## Developing The Incredible Years<sup>®</sup> and Crisis Response as a Model to Promote Parental Engagement

SOLUTIONS BEHAVIORAL HEALTHCARE PROFESSIONALS

#### Who We Are:



- Non profit Community Mental Health Center
- Provides outpatient, rehabilitation services, case management, consultation and residential services.
- Offices in several regions in Minnesota and North Dakota
- Committed to Evidenced Based Practice and "Doing what works" for the clients and community partners

#### Where We Are...





#### Who We Are Moorhead Area Public Schools (MAPS)



City of Moorhead, MN = 39,000

Regional hub = 222,000

School Enrollment = 5600+

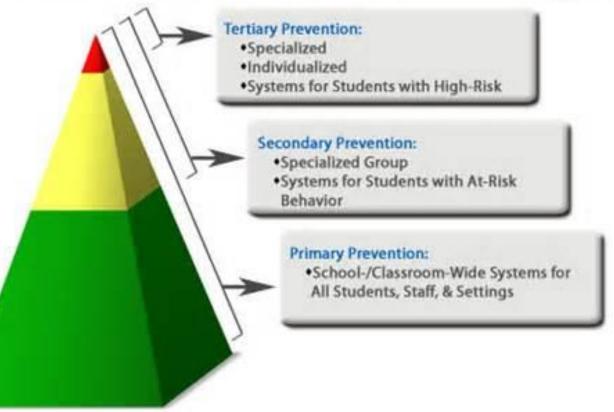
- -- 19% minority rate
- -- 39% free/reduced lunch rate
- -- 13% special ed rate
- Regional Programs located in our District:
  - -- Alternative Learning Center
  - -- Day Treatment Programs
  - -- Care & Treatment Programs
  - -- Juvenile Dept of Corrections Programs

## Learning Objectives

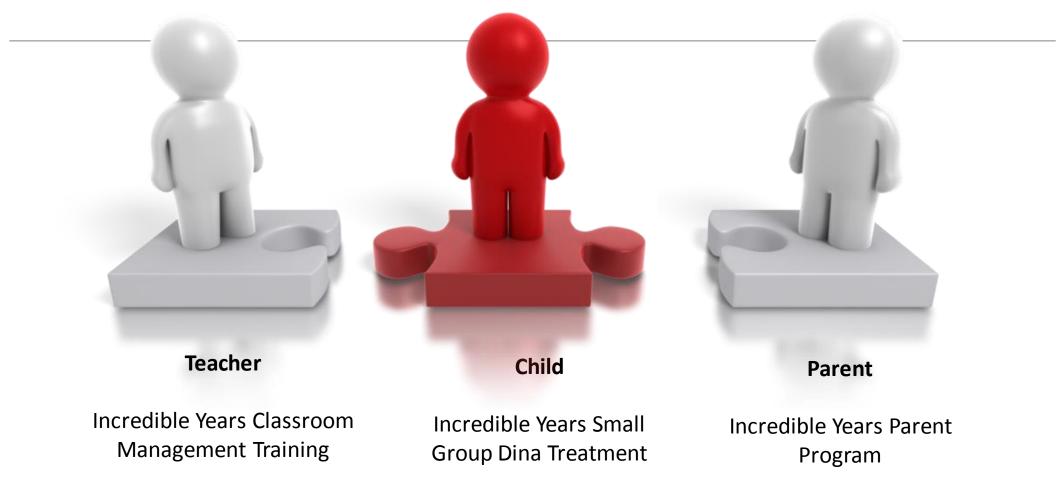
- Relationship between PBIS / The Incredible Years
- Ways to promote parent involvement for mental health services
- How to utilize crisis services to engage parents into services

