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Evidence-Based Practices

<p>Parent-Child Interaction Therapy</p> <ul style="list-style-type: none"> • Evidence-based to address behavior problems • Live coaching during session with parents and children • Excellent resource for families moving toward reunification – time requirements • Effective via telehealth 	<p>Internal Family Systems Therapy</p> <ul style="list-style-type: none"> • Evidence-based to address trauma • Views people as systems of protective and wounded inner parts • Non-pathologizing; we all have parts • Focuses on agency of the individual
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Evidence-Based Practices, cont.

<p>Circle of Security Parenting</p> <ul style="list-style-type: none"> • Attachment-based parenting program • Helps parents understand behavior through an attachment lens • Completed individually and via groups • Training additional staff to provide support 	<p>Seven Challenges</p> <ul style="list-style-type: none"> • Harm-reduction, evidence-based substance use program • Premise of informed decision making as opposed to demanding abstinence • Adolescents and Adults • Individual and group programming • Train the trainer model
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Additional Clinical Services/ Information

- Individual/Family/Group Therapy
- Ages 4+ for all services
- Medication Management
- Medication Assisted Treatment (Suboxone/Vivitrol)
- Accept Medicaid, including T19 and all HMOs
- Commercial Insurance
- Sliding Fee Scale available




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What's Next?

- Occupancy of building September 1st
- Can provide telehealth now
- Providers hired and awaiting referrals – Therapist and APNP
- PCIT training starting in September
- 7 Challenges training by September
- Circle of Security training by October
- IFS is in process



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Referrals:

waukeshaclinic@psgcip.com

262-652-2406



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Thank you!

Leah Featherstone, PsyD

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www.psgcip.com



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The Issue

Youth in high-risk circumstances disproportionately experience poor social outcomes

- Truancy
- School failure/dropout
- Suspension/expulsion
- Law enforcement contact
- Substance use/abuse
- High rates of out-of-home placement

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Systemic Factors

1

Lack of knowledge of & access to community resources

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Lack of care coordination of sufficient intensity and duration

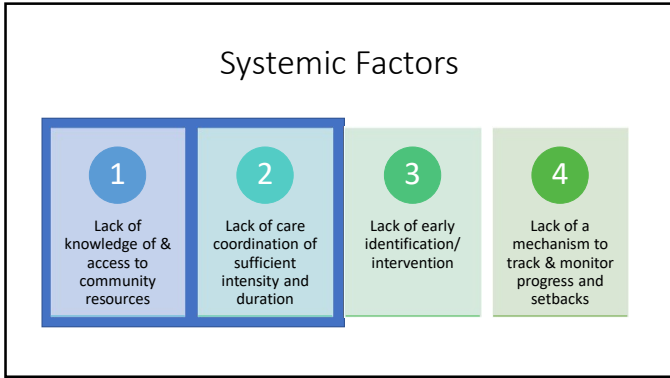
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Lack of early identification/intervention

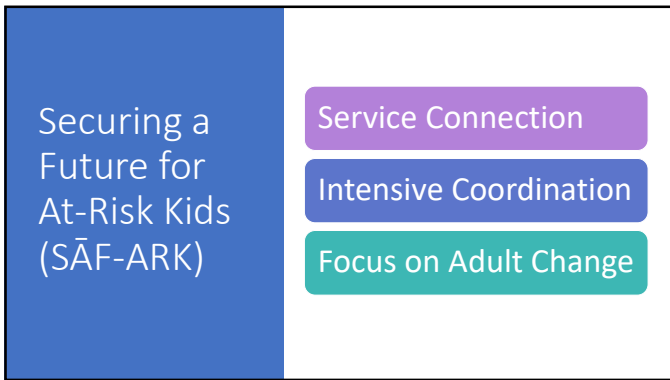
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Lack of a mechanism to track & monitor progress and setbacks

