



Implementation Of Evidence Based Treatments: Promoting Resiliency In Families Mandated To Child Welfare Services

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Summary

Research has demonstrated that children in foster care placements have unmet mental health needs. (Clayson, Landsverk, Ganger, Chadwick & Litrownik, 1998) There is also extensive data that indicates changing caregiver skills is an effective intervention. (Hodges, 2004) The purpose of this study was to assess outcomes for families served by child welfare staff trained in Parent Management Training. Participants included all families in an urban/suburban county whose children had been placed out of home due to child abuse and/or neglect concerns. Skill building interventions were provided by the child welfare professionals with whom the families have the most frequent contact. The CAFAS Advanced Child Management Skill Scales and Wish List were implemented to assess the impact of the training on Parent Management skill building interventions.

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Population Served



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Setting: Description of KVC

Private not-for-profit agency with extended continuum of care that serves children & families who typically have multiple mental health social & behavioral challenges.

Serves all families requiring out-of-home placement of children due to child abuse or neglect in a 7 county region. The region includes major metropolitan, urban, suburban, and rural communities.

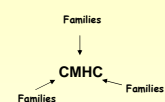
Major privatization contract in Kansas. The Kansas Division of Human Services contracted out all family preservation, foster care, and adoption services in 1996 & 1997.

Piloting implementation with ACR services first.

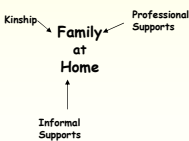
Professionals who have the most frequent contact were trained to use evidence based modalities and to provide services in-home

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Traditional



KVC/Kansas



Child Welfare Families

Service delivery thru Community Mental Health Center (CMHC)

Benefits-

- More accessible and user friendly than hospitals

Challenges-

- Transportation
 - > Can't afford gas
 - > Car broke
 - > Ride fell through
 - > Missed bus
 - > Many scheduled sessions don't occur due to failure in client follow thru and/or professional availability
- Problems with Engagement
 - > Inconsistent sessions
 - > Staff turnover
 - > Different behaviors exhibited at CMHC vs. home
 - > Limited ability to generalize knowledge across settings

Elements of Family Centered Practice

Characteristics-

- Professionals come to family
- Work in setting where problems/stressors occur
- Work with "what is" vs. what "parent/child says"
- Professional flexibility supports programmed generalization of developing skills
- Responsibility for engagement assumed by professional
- Professional in position to "own the outcome" of the work
- M.A. level staff

Unique Characteristics for Child Welfare

- Interventions are skill building, client driven & strengths based
- Failures viewed as skill deficit vs. resistance
- Skill building with life skills and child management skills.
- Every interaction is an intervention - all front line staff.
- Training to implement evidence based modalities
- Professional responsibility for engagement
- Professionals "own the outcome"
- Use measurement tool to support process and outcome.

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Measures

Measures will include the CAFAS (Hodges, 2000) the Advanced Child Management Skill Scales (Hodges, 2002) & the Caregiver Wish List for CAFAS (Hodges, 2004)

The Advanced Child Management Skills Scale: completed by the practitioner for an objective measure of parenting management skills. Scoring similar to CAFAS

Caregiver Wish List: completed with/by the parent. Reflects the parent's subjective report of their ability to implement parenting skills in interactions with their children. Each item has a 5 point scoring option (50 items)

CAFAS or PECFAS: completed by the practitioner to assess youth's day-to-day functioning.

Statewide Outcomes

- > 90% of children will maintain permanency for 1 year post reintegration
- > 80% of children will have no confirmed abuse or neglect for 1 year post reintegration

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Dual Benefits: Developing Functional Behaviors

Support effective development of functional child management and pro-social child/youth behavior

Identify behaviors family members desire to change

Support development and maintenance of family engagement

Repeat measures support identification of change in parent's perception of their effectiveness and identification of new goals

Enhance parent's awareness of critical elements of parenting associated with healthy child development and family functioning.