## PBIS

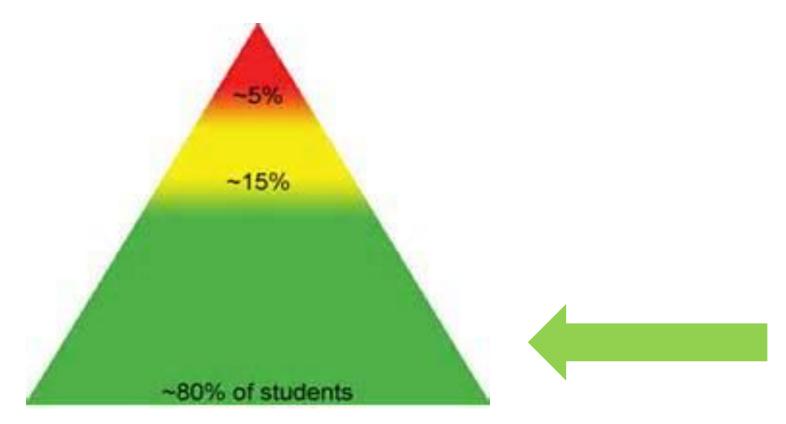




#### The Incredible Years<sup>®</sup>

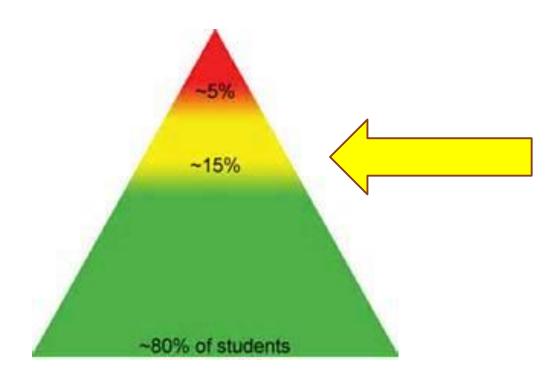


#### Tier 1 Interventions



- Incredible Years Classroom Management Training
- Incredible Years Parent Prevention Model
- Incredible Years
  Classroom Dina Program
- School Linked Mental Health Liaisons

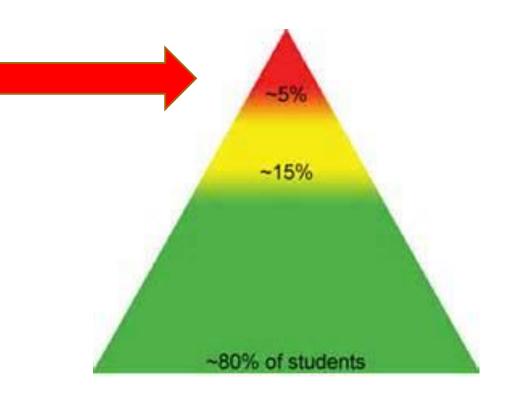
### Tier 2 Interventions



- Incredible Years Teacher Coaching
- Incredible Year Parent Program
- Incredible Years Dina School
- Therapeutic Services Including: PCIT, TF-CBT, CBT, CPP
- Mental Health Professional Provides
  Consultation

## Tier 3 Interventions

- Incredible Years Parent Groups and Dina School
- Individual Skills Training
- Family Skills Training
- Therapeutic Services Including:
  PCIT, TF-CBT, CBT, CPP
- Children's Day Treatment



# The Incredible Years Outcomes

## Group Demographics

RACE

96% White

2% Native American

2% African American

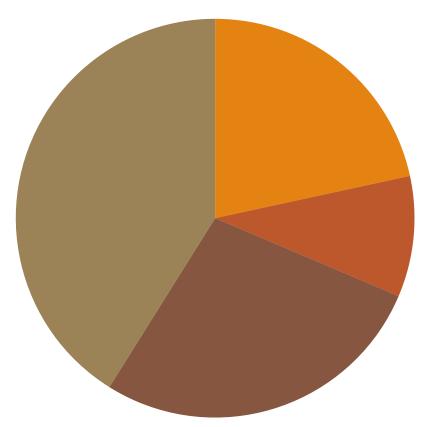
AGE

81% Elementary School

19% Preschool

#### Group Demographics, cont

**Annual Household Income** 



< \$12,000</pre>\$12,001-\$24,250\$24,251-\$47,000

## Group Demographics, cont.

54% of children were on free and reduced lunch program

## Program outcomes

#### Outcome Measures

Strengths & Difficulties Questionnaire

- Informal Parent Survey
- Incredible Years Parent Program Satisfaction
  Questionnaire

