questions that you’re asking today will be addressed. I don’t know if that one will be specifically, but you can get more detailed information from KU.

Ms. McFarland: [1:18:00] OK. And so we’ll have some email addresses emailed out so that we can follow up with the questions we have?

Ms. Firman: [1:18:08] Yes. And in fact, I’m wondering if I can … Jim, if you can give me the control, and I could go ahead and put my email address up on the screen if you’d like.


Ms. Firman: Thank you. [pause] I think you can keep asking questions while I do this. Just give me a second, please.

James: [1:18:46] And once again, to ask you question all you have to do is press “star 1” on your touch-tone phone. You’ll be announced prior to your question. [pause]

Once again, “star 1” for questions. Apparently no one in queue. Wait, we do have one, one moment please. Jacqueline, your line is open.

Jacqueline: [1:19:12] Yes, hi. My question was, is there a specific reason why this survey was implemented?

Ms. Firman: [1:19:26] I believe that’s a question for me. I’m sorry, I’m trying to type, and you know, I can do these things really efficiently until I’m under pressure. Sorry.

It was developed initially because the field of Community-Based Child Abuse Prevention was trying to identify another measure of demonstrating effectiveness. We were the Office of Management and Budget. The Federal level was measuring effectiveness based on reduction in numbers of first-time victims, child abuse victims across the country. We felt that that was probably not the best measure of effectiveness because we serve really so few programs with so little money. We wanted to look at another way of demonstrating prevention effectiveness.

Jacqueline: [1:20:17] Oh, OK. And I’m a little new to this. When you said protective factors, what exactly are you referring to?

Ms. Firman: [1:20:28] I’m going to ask KU to take that question, thank you.
Ms. Counts: [1:20:33] Sure. There is a study, or, not a study, but the model was developed by the Center for the Study of Social Policy, and based on a roundtable discussion and an extensive literature review, they came up with a logic model and five protective factors that are parental resilience, special connections, knowledge of parenting, concrete support in times of need, and social and emotional competence of children. So that’s the framework of the CSSP model, and then we developed the Protective Factors Survey to look at several of those components and also nurturing and attachment.

If you were interested in reading more extensively about the model, we can certainly refer you to some websites and get you connected with some of that information.


Ms. Counts: [1:21:28] If you could email Casandra, she can forward it on to me, and I can give you some websites.

Jacqueline: OK, great. Thank you so much.

Ms. Counts: Sure.

James: [1:21:39] Peggy Polinski, your line is open.

Ms. Polinski: [1:21:40] Hi, it’s Peggy again. I just have this thought, and I’ve had this all along. And so this is the measure of protective factors. Was there ever any idea about also trying to measure risk factors?

Ms. Firman: [1:21:53] A lot of discussion about it. I think I will hand that over to KU again.

Ms. Counts: [1:22:00] There are actually measures out there that you can use for measuring child abuse potential. And one of the measures we actually used for a validation measure was the Brief Child Abuse Potential Inventory. There is a longer version, and I’m thinking that one is not out in the public domain—in other words, it costs money to implement it, and it is a longer measure. But it does exist; it’s called the Child Abuse Potential Inventory. If you were interested in it you could email us and we could give you more information.

But since we were doing a research study, the original author gave us permission to use the brief measure for free.

Ms. Polinski: [1:22:46] And this measures, what, about 50 items?

Ms. Counts: It was 33, I think the brief one.

Unidentified: [01:22:53] Right. And the long, Kathy, is about what, 90 or something?

Ms. Polinski: [1:22:58] Those aren’t really usable measures, so I was just wondering why you didn’t include risk factors, and risk and protective factors.
Ms. Counts: [1:23:08] Sure. Well, for this particular study, the focus was just decided to see if we could look at the CSSP protective factors in the model. So the decision was made at that time to come up with one instrument that looked at not just one of the protective factors but that looked at a variety of protective factors. When we did the review of instruments that were already out there, many of them only looked at one or two of the protective factors. So just with the resources we had available and such, and with the needs of the field, the decision was made to focus on protective factors at that time.