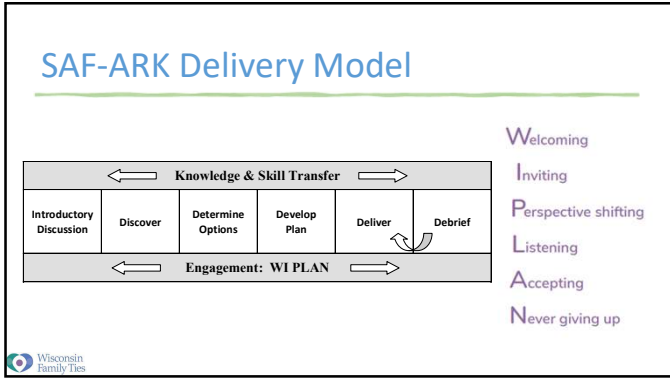
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What we help with

- School Issues
- Information
- Connection to Services
- Emotional support
- Navigating systems
- Reduce stress and conflict
- Develop Advocacy Skills
- Food, Shelter, & Other Needs

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Target Population

Family & Social Environment <ul style="list-style-type: none"> Child maltreatment Intergenerational incarceration Family instability/conflict/trauma Parents do not have a high school diploma Affiliation with delinquent peers 	Economic Circumstances <ul style="list-style-type: none"> Economic hardship (< 200% of Federal Poverty Level) Lack of secure parental employment Food instability Housing instability Lack of reliable transportation
Health and Health Care <ul style="list-style-type: none"> Lack of health insurance coverage Diagnosed/undiagnosed mental health condition Autism and/or other developmental disabilities Emotional, behavioral, or learning difficulties (may be undiagnosed) 	Behavior <ul style="list-style-type: none"> Oppositional, aggressive, disruptive, or noncompliant behavior at home, school, or in the community Alcohol or Illicit Drug Use Early contact with law enforcement Gang involvement
Education <ul style="list-style-type: none"> Little or no family reading to young children History of school failure/retention Chronic absenteeism History of detentions History of suspensions/expulsion 	



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Referring Families to SAF-ARK



[HOME](#)
[ABOUT](#)
[PROGRAMS & SERVICES](#)
[REGISTER SERVICES](#)
[CHILDREN COME FIRST CONFERENCE](#)
[RESOURCES](#)

OUR PROGRAMS
Family support and systems change

Families know that children living with anxiety, depression and other mental and behavioral health issues need to receive a single system of care. That is why we conduct research, training and advocacy to help families better navigate complex and often contradictory systems, while working to change systems to better meet family needs.

wifamilyties.org

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Wisconsin Family Ties

Referral Form

Who can refer children/families to Wisconsin Family Ties?
Literally anyone can make a referral. The most common referrers are parents themselves, county human services employees, educators, and medical/mental health professionals.