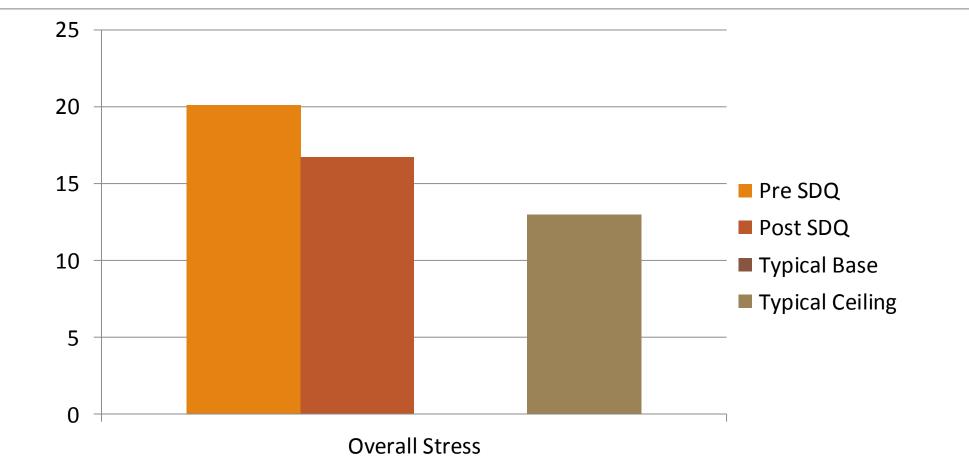
## Strengths & Difficulties Questionnaire

Brief behavioral screening designed for 3-16 year olds

25 items on psychological attributes

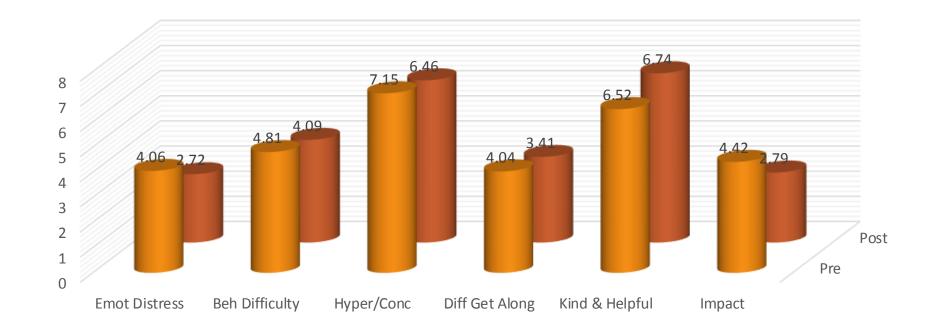
- Emotional symptoms
- Conduct problems
- Hyperactivity/inattention
- Peer relationship problems