Dual Benefits: Implementing Evidence-Based Interventions

Implementation of Evidence Based Modalities with front-line child welfare staff

Support development of a common language for professionals

Identify behaviorally specific increments of child management skills that are associated in the evidence base with healthy child development

Facilitate development of a strengths based skill-building orientation for interventions

Support adherence in implementation of evidence based modalities

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Six Subscales on the Advanced Child Management Skills Scale and the Caregiver Wish List

- Providing Direction & Following Up
- Encouraging Good Behavior
- Discouraging Undesirable Behavior
- Monitoring Activities
- Connecting Positively with Youth
- Problem Solving Orientation

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Strength and Skill Based

For each scale, one end of the scoring continuum lists positive skills that are strengths-based parenting behaviors

Derived from scientific literature

These parenting behaviors are associated with good adjustment in children

The "Skills Acquired" end of the continuum anchors for each subscale

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Caregiver Wish List

First tool to be completed

Opportunity for parents to share their stories about raising their children

Parent reports are accepted as an accurate reflection of their reality/perception

Interactions are strategically empathetic and supportive with the therapist adopting a one-down position while parent provides perspective on family functioning

Parents are asked to identify 3 things that they would be most interested in addressing for change

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Advanced Child Management Skill Scales

Completed by the practitioner following:

- Completion of Wish List
- Review of referral & assessment material
- Observation of 1-2 parent/child visits & 2 or more family sessions post-reintegration

CAFAS for Youth or PECFAS completed by practitioner following:

- Review of referral & assessment material
- Observation of 1-2 parent/child visits & or 2 or more family & or individual sessions post re-unification
- Review of recent school performance & foster home/residential report on placement

Benefits of Assessing Parenting Skills

Identify pro-social skill levels and directions for growth

Identify what the parenting will look like when it is more functional

Focus parents attention on skills critical to effective parenting

Repeated measures allow parent's to track changes in how they perceive their parenting

Facilitate work that is client driven, strengths based and skill building; facilitating continued client engagement

Treatment

Implementation of Evidence Based Modalities/Parent Management Training

Aftercare therapists receive 12 days of training in Parent Management Training & ongoing supervision by a behavior therapist

CAFAS tools used to guide supervision of skill building part of intervention

Peer support implementation groups meet weekly to support discussion of effective PMT strategies

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Schedule of Sessions

1st Month: 1-2 in-home sessions weekly with therapist & therapist initiated phone contact in addition

2nd Month: Weekly session with therapist initiated phone contact in addition

3rd & 4th Months: Session every 7-10 days with supportive phone contact

5th-12th Months: Monthly face to face sessions with family with school contact in addition

Services are returned to intensive level whenever need is identified by family or therapist identifies a need

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Pilot Study: Preliminary Results

Sample

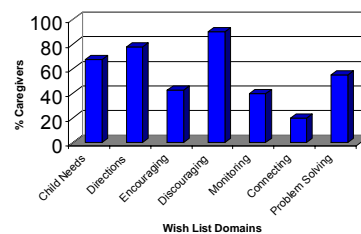
- Gender: 35% female
- Age: 1/3 from each of the following age groups: 2 to 7, 8 to 12, 13 to 17 years old

Measures

- Caregiver Wish List (N = 40) - caregiver completes
 - 50 items rated on 5 point scale
- Advanced Child Management Skills Scale (earlier version) (N = 75) - therapist completes
 - 4 domains, each rated as 30, 20, 10, or 0

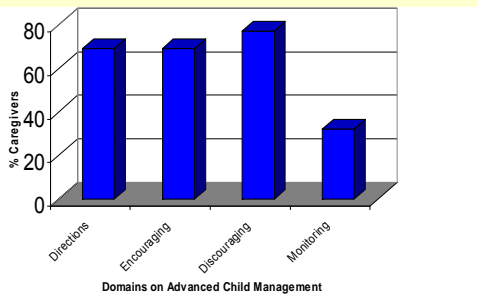
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% of Caregivers Endorsing at Least One Item as Occurring "Sometimes" or More
(Scored in the Direction of Presence of Problems)



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% of Caregivers Rated as Needing Skill Development (30), Building (20), or Refinement (10)



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SUMMARY

Parents are willing/able to discuss their own challenges.

Tools are facilitating engagement and provide a map for how to get there.

We see our families through "hopeful" eyes.

In implementation, many staff struggled to "own" this challenge. The tools have helped them to identify a starting point and directions to proceed.

Data also suggests areas of focus for training needs.

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