The EPISCenter is a project of the Prevention Research Center, College of Health and Human Development, Penn State University, and is funded by the Pennsylvania Commission on Crime and Delinquency and the Pennsylvania Department of Public Welfare.
PA DPW Five County
Child Welfare Demonstration Project

• Long Term Goal: Improve safety, permanency, and well-being outcomes for children and families.
• Short Term Goal: Improve family functioning and placement decision making.
• Focused on expanding the use of evidence-based programs
• Choice of program is determined by local needs
• Focused on improving family engagement and assessment
• Allows more flexible use of federal funds in pilot counties
• Evaluation Conducted by UPMC
• http://www.pacwrc.pitt.edu/ChildWelfareDemoProject.htm
Public Health Model of Prevention

- A public health model focuses on safety and well-being at the population level. The public health model:
  - Is multidisciplinary in nature
  - Emphasizes input from a broad range of stakeholders
  - Is action oriented
  - Is rooted in science and is data driven
  - Has a prevention focus
  - Assures availability of the right services when individuals, families, community need them
Public Health Model Four Step Process

1. Define the problem
2. Identify the risk and protective factors
3. Develop prevention strategies
4. Assure widespread adoption
Communities That Care

- Is an “operating system” to mobilize communities and agency resources
- Follows a public health model of preventing poor outcomes by reducing associated risk factors and promoting protective factors
- Is a coalition model that is data-driven and research-based
- Follows a specific sequence of steps
- Focuses on the use of targeted resources and evidence-based prevention programs
CTC in Pennsylvania

- Adopted as a statewide initiative in 1994
- 50-60 currently functioning CTC communities
- Local infrastructure for implementing EBP’s
- System of assessment & dedicated technical assistance to improve coalition functioning
- Over a decade of studying the processes of coalitions
- Opportunity to study CTC & EBPs in a long-term large-scale implementation under real-world conditions
STEP ONE

Defining the Problem
Why Does it Matter?

• Children have the right to be protected
  • Abuse can lead to long term social, emotional, and physical damage

• Societal Costs
  • The lifetime cost for each victim of child maltreatment who lived was $210,012
Figure A.-Conceptual Framework for the ACE Study

Whose Problem is it?

• Child Maltreatment is a community problem
  • it is important to understand who in the community has the knowledge and responsibility around the needs and services for preventing maltreatment and protecting children at risk.

• Who might these individuals and groups be in your community?
Whose Problem Is It?

- Engaging and educating **Key Stakeholders** is important to moving prevention strategies forward. **Key Stakeholders:**
  - May vary by community
  - Have the capacity to support policy and practices
  - Champion prevention efforts
  - Spearhead needs and resource assessments

- Who are the **Key Stakeholders** in your community?
Whose Problem Is it?

- Organizing Key Stakeholders has benefits
  - Shared common vision and mission
  - Comprehensive risk and protective factor analysis that drive decisions
  - Shared responsibility for program selection and outcomes
Whose Problem Is It?

• Organizing Key Stakeholders may have challenges
  • Organizational and structural limitations
  • Philosophical and cultural differences
  • Lack of knowledge about role and mission of others

• Take the time to address these challenges as you build a prevention coalition
STEP TWO

Identifying Risk and Protective Factors
RISK FACTOR  PROTECTIVE FACTOR

INCREASES THE VULNERABILITY TO BECOME A VICTIM OR A PERPETRATOR

REDUCES THE VULNERABILITY TO BECOME A VICTIM OR A PERPETRATOR
Key Stakeholders and Risk Assessment

- Community assessment of child maltreatment risk is important for implementing effective prevention and intervention programs for vulnerable children and families.
- Risk assessment is important for all stakeholders to understand in order to develop a thoughtful safety net of services protecting children from harm.
What Are the Risk Factors for Child Maltreatment?

• Parent/Caregiver Factors
• Family Factors
• Child Factors
• Environmental Factors
What Protects Children from Maltreatment?

• Parent/Caregiver Factors
• Child Factors
• Environmental Factors
How Do We Identify the Risk and Protective Factors in Our Community?

- Multiple sources exist for creating a risk assessment
  - Individual data is usually collected by communities agencies serving children
  - Community level data available from multiple sources
How Do We Identify the Risk and Protective Factors in Our Community?

• Environmental Indicators

• Census (http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml)

• Robert Woods Johnson County Health Rankings
  http://www.countyhealthrankings.org/app/pennsylvania/2014/overview

• Child Trends
  http://datacenter.kidscount.org/data#PA/2/0
How Do We Identify the Risk and Protective Factors in Our Community?

- Abuse trends and prevalence
  - 2012 PA Department of Public Welfare Annual Report
    http://www.dpw.state.pa.us/cs/groups/webcontent/documents/document/p_034463.pdf

- Youth perceptions and attitudes
  - Pennsylvania Youth Survey 2013
    http://www.episcenter.psu.edu/pays2013
How Do We Know the Risk and Protective Factors in Our Community?

