PMTO MICHIGAN

Seasons of Change

Building Capacity for Implementation of PMTO

Pre-Adopters

- Easter Seals of Michigan, Oakland County, Michigan
- Kalamazoo Community Mental Health & Substance Abuse Services, Kalamazoo Michigan
- Pathways Community Mental Health, Marquette Michigan

THE START

- Jim Wotring, MSW
  Michigan Department of Community Health
- Marion S. Forgatch, Ph.D.
  Oregon Social Learning Center
- Kay Hodges, Ph.D.
  Eastern Michigan University

2004:

- The first group of 12 PMTO Specialists started training.
- Out of a group 12, 6 Specialists achieved certification.

2006

- First State training of two cohorts.
- 20 Trainees started and 18 are certified!

2007

- Pre-Adopters and Generation 1 begin training PMTO therapists in Michigan.
- 4 trainings in 4 regions.
- 53 future therapists in training.
Today

- 40 additional future therapists began training in 4 regions.
- 8 trainings involving 465 families during the training process.
- At the end of the 2 cycles of training, 93 generation 2 trainees will be certified in PMTO.

Dissemination Structure

- State coordination including use of statewide meetings
- Development of statewide data base and video streaming
- Development of statewide coordination
- Development of a State Certification Team
- Development of a road map for PMTO
- Site visits to all trainings to monitor fidelity & support.
- Community presentations.
- Regional Coordinators:
  - Implementation/trouble shooting
  - Trainings
  - Coaching groups for therapists and trainers
  - Monitor Fidelity

Outcomes, Fidelity, and Sustainability

- Assessments:
  - CAFAS: The Child & Adolescent Functional Assessment Scale
  - CGWL: The Caregivers Wish List
  - FIT: Family Interactions Tasks
  - Video Recording of Sessions:
    - Trainees always tape family sessions
    - Trainers always tape training sessions
  - All participants in PMTO, which includes Therapists, Coaches, and Trainers, will be certified and re-certified annually for fidelity by the State.

Lessons learned

- Coaching, fidelity, and commitment to evidence-based practice are the most important parts.
- Cultivate support & buy-in:
  - Top-down within agencies
  - From potential trainees
  - From community members
  - Train therapists who work with families and that want to receive training.
- Decrease trainees case load by .2 FTEs during training.
- It costs to have an evidence-based practice and to sustain the practice. *There is also a high cost of providing ineffective treatment.*