Child Information

Child First Name *

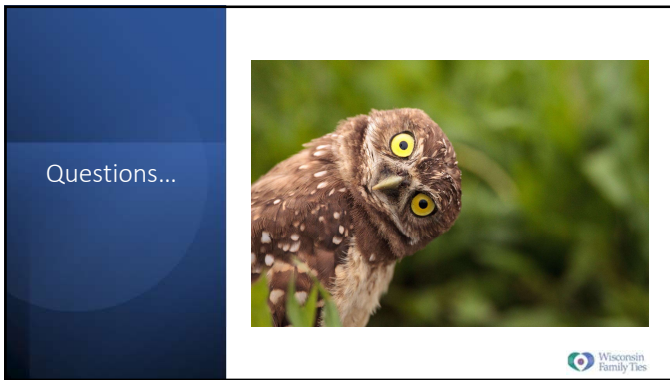
Child Last Name *

Date of Birth

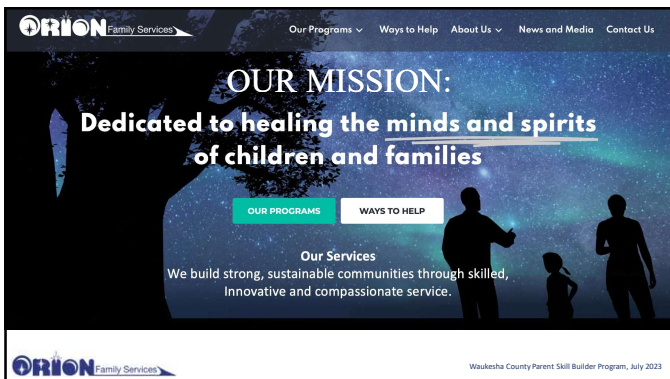
Email

Gender

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WAYS IN WHICH WE HELP



- Outpatient Therapy
- In-Home Therapy
- School-Based Mental Health
- Parent Skill Builder Program
- Skills Development
- Safety Services

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ORION OFFICES in SOUTH CENTRAL WISCONSIN



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OUR SERVICE AREA



Wisconsin Counties Served by Orion Family Services

- ✓ Columbia
- ✓ Dane
- ✓ Dodge
- ✓ Grant
- ✓ Green
- ✓ Iowa
- ✓ Jefferson
- ✓ Lafayette
- ✓ Richland
- ✓ Rock
- ✓ Sauk
- ✓ Walworth
- ✓ Waukesha

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NEW PROGRAMS



The Salvation Army
Dane County

Women's Shelter – Therapy and Behavioral Health Kiosk hours
Family Shelter – Therapy and Behavioral Health Kiosk hours



School-Based Mental Health

Janesville
New Glarus
Spring Green



Porchlight and The Beacon
Dane County

Behavioral Health Kiosk



CCS & Parent Skill Builder
Waukesha County

Psychotherapy
Psychoeducation
Individual Skill Development
Parent Skill Builder Program

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Parent Skill Builder Program


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What is the Parent Skill Builder Program?

- Parenting Assessment
- Observation Session
- Goals and action steps
- Workbook
- Parent Child Interaction Therapy/Special Play
- Enactment Sessions
- Completion
- How to refer for the program



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Parent Skill Builder

- The Parent Skill Builder (PSB) program is designed to assist families as they work to increase and improve their parenting skills. Program values are strength based, focusing on what families are already doing well in addition to areas where further support is needed. Programming is flexible and can be individualized to meet a family's needs.
- PSB is designed to be used with families that have children as young as newborn to 18 years of age.
- PSB is designed to be completed in a 6 – 9 month period.
- Parents meet with the skills trainer once a week for a workbook session and once a week with therapist and skills trainer for a family enactment session to practice skills and achieve goals.
- Program can be used with children that are in the home as well as children that may be currently placed out of the home.


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Parenting Assessment

- Parenting Assessment is generally completed over the course of two sessions.
- First assessment session involves structured observation to evaluate current skill level.
- Second assessment session consists of formal written assessments that are completed by caregivers.
- Once the assessment is completed, family and referral source will be presented with a formal parenting assessment.
- Parenting assessment is a snapshot of family functioning and from this goals are developed.



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Observation Session



- Caregivers and all children in the home are expected to attend the observation session.
- There are three tasks that need to be completed, 5-7 minutes are provided to complete each task.
- There is a free choice task, structured and unstructured task.
- During the observation session therapist is evaluating behaviorally specific interactions, concerns, and strengths.
- Six domains are measured: Safety, Hierarchy, Cohesion, Discipline, Conflict Resolution and Communication.