- Other Data Sources
  - PA Department of Education
    https://www.safeschools.state.pa.us/Home.aspx?App=Empty&Menu=dbd39a1f-3319-4a75-8f69-d1166dba5d70
  - Juvenile Justice
  - PA Department of Health -
    http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596007&mode=2
Why do I need this data and what do I do with it?

- All Communities are different
  - Collecting data allows for comparison between your community and the State, as well as with other communities

- How are conditions changing
  - Collecting data establishes a baseline so that your community can set goals and measure success
Why do I need this data and what do I do with it?

• Establishes priorities for prevention and intervention
  • Collecting data highlights areas that your community is strong
  • pinpoints the areas of most concern for your community
  • Allows the community to make data driven decisions about the programs that are most likely to give you wanted and needed results
  • Key stakeholders more likely to agree and work together
Why do I need this data and what do I do with it?

- Provides focus
  - Which protective factors can the community focus on?
  - Which risk factors are greatest in our community that can be addressed?
  - Which domain (community, school, family, individual) do we target?
  - What developmental period should we target?
  - What type of program (universal or targeted)?
STEP THREE

Develop Prevention Strategies
We Know our Risk and Protective Factors
Now What?

• Identifying Existing Resources
  • What programs does your community already have in place?
    o What domain do they address?
    o Targeted or universal?
    o Developmentally appropriate?
    o Are they working?
  • Where are the gaps (Conceptualize a service map)
    o Is there an area of need not covered by existing services?
    o Is there a program that might address needs better than current services?
    o Is there a need to collect outcome information on current programs?
IOM Model Of Mental Health, Intervention Spectrum

Programs can be placed along a continuum of confidence based on their evidence or theory

*Bumbarger & Rhoades, 2012

**HARMFUL**
- **Ineffective**
  “This program has been evaluated and shown to have no positive or negative effect”
- **Iatrogenic (Harmful)**
  “This program has been rigorously evaluated and shown to be harmful”

**EFFECTIVE**
- **Evidence-based**
  “This program has been rigorously evaluated and shown to work”
- **Promising Approaches**
  “We really think this will work... but we need time to prove it”
- **Best Practices**
  “We’ve done it and we like it”

How confident are we that this program or practice is a good use of resources AND improves outcomes for children and families?
How do I Identify Programs to Fill the Gaps?

• There are many sources that are dedicated to helping communities identify effective programs.
• Each have slightly different criteria for including programs on ‘a list’, but the common criteria is researched evidence of effectiveness.
• Each program has a set of risk and protective factors addressed that may map onto your communities needs.
• Often programs are placed on a continuum of effectiveness.
Evidence Based Program Selection

• California Evidence –Based Clearinghouse for Child Welfare http://www.cebc4cw.org/search/
• Blueprints for Healthy Youth Development http://www.blueprintsprograms.com/
• National Registry of Evidence-based Programs and Practices http://www.nrepp.samhsa.gov/
• Other
Evidence Based Program Selection

• You may find several potential programs that will fill the gaps in prevention and intervention in your community.

• Drilling further into the specifics of the program is important.

• Can the developer meet your community needs (timing of training and support to community)?
Evidence Based Program Selection

- Does the community have the capacity to implement (staffing, space, funds)?
- Can the program be sustained over time?
- What about a “home-grown” program developed within my community?
STEP FOUR

Assure Widespread (Quality) Adoption
Implementing With Quality

- Readiness
- Training & Preparation
- Baseline - Pre-test
- Delivery
- Fidelity & Process Monitoring
- Assess Impact - Post-test
- Analyze Process and Outcomes Data
Readiness

• What is the theory of change?
  • Logic Models
• Target Population
• Strategies
• Staff Required
• Dosage & Duration
• Sustainability

• Tools available to help assess readiness
  • http://www.episcenter.psu.edu/ebp
Training

• Is training required or recommended by the developer of the chosen program?
• If yes, who will be trained?
• If no, Will staff have the necessary skills to implement the program successfully?
Baseline Assessment

Important to understand this at both individual and group levels in order to be able to assess impact.

  - California Clearinghouse Website lists 23 Assessment Tools
  - Some are free
  - Ability to analyze individual and group level change will vary

- [http://www.episcenter.psu.edu/ebp](http://www.episcenter.psu.edu/ebp)
  - EPISCENTER website provides free tools for 8 prevention programs
  - Intervention Programs use the INSPIRE online data system
Supervision of Delivery

- Monitoring Model Adherence
  - Individual or Group Supervision
  - Objective Data
    - Frequency
    - Duration
    - Fidelity Checklists
    - Video taping

- Monitoring Quality
  - Target Population
  - Engagement
  - Cultural Fit
  - Consumer Satisfaction

- Some Resources available at EPISCenter.org
Did We Succeed?

- Measuring Outcomes Post Intervention
  - Comparing Pre and Post Assessments
  - Did we impact the targeted risk and protective factors the way we intended?
  - To what extent?
  - At an Individual or Group level?
If Not- Why?    If Yes - Why?

