hpio health policy institute of ohio ™

Health **Policy** Brief

Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio

2 Building skills and strengthening connections to caring adults

Appendix

As a supplement to the Strategies to prevent **Adverse Childhood Experiences (ACES) in Ohio: Building skills and strengthening connections to caring adults**, this appendix is organized by strategy. It includes:

- Descriptions of two evidence-based parent, caregiver and family skills training program examples (Strengthening Families Program and Parent-Child Interaction Therapy), including an Ohio-based implementation example for each
- Additional best practices and challenges for implementing programs related to family skills building, school-based dating violence, social emotional learning and mentoring
- Data resources that can be used by schools and educators to conduct needs assessments

Parent, caregiver and family skills training program examples

Below are descriptions of two additional programs to supplement the example provided in the main brief on page 4. These descriptions were informed by research literature and key informant interviews with program staff.

Parent-Child Interaction Therapy

Parent-Child Interaction Therapy (PCIT) is a family-centered program proven effective for children ages 2-8 who have experienced or are at risk of abuse and their parents/caregivers. During PCIT, therapists coach parents/caregivers while they interact with their children. Parents/caregivers learn to promote positive behaviors and respond to challenging behaviors. PCIT is typically provided in 10-20 sessions. Therapists work one-on-one with families, so they can help families address specific needs. PCIT focuses on enhancing relationships and improving discipline and compliance.

This strategy is a more intensive parenting intervention and is most appropriate for children with serious behavioral challenges; parents/caregivers with significant limitations such as substance use disorder or mental health challenges; and/or those at risk of child maltreatment. PCIT has been adapted for a variety of populations, such as trauma survivors, children with developmental delays and disabilities, children older than age 8, foster parents and families of various races and ethnicities.[1]

In evaluations, PCIT has consistently demonstrated improvements in parent-child interaction. Other outcomes include reductions in future child maltreatment and improvements in child behavior and parenting skills. Follow-up studies have shown that treatment gains are maintained over time.[2]

Implementation example: Hopewell Health Centers Parent-Child Interaction Therapy

Populations served

The program covers nine rural counties in Southeastern Ohio and treats any family with a child aged 2-7 who is seeking mental health services for the child. Generally, the program is for families with children with behavioral concerns (e.g., hitting, kicking, not listening/following rules). There are usually 15-20 active families participating at a time with most families being white or biracial. There is also variation in family composition (e.g., single-parent families, two parents, kinship caregivers, etc.).

The number of PCIT visits at Hopewell decreased from 582 in 2019 to 212 in 2021due to the COVID-19 pandemic and staffing challenges. In 2019, Hopewell had 16 PCIT providers, and by 2021, there were six.[3]

Funding

Because this is a billable therapy service, Hopewell receives Medicaid and commercial insurance reimbursement. As a federally qualified health center (FQHC), Hopewell receives enhanced Medicaid reimbursement and offers care on a sliding fee schedule for families without health insurance.

Workforce

PCIT therapists must hold a master's degree in psychology, social work or a related field and have an active license. They must undergo 40 hours of direct PCIT training, in addition to 4-6 months of supervision and consultation during which they must work with at least two PCIT families through program completion.[4]

Outcome evaluation

An evaluation was conducted of Hopewell's PCIT program which examined pre- and post-intervention scores on the Edinburgh Postnatal Depression Scale. It found maternal depression scores decreased while going through PCIT.[5]

Strengthening Families Program

The Strengthening Families Program involves entire families in a multi-generational approach. During the first half of each of the 14 sessions, parents/caregivers and children are typically separated. Parents/caregivers learn parenting strategies, while children learn about effective communication, social skills, understanding feelings, resisting peer pressure, consequences of substance use and compliance with parent rules. Then, parents/caregivers and children learn family skills together, such as how to engage in structured family activities, effective communication and interaction strategies and how to plan family meetings and activities.[6]

The Strengthening Families Program has been shown to improve behavior, mental health and grades among children. Long-term follow-up studies found reductions in alcohol, tobacco and other drugs for up to five years after program completion, as well as improved family relationships and parent self-efficacy.[7] Originally developed for children ages 6-12 with a parent or caregiver struggling with substance use disorder, the Strengthening Families Program has since been deemed effective with a broader audience.[8] It has been modified for families of various races and ethnicities, families living in rural areas and children ages 10-14.

