



QUARTER 6
PIP 5.1.4 (A)
Statewide

Action step 5.1.4 (A) revision:

Implement a standardized curriculum that targets the emotional and behavioral issues of children in specialized foster care within each specialized foster care agency. The curriculum will increase and enhance the knowledge and skills of specialized foster care parents in addressing emotional and behavioral issues, to include addressing trauma related to multiple placements.

Evidence of completion:- no changes

Action step revision 5.1.4 (B):- no changes

Evidence Completion revision:

Documentation of Provider notification and/or revised contracts

Evidence of Completion:

5.1.4 (A)

Statewide, two different approaches are being implemented to address the issue of ensuring that children in specialized foster care's needs are met. One is the "Together Facing the Challenge" model, and the other is Trauma Informed Care training.

Together Facing the Challenge:

Statewide specialized foster care agencies are being required to implement "Together Facing the Challenge"(TFC) in order to address the behavioral needs of children in specialized foster care. TFC is an evidence based model that focuses on how agency staff and foster care parents can work to improve outcomes for children in specialized foster care. The TFC approach helps both agency staff and treatment foster care parents to:

- Build a therapeutic relationship
- Teach cooperation
- Addresses thoughts, feelings, and behavior
- Interrupt the conflict cycle
- Utilize problem solving techniques
- Teach relevant life skills
- Take care of self

Training on TFC has occurred in both Washoe and Clark County. Training in Washoe was held on 1/24/2012, 2/17/2012, 5/18/2012, and 6/15/2012 while Clark held training on 1/31/2012 and 2/1/2012 . Additionally, in Washoe County the agency is meeting monthly with providers to support their implementation of TFC and address issues that are coming up in the initiation of this model. The Nevada Youth Care Providers (NYCP), an association of specialized foster care agencies, will be holding similar implementation meetings in Clark County to support the process.

Trauma Informed Care:

While TFC will address behavioral issues, integrating trauma approaches to work with children in specialized foster care will help to address the emotional needs of children. The DCFS Children's Mental Health unit has formed a statewide Trauma Informed Care Steering Committee. The Steering committee is working with Lisa Conradi from the Chadwick Trauma-Informed Systems Project/The National Child Traumatic Stress Network to provide a training of trainers on how to work with children who have experienced trauma. Training will initially be offered on June 18th in Las Vegas and June 19th in Reno. NYCP is planning to contract with Dr. Conradi for her to return to Las Vegas in August to complete another training, due to high demand and not enough availability at the first training.

A copy of the notes from the first Steering Committee meeting, and the training announcement and the registration form for the trauma informed care training in addition to the Together Facing the Challenge curriculum have been provided as an attachment to this document.

Division of Child and Family Services
Children's Mental Health Services
TRAUMA INFORMED CARE
Trainer's Agreement and Registration Form

NAME (Print): _____ DATE: _____

PHONE NUMBER: _____ EMAIL: _____

SUBJECT: Trainer's Agreement and Understanding of Responsibilities

On behalf of the Division of Child and Family Services (DCFS), I would like to thank you for your interest in becoming a trainer for Trauma Informed Care. This agreement outlines the responsibilities and expectations of all trainers.

While DCFS will make every effort to support you in your success as a trainer, the trainer will also be accountable for conducting themselves in a manner conducive to the teachings and philosophy behind the particular course they are training while in the workplace.

Expectations of trainers

- To prepare thoroughly for delivery of training by remaining current with all training updates.
- To maintain co-operative relationships with co-trainers and, by this, show a commitment to working together.
- To be a reliable time keeper, both in preparation and attendance at courses, and to follow the curriculum and its time schedule.
- To create a safe emotional environment for participants.
- To maintain a suitable and safe physical learning environment.
- To provide feedback to the DCFS Planning and Evaluation Unit about practice and training issues which arise in a training course.
- To be willing to participate in annual appraisal of own training performance and training needs.
- To show a commitment to personal development in order to maintain competence.
- To confirm attendance within 3 working days having received notification of a training.
- To ensure your direct supervisor has agreed to your attendance.
- To inform the DCFS Planning and Evaluation Unit, if possible, within 24 hours if not able to attend and to give the reason for this.
- Once trained as a trainer, commit to no less than 18 months as a trainer.

Signing this agreement is an acknowledgment of understanding that the role of a trainer is strictly voluntary.

Trainer Signature

Agency

Date

Supervisor Signature

Agency

Date

Caring for Children Who Have Experienced Trauma

Training of Trainers

- Who:** Lisa Conradi, Psy.D.
Chadwick Trauma-Informed Systems Project/The National Child Traumatic Stress Network
- What:** Training of trainers. Participants will learn how to:
- educate resource parents about the impact of trauma on development and behavior of children
 - provide resource parents with the knowledge and skills needed to respond appropriately to the behaviors and emotional challenges of traumatized children and help traumatized children develop healthy attachments, strengths, and coping strategies
 - assist caregivers in recognizing secondary trauma and its impact on the caregiver and the importance of self-care
- When:** June 18 in Las Vegas
June 19 in Reno
8:30 a.m. to 4:00 p.m.
- Where:** Nevada PEP Offices
2101 South Jones Blvd. Suite 120
Las Vegas
- Bartley Ranch – Brick House
6000 Bartley Ranch Road
Reno
- How:** Contact Laura Adler for Registration and Trainer's Agreement
775-688-1645 extension 315; Fax 775-688-1647
ladler@dcfs.nv.gov
Materials will be distributed at the training
CEU applications are pending

TOGETHER FACING THE CHALLENGE

A Therapeutic Foster Care Resource Toolkit



DEVELOPED BY:

Maureen Murray, LCSW

Shannon Dorsey, Ph.D.

Elizabeth M. Z. Farmer, Ph.D.

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TOGETHER FACING THE CHALLENGE

TRAINING AGENDA

Day 1: October 24th 2011

8:30 – 9:00am	Introductions and Group Activity
9:00 – 10:00	Background and Research
10:00 – 10:45	What's the Relationship Got to Do with It?
10:45 – 11:00	Break
11:00 – 11:15	Resiliency Theory
11:15 – 12:00	Social Learning Theory and Tracking Behaviors
12:00 – 1:00	Lunch
1:00 – 1:15	Power of Praise
1:15 – 1:45	One-On-One Time
1:45 – 2:15	Effective Instructions, House Rules and Limits
2:15 – 2:45	Power Struggles and the Conflict Cycle
2:45 – 3:00	Break
3:00 – 4:00	Developing and Implementing Behavior Contracts
4:00 – 4:30	Wrap-Up



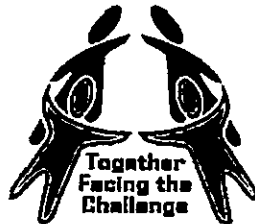
Day 2: October 25th 2011

8:30 – 9:30am	Implementing Effective Consequences
9:30 – 10:15	Planning for the Future
10:15 – 10:30	Break
10:30 – 11:00	Planning for the Future cont.
11:00 – 11:30	Family Communication and Problem Solving
11:30 – 12:00	Taking Care of Self
12:00 – 1:00	Lunch
1:00 – 1:15	Adult Learning Styles
1:15 – 2:45	Preparing for Group Presentations
2:45 – 3:00	Break
3:00 – 4:30	Practice and Critique of Skills



Day 3: October 26th 2011

8:30 – 10:30am	Practice and Critique of Skills
10:30 – 10:45	Break
10:45 – 11:45	Using the Supervisor Training Manual
11:45 – 12:15	Overview of TFTC Toolkit
12:15 – 1:15	Lunch
1:15 – 1:45	View TFC in North Carolina
1:45 – 3:00	Getting Started and Planning for Follow-Up Consultation



TOGETHER FACING THE CHALLENGE (TFC)

Treatment Parent Training Manual

Maureen Murray, L.C.S.W.
Shannon Dorsey, Ph.D.
Elizabeth M.Z. Farmer, Ph.D.
Barbara J. Burns, Ph.D.



Therapeutic Foster Care in a System of Care Study
Services Effectiveness Research Program
Department of Psychiatry and Behavioral Sciences
Duke University School of Medicine
DUMC Box 3454 * Durham, NC 27710

Introduction

Why Are We Doing What We Are Doing?

Treatment Foster Care (TFC) is an 'evidence-based' intervention for youth. This means that research findings show that TFC works! Kids get better over time and continue to do well even after they leave TFC. However, research to-date has focused exclusively on **short-term TFC programs** (e.g., approximately 6 months).

In our recent study we looked at what was happening in TFC programs in 'real world' practice. Findings from this study indicated that TFC, as widely practiced, often is a **relatively long-term treatment placement** for kids (e.g., over ½ the sample was in TFC for over 2 years). This finding suggests that TFC in the 'real world' may be different and that youth may have additional needs compared to what was found with the short-term model that has been the basis of the research to date.

