

IMPLEMENTING TRIPLE P

Our first 5 years

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California Parenting Institute

About CPI

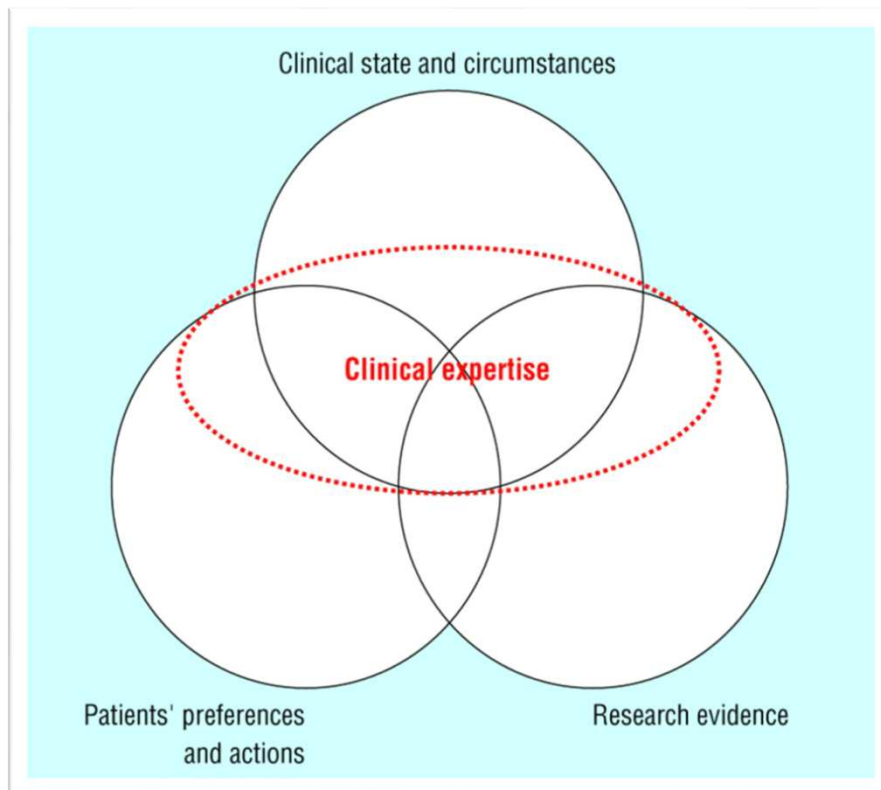
- Over 30 years in the community beginning with parenting classes.
- FY 11-12 Families Served
 - 1,112 Parents in parenting classes
 - 673 high risk parents receive home visits
 - 115 parents received supervised visits
 - 298 children received trauma treatment
- FY 11-12 Hours of Service Provided
 - 4808 hours of home visits
 - 7453 hours of child therapy treatment
 - 2150 hours of supervised visits

Current Trained Staff



- Parent Education 15 (9)
- PMD 2 (1)
- Supervised Visitation 5 (3)
- Counseling 5 (2)
- Administrative 7 (6)

CEBC's Definition of EBP for Child Welfare



The Institute of Medicine (IOM) defines "evidence-based practice" as a combination of the following three factors: (1) best research evidence, (2) best clinical experience, and (3) consistent with patient values (IOM, 2001). These three factors are also relevant for child welfare.

Values-Driven Evidence-Based Practice in Child & Family Services

In 2001 The CIMH Center for Child and Family Services launched its first efforts to support the availability of services based upon practices that have strong research support. This has grown to become the CIMH Values-Driven Evidence-Based Practices Initiative. This initiative is designed to increase the availability of mental health practices supported by research – evidence-based practices – and is guided by the following principles:

- Consumers, family members, service providers, managers, administrators and all members of our communities should have information regarding the effectiveness of particular mental health practices to assure fully informed decision making.
- The adoption of new practices must take into account many significant priorities unique to its context; however, it should prioritize consumer and family choice, cultural competency, and practices with scientific research supporting their effectiveness. Community, agency, and personal values must guide the process of selecting to implement and/or participate in an evidence-based practice.
- Effective implementation processes, which adequately support practitioners, managers, and administrators, are key to improving quality of practices offered to consumers of mental health services.