Implementation example: Family Strong Program (Community Action Organization of Scioto County)

Populations served

Family Strong currently serves Scioto, Pike, Ross, Jackson and Lawrence Counties in Southeastern Ohio. Since 2022, the program has served 71 participants (as of May 2023). Anyone may attend, but some participants are required to participate by a court or because of truancy. A variety of family types participate, including some grandparents with custody of grandchildren.[9]

Funding

Ohio Children's Trust Fund and Nationwide Children's Hospital (beginning in July 2023).

Workforce

The Family Strong program is led by a Parenting Project Specialist, who attended a multi-week Strengthening Families Program training.

Outcome evaluation

Parents/caregivers complete evaluations at the conclusion of the program, but no formal evaluation of this Ohio implementation has been conducted.

Implementation considerations for parent, child and family skills training programs

Below are additional best practices and challenges for parent/caregiver and family skills training programs to supplement page 5 of the main brief. These came from research literature and key informant interviews.

Best Practices

- **High-quality and culturally matched providers.** Family skills training program providers must be knowledgeable, respectful and when possible, should be culturally matched to participants.
- **Recruitment through social media and word of mouth**. Families who attended the program and were satisfied should be encouraged to promote the program to other families. Also, trusted "community liaisons" can be helpful for program recruiting. Key informants also recommended marketing via social media.
- **Community partnerships.** Having partnerships is valuable for referring families to other needed services (e.g., employment assistance programs, WIC). Partners can also refer families to skills training programs.
- **Tailor the program for different audiences.** Multiple key informants stressed the importance of tailoring program content for different audiences.
- **Interactive methods to practice skills.** Simply presenting information to participants is insufficient. They also need an opportunity to practice the skills they have learned. Key informants also stressed the need to make classes engaging and enjoyable, such as with props and videos.
- **Implement programs with fidelity.** For example, PCIT key informants stressed that PCIT protocols need to be followed to fidelity, while being flexible when necessary, such as during the COVID-19 pandemic.
- **Ensure adequate provider training.** Multiple key informants made recommendations related to training. For PCIT, key informants stressed the need to ensure therapists are trained by someone who

is certified as a trainer through PCIT. A Triple P key informant mentioned that providers need to stay up to date with trainings and have a sufficient understanding of all the different layers of the Triple P system. Triple P provider peer support, such as through Nationwide Children's Hospital, is a great way to enhance knowledge, discuss challenges and hear about others' experiences.

- **Primary Care Triple P requires building and maintaining strong relationships with pediatric offices.** Key informants noted that pediatricians need to trust the Triple P provider and believe in the program to make referrals. It's also important to provide continuous feedback to pediatric offices about how the program is going.

Challenges

- **Participation barriers.** Families face several barriers to participating and completing programs, including transportation, child care and other barriers. This is especially true in rural communities. When possible, programs can help with these challenges. A key informant stressed the need to "create ways to make it easy for parents/ caregivers to sign up and show up." One idea would be to hold sessions before or after other meetings that happen regularly in a community.
- **Workforce shortages.** Multiple key informants mentioned not being able to meet demand for their programs, often because of lack of trained staff. For example, five out of the nine counties in which Hopewell offers PCIT have a waitlist.
- **Funding.** Funding challenges were commonly cited by key informants. For example, upfront trainings can be very expensive. Key informants specifically noted that Triple P can be very expensive to implement.
- **Initial engagement.** It can be difficult to convince families to enroll in programs. For example, some parents/caregivers get offended when referred to a family skills training program because they believe they are being seen as a bad parent. There can be challenges with helping families to see the value in these programs. PCIT, for example, is more intensive for caregivers, as it has less focus on the child. Thus, PCIT is a harder sell for families because parents must put in more effort and demonstrate certain skills before graduating from the program. However, many key informants noted that once families enroll in the programs, they tend to be very engaged and comfortable.
- **Technological challenges and lack of internet access.** Although virtual sessions remove some barriers, such as transportation, they present their own challenges, including:
  - Lack of internet access for some families, especially in rural areas
  - Providers often need to spend time during class sessions explaining how to navigate Zoom
  - Technological issues can be distracting for other participants and possibly discourage them from participating
- **Conflict management.** Providers must be able to manage confrontation and conflict and redirect when necessary. For example, participants can become defiant or get very emotional during sessions. Key informants suggested providers be well-versed in child development and trauma.
- **Space challenges for Primary Care Triple P.** Key informants explained that meeting in the pediatric offices works well, as it's a comfortable setting for parents/ caregivers. However, getting the offices to provide space can be a challenge.

