WESTSIDE INFANT-FAMILY NETWORK

WIN outcomes

JULY 1, 2014 - JUNE 30, 2015

After three months of child-parent therapy with Diana Pineda (inset, left), Maria also began adult individual therapy with Kylie Foster (inset, right). Working together with a team of WIN therapists and cross-agency support allowed Maria to address her own history of abuse and neglect—while she and her infant son, Carlos, overcame their shared medical trauma to reenter the world of work, play and life with a happier, healthier future ahead.

Healing the Whole Family

When Carlos was just 5 months old, his survival depended on extensive intestinal surgery. While recovering, he contracted an infection and spent weeks in intensive care. His mother, Maria, was so anxious she refused to leave his side and rarely bathed, ate or slept.

Carlos cried constantly: the moment a nurse entered or he heard footsteps, it signaled more poking, prodding and restraints. The only time when either mom or baby felt safe was when she breastfed him—so she breastfed constantly, often several times an hour, and continued to do so after they were released from the hospital.

Venice Family Clinic referred Carlos to WIN when his doctor saw Carlos show separation anxiety and unhealthy weight gain. Ana, WIN's case manager, visited the pair at home and saw that Carlos cried inconsolably whenever his mom left his side. So, Maria rarely showered, had quit her job and abandoned the Alcoholics Anonymous (AA) Meetings that had been her primary support over her last 5 years of sobriety. Carlos never smiled.

While Ana connected the family to a food pantry, diaper donations and a crib, Diana began therapy for Carlos' separation anxiety, and worked with Carlos and Maria to help them repair their deeply stressed relationship. She taught Maria about the effects of trauma: What were the symptoms? What happens biologically? How does it affect our ability to cope?

Together, Diana and Maria looked for trauma triggers and set goals including helping Carlos self-regulate and explore, while she decreased breastfeeding to healthy levels. Maria learned how to soothe Carlos by telling him stories about what was happening around him, caressing his hair and singing songs. Maria encouraged Carlos to reach for toys on his own and explained to him that she buckled him up in a car seat or stroller because she loved him and wanted him to be safe. Diana facilitated role play between Maria and her young adult daughters so they would resist taking Carlos to her the moment he became fussy.

The tantrums subsided, and Maria revealed her own trauma: as a child, she'd seen her mother beaten regularly by her father, and had herself been sexually, emotionally and physically abused.

To help Maria confront her own history, Maria also began adult individual therapy with Kylie. Combining dyadic therapy with individual therapy catalyzed breakthrough after breakthrough for Maria and Carlos.

Within six months of WIN therapy, Maria returned to work and started AA Meetings again. Carlos blossomed into a happy, smiling baby, able to chase down rolling balls and comfort himself without constant breastfeeding.

Maria and Carlos completed their therapy in 10 months. Maria is now working full time and is leading AA Meetings around Los Angeles. And Carlos smiles—a lot.

Note: To maintain confidentiality, the names of the clients have been changed. The image of the child is not the client and is used with permission.

12-MONTH OUTCOMES for Fiscal Year 2015

Long-Term Goal: WIN will improve the secure attachment outcomes among prenatal through three-year-old children such that children are better able to thrive.

Quantitative Service Goal: WIN will serve approximately **325-350 individuals (75 family dyads) per year** through case management and/or mental health therapy services.

Goal	FY 2015 Outcomes (12 months)
Serve 75 family dyads	**90 family dyads** received case management and/or mental health therapy services
Serve 325-350 individuals	**358 individual family members** received case management and/or mental health (dyadic child-parent therapy) services
	7 parents received adult individual therapy (These parents also are receiving dyadic therapy with their children)
	131 individuals attended WIN's professional-level mental health consultation trainings
	112 Agency directors, administrators, managers, direct-service staff and community members from 5 agencies serving young children received ongoing, professional-level mental health consultation from WIN therapists
	A total of **608 clients** served

Outcomes for CHILDREN

1. Indicators & Outcomes: **WIN Children will improve their developmental outcomes** as screened by the *Ages and Stages Questionnaires-Third Edition (ASQ-3)*,[i] administered every six months throughout program involvement. Target: 70% of children who screened as being in an "area of concern" or in a zone that indicates a need for monitoring will move out of 1 or more identified area(s) of concern or the monitoring zone after 12 months or more of mental health therapy❖ as defined by ASQ-3.

