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Evaluation of Parent Therapy/ Training in a Community-based System of Care

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Project Overview

- Overall Purpose of the Project – The purpose was to evaluate parenting programs and therapies currently offered to families with children birth to 5 receiving case management services within the system of care managed by Big Bend Community-based Care.
- Two Components
 - Implementation Study
 - Key Informant Study





Implementation Study Description

- Purpose: This study was designed to evaluate the implementation and performance of Child Parent Psychotherapy (CPP) and Circle of Security (COS-P) currently offered to families with children birth to 5 receiving case management services within the system of care managed by Big Bend Community-Based Care (BBCBC).
- Sample: 10 parents in 9 cases
- Measures and Data Collection
 - Self-administered questionnaire (modified Parenting Sense of Competence Scale) to 10 parents measuring perceptions of parent competence,
 - Semi-structured interviews with 3 parents regarding their views on their therapeutic experiences, and
 - Case-related data from FSFN and case management files





Implementation Study Findings (selected CFSR)

- Safety: No “verified” or “not substantiated” maltreatment findings during EBI and study
- Permanency: One family reunified during EBI
- Well-Being (i.e., enhanced capacity of families to provide for children’s needs): 1 of 3 parents reported higher sense of parenting competence after EBI





Key Informant Study Description

- **Research Question:** What are the key informant experiences and views regarding: 1) current operations of parenting education services, 2) use of evidence-based interventions in improving parenting among at risk families of children, age birth to 5, and 3) collaboration?
- **Sample (Key Informants):**
 - Case Management Staff: 20 (case managers and supervisors)
 - Therapist/Service Providers: 7 (CPP, COS-P, STEP, Early Steps, Common Sense Parenting, Early Learning Coalition)
 - Judicial Representatives: 6 (judges, magistrates, and court managers)
- **Measurement and Data Collection:** Semi-structured individual interviews
- **Data Analysis:** Thematic (EBI and Collaboration themes)





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Key Informant Study Findings

- Criteria for the selection of EBIs and services by case managers were not standard.
- Strengths of EBIs did not always refer to specific items or components in each EBI model.
- Limitations of EBIs and other services were based primarily on inappropriate conditions or challenges that made it difficult for them to be successful (i.e., lack of parental engagement, no transportation, delays in initiating EBIs and services).
- While the importance of current EBIs was recognized and supported, there were also other therapeutic approaches that were considered beneficial.
- Collaboration essential among child welfare professionals.



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Challenges, Limitations and Strengths

- Challenges recruiting therapists/providers and participants for the implementation study.
- Information required for the implementation study was not always available in FSFN or hardcopy case management files.
- In the key informant study, the level of interest and participation of case management, therapists/providers, and judicial representatives was excellent.



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Questions for CBCs Interested in Incorporating EBIs in their Array of Services

- 1) Will standard criteria be used to select EBIs for families in the child welfare system? If yes, who will develop the criteria?
- 2) If a service or therapy does not meet the standard criteria for EBIs, will it be funded as a service for families in the child welfare system?
- 3) If a provider uses a therapy model that does not meet the standards for an EBI but is requested by a parent, will that provider be permitted and funded to provide services to that parent?
- 4) What process will be used to monitor the implementation of an EBI in order to determine its fidelity to the therapy model?



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Questions for CBCs Interested in Incorporating EBIs in their Array of Services

- 5) What are the barriers that affect the implementation of an EPI and jeopardize its model fidelity and effectiveness?
- 6) Is the child welfare system functioning at a sufficient level in terms of their “readiness for evaluation” to empirically implement and assess therapy models and outcomes, such that evidence of the effectiveness of services for families can be determined? If not, what changes are needed and how can these changes be implemented?



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