

Family Impact Network Contracted EBP Services

Contracted Program:	Triple P Positive Parenting Program	Project Safe Care	IY The Incredible Years	PCIT Parent-Child Interaction Therapy	FFT Family Functional Therapy	PFR Promoting First Relationships
Age of Child	2 - 16 yrs	Birth -5 yrs	Baby/Toddler: 1 month – 2 yr Pre School: 3 – 5 yrs School Age: 6-12 yrs	2 - 7 yrs	11 - 18 yrs	Birth - 5 yrs
Location of Service	In-Home (except at request for alternate location)	In-home (except at request for alternate location. Home Safety module must be in the home)	Classroom (peer group setting) or In-home	Office/Clinic	In-home (except at request for alternate location)	In-home (except at request for alternate location)
Standard Length of Service	10-14 weekly sessions 50-90 minutes each *Additional 7 sessions for Pathways Module (Need is determined by provider during intervention)	18-22 weekly visits 60-90 minutes each Approximately 6 weeks for each of the 3 modules	Baby: 8-11 weeks Toddler: 12-17 weeks Preschool: 18-21 weeks *for classroom client must complete 80% of the classes for successful completion	Approximately 12-15 sessions, determination is based on parent's progress	15-20 weekly sessions over 3-4 months	10-14 weekly sessions 60 minutes each
Concrete Funds						
Appropriate Referrals	<p>Placement Prevention (foster parent, relative caregiver, parent, etc.) Reunification—Parent must have frequent visits in order to practice the skills learned in the intervention</p> <p>*Child behavior issues are the primary area of concern *Parent needs simple and practical strategies to help the build strong relationships, and confidently manage their children's behavior. *Parent needs to develop alternate discipline strategies *Parent needs support to manage difficult behaviors of the child</p>	<p>Placement Prevention (foster parent, relative caregiver, parent, etc.) Reunification—Parent must have frequent visits in order to practice the skills learned in the intervention</p> <p>*Parent needs support to increase safety, health or parenting skills. * Lack of <u>BASIC</u> parenting skills *Parent needs support to identify safe environments for the child *Parent needs basic skills in prioritizing health concerns for their child *Well suited for first time parents and parents with cognitive delays.</p>	<p>Placement Prevention (foster parent, relative caregiver, parent, etc.) Reunification—Parent must have frequent visits in order to practice the skills learned in the intervention</p> <p>*Parent needs support to prevent or reduce aggressive and oppositional behavior *Parent needs to learn basic developmental stages of their child and how to effectively respond to the child to support positive interactions *Parent needs to develop or increase nurturing behavior with their child *Support is needed to learn how to play with children, effective use of praise and use of incentives, establishing predictable routines and rules, limit setting, and managing misbehavior.</p>	<p>For PCIT, the child must have at least 4 days of contact with the parent.</p> <p>*Young children with emotional and behavioral disorders *Emphasis on improving the parent-child relationship *Support is needed to change the parent-child interaction patterns *Parent needs to establish clear limit setting and consistent discipline. *Parent needs support to establish a secure attachment relationship</p>	<p>For FFT, child must be in the home and the placement should be the permanent option.</p> <p>*Negative parent/child interaction *Family needs support in helping troubled youth and their families to overcome delinquency, substance abuse and violence *Families who need support across multiple systems (juvenile justice or schools)</p>	<p>Placement Prevention (foster parent, relative caregiver, parent, etc.) Reunification—Parent must have frequent visits in order to practice the skills learned in the intervention</p> <p>* Concerns about the quality of Parent-child relationship *Child is being reunified after being out of the parent's care for a period of time *Parent needs information about infant and toddler social and emotional development *Parent needs help developing and expressing empathy towards their child * Attachment problems</p>