What are the Key Factors that Lead to Positive Outcomes for Kids in TFC?

Findings from both the existing research on short-term therapeutic foster care and our research with kids in longer term care in the 'real world' suggest that three factors are largely responsible for helping kids in therapeutic foster care to succeed:

1. Supportive and involved relationships between supervisors and treatment parents;
2. Effective use of behavior management strategies by treatment parents; and
3. Supportive and involved relationships between treatment parents and the youth in their care.

In this training we'll discuss strategies to address each of these three factors in an effort to improve outcomes for kids.

Treatment Parent Training Outline

Session 1: Getting Acquainted and Understanding Behaviors

1

How Do We Go About the Process of Building Relationships with Kids in Our Care?
Building a Trusting Relationship One Day at a Time
Social Learning Theory Model (ABCs)
Building the Foundation: Tracking Behavior

Homework Assignment: Using the "Building the Foundation: Tracking Behavior" handout pick one problem behavior to track over the next week.

Session 2: Building a Foundation and Setting Expectations

2

The Power of Praise
Giving Effective versus Ineffective Instructions
Pre-Teaching: What is it and how does it Work?
Setting up, Revising, or Fine-Tuning House Rules

Homework Assignment: Using the "House Rules" handout write down the house rules and review them with your child. Revise and fine-tune the list as indicated.

Session 3: Interrupting the Conflict Cycle and Creating a Behavior Contract

3

What is a Conflict Cycle and what does it look like?
Teachable Moments
Button Pushing
How to Get Out of a Power Struggle
"You Messages" vs. "I Messages"
Behavior Contract

Homework Assignment: Using the "Behavior Contract" form, choose a behavior you want to encourage in your child and the steps needed for him/her to succeed.

- Connecting Thoughts, Feelings, and Behavior
- Pie of Life
- Active Relaxation
- Key Components of TFC Training

Trauma Informed Care Steering Committee
May 10, 2012 - Meeting Notes

1. Introductions. Christina Vela, Kathy Mayhew, Ryan Gustafson, Theresa Anderson, Sandy Arguello, Barbara De Castro, Ted Tusso, Susan Mears

2. Purpose of Trauma Informed Group Steering Committee

- Background. Trauma Informed Care identified by PQI Workgroup as one of its top five priorities. Lisa Conradi was then identified as a trainer of trainers. In the past, Trauma Informed Care perspective has been ignored. It is necessary for the well-being of children.
- Key is training the workforce in child welfare.
- The lens of Trauma Informed Care should impact how all stakeholders view a child
- Develop strategic plan for trauma informed care training.
 - Important to do research first
 - Subcommittee will meet within the next five days to develop a framework/outline as a precursor to the strategic plan. Subcommittee members: Christina Vela, Susan Mears, Joy Ifill, and Theresa Anderson. Suggestion to have someone from the Consortium on the subcommittee. The National Child Traumatic Stress Network (NCTSN) website will be used develop the framework. Since it is important to have something consistent across the state, the framework will be taken to governance bodies (see #6 assignments below).
 - Suggestion to have Nevada Training Partnership invited to a steering committee meeting.
 - Issue - How to impact the entire system with this perspective.
 - The NCTSN has a lot of material. Section on policy might be a good place to start, also section done by leadership of the network.
 - Possible subcommittee to connect with other communities who have developed Trauma Informed Care. Some work being done in Texas.
 - Define parameters of initiative?
 - Collaborate with system partners?
 - Develop charter?
 - Define membership?

3. Discuss and decide upon the goal of training on Trauma Informed Care.

- Curriculum should be co-facilitated with a mental health professional and a foster parent.
- Who will be trained as trainers?
 - Possibly Treatment Foster Parents and Staff
 - NCTSN website has essential prerequisites for facilitators.
 - Ryan is a trainer of trainers for ART. Things to consider for trainers:
 - How to prepare if a past trauma comes up during training
 - Training teams consist of a clinician and maybe a family foster parents.
 - Logistics: size of classes, number of sessions, follow-up, responsibilities of new trainers, follow-up after training

- Training consists of eight models to be presented in seven consecutive sessions, two hours each.
 - Consider as trainers foster parents who are retired or semi-retired. Lots of years of experience.
 - Provide respite to foster parents.
- What is the expectation of trainers regarding who they will train and how many trainings?
 - Commitment for some might be at least 18 months.
 - Will probably be the trainers who have a real passion for this and do it well.
 - For DCFS staff it is part of their job and it will not be limited to 18 months.
 - Commitment might be just to keep it sustained in provider's own agency.
 - How will training be disseminated?
 - How will the trained trainers be coached, supported and encouraged to train?
 - Who should be trained?
4. Discuss development of a trauma informed system that could include all system partners who "touch" the children and families we serve to include child welfare, children's mental health, juvenile justice, schools, law enforcement ...
5. Discuss whether to evaluate the potential system change
- Need to keep track of who we are training, who is providing the training, and how many trainings we have.
 - See if they have some recommended ways to evaluate a system once this is rolled out.
 - How can you measure the change in how people approach children? Susan will research.
6. **Decide on next meeting, assignments, and agenda items**
- Framework subcommittee – Theresa, Joy, Christina, Susan will meet in the next five days. Susan will send out notice.
 - Next Trauma Informed Care Steering Committee will meet ^{Thurs}~~Tuesday~~, June 14, 2:00 to 3:30 p.m. Susan will send out notice.
 - Take the framework to DMG at their Friday, May 18, meeting (8:30 am to noon). Teresa Anderson. Dorothy Pomin and Joy Ifill will discuss with Lisa Ruiz-Lee. Theresa will update the steering committee about the result.
 - Christina will present at the statewide Consortium meeting on May 31 (2:00 to 5:00 p.m.). Other Steering Committee members will attend. Susan will update the steering committee about the result.
 - Ryan Gustafson will write up a framework for supporting trainers.
 - Everyone will review information on the NCTSN website.
 - Susan will let rural child welfare know they can send three people to the training. Ted has 2. One from Elko and one from here.
 - Since NYCP providers are not going to use all their slots, Susan and Theresa, and Susan and Ted will discuss how many more slots they get.



CTISP
Chadwick Trauma-Informed Systems Project

A PARTNER IN
NCTSN

The National Child
Traumatic Stress Network

Caring for Children Who Have Experienced Trauma- A Training for Trainers

Trainer: Lisa Conradt, Psy.D.

Las Vegas/Reno, NV

June 18 and 19, 2012

8:30 AM - 4:00 PM

Time	Activity	Materials
8:30 - 8:40 am	Welcome, Overview and Introductions	Slides 1-3
8:40 - 9:05 am	Why a Trauma Workshop? <ul style="list-style-type: none">- The Challenge- Essential Elements of Trauma-Informed Caregiving- Activity: <i>Square Breathing</i>	Slides 4-22
9:05 - 9:45 am	Trauma 101 <ul style="list-style-type: none">- Types of Trauma- Traumas of children in my care- How Children Respond to Trauma	Slides 23-42
9:40 - 10:00 am	Recognizing Resilience	Slides 43-45
10:00 - 10:15 am	BREAK	
10:15 - 10:45 am	Understanding Trauma's Effects <ul style="list-style-type: none">- Brain Development- Child Development- What trauma-informed caregivers can do	Slides 46-61
10:45 - 11:30 am	The Invisible Suitcase <ul style="list-style-type: none">- The case of Maya- What trauma-informed caregivers can do	Slides 62-67

Time	Activity	Materials
11:30 pm – 1:00 pm	LUNCH	
1:00 – 1:45 pm	Building a Safer Place <ul style="list-style-type: none"> - <i>What is Safety?</i> Activity - Safety and Trauma - Giving a Safety Message - Being an Emotional Container - Physical Boundaries 	Slides 69-83
1:45 – 2:30 pm	Trauma Reminders <ul style="list-style-type: none"> - Group Activity: What's the Reminder? - Coping with Trauma Reminders 	Slides 84-91
2:30 – 2:40 pm	BREAK	
2:40 – 3:05 pm	Dealing with Feelings and Behaviors <ul style="list-style-type: none"> - Cognitive Triangle - Trauma and the Triangle - How you can help - Group Activity: Dealing with Problem Behaviors - Talking about Trauma 	Slides 92-122
3:05 – 3:25 pm	Trauma-Informed Advocacy <ul style="list-style-type: none"> - Know your child's team - Partnering with birth families - Trauma Assessment - Trauma-Informed Treatment 	Slides 123-133
3:15 – 3:45 pm	Taking Care of Yourself <ul style="list-style-type: none"> - Compassion Fatigue: Warning Signs - Self-Care Basics - Secondary Traumatic Stress - Activity: Committing to Self-Care 	Slides 134-149
3:45 – 4:00 pm	Questions, Conclusions, and Evaluations	Slides 150-152