#### Strengths & Difficulties Questionnaire

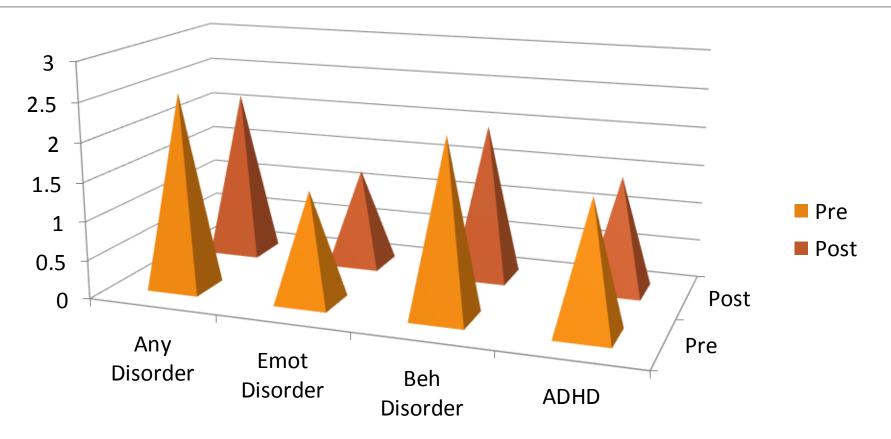


## Strengths & Difficulties Questionnaire

Chart Title



#### SDQ Diagnostic Predictions



### NDSU BISON FOOTBALL

# 5 Time National Champions

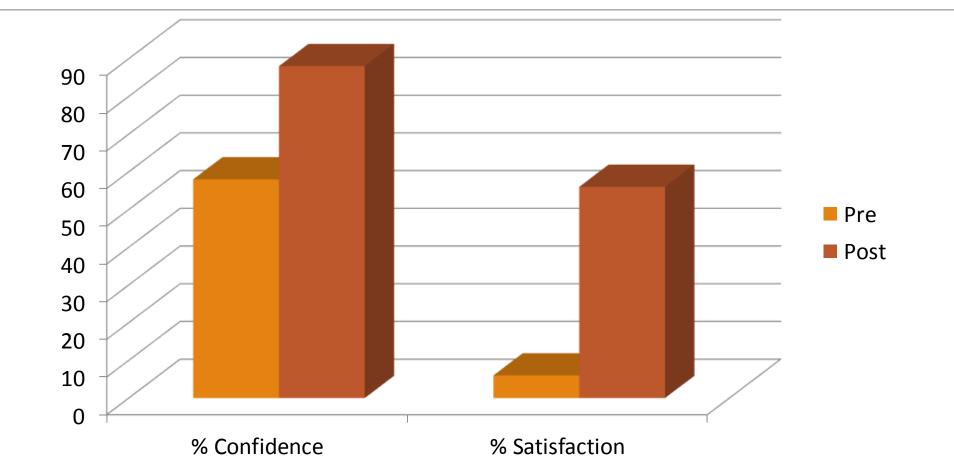
North Dakota State University



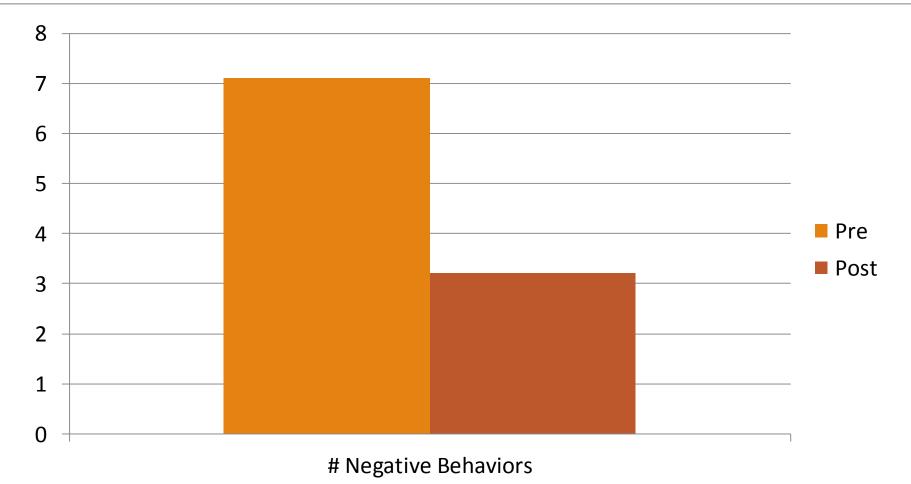
Informal Survey

- Confidence level with parenting
- Satisfaction with child's developmental progress
- Number of negative behaviors of child
- School reports
- Impact of child's behavior on parents' jobs