California Institute of Mental Health

www.cimh.org

Our Process



- Attending CIMH presentation by Matt Sanders – made sure I brought a bilingual/bicultural provider.
- Talked to Mendocino County – just began Raise and Shine
- Secured first funding for Sonoma County training – private donor and First 5 match
- First training Nov 2007

First Training Group



- 8 Parent Educators
- 7 Counselors
- 5 Community Partners
- Level 4 Standard and Level 5 Enhanced

Implementation Challenges

- Not yet well implemented in CA – small network for support
- Materials not yet available in Spanish
- Consciously working to prevent program drift



Continuous Quality Improvement



- **Formal Data Collection** – currently ECBI pre/post; Parenting Scale pre/post also PE summary report or goal report to CPS
- **Informal Data Collection** – Staff meetings, consultation groups and supervisor consultations, direct or indirect feedback from parents, staff self-reflection.

Continuous Quality Improvement



- **Formal review of data** – Case record reviews and document reviews, staff supervision meetings
- **Informal review of data** – daily discussions, performance reviews and self-assessments

What worked



- Understanding the model
 - ▣ Consistent with our strength based philosophy
 - ▣ Ability to assess and meet needs of individuals and families –sufficient intervention
- Ron Prinz comment
- Built in flexibility
 - ▣ Can adjust # sessions, length of sessions
 - ▣ Can choose examples to use with families, can use video more or do more reading for low literacy families

What Worked



- Commitment and Enthusiasm!
- Lots of staff support and appreciation.
- Recognizing the learning process and building confidence.
- Helping staff deal with difficulties and problem solve.
- More success with families!

Strategies



- My Macy's story
- Use the Participant Manual – review before/after each visit.
- Some parent educators complete a Family Workbook with examples.
- Use technology (iPhone) to track
- Being patient with guided questions – some parents need more time, some need more direction
- Show pre-post assessments to confirm changes with parents
- Continuing to focus on the family's goals and being able to connect goals to Triple-P materials.

Program Summary

California Parenting Institute - PARENT SUPPORT SERVICES
IN-HOME VISITS CLOSING SUMMARY



Client Name:		Date Opened:	
Parent Educator:		Date Closed:	
Children Ages:		Date of last visit:	
		# of Visits:	
Level 4 Triple P:	Beginning	Ending	
ECBI Scores:	<input type="text"/>	<input type="text"/>	Parent Scale: <input type="text"/> <input type="text"/>
Level 5 Triple P:	<input type="checkbox"/> Enhanced		<input type="checkbox"/> Pathways

Triple P SKILLS LEARNED

SKILL	EXAMPLE
Promoting a Positive Relationship	
Brief Quality Time	
Talking to Children	
Affection	
Encouraging Desirable Behavior	
Praise	
Positive Attention	
Engaging Activities	
Teaching New Skills & Behaviors	
Modeling	
Incidental Teaching	
Ask, Say, Do	
Behavior Charts	
Managing Misbehavior	
Ground Rules	
Directed Discussion	
Planned Ignoring	
Clear, Calm Instructions	
Logical Consequences	
Quiet Time	
Time Outs	
Family Protective Factors	
Social Connections	

Goals

Sonoma County Human Services Department

Family, Youth & Children's Division

Effective 10/1/2011

Feedback Form on Client Progress in Services To be completed by Parent Educators and Resource Providers

Communication between service providers and social workers about client progress towards service goals is an essential component of child welfare case management. **Please complete this form once every two months and send it to the referring social worker.**

Client Name:	Social Worker: Parent Educator:
What are the goals for this client? Are any of these goals new goals since the last report? <i>[Resource providers: please include self-sufficiency.]</i>	Where is the client in their progress toward achieving these goals? Give a concrete example of demonstrated behavior change. <i>[Resource providers: please address progress toward self-sufficiency.]</i>
Goal:	Progress:
Goal:	Progress:
Goal:	Progress:
Goal:	Progress:

What do you perceive to be the family's major challenges to achieving these goals?
(For example, environmental, attitude, attendance, cognitive, etc.)

What is your projected timeframe for achieving these goals and to end services?

Parent Educator Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Agency/Phone Number: California Parenting Institute (707) 585-6108 ext.: _____