Caring for Children Who Have Experienced Trauma

Training of Trainers

- Who: Lisa Conradi, Psy.D.
Chadwick Trauma-Informed Systems Project/The National
Child Traumatic Stress Network
- What: Training of trainers. Participants will learn how to:
- educate resource parents about the impact of trauma on development and behavior of children
 - provide resource parents with the knowledge and skills needed to respond appropriately to the behaviors and emotional challenges of traumatized children and help traumatized children develop healthy attachments, strengths, and coping strategies
 - assist caregivers in recognizing secondary trauma and its impact on the caregiver and the importance of self-care
- When: June 18 in Las Vegas
June 19 in Reno
8:30 a.m. to 4:00 p.m.
- Where: Nevada PEP Offices
2101 South Jones Blvd. Suite 120
Las Vegas
- Bartley Ranch – Brick House
6000 Bartley Ranch Road
Reno
- How: Contact Laura Adler for Registration and Trainer's Agreement
775-688-1645 extension 315; Fax 775-688-1647
ladler@dcfs.nv.gov
Materials will be distributed at the training
CEU applications are pending

BENEFITS OF TOGETHER FACING THE CHALLENGE

- Applicable for new and existing agencies
- Explanation of theoretical underpinnings, including social learning, psychodynamic, and behavioral theories
- Directly trains and supports agency leadership for the implementation of the model of care
- Designed for Treatment Foster Care but applicable to agencies serving youth in foster care, residential treatment, and outpatient services
- Clinically experienced program developers and trainers



TRAINING OBJECTIVES

Upon completion of this workshop, participants will increase their ability to:

1. Identify key factors that lead to positive outcomes for youth in care
2. Describe the contents of the "Together Facing the Challenge" Toolkit
3. Outline and deliver the six-session train-the-trainer curriculum
4. Demonstrate the process of providing training in the application of the model
5. Discuss the background which laid the foundation for this model
6. Explain research that has been conducted on youth in treatment foster care

OUR TEAM

Maureen Murray, LCSW

Maureen Murray is Assistant Professor in the Department of Psychiatry and Behavioral Sciences at Duke University School of Medicine. Ms. Murray has over 15 years of experience leading clinical research projects in community-based settings. As the Training Director for the *Therapeutic Foster Care in a System of Care* study, she was the primary developer of the Treatment Foster Care resource toolkit, "Together Facing the Challenge." She provides training and consultation on this model of care. She has also served as an individual therapist for children living in foster and congregate care specializing in trauma treatment, adjustment disorders, and familial separation issues.

Elizabeth M.Z. Farmer, Ph.D.

Dr. Farmer is Professor of Health Policy and Administration at Pennsylvania State University. Dr. Farmer's work has informed the field's knowledge of TFC effectiveness in usual care settings and provides the evidence base for the Together Facing the Challenge model. Additionally, she has first hand experience working with youth in group homes and Treatment Foster Care. Dr. Farmer's research interests include effectiveness of children's mental health interventions and mental health in life course trajectories.

Barbara J. Burns, Ph.D.

Dr. Burns is Professor of Medical Psychology and Director of the Services Effectiveness Research Program in the Department of Psychiatry and Behavioral Sciences at Duke University School of Medicine. Her primary research interests are innovative community-based services and implementation of evidence-based treatment for youth and families.

Contact Information

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Appendix B

TOGETHER FACING THE CHALLENGE

An Evidence-Based Model for Treatment Foster Care



Services Effectiveness Research Program
Department of Psychiatry and Behavioral Sciences
Duke University School of Medicine





BEHIND TOGETHER FACING THE CHALLENGE

After years of working in the field of children's mental health service provision, our research team had come to believe that the hard job of direct service provision could be enhanced with straightforward, but effective, methods of working with youth. Through multiple research studies, the Together Facing the Challenge model of care was developed to support existing agencies in enhancing their treatment in usual care practice. We now offer the Together Facing the Challenge model of care in a comprehensive training package, including in-person training, necessary materials, and on-going support and consultation. In addition to being supported by evidence and grounded in theory, the training in Together Facing the Challenge is designed to aid agency leadership in the formidable task of implementing a new model of care. This model has recently received a Level 2 rating for Research Evidence and a Level 1 rating for Child Welfare Relevance from the California Evidence-Based Clearinghouse for Child Welfare. We hope that this model of care, supported by theory but sustainable in usual care settings, will provide a reliable model of care for agencies providing Treatment Foster Care and other related services.

TRAINING HIGHLIGHTS

Day 1	Background and Research What's the Relationship Got to Do with It? Resiliency Theory Social Learning Theory & Tracking Behaviors Power of Praise & Daily Check-In Giving Effective Instructions Developing Meaningful House Rules Understanding the Conflict Cycle and Avoiding Power Struggles Developing and Implementing Effective Behavior Contracts Group Activities
Day 2	Implementing Effective Consequences Preparing Kids for their Future Developing a Personal Timeline Family Communication and Problem Solving Taking Care of Self Adult Learning Styles Preparing for Group Presentations Practice and Critique of Skills
Day 3	Overview of TFC Toolkit Using the Supervisor's Training Manual View of TFC in North Carolina Methods for Pro-Active and Effective Implementation Implementation: How to Get Started Practice and Critique of Skills Planning for Follow-up Consultation



TOGETHER FACING THE CHALLENGE: TRAINING COMPONENTS



- 3-day Training: TFC Model, training delivery, and implementation
- Together Facing the Challenge Manual
- Electronic copy of all program materials
- Together Facing the Challenge: Therapeutic Foster Care in NC DVD
- Off Road Parenting: Practical Solutions for Difficult Behavior, by Pacify, Chamberlain, and White - Book and Interactive DVD
- 12 Sessions of follow-up consultation during the first year of model implementation

Additional Training Notes: Program fees for conducting this training are determined by such factors as the number of participants and the location of the training. Group consultation via teleconference is included in the training fees. Training participants also have access to additional consultation via email or phone contact on an as needed basis. Finally, Ms. Murray reserves the right to vary from this proposed agenda based on the number of participants, pre-training needs assessment, requests from the agency being trained, or other circumstances.



TOGETHER FACING THE CHALLENGE

TRAINING AGENDA

Day 1: January 30th 2012

- 9:00 – 9:30am Introductions and Group Activity
- 9:30 – 10:30 Background and Research
- 10:30 – 10:45 Break
- 10:45 – 11:45 What's the Relationship Got to Do with It?
- 11:45 – 12:15 Resiliency Theory
- 12:15 - 1:00 **Lunch**
- 1:00 – 1:30 Social Learning Theory and Tracking Behaviors
- 1:30 – 1:45 Power of Praise
- 1:45 – 2:15 One-On-One Time
- 2:15 - 2:45 Effective Instructions, House Rules and Limits
- 2:45 – 3:00 **Break**
- 3:00 – 3:45 Power Struggles and the Conflict Cycle
- 3:45 – 4:30 Developing and Implementing Behavior Contracts



Day 2: January 31st 2012

9:00 – 10:00 am	Implementing Effective Consequences
10:00 – 10:30	Preparing Kids for the Future
10:30 – 10:45	Break
10:45 – 11:15	Preparing Kids for the Future cont.
11:15 – 12:00	Family Communication and Problem Solving
12:00 – 12:45	Lunch
12:45 – 1:45	Taking Care of Self
1:45 – 2:00	Adult Learning Styles
2:00 – 3:00	Preparing for Group Presentations
3:00 – 3:15	Break
3:15 – 4:15	Practice and Critique
4:15 – 4:30	Wrap-Up



Day 3: February 1st 2012

9:00 – 10:30am	Practice and Critique
10:30 – 10:45	Break
10:45 -11:00	Overview of TFC Toolkit
11:00 – 12:00	Case Manager Training Manual
12:00 – 12:45	Lunch
12:45 – 1:15	View TFC in North Carolina
1:15 – 2:30	Bringing it all Together – Challenges to implementation and pro-active measures to avoid the pit-falls
2:30 – 2:45	Break
2:45 – 3:00	Next Steps – Small Test of Change
3:00 - 3:30	Planning for Follow-up Consultation
3:30 - 400	Wrap-Up



Building the Foundation: Tracking Behavior

1. Pick one problem behavior you want to work on. *What does it look or sound like?*

2. Think of the opposite, positive behavior. *What would it look or sound like if the problem **didn't** occur?*

3. Choose a time of day when you can be with and observe your child for about an hour straight for 3 days in a row.

4. During each 1-hour session, watch your child's behavior during 5-10 minute periods. If you see the problem behavior, put a mark in the problem box. If you see the positive behavior, put a mark in that box.
Note: for this step, you'll need a clock or a watch nearby.
5. Pay particular attention to what happened **right before**, and **right after**, the problem behavior and the positive behavior and mark what you see in the box for the day the behavior occurred.