Goal	FY 2015 Outcome (12 Months)
70% of children will move out of one or more identified area(s) of concern or the monitoring zone	**100% of children** (11/11*) moved out of one or more identified area(s) of concern or the monitoring zone

**Of the qualifying catchment group of 31 children, 19 children had no areas of developmental concern 1 year prior to the most recent screening, and 1 child had a genetic disorder that made it inappropriate to use ASQ-3 as a screening development tool; hence these do not appear in this outcome group.*

2. Indicators & Outcomes: **WIN Children will demonstrate increased behaviors associated with secure attachment** as observed and reported by WIN therapists using the Parent-Infant Relationship Global Assessment Scale (PIR-GAS).[ii] Target: 70% of children will show an increase in secure attachment behaviors (as defined by a gain in 3 points or more and/or movement to the next higher decile as defined the PIR-GAS scale) after 12 months or more of mental health therapy.❖

Goal	FY 2015 Outcome (12 Months)
70% of children will show increase in secure attachment behaviors	**77% of children** (24/31*) showed increase in secure attachment behaviors. The 24 children who showed improvement had an average score gain of 17.5 points.

**All 31 children qualifying for the catchment group are included in the outcome data.*

Outcomes for FAMILIES

1. Indicators & Outcomes: **WIN Parents/Primary Caregivers demonstrating need as screened by the Parenting Stress Index-4-Short Form (PSI-4-SF) will show improvement in clinically significant levels of stress.** [iii] Target: 70% of caregivers will show improvement as measured by the PSI/SF after 12 months or more of mental health therapy.❖

Goal	FY 2015 Outcomes (12 Months)
70% of Parents/Primary Caregivers will show improvement in clinically significant levels of stress	**70% of parents/primary caregivers** (16/23*) showed improvement in clinically significant levels of stress

** Of the qualifying catchment group of 31 caregivers, 6 did not show an initial clinical levels of stress, and 2 screenings were deemed invalid based on "Defensive Responding" scores; hence, these do not appear in this outcome group.*

2. Indicators & Outcomes: **WIN parents receiving Adult Individual Therapy (AIT) service will demonstrate a decrease in depressive symptoms** as screened by the Center for Epidemiological Studies Depression Scale (CES-D)[iv], administered at the beginning of AIT service and every 6 months throughout AIT involvement. Target: 70% of parents receiving AIT services will show a decrease in depressive symptoms (as defined by a decrease in CES-D score, comparing the most current screening score with the initial screening score) after 12 months or more of adult individual therapy.

Goal	FY 2015 Outcomes (12 Months)
70% parents receiving AIT services will show a decrease in depressive symptoms after 12 months or more of adult individual therapy	**Outcome 1: 57% (4/7) parents** showed a decrease in CES-D score. The 4 parents showed an average decrease of 22.75 points.
	Outcome 2: The comparison of AIT CES-D and PIR-GAS indicated that **100% (7/7)** of the cases showed improvement in the PIR-GAS score. The average PIR-GAS increase was 26.14 points.

3. Indicators & Outcomes: **Families will be successfully linked to services in the community for their identified needs**, as tracked through WIN's on-line service plan data system. Target: 60% of identified needs for all family dyads served by WIN during the reporting period will be linked to services.