Implementation considerations for school-based dating violence programs

Below are additional best practices and challenges for school-based dating violence prevention programs to supplement page 10 of the main brief. These came from research literature and key informant interviews. Many of these are also applicable to school-based violence and bullying prevention programs.

Best Practices

- **Teacher engagement.** Teacher engagement helps with buy-in. For example, **New Directions** collaborates with teachers to develop appropriate content for youth.
- **Help teachers and school administrators understand their role as mandated reporters.** Key informants suggested that prevention educators should help school personnel understand their role as leaders and as mandated reporters, while also prioritizing understanding of school policies.
- **Align with the school's Positive Behavioral Interventions and Supports (PBIS) plan.**
- **Provide a mechanism for anonymous questions or reporting from students.**

Challenges

- **Responding to student disclosures of sexual violence or abuse.** A key informant suggested that programs bring in more than one prevention educator. This would allow one of the educators to continue teaching should the other need to respond to a disclosure.

Implementation considerations for school-based social and emotional instruction (SEL)

Below are additional best practices and challenges for school-based SEL to supplement page 12 of the main brief. These came from research literature and key informant interviews.

Best Practices

- **Maintain the same program.** Key informants suggested sticking with one program, such as Second Step, instead of switching to different programs from year to year.
- **Integrate SEL into the school day.** SEL can be integrated into daily lessons and standard curriculum by including both lesson plans on specific SEL practices and curriculum that has SEL embedded within it.
- **Adopt a holistic approach.** Ensure that students, teachers and school staff are involved and benefiting from SEL.

Challenges

- **Lack of flexibility and availability of space.** OhioGuidestone mentioned that lack of flexibility and availability of appropriate space within the school to present the program can be an issue.

Implementation considerations for mentoring programs

Below are additional best practices for mentoring programs to supplement page 16 of the main brief. These came from research literature and key informant interviews.

Best Practices

- **Shared activities and friendship.** Rather than simply sitting and talking about problems, it is more effective for mentors to engage mentees through shared activities, allowing the relationship to grow on its own. Furthermore, programs that encourage relationships in which mentors provide advocacy and emotional support have greater effects than programs that simply emphasize modeling or teaching.
- **Mentor support.** Programs should also provide ongoing support to mentors to help them strengthen their mentee relationship. For example, Big Brothers Big Sisters assigns a caseworker to continually train and meet with each mentor to discuss their mentee relationship. Programs can also arrange activities to facilitate relationship development.

Data resources for needs assessments

Schools and educators can conduct needs assessments using school data and data from other sources to understand specific needs before implementing school-based interventions. The table below contains a list of data resources and toolkits that can be used to develop needs assessments and support efforts to implement programs.

Tools	Description
Healthy Student Profiles	Data on student health and wellness, including healthcare interactions, health conditions and educational indicators for Medicaid-participating students
Ohio school report cards	Data on the performance of Ohio districts and schools to celebrate achievement and success and identify areas for improvement. Student data is disaggregated by categories such as race/ethnicity, gender, economic disadvantage, disability status
Kindergarten Readiness Assessment	Data from the Ohio Kindergarten Readiness Assessment (KRA), which assesses a child's readiness for engaging in kindergarten instruction. Student data is disaggregated by race/ethnicity, gender, economic disadvantage, disability and more
Ohio's Evidence-Based Clearinghouse	Information and resources for districts and schools to identify critical needs, research and select evidence-based strategies, and implement and evaluate evidence-based approaches
Supporting School Wellness Toolkit	Resources and recommendations to address Ohio student and staff wellness challenges and mental health needs

Notes

1. "Parent-Child Interaction Therapy with At-Risk Families," Child Welfare Information Gateway, January 2013. https://www.childwelfare.gov/pubPDFs/f_interactbulletin.pdf.
2. Ibid.
3. Erin Finley. Health Policy Institute of Ohio Interview with Erin Finley. May 16, 2023.
4. Ibid.
5. Ibid.
6. Karol L. Kumpfer et al., "Detailed Description of Strengthening Families Program (SFP)," Strengthening Families Program, accessed June 20, 2023, https://strengtheningfamiliesprogram.org/about/detailed-info/.
7. Ibid.
8. Ibid.
9. Donna Evans and Luanne Valentine. Health Policy Institute of Ohio Interview with Donna Evans and Luanne Valentine, May 17, 2023.

hpio health policy institute of ohio

Download the complete report at

https://rb.gy/kggs2

Support for this project was provided by the Harmony Project, the Ohio Children's Hospital Association and HPIO's other core funders.