Remember the ABC's!

Adapted from: Pacifici, C., Chamberlain, P., & White, L. (2002). Off road parenting: Practical solutions for difficult behavior. Eugene, OR: Northwest Media Inc.

Together Facing the Challenge (TFC)



	DAY 1	DAY 2	DAY 3
	What happened right before the behavior? Right after?	What happened right before the behavior? Right after?	What happened right before the behavior? Right after?
Start time:			
End time:			
Problem behavior: <hr/> <hr/>			
Positive behavior: <hr/> <hr/>			

Adapted from: Pacifici, C., Chamberlain, P., & White, L. (2002). *Off road parenting: Practical solutions for difficult behavior*. Eugene, OR: Northwest Media Inc.

Helpful Hints for Setting up House Rules

- Be clear and specific
- Keep the list short (more is not always better)
- Review and post rules

IN ADDITION...

It is also important to consider the following four areas when establishing, revising, or fine-tuning your house rules:

- Physical Interaction: Ensure physical safety.
- Privacy: Ensure a level of privacy that is comfortable for everyone.
- Food: Ensure that everyone is clear about what is acceptable.
- Household Routines: Ensure that the household runs smoothly.

Source: Oregon Social Learning Center (OSLC) Community Programs. (2003). *Multidimensional treatment foster care training materials*. Eugene: OR: OSLC Community Programs.

House Rules

1.

2.

3.

4.

5.

6.

7.

8.

I have read and discussed the House Rules.

Child Signature

Parent Signature

Source: Oregon Social Learning Center (OSLC) Community Programs. (2003). *Multidimensional treatment foster care training materials*. Eugene: OR: OSLC Community Programs.

Behavior Contract

Steps for Creating a Behavior Contract

1. Write it down!
2. Choose a behavior you want to encourage (remember: this can be the *opposite* of a behavior problem).
3. Can the desired behavior be broken down into smaller steps that will help your child or teenager succeed?
For example, if you are focusing on catching the bus in the morning, list the steps necessary: 1) pack lunch and bookbag the night before; 2) wake up at 6:30; etc.
4. When does the behavioral contract apply (for example, only bedtime on school nights), or when does the behavior on the contract need to be finished (for example, chores completed by dinnertime)?
5. Decide on whether you will use only rewards for following the contract, or if you want to also use negative consequences for when the behavioral contract is **not** followed. Rewards may be enough—it depends on the behavior. This may be an area to discuss with supervisors.
6. Keep track of the days that your child follows the behavioral contract by putting a check or smiley face in the box for that day. Leave it blank if they do not follow the contract.
7. Remember to **follow through** with rewards (and consequences)!

Rewards and Consequences

Effective Rewards and Consequences

- Can be used everyday
- Can be given the same day the behavior occurs
- Are not expensive
- Are related to the child's interests

Ideas for Rewards and Consequences

- Television time
- Phone time
- Computer time
- Time with friends
- Curfew (extended 10, 15 minutes)
- Bedtime (extended 10, 15 minutes)
- Choosing a favorite snack or dessert

Adapted from: Pacifici, C., Chamberlain, P., & White, L. (2002). Off road parenting: Practical solutions for difficult behavior. Eugene, OR: Northwest Media Inc.

Behavior Contract

1. Name: _____

2. Job: _____

STEPS: a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

3. When to do the job: _____

4. Reward: _____

5. Consequence: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Adapted from: Pacifi, C., Chamberlain, P., & White, L. (2002). *Off road parenting: Practical solutions for difficult behavior*. Eugene, OR: Northwest Media Inc.



Developing a Personal Timeline with your Child

What is a Personal Timeline?

A personal timeline illustrates a series of events in order that shows what you see happening in your life.

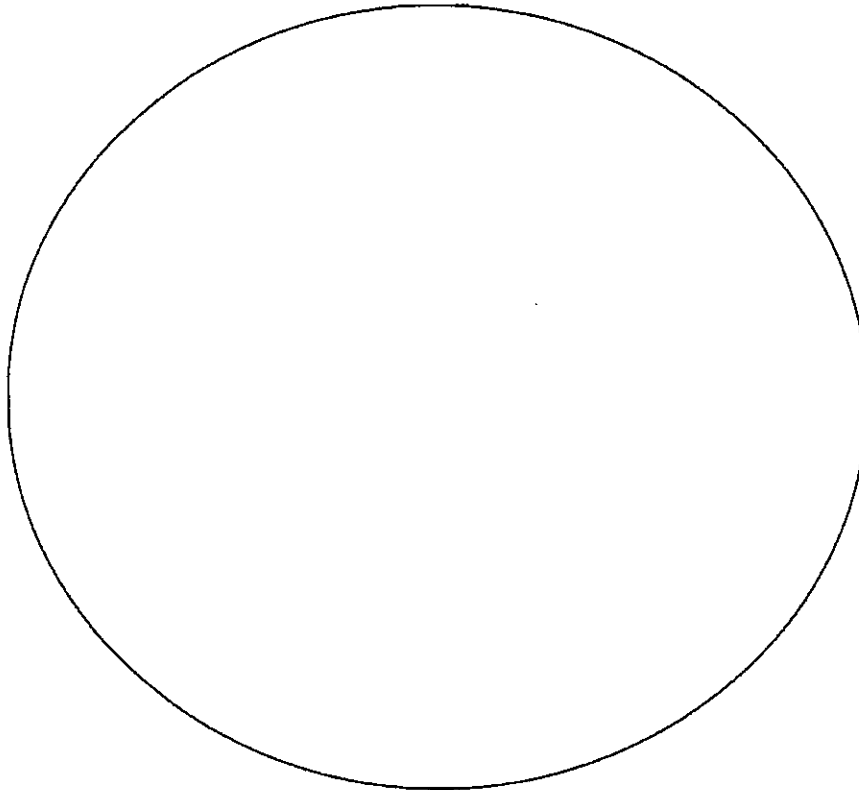
Activity to do with your child – Starting now and going as far into the future as possible, assist your child in mapping out their personal journey (what they are doing now and where they want to go). Using a long sheet of paper or newsprint, have your child write or draw their timeline illustrating those events in pictures or words. Assist your child in generating as many goals as possible. Next help him/her to think about what they need to do to be successful in achieving their stated goals. Breaking down long-range goals into more manageable short-term steps can help your child to connect what they are doing now with how it impacts their future. The timeline can also be used as a visual reminder to help your child stay focused on working towards their goals.

Things to Consider....

- Help kids think about how their interests, talents, and strengths can be transformed into goals
- Encourage them to set goals that will improve the quality of their life
- Assist them in formulating strategies for goal attainment
- Encourage them to be creative
- Help teach them to delay gratification
- Assist them in the process of self-evaluation

Pie of Life

There are a variety of roles that we all play in our daily lives. Think about and list all of the roles you play. Think about how you spend your time among those roles and begin to slice the circle below into pieces that represent how much time you spend, on average, on any given activity or role.



Daily Roles...

Together Facing the Challenge

Therapeutic Treatment Parents as Front-Line Treatment Providers

This scale is intended to be administered by the supervisor at the end of their in-home sessions with families on their caseload. Based on direct observation, rate the caregiver's ability (using the scale provided below) to effectively implement the following parenting skills and techniques presented during the training on the "Together facing the Challenge" curriculum.

	0	1	2	3	4	5
	Not at all true for the parent	Somewhat true for the parent	Moderately true for the parent	True for the parent	Very much true for the parent	Not Applicable
_____ 1.	Builds a therapeutic relationship – encourages and supports child by providing important building blocks in their relationship (e.g. genuine interest, identifying common ground, positive attitude, patient and understanding, consistent and follow-through, etc.)					
_____ 2.	Establishes and effectively utilizes a daily check-in – has a set time each day, approximately 5-10 minutes; encourages child to talk openly and provide feedback on how they are doing; starts and ends with positive encouragement and “sandwiches in” any problems, issues, or concerns.					
_____ 3.	Teaches cooperation – is able to balance use of corrective discipline within the context of a supportive environment.					
_____ 4.	Uses praise to encourage positive behavior – positively reinforces child by finding opportunities to “catch” their child being good.					
_____ 5.	Tracks positive and negative behavior – observes specific child behaviors to learn more about the frequency, duration, and intensity of the behaviors.					
_____ 6.	Gives effective instructions – demonstrates ability to use effective strategies (i.e., is specific, clear, respectful, and follows through). Instructions are given in a calm manner with the youth's full attention.					
_____ 7.	Establishes and fine-tunes house rules – has a clear set of house rules; limited in number, posted in a central location, and is reviewed regularly. The house rules are followed by all members of the household and provide a structure for a safe environment.					
_____ 8.	Interrupts the conflict cycle – is able to identify conflicts that take place and demonstrates ability to effectively intervene by de-escalating the situation.					
_____ 9.	Develops and implements behavior contracts – understands the rationale behind behavior contracts and steps needed to develop an effective contract, is able to implement this technique and follow through with the plan.					

