COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH

Adult System of Care-MHSA Implementation & Outcomes Division

SUMMARY FOR:

Child Parent Psychotherapy (CPP) Learning Network
May 9, 2017

Location:

600 S. Commonwealth Ave
2nd Floor, room 113
Los Angeles, CA 90020

Facilitator:

Valerie Curtis, L.C.S.W., Training Coordinator

Practice Lead:

Allegra Klacsmann, Ph.D., Clinical Psychologist II

Participants:

Elaine Bagorio, Para Los Niños
Jacqueline Camacho-Gutierrez, Hillsides
Josh Cornell, MHSA Implementation and Outcomes
Shefali Dsa, Hathaway-Sycamores
Chheng Ear, VIP
George Eckart, MHSA Implementation and Outcomes
Diane Farah, PACS
Mari Gregory, Star View
Jenna Haeflinger-Kurtz, LACGC
Anita Kwan, Foothill Family Services
Marta Lear, Pathways
Ivy Levin, MHSA Implementation and Outcomes
Kalani Makanui, Didi Hirsch
Nathalie May, The Help Group
Annica Nilsson, The Guidance Center
Ellen Rogelberg, The Help Group
Misty Ryman, ChildNet
Elizabeth Schimpff, The Help Group
Maricella Sherwin, CII
Malia Thorpe, VIP
Eugenia Tsao, The Regents/UCLA Ties
Natasha Wheeler, Vista Del Mar

I. Welcome and Introductions

Participants briefly introduced themselves.

II. Review of Reports

Individual reports in providers' packets were described. I. Levin described the purposes of the Complete Client List report. Several participants noticed an error on their report; some clients' names were left blank. I. Levin stated the MHSA Implementation and Outcomes Staff would provide a corrected report to anyone who requests one. G. Eckart described the purposes of the Matched Pairs report and the benchmark of 70% matched pair rate set by DMH. He also described minor changes to the Compliance report's completion and dropout rate column and the Questionnaire Stats report's Matched Pairs section.

G. Eckart presented "A Closer Look." He encouraged participants to take data presented with "a big grain of salt," because sample sizes are very small. Presentation dropout rate data comparing clients who completed versus did not completed by: a) average number of sessions completed b) ethnicity, c) average change on outcome measure scores for all clients that showed clients in both categories showed improvement; then outcomes by gender, highlighting tendency for boys who dropped out to

have higher TSCYC anger scores at post treatment than boys who completed. Throughout the presentation, participants shared thoughts and reactions to the data presented.

III. Breakout Groups

Participants were broken into groups. Each group was asked to discuss three topics and then to share a summary of their discussion with all participants. For further information, see the attached document, "Summary of Feedback from CPP Learning Network Small Groups 5-9-17."

IV. CPP Resources Updates

A. Klacsmann announced: trainings on the Diagnostic Classification of for 0-5 are now available; the ICARE 0-5 Initial Assessment form is still being updated with expected finalization in Fiscal Year 2017-2018. Announcements regarding the D.C.:0-5 trainings and other CPP trainings offered in the community are announced via the ICARE birth to five email list. Those interested in these announcements and updates should request to be added to the ICARE email list by sending a request to icare@dmh.lacounty.gov; CII will host 3-hour CPP Supervisor trainings on 5/30/2017 and 6/9/17, register online at www.EventBrite.com . Chandra Ghosh Ippen, from UCSF, the CPP developer, has authored a children's book, When I Was Very Scared, which may be a helpful CPP resource.

V. Next CPP LN Meeting

Date/time/location TBD

Summary of Feedback from CPP Learning Network Small Groups 5-9-17

1. What are the most prominent factors in regards to children or families who drop out of treatment and what factors may influence a family who remains in treatment?

A. Leave treatment

a. Acute crisis
b. Housing problems
c. Food scarcity
d. High co-parenting conflict
e. Child care
f. Transportation
g. Basic needs are not met
h. Parent's trauma gets in the way
i. Parent's own mental illness getting in the way
j. Environment not safe
k. Not ready to address trauma
l. Looking for a quick fix
m. Stigma
n. Court mandated
o. Parent's history of losing child/children to the system
p. Parent's substance abuse issues
q. Moving/financial
r. Foster care (change in placement)
s. Buy in from only one parent
t. Transportation
u. Younger siblings
v. New stressor/crisis
w. Parent buy-in readiness to discuss trauma

B. Remain in treatment

a. Seasoned clinician
b. Clinician/model fit
c. Explore with caregiver barriers and address directly
d. Allow caregiver to form a supportive relationship with tx first before interventions
e. Reflective supervision
f. Experienced CPP thx
g. Behavior management
h. Consistent setting for treatment
i. Housing stability
j. Tools early to manage anger
k. Mandated treatment
l. In-home services

2. What types of interventions or supports are available to address “anger” in children receiving CPP?
    a. Modeling non-angry behaviors from parent
    b. Normalizing anger feelings, but not aggressive behaviors
    c. Alternative culturally appropriate behavior’s when angry
    d. Concrete coping skills
    e. Sensory needs, triggers
    f. Respond to the behaviors, trauma
    g. Allow anger on parent’s end
    h. Psychoeducation to parent
    i. Strategies to increase parent’s tolerance of anger
    j. Parenting skills/biliotherapy/videos
    k. “Ghost in the Nursery” video
    l. Acknowledge anger/feelings
    m. Get parent involvement/acknowledgement
    n. Therapeutic tools to express anger in play rm.
    o. Relaxation techniques
    p. Games
    q. Calming space
    r. Infant massage
    s. Nurture parents
    t. DV groups
    u. Psychiatry
    v. Parent therapy

3. What strategies can be used for families who are considering dropping out of tx?
    a. **Clinicians:** 1) self-reflect on attunement, the process 2)Self-care 3) Ascertaining what client's want out of therapy; **Supervisors:** 1) support staff's self-care 2) supporting/facilitating clinician 3) growth to have a good fit w/CPP model ; **Agency:** 1) support staff's self-care 2) evaluation of processes used to determine what EBPs clients get assigned to
    b. Basic needs, case manager needs assessment
    c. Psychoeducation- what to expect
    d. Checking with clinician expectation goals
    e. Praise
    f. Showing parent how fare they've come
    g. Parenting group, other resources for their supports
    h. Increasing knowledge with clinicians
    i. Containment for parents
    j. Incentives for parents
    k. Gift card (removed, listed below) Book, certificate
    l. Incentives
    m. Gift Cards
    n. Connection w/caregiver
    o. Recognition/acknowledgement of caregiver
    p. Normalizing parenting
    q. Assessment/ Engagement Phase
    r. Reflective practice training for clinicians to foster awareness & reflection of self
    s. Support clinicians with parent driven trauma narrative
    t. Support parent/caregiver by giving them the space to process hesitation/anxiety related to child trauma