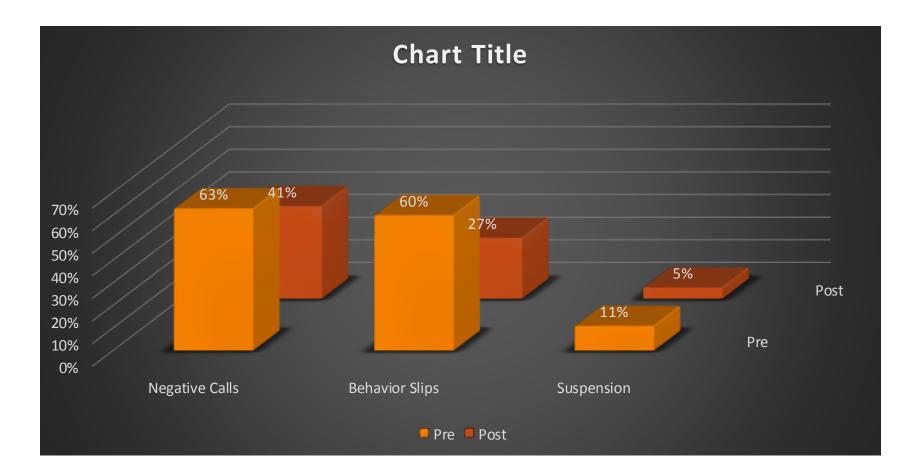
#### Confidence & Satisfaction Levels



## Negative Behaviors per Day



### School Issues



#### Parent Job Impact

Most parents reported just "Slight" impact at pre and post

## Parent Program Satisfaction Questionnaire

Description

Administered after group completion

7 point Likert scale; 32 items reviewed

**General Categories** 

**Overall Program** 

**Teaching Format** 

Specific Parenting Techniques

**Evaluation of Group Leaders** 

## Parent Program Satisfaction Questionnaire – Overall Program

Overall high ratings of the program

- Modal score of 7 on one item (would parent recommend group to others)
- 8 of 10 items had a modal score of 6
- I of 10 had a modal score of 5

## Parent Program Satisfaction Questionnaire – Overall Program

- 96%  $\rightarrow$  improvement in child's behavior
- 86%  $\rightarrow$  other personal / family improvements
- 87%  $\rightarrow$  more confident in managing future behavior problems
- 98%  $\rightarrow$  liked the program approach

## Parent Program Satisfaction Questionnaire – Teaching Format

Overall positive ratings

- Content of information rated as useful by 89%
- Group discussions rated useful by 100%
- Practicing skills at home was useful by 100%
- "Buddy" calls "useful" by just 36%

## Parent program Satisfaction Questionnaire – Specific Techniques

•92% of parents rated the techniques taught as "useful" or "extremely useful." Parent program Satisfaction Questionnaire – Specific Techniques Ranking

Ranked Highest to Lowest

- Praise & Encouragement
- Positive Commands
- Routines, Responsibility & Rules
- Child-Directed Play
- Descriptive Commenting and Coaching

#### Parent program Satisfaction Questionnaire – Specific Techniques Ranking

- Teaching child problem solving
- Ignoring
- Time out
- Loss of privileges
- Tangible rewards

# Parent Engagement

EVIDENCE BASED TREATMENT

## Social contracting

•What is the parents "Port of Entry"?

Switch in language from...

"We also have the option to work with you and if you want, we could do in home or family therapy."

#### ТО

"You are the most important person in your child's life and we need you to be involved to help us make progress at school."

"We are looking forward to partnering with you to support your child in school."

Brain needs High Expectations...Low Threat in order to engage



### What we have learned

- Setting up expectations right away with the parent WORK!
- Parents have a wide spectrum of experiences in school...this may help or hinder their willingness to engage in services.
- Children improve functioning faster when their parent is involved.
- If we cannot get parent engagement, we will support the school with crisis services.



### Evidence based practices

Trauma Informed Child Parent Psychotherapy (TI-CPP)

- Early Childhood Mental Health
- Targets both child and parent trauma histories
- Reduce triggers in both parent/child and improve regulation

#### Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

- Targets PTSD in children and adolescents
- Improves regulation, coping, thought processes
- Re-write story