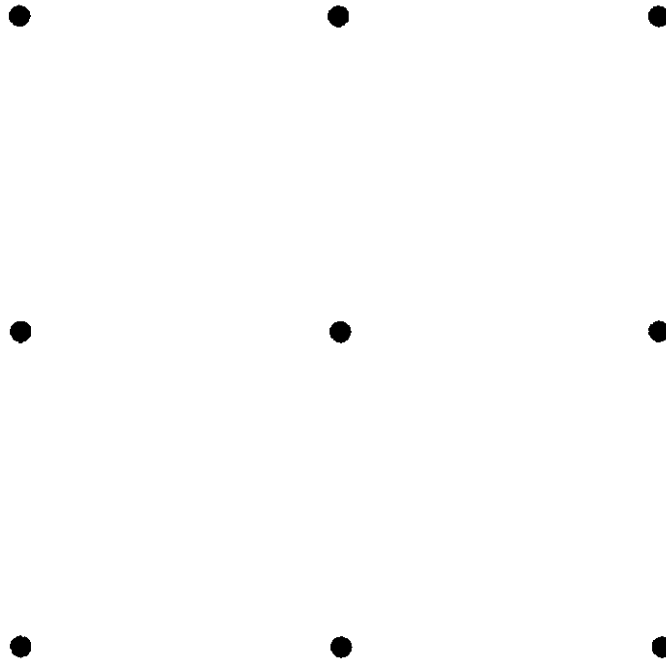
(Continued on back)

- _____ 10. **Implements consequences** – demonstrates knowledge of and ability to effectively implement various forms of consequences for problem behaviors.
- _____ 11. **Uses effective communication** – has developed effective methods to allow for open and on-going communication in the family; structure has been clearly identified and presented to all members of the family.
- _____ 12. **Incorporates family fun time** – is able to describe various fun activities that the family has participated in recently. Uses these opportunities on a regularly scheduled basis to enhance the quality of family relationships.
- _____ 13. **Utilizes problem solving techniques** - demonstrates ability to use the problem solving model to address a specific problem by defining it clearly, generating multiple solutions and selecting best solution based on outcomes.
- _____ 14. **Addresses thoughts, feelings, and behavior** – demonstrates ability to assist child in recognizing, talking, about, and dealing with difficult thoughts and feelings that emerge; helps the child to understand how their thoughts and feelings can impact their behavior.
- _____ 15. **Teaches relevant life skills** – demonstrates ability to transform daily living activities into learning opportunities to assist youth in the development of independent living skills.
- _____ 16. **Takes care of self** – is able to recognize the impact that stress has on their life, the ‘warning signs’ that make them aware of it, and the specific strategies they use to manage their stress level while taking time for self on a regularly scheduled basis.

(Continued on back)

Connect the Dots

Connect the Dots

**Directions:**

Connect all of the dots with four straight lines. Do not lift your pencil off the paper. Do not retrace any line. Lines may cross if necessary.

Strategic In-Home Treatment Update

*** NOTE:** This is a **SAMPLE** form that can be used to target specific behaviors and interactions.

Staff name: _____ Date: ____/____/____
 Parent name: _____ Child's name: _____
 Place of Contact: _____ Length of Contact: _____

Section I: Targeted Positive Behavior

- ☐ Following Instructions
- ☐ Good Self Hygiene
- ☐ Performs well in school
- ☐ Respectful
- ☐ Completes Chores
- ☐ Completes Homework
- ☐ Obedient
- ☐ Honest
- ☐ Respects Others' Property
- ☐ Appropriate Boundaries
- ☐ Expresses Feelings/Thoughts Appropriately
- ☐ Other: _____ (keep it behavioral: what it looks like, sounds like)

Comments (include Frequency, Duration and Intensity of targeted behavior, ABCs, and any other pertinent information):

Section II: Targeted Negative Behavior

(usually the opposite of the targeted negative behavior):

- ☐ Arguing
- ☐ Sexually Inappropriate
- ☐ School Related Problems
- ☐ Lying/Dishonesty
- ☐ Disobedience/Not Listening
- ☐ Disrespectful/Talks Back
- ☐ Stealing
- ☐ Poor Hygiene
- ☐ Fights/Physically Aggressive
- ☐ Other: _____ (keep it behavioral: what it looks like, sounds like)

Comments (include Frequency, Duration and Intensity of targeted behavior, ABCs, and any other pertinent information):

Section III: Intervention Strategies

(Y planned intervention/s. There may be more than one intervention. For example, 1 to address the negative behavior, 1 for the positive [opposite] behavior):

- ☐ Privilege Removal
- ☐ Grounded
- ☐ Family/House meeting
- ☐ Time-Out
- ☐ Track behavior (describe)
- ☐ Hug/ Other non-verbal praise
- ☐ Encourage/ Remind of possible reward
- ☐ Implement Behavior Contract
- ☐ Command, 1 warning
- ☐ Extra work chore
- ☐ Natural Consequence
- ☐ Restitution/Fine
- ☐ Verbally Praised
- ☐ Reward/Extra Privilege
- ☐ Other: _____

Comments (include Frequency, Duration and Intensity of targeted behavior, ABCs, and any other pertinent information):

Preparing Kids for Their Future

Interview Questions

(The following questions are designed to assist you completing a timeline with your TFC Child)

1. What are some of your interests? What do you like to do in your free time?
2. Thinking about your plans for the future, where do you hope to be next year? In 5 years? In 10 years?
3. What are you currently doing that is helping you to work towards the goals you have set for yourself?
4. Have you had any type of job experience or vocational training?
5. What if your current plans don't work out? What then?
6. What is your biggest concern/fear when you think about planning for your future?
7. What are the things you have found to be most helpful in preparing you for independent living?
8. What are some of the barriers/obstacles you have encountered in the process of working towards independent living?
9. What problem solving strategies have helped you to overcome barriers?
10. Who are the people who have been most influential in helping to prepare you for your future?
11. If you could have everything you needed to prepare for independent living, what would it look like?
12. What are the things you will need in place to help support you in reaching the goals you presently have set?
13. In what ways can I/we be helpful in preparing you for the future?

Together Facing the Challenge:

Implementation of evidence-based training
for Treatment Foster Care

Maureen Murray
Duke University

Betsy Farmer
Penn State University



Overview of Training

- Introductions
- Background and Research
- *Together Facing the Challenge*: Intervention and Toolkit – training and application
- Implementation Considerations and Challenges
- Bringing it all Together



Background

- Therapeutic Foster Care (TFC) is considered to be one of the few “*evidence-based*” community-based, comprehensive interventions
- *The “evidence”* comes almost exclusively from Patti Chamberlain’s work at the *Oregon Social Learning Center*
- Little is known about TFC in ‘real world’ settings
- Our study in North Carolina examined the extent to which TFC, in ‘*usual practice*’, resembled the ‘*evidence-based*’ model
 - 3 primary aims:
 - To examine use, variation, and effectiveness of ‘real world’ TFC



Initiation of Our Work on TFC

- NIMH funding for an “*observational study*” of TFC
 - To learn more about:
 - How was TFC used? (for whom, where in treatment trajectories, for how long, etc.)
 - How much variation was there in “usual care” TFC?
 - Was better “quality of care” in TFC related to better outcomes for youth?
 - Worked with 46 agencies in North Carolina



One of our research questions was:

- **What was the level of conformity to national *standards of care* for TFC?**
 - Standards were developed by Foster Family-based Treatment Association (FFTA, 1995)
 - These standards cover 3 broad areas:
 - Program: (documentation; qualifications, training/supervision of staff)
 - Treatment Parents: (training, supervision, support, record keeping, home capacity)
 - Children, Youth, and Their Families: (pre-placement activities, matching, assessment, treatment planning, transition and permanency planning, involvement of child's family)



Examples of Conformity to *Standards of Care*

- Training for treatment parents:
 - 97% required pre-service training
 - 71% met standards for 30 hours of such training
 - 21% provided recommended annual in-service
- Treatment planning:
 - 100% initial treatment plan within 30 days of placement
 - 23% required quarterly review/update



Effects of Conformity to *Standards of Care*

- Conformity on 'Treatment Parent' Standards and 'Children, Youth, and Family' Standards are unrelated to outcomes
- Higher conformity on Program Standards subscale is associated with:
 - More frequent meetings between TPs and supervisors ($r=0.16$, $p<.05$)
 - Better supervision of youth ($r=0.28$, $p<.01$)
 - More consistent consequences for behavior ($r=0.23$, $p<.05$)
- All of these are associated with better outcomes for youth in research on evidence-based model



Advancing the Evidence Base

- Our approach was unusual
 - “Hybrid model”
 - Based on evidence-base and ‘observational’ research
 - Brought together components to meet capacities of existing agencies (as opposed to implementing in a stand-alone model)
 - Built on existing structures and strengths
- Higher risk, but potentially higher gains
 - Positive – if it works, we have an approach that is more amenable to dissemination and has high relevance for community-based settings



Why Now? What's at Stake?