That’s not saying that risk factors in any way shouldn’t be measured. That’s just what our starting point was. And there are some brief measures out there in the public domain that are free, that are in the literature, considered risk factors for child abuse and neglect. Like the depression measure we used, or the measure of stress. So there are some measures out there that are free and are brief. They’re not easy to find—a lot of them, but there are some that you might be able to use.

Ms. Polinksi: [1:24:17] Right. And they don’t have the advantages of the Protective Factors Survey with all of the data entry and the analysis. And everything right there for you, so. Maybe we’ll work on that another time.

Ms. Firman: [1:24:32] Again, we have lots of projects [laughs] that we’d love to do.

Ms. Polinksi: Thank you.


Ms. Nussbaum: [1:24:48] OK, this is Jean, I have a couple of questions that have been posted online, so I’ll take the opportunity to ask them. James, please feel free to adjust that if someone else is in queue for a question.

The first question comes from Sarah Goldstein, and she wanted to know, she says, the programs you appear to be speaking about seem to be parenting education programs. Do you think this would be valid for a case management casework counseling program.

Ms. Firman: Again, I’m leaving that to KU.

Ms. Counts: [1:25:19] So far, most of the program participants, or the agencies who participated, said either parent education, we also had some home visitation programs; so again, as Heather mentioned, it’s a generalized measure of protective factors. So I would not see any reason not to try it with a case management program, but we didn’t specifically have any programs that only listed case management as the service that they provided.

Many of the programs that participated in the surveys offered multiple services, so several of them offered parent education, in addition to parent-child interaction, home visiting, resource and referral, and parent support groups. So those were the main ones that participated in our study so far. But again, I wouldn’t see any reason not to use it with a case management program.

James: [1:26:27] OK, and we do have Sarah.
Sarah: [1:26:29] OK, that was the question.

James: [01:26:32] OK. No further questions in queue.

Ms. Nussbaum: [1:26:35] OK, the next question I have is from Casey. She was wondering if programs can add items and incorporate them into the database. She was also curious about the ways to use the database to describe different levels of service, possibly reporting on subscales based on dosage.

Ms. Firman: [1:26:58] I’ll do the last one first. To be able to look at the subscales based on dosage, you would need to put your data into a statistical program. So you can put it into Excel and be able to sort and do different statistical analyses that way.

And now can you go back to the first part of that question?

Ms. Nussbaum: [1:27:27] Sure. She was wondering if programs can add items and incorporate them into the database.

Ms. Firman: [1:27:34] No. They can add items, but they are in a separate questionnaire, like if you wanted to ask a program-specific question. But they could not be considered part of the protective factor subscales or the protective factors.

They may be familiar with an earlier tool that FRIENDS put out: the Family Support Program Outcome Survey. That particular survey, which was less rigorous but very useful, its database did allow for programs to add questions, and you could use the database to look at your responses. But this one does not have that feature.

James: [1:28:21] We do have a question from Leann.

Leann: Can you hear me?

James: Yes.

Leann: [1:28:28] I was wondering if the Protective Factors Survey works prenatally if the family does not have any children. I’m looking at the questions and I see, I think it would be hard for the parents to answer them. Does anybody have any comments on that?

Ms. Firman: [1:28:46] I agree with you. Some of the questions really are not applicable to somebody who’s prenatal, pregnant, doesn’t have a child. KU?

Ms. Rasmussen: [1:28:56] I would say that you could look through the subscales to see, there might be some subscales that would work, like the emotional social support, which of course is important with pregnancy and postpartum. That might be a subscale that you can use. And again, you calculate those scores, and use the subscale rather than the specific item level. So you might be able to pick different subscales that you could look at.