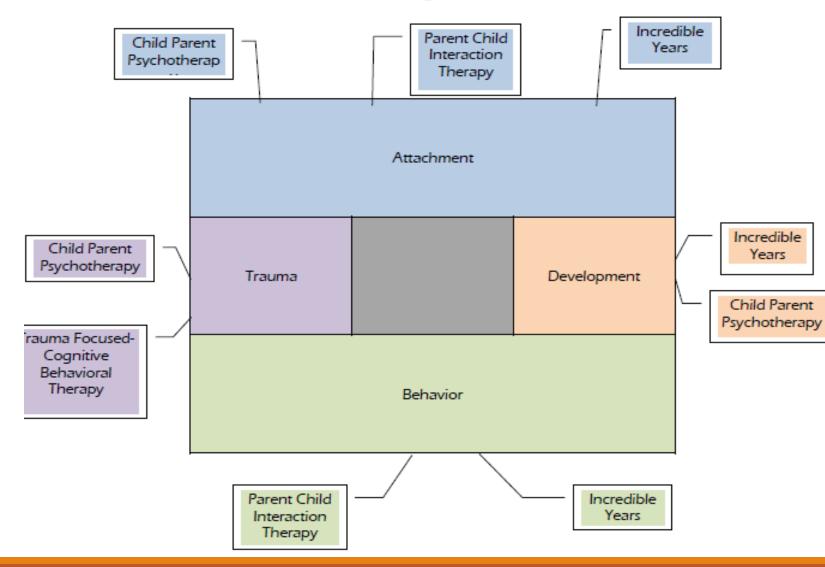
#### Parent Child Interaction Therapy (PCIT)

- Bug in Ear
- Coach parents on praise and limit setting

#### The Incredible Years®

- Group Setting
- Builds on relationship/praise and targets positive discipline (limit setting, ignore, consequences, time outs)

#### Evidence Based Treatment Programs for Young Children



# What is the best treatment?

## Crisis services

### Overview of crisis services

- Prevent more intrusive placements
- Engage/Partner with parents
- Therapeutic (de-escalate)
- Promote only Evidence Based Interventions

### Administrative Process

Referral

School Social Worker contacts family

Initial paperwork completed with a description of the service

- Informed Consent
- Release of Information
- Type of Service

Student added to crisis list

Intervention (as needed)

### Definition

 Primarily referred because of mental health and/or behavioral issues

Student Assessment
 Team/Principal determines the need for crisis services

 Initial referrals are generated by teachers and principals



#### Intervention

#### De-escalate

Life Space Interviewing

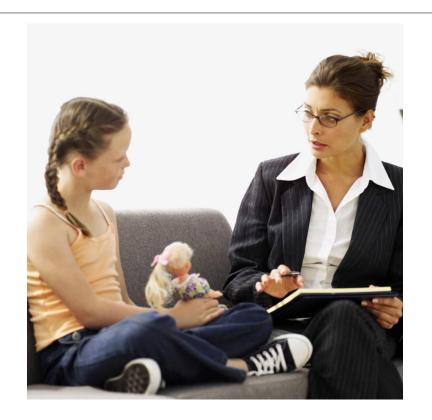
- Child voice their perspective of crisis
- Identify the goal
- Brainstorm options
- Commit to a plan
- Practice/role play

Re-engage child into classroom

• Option to provide stabilization to maximize success

Follow-up

• Ask how their plan work



#### Communication

Debrief with Mental Health Professional

Mental Health Professional reviews/debriefs with primary teacher

- Connect with parents about the situation
  - Trigger(s), intervention, plan to prevent issue in the future, and child's response to services.
  - Reviews parents perspective of situation, allowing parents to relay their concerns
  - Discuss options with the focus on developing a comprehensive plan.

### Outcome 2015-2016

- 34 Crisis Cases
- 33 cases agreed to engaged in comprehensive services (Incredible Years Parenting Group, Parent Child Interactive Therapy).
- 1 case had existing outpatient services
- 85% after initial crisis

**100%** of children who were in crisis agreed to engaged in mental health services

#### Case Example



#### Initial Intervention - Assessment



#### Treatment Began



### Wrapping up...

- Relationship between PBIS / The Incredible Years
- Ways to promote parent involvement for mental health services

How to utilize crisis services to engage parents into services "If kids come to us from strong, healthy functioning families, it makes our job easier. If they do not come to us from strong, healthy, functioning families, it makes our job more important." –Barbara Colorose

### Questions?

www.solutionsinpractice.org

218-287-4338

- Denette Narum, MSW, LICSW
- Jan Witte, PhD, LP, BCBA-D
- Kelli Gast, MSW, LICSW, IECMH
- Joel Bakken, MS, LP, BCBA

kelligast@solutionsinpractice.org