• Important to understand both successes and failures
• Include consumers, direct service providers, supervisors, and other stakeholders in reviewing outcomes
• Create a supportive, non-punitive environment for reviewing data.
• Identify goals for improving implementation or finding a better program.
Continue to Use Data at All Levels

- Changes in needs
- Changes in population
- Changes in outcomes
- Always room for improvement
Telling a Data Story to Gain Support

• Help the audience understand the problem
  • Share data and a real world example

• Help the audience understand how the program addresses the problem
  • Share data and a real world success story

• Be specific about what you need
Types of Child Abuse Prevention

- Public Awareness Efforts
- Child Sexual Assault Prevention Classes
- Parent Education and Support Groups
- Home Visitation
- Community Prevention Efforts
What Programs Do You Want to Know More About?

- The Incredible Years (IYS)
- Strengthening Families 10-14 (SFP 10-14)
- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- Multidimensional Treatment Foster Care (MTFC)
- Positive Parenting Program (Triple P)
- Parent Child Interaction Therapy (P-CIT)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
Incredible Years  Dr. Carolyn Webster-Stratton

- **Logic Models**
- Groups for parents are core, child groups also offered
- “Meeting parents where they are at” and being strengths based are underlying values.
- Can be implemented as prevention or intervention model
- Prevent Child Abuse North Carolina 2012-2013
  - 59 Parent Prevention Groups provided by 22 organizations to 563 families
  - 67% from a minority racial or ethnic group
  - Statistically significant decreases in harsh and inconsistent discipline
  - Statistically significant increases in positive parenting, clear expectations, and appropriate discipline
Incredible Years – PA Outcomes

**Basic Parent Group Outcomes**
- 349 Parents Served in 2012-2013
- 71% Completed the Group, Received “Dose”
- 257 Completed Pre/Post Measures
- 86% Reported Decreased Harsh Discipline
- 81% Reported Increased Positive Parenting
• **Logic Model**

• SFP 10-14 is a universal prevention program

• Consists of seven highly interactive video based sessions conducted over seven weeks

• During the first hour of each session parents and youth and youth meet separately, but work on similar skills. In the second hour parents and youth meet together.
The Primary Goals of the program are to:

- Build life skills in youth (stress management, conflict resolution, and communication skills)
- Enhance parenting skills and promote effective parenting styles
- Strengthen family bonds, promote positive communication, and enhance the ability to solve problems together
- To date in PA, 116 programs have been implemented and 934 families have participated. 65% of youth reported improved relationship quality with their parent, 67% reported improved family cooperation and problem solving, and 67% reported increased positive rule enforcement.
Multidimensional Treatment Foster Care

- **Logic Model**

- Residential program used as an alternative to institutional or other congregate care settings for Juvenile Offenders.

- Works with both foster family and after care resource to teach parents how to manage behaviors.

- Proven outcomes include reduced recidivism, fewer days in placement, improved mental health, reduced substance abuse, and fewer teen pregnancies.

- PA Data: From 2012-2013 18 youth were discharged, 60% (12) were successfully discharged. 77.8% (14) returned to living in the community.
Functional Family Therapy

• **Logic Model**

• Intensive Home Based Family Preservation Model for youth ages 10-18 with focus on “Relentless Engagement”

• 3-4 months of family therapy at least once per week

• Reduced delinquency for IP and siblings

• Reduced substance abuse, improved family functioning, decreased parental depression

• 24% of referrals in 2012-2013 came from PA Children and Youth Services

• 933 youth discharged in 2012-2013

• For 77 youth with 6 month follow up data
  • 90% remained at home
  • 97.3% had no new criminal charges
Multisystemic Therapy

- **Logic Model**
- Intensive Home Based Family Preservation Model for youth ages 12-17
- “Whatever it takes” to engage family.
- 3-5 months of therapy 2x per week focused across 5 youth systems: Individual, Family, Peer, School, Community
- Research shows reduced delinquency, improved family functioning,
- 36.9% of referrals in 2012-2013 came from PA children and youth services, 1544 youth discharged
- For 177 youth with 6month follow up
  - 90% had no out of home placement
  - 85% had no new criminal charges.
PCIT

- Parent-Child Interaction Therapy is a dyadic behavioral intervention for children 0-7.
- Delivered in hour long sessions over an average of 14 weeks.
- Through a play therapy approach, parents learn reinforce positive behaviors as well as learn to use traditional behavior management strategies while being coached by a therapist.
- The goals focus on creating warm, responsive and secure environments for children to enhance positive youth development.
Triple P ®

- Positive Parenting Program is a multi-tiered system of 5 levels of education and support for parents and caregivers of children 0 to 16.
- Helps parents learn strategies that promote social competence and self-regulation in their children.
- Practitioners work with parents to create a supportive and nonjudgmental environment through a strength based approach.
- Delivered through individual and group sessions, and “meets the parent where they are at.”
Trauma Focused-Cognitive Behavioral Therapy

• Developed for children ages 4-16 who have PTSD, Anxiety, or other symptoms related to abuse or another trauma.

• Commonly delivered in 12-16 1.5 hour sessions divided into two parts 45 minutes with child, 45 minutes with either parent alone or parent and child together.

• Research shows decreased symptoms for child and decreased parental distress

• Highly structured approach utilizing clearly defined interventions

• Requires a Masters level clinician