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Inappropriate Referrals	<p>Evidence Based Programs utilize cognitive behavioral therapeutic techniques to change the behavior of participants. In order to meaningfully engage in these therapeutic services, participants should not have cognitive impairments such as severe active and untreated mental health issues and/or active and untreated substance abuse issues.</p> <p>In order for clients to be set up to succeed in these services—clients should be engaged in the appropriate services to address issues that will impact their ability to engage and learn from evidence-based interventions—particularly if these issues are the primary safety issues. On a case by case basis, clients may be considered for EBP’s depending on their individual ability to participate and commit to the service—Please consult with your Regional Program Lead if you have questions.</p>
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Service Provision	<p>Parent driven, some child involvement in sessions. Multiple parent assessments, guided participation, role plays. Model uses DVD clips, homework, behavior monitoring tools, and a parent handbook.</p> <p>5 Core Principles</p> <ol style="list-style-type: none"> 1) Ensuring a Safe, Interesting Environment 2) Creating a Positive learning Environment 3) Using Assertive Discipline 4) Having Realistic Expectations 5) Taking Care of Oneself as a Parent <p>Delivery Models:</p> <p>Standard: (Age 2-11)</p> <p>Teen: (age 12-16)</p> <p>Pathways: (added to either Standard or Teen models as needed) *Avoiding Parent Traps *Coping with Anger</p>	<p>Model uses a Parent Handbook with scripted sessions</p> <p>Parent must complete one module before moving to another.</p> <p>Skill coaching through use of observation, self-assessment and feedback, homework, and role plays.</p> <p>Sessions are often recorded by the provider (audio) to demonstrate ongoing provider fidelity to this EBP.</p> <p>3 Modules (average of 6 sessions per module)</p> <p>1)Health 2)Parent/Infant Interaction or Parent/Child Interaction (depending on age of child) 3) Home Safety</p>	<p>Service is provided either in a peer group setting or in-home.</p> <p>Model uses videos, written curriculum, role plays, homework, and self-evaluation.</p> <p>1 weekly contact by provider outside class for group classes</p> <p>Levels build on each other:</p> <p>1) Play: Promote Positive Parenting Relationships (use liberally) 2) Praise & Incentives: Build social competence 3) Effective Limit-setting: Increase cooperation 4) Ignore, Redirect, Distract: Decrease Aggression 5) Time Out: (use selectively)</p>	<p>Therapists use live coaching with parents during interactions with their child to teach new parenting skills. Use of a small speaker in the parent’s ear where the therapist is coaching the parent by microphone from behind a one-way mirror during their interaction with the child. Delivery can also be done by whispering into the parent’s ear.</p> <p>Two Phases:</p> <p>1) Child directed interaction Parent learns to praise positive behaviors and interact positively with the child while starting to decrease the child’s behavior.</p> <p>2) Parent Directed interaction Parent learns specific and effective parenting skills to manage child’s behavior, use clear positively-stated and direct commands, and use consistent consequences for compliant and non-compliant behavior.</p>	<p>Strengths-based, specific, and individualized interventions focusing on risk and protective factors, and relationships rather than on individual issues. Interventions respect differences, family form, culture, ethnicity and family. Intervention is family-focused with all family members allied and involved. Therapists are non-judgmental and do not align themselves with individual family members.</p> <p>FFT consists of 5 Parts:</p> <p>1) Pretreatment: setting up and connecting with the family 2) Engagement: Listening, respecting and “matching” the family’s needs. 3) Motivation: helps family members gain hope and see their problems as something that affects everyone 4) Behavior Change: teaching new behaviors and skills (interpersonal communication, problem-solving, bargaining and negotiation, and contracting) 5) Generalization: maintaining and generalizing skills, relapse prevention, and identifying ongoing services and supports needed for independence.</p>	<p>Services are provided in a natural setting (home, community)</p> <p>Therapists use live coaching with parents during interactions with their child to teach new parenting skills. The model uses videotaping for parents’ own reflection during sessions.</p> <p>Service delivery method: Joining, reflective observation, verbal Feedback, supporting reflective capacity, and sharing Information</p> <p>Core PFR Content:</p> <ol style="list-style-type: none"> 1) Developing trust, promoting security 2) Promoting development of self in toddlerhood 3) Understanding and meeting social and emotional needs of the child 4) Understanding, reading and responding to children’s non-verbal cues 5) Understanding children’s feelings and needs, how to respond and meet the needs to decrease problem behavior 6) Seeing the world through the child’s viewpoint and building parental empathy 7) Calming strategies for parents to regulate their own emotions and triggers 8) Promoting a mutually enjoyable relationship between child and caregiver independence.
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Response to Referral	Service Confirmation to be completed within 3 days of receiving complete service referral; Initial In-Person Meeting within 4 calendar days of a completed Service Confirmation.					
Reporting Requirements	<p align="center">*CANS-F Assessment & Intervention Plan to SW 7 days after completing the Family Assessment (approx. 25 days)</p> <p align="center">*Monthly Report to SW 10 calendar days following the month of service</p> <p align="center">*End of Intervention Report to SW within 10 calendar days of completing service</p>					
Missed Appointments	24 hours – notification to SW					
Average Caseload	8-12 cases (per Provider)					
Required Education and Experience	Professional Staff shall have: A) A Master’s degree in Social Work, Psychology, [Education-FFT], behavioral science or closely related field, and 1 year of direct casework experience working with families and children preferred. OR B) A Bachelor’s degree in social or behavioral sciences or closely related field, no less than 2 year’s experience doing professional work with families and children, knowledge of child abuse and neglect issues, home visiting, parenting skills training, mental health and community resources, and experienced in delivering services to families and in working with at-risk families.					
Program Information	https://www.triplep.net	https://safecare.publichealth.gsu.edu	http://www.incredibleyears.com	http://www.pcit.org	https://www.fttlc.com	http://pfrprogram.org
FIN Contacts	<p align="center">Contract/Compliance Questions: compliance@familyimpactnetwork.org</p> <p align="center">Training: Shannon shannon@familyimpactnetwork.org</p> <p align="center">Data/Sprout Questions: Jamie jamie@familyimpactnetwork.org</p> <p align="center">Billing: billing@familyimpactnetwork.org</p> <p align="center">Referrals: referrals@familyimpactnetwork.org</p>					