Ms. Counts: [1:29:22] Yeah, and you might also be able to look at concrete support. I would think that the nurturing and attachment, and the child development one, and probably the family
resiliency one would be difficult prenatally. But that would be an option, as Heather suggested, to just look at a couple of the subscales.

Ms. Firman: [1:29:48] And we’ve gone for an hour and a half. I don’t know, Jean, if you have any further emailed questions?

Ms. Nussbaum: [1:29:55] I do have quite a number of other questions, but I’ve also told people that—and I’m sensitive to the time—I did tell people that we would be able to get answers to their questions after the conclusion of the call, as well as via email.

Ms. Firman: OK.

Ms. Nussbaum: [1:30:09] Because I am sensitive to people. But there seems to be quite a number of people still on the line, but I know that people have other obligations. It’s certainly up to you.

Ms. Firman: [1:30:18] Shall we take two more, and then finish, and then we’ll send out the Q&A after the call?

Ms. Nussbaum: Sure.

Ms. Firman: Great.

Ms. Nussbaum: [1:30:28] OK, so the next question is: Is the intention for providers to download the database themselves and enter their Protective Factors Survey data there? Are responses to be maintained on the provider’s individual computer system? And is FRIENDS collecting and tracking this information somehow.

Ms. Firman: [1:30:46] FRIENDS is not collecting and tracking the information—again, resources. The database is downloaded and housed on the individual who’s entering data on their computer. They have the option, for example, a State lead agency may have decided to aggregate all the data from around the State. So an individual program can download the database onto their computer, and they can email it—and the instructions are there on the website—they can email it to a central database for aggregating. However, FRIENDS is not tracking your data, so we don’t get to see, unless you decide you’d like to share your reports with us. It’s totally in your hands after you download it.

Ms. Nussbaum: [1:31:40] OK, let me see what the next question is. [pause] OK. Someone wants to know if the wording of the retrospective version would be the same as in the present version, except that it would be phrased in the past tense, or would there be other questions?

Ms. Firman: [1:32:04] The wording would be exactly the same. The instructions would be slightly different. There would be no added questions. And again, until we have tested it, if you were to use retrospectively, it would not be considered a valid and reliable measure until we’ve done further testing. However, the wording is going to be exactly the same. Except for the instructions, of course.

Is that it, then?
James: [1:32:37] We do have one more on the phone, if you want to take the last one.

Ms. Firman: Let’s cheat and take the last one.

James: [1:32:46] And we have Nancy Connelly—your line is open.

Ms. Connelly: [1:32:49] Yes. My question was about the retrospective. Were any of the subscales validated through the retrospective, or were there some that were and some that weren’t? Tat’s my question.

Ms. Firman: [1:33:08] I’ll give that to KU. Thanks.

Ms. Chang-Rios: [1:33:12] In terms of the validation process for the retrospective, we did look at the factor structure; we wanted to see if it adhered to that four factors that we were looking at, and we did find evidence that there were four factors in the retrospective. So that’s kind of our preliminary evidence for the retrospective. [To colleague:] Do you want to talk about the validity scales?

Ms. Rasmussen: [1:33:40] We had hoped to correlate it with social desirability, to see if perhaps people were responding in a socially desirable way, and not necessarily responding to the item. And unfortunately, the validity of that social desirability scale was not very high, and so we couldn’t use it.

Ms. Counts: [1:34:05] We’re looking for more information on that within our report. It’s been a little bit of time since we have looked at all this. So we’ll include that in the follow-up questions, and we’ll send that out.

Ms. Connelly: Thank you.

Ms. Firman: [1:34:21] Sorry, Nancy. Well that’s the end of our time, and I want to thank everybody for joining us. I certainly hope you’ll visit the FRIENDS website and look at the Protective Factors Survey, the instruction books, and please feel free to contact me, Casandra Firman, with any questions if I can help in any way. And we will also send out questions and answers that we were unable to answer today.

So thank you very much for joining us, and see ya!

James: [1:34:56] That concludes today’s conference, you may disconnect at this time.

[End webinar audio.]