- At present there is a strong emphasis on 'evidence-based' treatment
- Current evidence base is promising, but limited
- Very little known about how TFC is currently provided across the nation
- Therefore, advancing the evidence base for TFC strengthens its position in the field



Development of the Randomized Trial (2003-2009)

- Built upon findings to improve practice in “usual care”
 1. Built upon Chamberlain’s evidence-based model
 2. Practice-based “evidence” from initial study



What We Offer

- A comprehensive *train-the-trainer* model that brings together the strengths of evidence-based treatment with the realities of “usual care” settings to offer an enhanced approach to meeting the needs of youth in Therapeutic Foster Care



The Together Facing the Challenge intervention was designed to:

- Strengthen the relationship between agency staff and treatment parent as well as between treatment parent and child,
- Increase treatment parent skills, knowledge, and competence in the general areas of behavior management and,
- Enhance supervisors' ability to adequately support and guide these efforts.



Intervention and Design

- Families enrolled in the study (n=247)
- 14 sites across the state of North Carolina (7 intervention and 7 control)
- Intervention Sites (n=136)
- Training with TFC Supervisors (n=85)
- Training with Treatment Parents (n=350)
- Follow-up consultation with Supervisors for one year
- “Booster sessions” with Treatment Parents (6 and 12 months)
- For all sites: Data collection at baseline, 6, 12, 18, and 24 months



Treatment Parent Demographics

- 60% married
- 90% female identified as primary care provider
- average age = 48
- 78% African American
- 75% some education beyond high school
- 63% work full-time



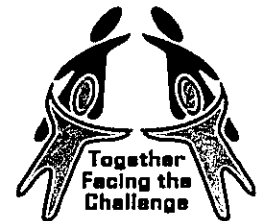
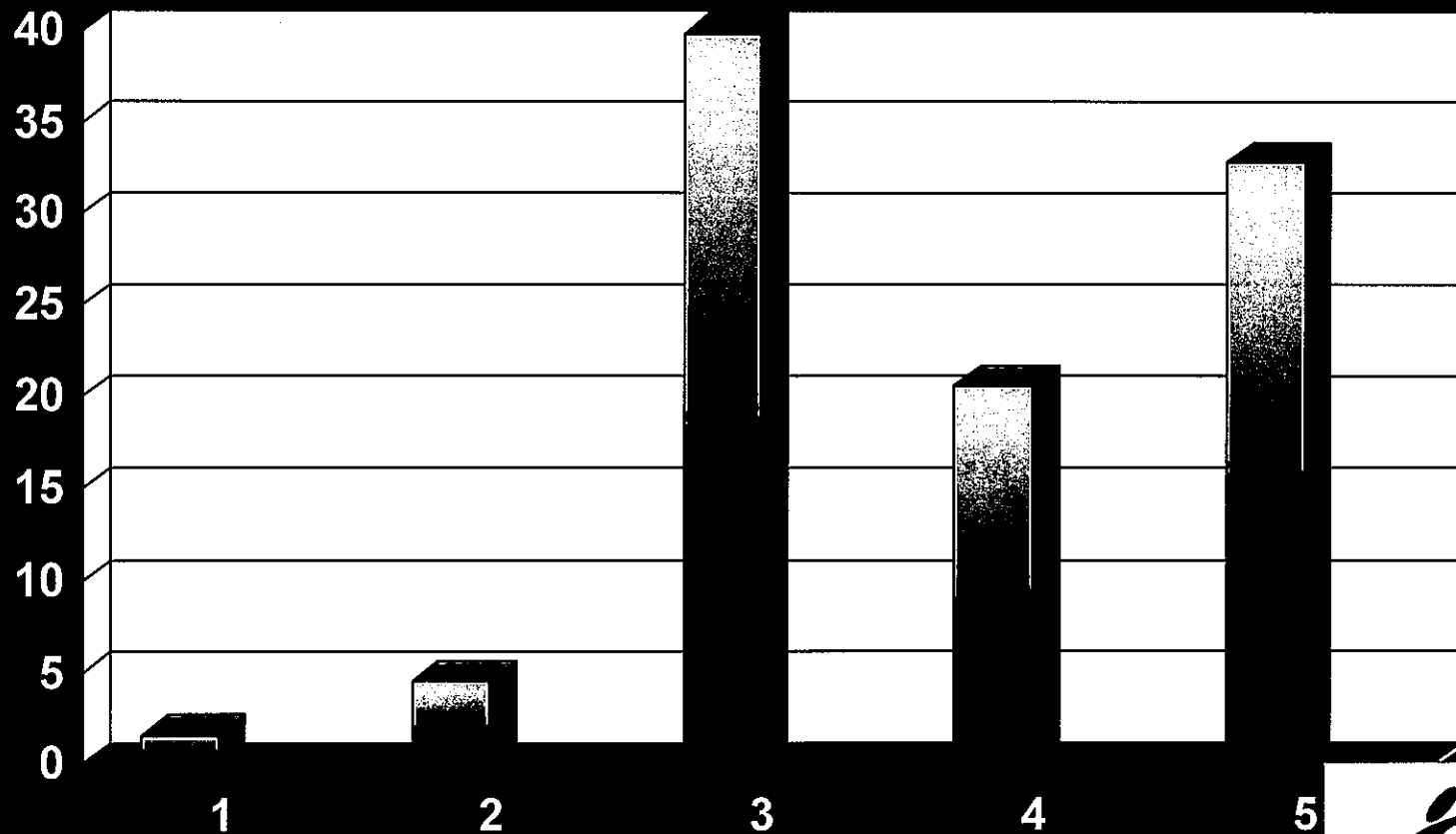
Supervisor Demographics

- 75% Female
- 57% Caucasian
- 38% African American
- 26-66 Age Range (40)
- 72% College Degree
- 22% Graduate Degree
- 0-19 Years at Current Agency (3)
- 0-38 Years in the Field (11)



Treatment Parent's View of Role

1 = Treatment Professional 5 = Parent



Treatment Parent Prior Experience

Parent to own children	88%
Regular Foster Care	28%
TP with other TFC agency	21%
MH Professional	24%
Family Member with MH problems	29%



Implementing Behavior Management

- According to Treatment Parents (as reported on the PDR), youth exhibited an average of 4-5 problematic types of behaviors in a 24 hour period:
 - Examples:

• Lying	32%
• Manipulative	34%
• Not following directions	24%
• Problem in school	18%
• Fight or disagreement	30%
• Ignore TP	16%



What Did They Do About It?

- In 80% of cases, TP reported doing 'something' in response:

Talked to...	30 - 40%
Discussed....	12 - 19%
Reminded of rules...	10 - 24%
Warned of consequence	5 - 12%
Redirect	2 - 10%



General Approaches to Behavior Management

- Treatment Parent reports of approaches found to be most effective:
 - Restricting or removing privileges 36%
 - Talk/discuss/warn 29%
 - Note that in prior slide, restricting/removing privileges was virtually never actually used



Together Facing the Challenge

Implementation Outline

Phase 1-Introduction

- Introductory meeting with agency administrator
- Introductory meeting with agency staff
- 2 full days of training with agency staff
- 12 hours of training with treatment parents



TFC Implementation Outline (cntd.)