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Assessments

Ages and Stages Questionnaire: Social Emotional (ASQ: SE) (ONLY DONE ON FAMILIES WHERE THE IDENTIFIED CHILD IS UNDER THE AGE OF 5)

- The ASQ-SE is a screening tool used to identify concerning behaviors in children aged 3 months to 5.5 years of age. Parents or other caregivers complete the questionnaire and scores above the cut off result in referral for mental health services to assess for a need for further treatment. The ASQ-SE has age specific forms of the questionnaire and cutoff scores vary depending on the age group being assessed.
- Child Abuse Potential (CAP) Inventory VI**
- The CAP is a 160-item questionnaire that is used as a screening tool to assess risk of child abuse. Parents or caregivers are instructed to respond to 160 statements by indicating whether they agree or disagree with it. CAP scores are divided into six risk factor scales: distress, rigidity, unhappiness, problems with child and self, problems with family, and problems from others. In addition, two "special scales" were developed to address ego-strength and kindness. Scores are either "in range" or "elevated."
- Parental Stress Index, short form (PSI-sf)**
- This self-report tool is used when the identified child is 12 years of age or younger and it consists of questions relating to the parent's stress level, relationship with their child and the parent's perception of their child and the child's behaviors. Responses are presented in sub-scales and ranked according to established norms. Scores that rank less than the 80th percentile are considered normal.
- Stress Index for Parents of Adolescents (SIPA)**
- This assessment tool is used when the identified child is 12 years of age or older and it measures parent stress across several dimensions. Results are divided into various sub-groups and are ranked by percentile, with scores below 85 % being considered normal. Scores 85 - 90 % are considered borderline. Scores 90 - 95% are considered clinically significant and scores 95 - 100% are considered clinically severe.

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Assessments

- Simple Screening Instrument for Alcohol and Other Drugs (SSI-AOD):**The SSI-AOD has 16 items and questions 1 and 15 are not scored. Answering yes to four or more of the remaining questions indicates an alcohol or drug use disorder. If that occurs, discuss with supervisor whether or not to proceed with therapy. Proceeding will be dependent on if the parent is in treatment, has had treatment and is working on the AOD disorder or still using.
- The Parental Stress Scale** is a self-report scale that contains 18 items representing pleasure or positive themes of parenthood (emotional benefits, self-enrichment, personal development) and negative components (demands on resources, opportunity costs and restrictions).
- The PCL-5** is a 20-item self-report measure that assesses the 20 DSM-5 symptoms of PTSD. The PCL-5 has a variety of purposes, including:
 - Monitoring symptom change during and after treatment
 - Screening individuals for PTSD
 - Making a provisional PTSD diagnosis

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Goals and Action Steps.

- Once the parenting assessment has been completed and reviewed the therapist will share recommended goals.
- Goals are determined based on the observation session, written assessment tools, discussion with parents, and collateral reports from referral source.
- Parents collaborate with the therapist to determine the action steps that need to be taken to meet their recommended goals.



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Workbook

- Workbooks are given to caregivers after being presented with the formal assessment.
- Workbook consists of 5 sections:
 - Parenting Style
 - Self-Care
 - Child Development
 - Communication
 - Nutrition/Problem Solving
- Homework may be assigned between sessions.

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Parent Child Interaction Therapy/Special Play



- An evidence-based practice proven to strengthen parent-child attachment.
- 5 minutes a day of 1:1 parent/child play time increases feelings of safety and calm. Strengthens communication, problem solving and positive regard.
- Special Play is child led and should be scheduled daily.
- Special Play is not used as a tool for correction nor is it taken away as a consequence.
- Special Play is used with all ages. Topic Talk can be used with pre-teens and teens.




Waukesha County Parent Skill Builder Program, July 2023

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Enactment Sessions



- Enactment sessions are attended by caregivers and all children in the family.
- They are conducted weekly by therapist and skills trainer.
- Sessions are designed to help caregivers practice the skills they are learning, provide guidance when there are struggles, help family work on communication and continue to encourage positive interactions.





Waukesha County Parent Skill Builder Program, July 2023

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Completion

- Once caregivers have completed the workbook and achieved goals, the program is completed.
- At closing caregivers are asked to complete written assessments for comparison to opening assessments.
- Caregivers and referral source will be given a discharge summary within a month of program completion.
- When families complete the program we join them in celebration of their accomplishment!

