



Parenting Through Change – Reunification Pilot Summary

December 2016

Parenting Through Change Reunification (PTC-R) is an evidenced-based adaptation of Parent Management Training – Oregon Model (PMTO) which is a hands-on, strength-based and skill building oriented practice. Birth parents/caregivers of children with a serious emotional disturbance (SED) who are eligible for services through the Prepaid Inpatient Health Plan/Community Mental Health Services Program (PIHP/CMHSP) system who also have a child welfare plan for reunification with their children are candidates for PTC-R. PTC-R has already been implemented in Michigan. In FY15 and FY16 PTC-R groups were implemented in six CMHSP sites covering eight counties. The FY17 goal is to implement a total of ten PTC-R parenting groups, adding four new sites and continuing support for current FY15 and FY16 PTC-R sites:

FY15 and 16 sites:

- Ingham CMH
- Children's Center/Detroit Wayne
- Bay CMH and Saginaw CMH (Joint partnership)
- Kalamazoo CMH
- Oakland CMH
- Lenawee and Monroe CMH (Joint partnership)

FY17 sites:

- Macomb CMH
- St Clair CMH
- Starfish and Lincoln Behavioral Services, Detroit/Wayne CMHA (Joint partnership)
- Shiawassee CMH potential site
- Monroe/Washtenaw CMH (Joint partnership) potential site

In 2016, there were five PTC-R groups from a total of seven counties (Oakland, Wayne, Kalamazoo, Monroe with Lenawee, and Saginaw with Bay Counties). With a 79% completion rate, groups began with 29 families and finished with 23. Group leaders reported 3 children returned home before their groups ended. Leaders also reported an increase in unsupervised visits with extended hours (weekends and overnights) for their families.

- Kalamazoo started with 7 participants and ended with 4

- Bay/Saginaw started with 4 participants and ended with 4
- Monroe/Lenawee started with 9 participants and ended with 6
- Wayne started with 4 participants and ended with 4
- Oakland started with 5 participants and ended with 5

The ages of the children served in the past pilot were between 3 years and 14 years. The CAFAS and PECFAS scores reflect the child's scores at the beginning and end of the pilot intervention. The average beginning CAFAS was 83, and the average ending CAFAS was 73. The average beginning PECFAS was 93 and the average ending PECFAS was 82, which shows good progress by our families. While a twenty point drop is statistically significant, this was a small pilot sample and the family may continue on with other services.

Comments that parents shared on the written evaluations about what was most useful:

- I really enjoy the way we're encouraged to role play in group. The "hands on" approach is very helpful because it gives us something to look back on when we're with our kids so we have a sort of experience in that area.
- Learning to give your child your full attention when they need to talk
- Tips on family meetings
- I really enjoyed discussing time outs and privilege removal. I found it very useful that it is okay to feel the guilt of not having my kids and it's normal.
- Acknowledging body language. I'm hard of hearing. I really pay a lot of attention to it. Plus it really helps to understand it with babies and toddlers.
- Role playing the time out procedure.
- As always I find it most useful when we role play. It really gives us an opportunity to practice.
- Working with this class and practicing what we learn has really paid off. I was somewhat annoyed by having to take this class when I was first ordered to do so but as I continue to come I'm finding that I really enjoy it. I learn a lot about how to interact with my children and I've learned a great deal about myself as well. Thanks Ladies!
- Learning the problem solving.
- Being reminded of making a Pros and Cons list was very useful. I am excited to apply this with my littles.
- This class has been very helpful in many ways. The things that I have learned are great tools that I've done with my children and am excited to continue with them.
- Recognizing the necessity of separating negative emotions from positive time with my kids.
- Learning to respect my children's emotions as well as my own.

- I truly do like this parenting class. I like how its encouraged to interact, practice each learned lesson, the positive environment. Love it.
- The role playing. Helps me understand what may be my children's view.
- Focusing on praising good behaviors instead of criticizing negative behaviors.
- The "name-what to do-and now please" Loved it!
- To recognize the cooperation techniques that can be applied to all children while recognizing that each child is different and requires a slightly different approach.
- How to initiate a good direction and praise good behavior.
- The demonstrations, they're very friendly and inviting.
- For the first time since beginning services I actually feel as if there is someone who genuinely wants me to have my children returned to me and can be a supportive role instead of a demanding and critical one.

Implementation Challenges:

- Communication across the systems.
- Many families referred did not meet the criteria (child must be eligible for CMHSP services)
- Many workers had many families living out of county which made them ineligible.
- Most of the children were not yet receiving services so there were a lot of coordinating to get parents signed up and the child a CMH consumer before the group started.
- Workers/Provider staff not knowing PMTO skills/language to support parents during meetings or visits.
- Workers/Providers not knowing how to navigate the PMTO portal.
- Intake staff did not have access to most children to complete the Intake Assessment (which means valuable intake data was not collected)
- Transportation was a concern.
- Most children referred were receiving unsupervised visits at this point so we were unable to complete observation forms.
- Concerns about billing and how parents were authorized.