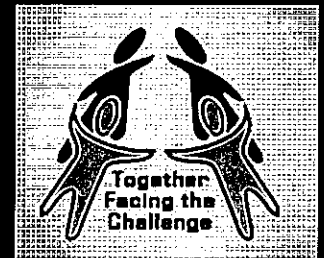
Phase 2 – Follow-up Consultation

- Monthly consultation for supervisors for one year following the initial training
- Booster sessions for treatment parents
- conducted at 6 and 12 months post training



Supervisor Training

- Initial Training: 2 Full Days
- Accelerated version of parent management training
- Some of the goals of Supervisor training included:
 - Education
 - Preparation
 - Facilitation



Treatment Parent Training

Initial Training: Six, 2.5 hour sessions

- **Session 1:**
 - **Building Relationships, Power of Praise, and Tracking Behaviors**
- **Session 2:**
 - **Use of Incentives, Giving Effective Instructions, and Establishing House Rules**
- **Session 3:**
 - **Avoiding Power Struggles, and Developing Behavior Contracts**
- **Session 4:**
 - **Implementing Effective Consequences**
- **Session 5:**
 - **Preparing for the Future**
- **Session 6:**
 - **Enhancing Communication, Identifying and Managing Feelings, and Taking Care of Yourself**

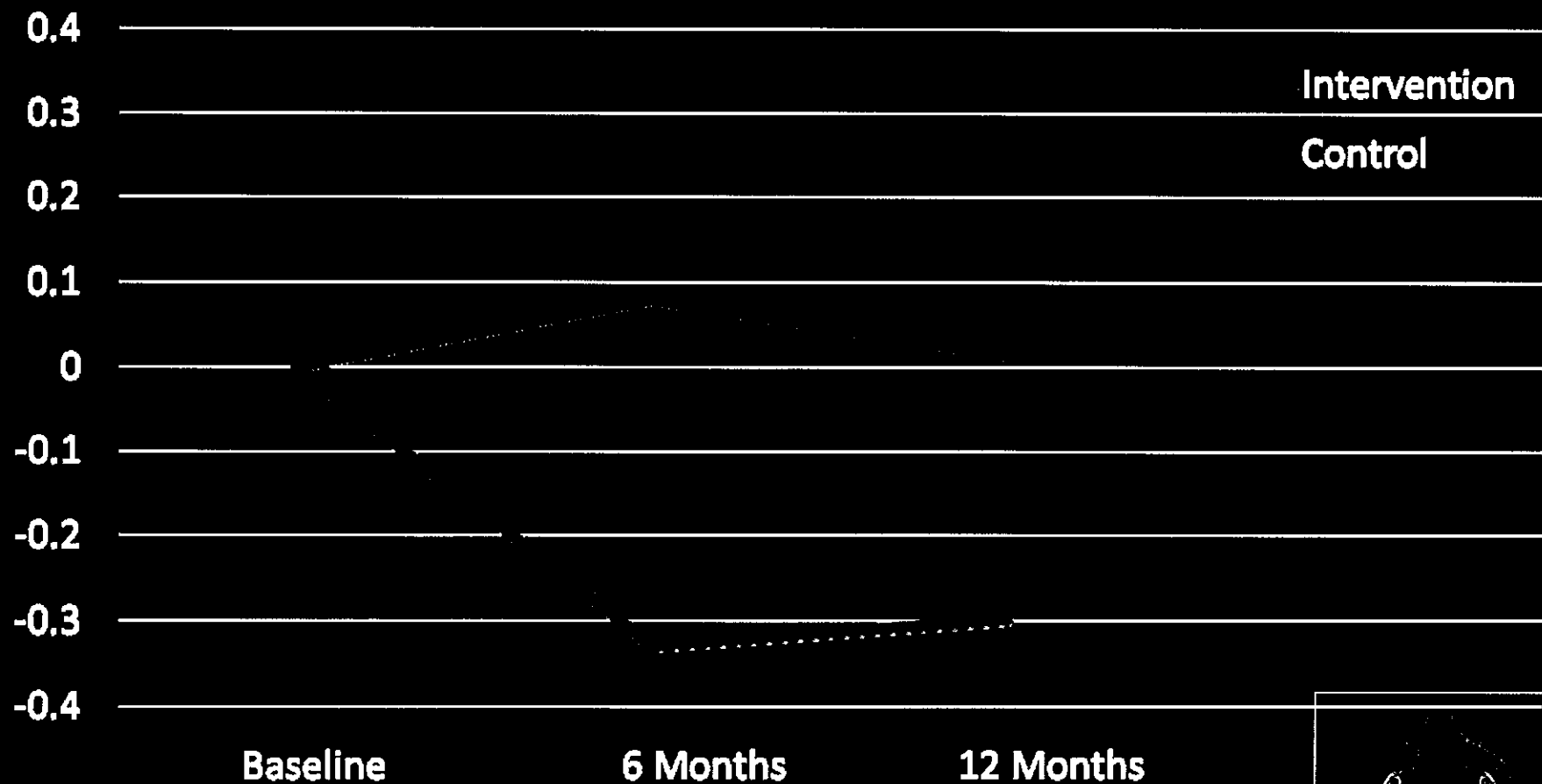


Study Design

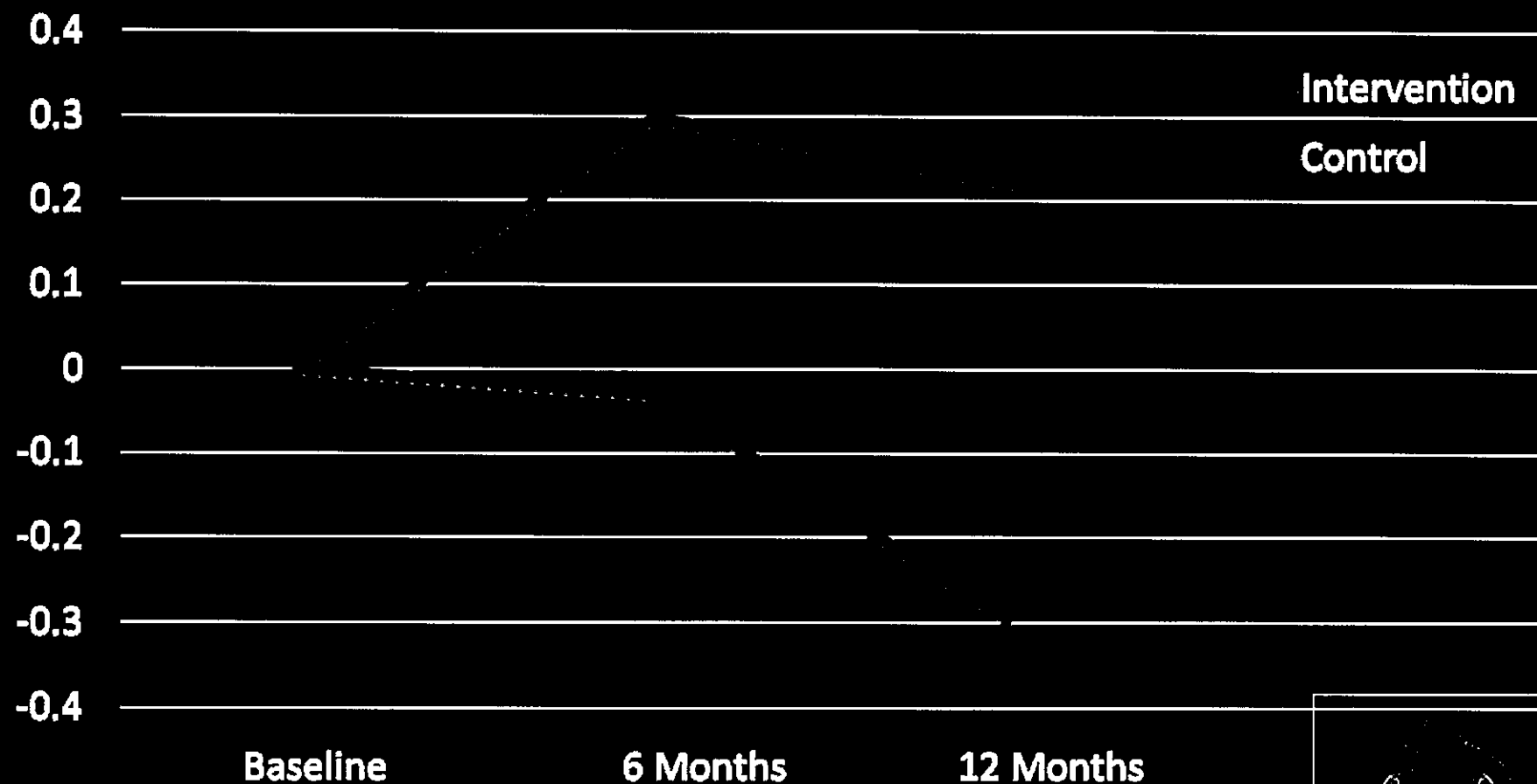
- Data collection at baseline, 6, and 12 months,
- Interviews with treatment parent and youth (separately),
- Continued to follow youth even in the event of a change of placement,
- Current analyses are “intent to treat” (everyone included in analysis, regardless of tenure in TFC).