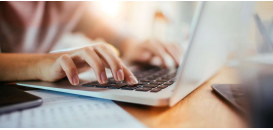


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How do I make a referral?



- To refer to the program, please contact our intake office by calling 608-270-2511 ext. 13 or email at intake@orionfamilyservices.org
- You can also go to our website www.orionfamilyservices.org and complete the referral form online.
- Once referral is received, expect a follow up from our intake team or PSB Supervisor within 2-3 business days.

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Questions?

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counseling • support • compassion

Laura Cherone, MSW, LCSW, CSAC
Director of Agency Development

Main office: 2727 Grandview Blvd, Waukesha
Suites 200, 203, 205, 206
Main phone: 262-547-55567
Website www.fswaukesha.org; Email info@fswaukesha.org

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Family Service (FS) is an independent, nonprofit agency that strengthens families by providing mental health and abuse prevention services including outpatient psychotherapy, education and advocacy services to anyone needing help at any age or stage of life. FS provides mental health counseling (2 locations) and in 36 schools, assessment and treatment for children who have been abused and their families, victim-centered group treatment for perpetrators of domestic violence and skill training for families affected by divorce.

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 counseling • support • compassion


Mission

To improve individual family and community well-being through our partnerships and high-quality programs & services.

Vision

To create a community where every person is supported, safe and has a positive sense of well-being.

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 counseling • support • compassion

Outpatient Mental Health Counseling provided to children and their families in our Youth Center and at the Big Yellow House; adult services are housed in our Adult Center)

School-Based Mental Health Services provided to students K-12 on site at their school through agreements with our partner school districts.

The C.A.R.E. Center (Child Advocacy Resource and Empowerment Center) 24 hour child advocacy and forensic interviewing at the Big Yellow House, for alleged victims of child abuse (sexual, physical abuse or neglect) to assist in the investigation and prosecution of child abuse crimes.

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 counseling • support • compassion

Center for Prevention of Family Violence (in person and virtual services)
 Psychoeducational groups that protect female and child victims of domestic violence and anger by changing attitudes, beliefs and behaviors of adult perpetrators.

Helping Children Cope With Divorce
 A four-hour educational seminar for divorcing parents of minor children that promotes a cooperative parenting relationship focused on the needs of children of divorce by allowing children to maintain their sense of family continuity amidst the ending of the parental marriage.


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counseling • support • compassion

**Motivational Interviewing
for Student and Family Engagement**

The primary goal of Family Service’s project is to reduce resistance and improve engagement among family members and students with mental health or behavioral struggles to prevent escalation of these issues and promote better school and mental health outcomes.

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Assumptions

Parental engagement in treatment is widely known to be a critical component to achieving and maintaining successful treatment and educational outcomes but engagement in school mental health services is low or nonexistent.


Reasons for lack of engagement include stigma, mistrust of providers and school staff, fear of blame and communication or schedule barriers and childcare needs.

Mental health providers and school personnel often misidentify reasons for non-participation and fail to reach the very population they intend to help.

We need to create a motivation-compelling environment to improve participation.

If participants believe in the benefits of the services offered and are invited to form collaborative partnerships with services providers that truly meet their needs, they are more likely to remain engaged in services.

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Project Specifics

Pilot sites: Horning Middle School and Hadfield Elementary School
–School District of Waukesha

Staff participants– Family Service (FS) school-based mental health therapists and 4 District staff from each site

Training – Family Service and school project staff will complete training in Motivational Interviewing in the summer, 2023

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Project specifics continued...

MI approach will be used by staff in Problem Solving Meetings and Family Teacher Therapist Care Meetings the include parents & students

Other engagement activities include emails, texts, home visits if necessary – beyond the standard therapeutic hour or school structure

Trainer and peer coaching sessions will be held each semester to improve model fidelity

Pre-post surveys will determine engagement improvement

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Thank you for listening!

Questions?

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