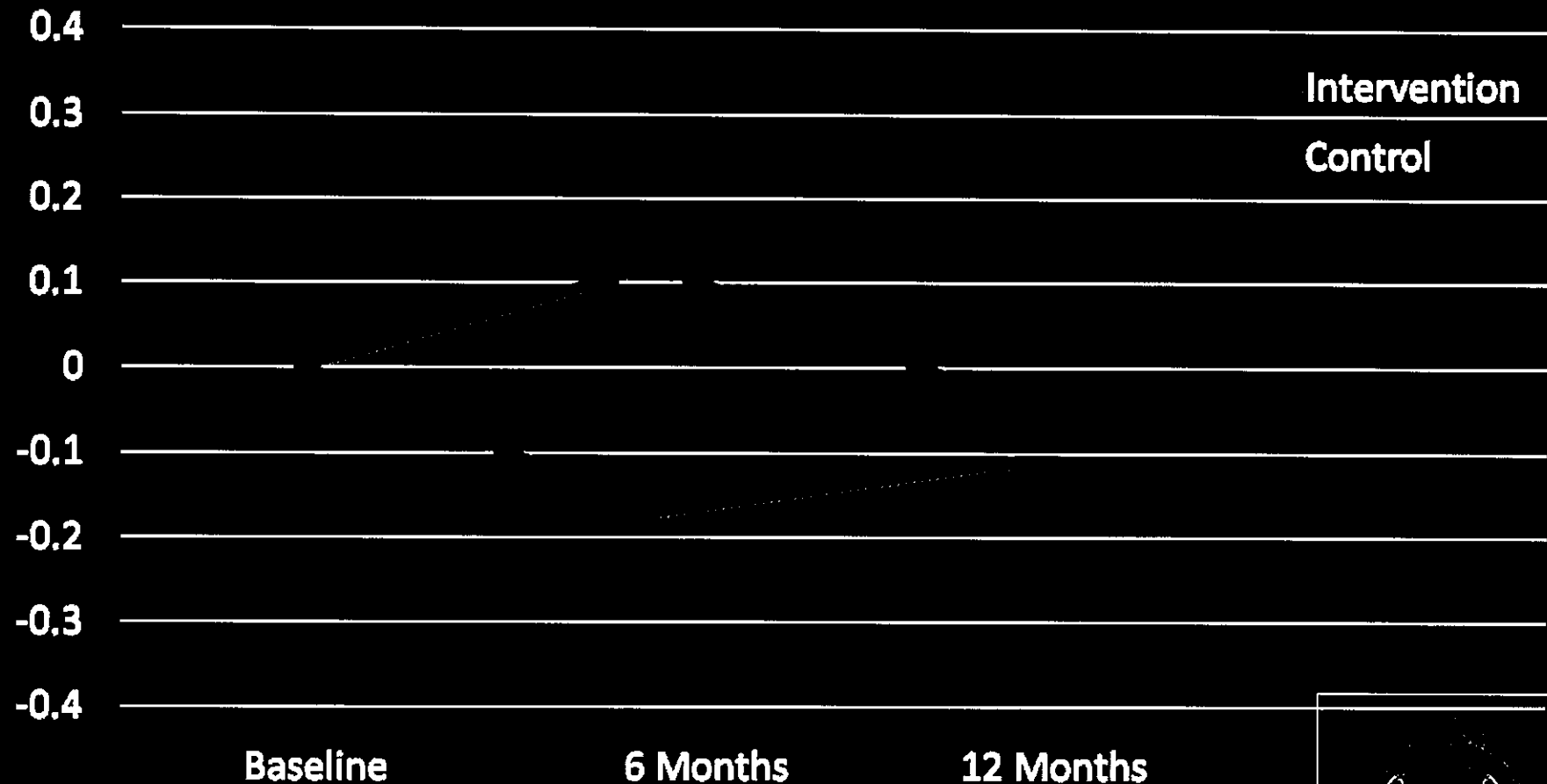
Youth-level Outcomes: SDQ



Youth-level Outcomes: PDR



Youth-level Outcomes: BERS



Another Way to View it

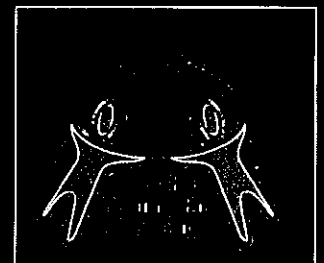
By 6 months, what percentage of youth had shown a positive improvement

– For SDQ:

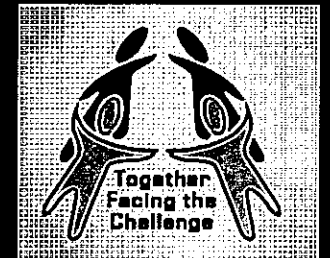
- 63.2% for Intervention vs. 40.3% for Control

– For BERS:

- 51.5% for Intervention vs. 34.3% for Control



So, What's Affecting
Outcomes?



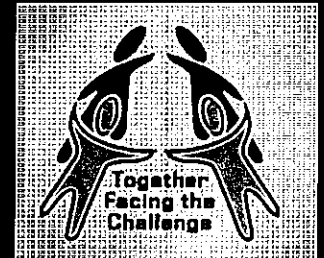
What is Related to What . . .

- Intervention correlates with more frequent use of “removal of privileges” as a consequence for problem behavior ($r=0.16$, $p<.05$)
- Better parent-child relationship shown by improved BERS (strengths) score ($r=0.19$, $p<.05$)



Effects of Increased Supervision

- Increased frequency of meetings with supervisor was related to positive practices . . .
 - Increased use of praise ($r=0.15$, $p<.05$)
 - Increased use of privilege removal ($r=0.16$, $p<.05$)
 - Reduced use of physical restraint ($r=-0.14$, $p<.05$)



Where We Currently Stand . . .

- We're continuing to analyze these data
- First time the field has examined whether TFC can be improved (compared to "usual care" TFC)
- Results LOOK encouraging
- But, we still have a tremendous amount of work to do



Conclusions

- TFC in “real world” practice doesn’t look like the evidence-based model
- There are factors related to outcomes in evidence-based and practice-based research that are modifiable
- We’re trying to improve “real world” to more fully include these factors
- Promising outcomes so far, but still a lot of work to do . . .



Overview of TFC Toolkit

- Introduction
- Background and Research
- Video Tape on TFC in North Carolina
- Up for the Challenge Questionnaire
- Measure to assess Organizational Readiness
- Training Manuals
- Materials to assist with Implementation
- PowerPoint Presentation
- Additional Resource Information
- Off Road Parenting Book with DVD
- Toolkit on CD



Session One:

Building Relationships & Tracking Behaviors



What's The Relationship Got To Do With It?

- One of the findings in our recent study shows that the relationship between the Treatment Foster Care Parents and their Supervisors has a significant impact on the outcome.
- In other words, kids do better when Agency Staff and Treatment Parents have a good working relationship.
- Likewise, kids do better when they have a positive relationship with their Treatment Foster Care Parents.



How does Uncooperative Behavior Develop?

- The Coercive Cycle: A four stage model to understand the path leading to anti-social behavior.
- Stage 1: Toddler example
- Stage 2: School related difficulties
- Stage 3: Negative peer group
- Stage 4: Transition to young adulthood



Social Learning Theory

- Learning from the environment and social interactions
- Behavior in context

A

B

C

Antecedents

Behavior

Consequences



The ABCs: Keys to Understanding and Addressing Behavior

Antecedents: what happens right before the behavior

Behavior: the observable action: intensity, frequency, duration

Consequences: what happens right after the behavior



Examples: Knowing the **ABC**'s...

A

Antecedents

B

Behavior

C

Consequence

Adult:

Horrible day at work

?

Child:

Completes HW alone

?



Tracking Behavior

- Method of monitoring behavior to help identify areas of strength and areas of concern
- Mechanism for learning ABCs
- Mechanism for observing and rewarding good behavior



Tracking Involves The Following Steps:

1. Pick a Behavior – Identify the problem that you want to work on
2. Define it clearly: what does it look like; sound like
3. Identify it's Opposite
4. Pick a Time – Set aside about an hour each day
5. **Track It** – Carefully monitor and observe how often the behavior occurs and its opposite takes place; Assess for Antecedents and Consequences

(video segment- OFF ROAD VIDEO)



Session Two:

Setting Expectations



What are some of the
behaviors you've observed
with kids you have worked
with?



The Power of Praise

- “Catching Your Child Being Good”
- Praising your child will increase the likelihood that they will repeat the behavior being praised
- Immediate Versus Delayed Praise
- Labeled and Unlabeled Praise
- Praising your child helps to develop positive self-esteem



The Power of Incentives

Rewards to which adults can relate...

- ✓ Getting a paycheck
- ✓ Earning a promotion
- ✓ Receiving praise from your boss
- ✓ Having your child tell you that the meal you made was wonderful

Incentives not only make us feel good, they also increase the likelihood that we will do the behavior being rewarded in the future.



In Addition to Praise...

- Additional privileges (e.g., having a treatment parent-approved friend over for an afternoon; going to the mall or park with a treatment parent)
- Additional time for enjoyed activities
- Later bedtime on weekends
- Control over certain activities
- Special treats



Incentives and Rewards

- Can be used everyday
- Can be given the day the behavior occurs
- Are inexpensive
- Are related to the child's interests
- When possible, have incentives and rewards 'connect' to the behavior being addressed



Establishing a Daily Check-in

- Quick 5-10 minutes each day
- Established, predictable time
- Review day
- Feedback sandwich:
positives - "need to work on" - more positives
- Role play

Control Training Video)