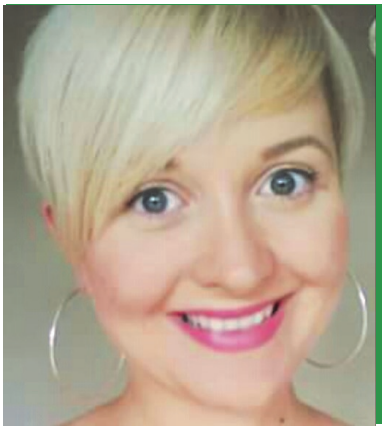
Goal	FY 2015 Outcome (12 Months)
60% of identified needs will be linked to services	**98.23% of identified needs** were linked to services (an average of the service linkage percentages for each of 90 family dyads)

**All 90 families qualifying for the catchment group are included in the outcome data.*

CATCHMENT GROUPS: how do they work?

❖To be included in a catchment group, the client must meet criteria A:

A. Client started fiscal year as a mental health (MH) therapy services client and/ or received MH therapy during the reporting period, and meet criteria B or C:
B. Client has received 12 or more months of MH therapy services by the end of the reporting period
C. Client has a closed case, having received 6 or more months of MH therapy.



"I have felt immensely privileged spending time at WIN, learning from the considerable expertise of their committed and passionate team. This experience has deepened my interest in the field of infant mental health, and I've been inspired by the success of the unique WIN model where case managers connect families to basic needs while therapists address trauma. In Scotland, there has been an emphasis on improving the early years in children's lives to increase their social mobility, and focusing on children is a great thing. But, my time at WIN taught me that, while early intervention is key, children do not exist on their own—caring for them means caring for parents and, sometimes, grandparents. You have to care for the whole family; otherwise, you cannot expect miracles to happen."

~ Sarah Rogers, MSc

Sarah is an Attachment & Advocacy Worker at West Lothian Council in Scotland and earned her Master of Science (MSc) in Community Education from the Moray House School of Education at the University of Edinburgh. The Winston Churchill Memorial Trust awarded Sarah a fellowship that allowed her to travel to the United States in September to study WIN's model for helping some of Los Angeles' most vulnerable families.

Outcomes for AGENCY STAFF

1. Indicators & Outcomes: **Direct service staff at each agency will be better able to identify, refer and provide services for WIN families** as indicated by pre- and post-questionnaires collected at trainings. Target: Over the course of our training year, 75% of respondents will demonstrate increased knowledge and competency on post-training questionnaire.

Goal	FY 2015 Outcome (12 Months)
75% of respondents will demonstrate increased knowledge and competency	**74% of respondents** (70/95*) demonstrated increased knowledge and competency

*Of 131 training attendees, 95 completed valid pre- and a post-training questionnaires at WIN's 12 mental health consultation trainings during FY 2015.

2. Indicators & Outcomes: **Partner agency staff will increase their understanding of social emotional development in infants and toddlers, increase their knowledge of infant mental health and increase their skills as a case manager** as measured by annual anonymous self-assessments. Target: Partner agency staff will rate themselves a "4" or above on self-assessments. Self-assessments have a rating scale of 1-5 with 1 being "Strongly Disagree" and 5 being "Strongly Agree."[v]

Goal	FY 2015 Outcome (12 Months)
Partner agency staff will rate themselves a "4" or above on self-assessments. Partner agency self-assessments have a rating scale of 1-5 with 1 being "Strongly Disagree" and 5 being "Strongly Agree."	We measure this outcome at the end of each fiscal year. At the end of FY 2014, **the average rating of self-assessments for partner agency staff was 4.47.** Six self-assessments were included.

Outcomes for WIN PARTNER AGENCIES

1. Target: **75% of all families referred to WIN by partner agencies within the fiscal year will receive WIN case management and/or mental health therapy services**, as defined by:

- Case management: Family has been successfully linked and followed through on at least 1 referral provided by a WIN case manager;
- Mental health therapy: Family has engaged in dyadic therapy with WIN therapist for at least 3 50-minute sessions.

In 2015, Marta Huertas, who had been the Clinical Information Systems Manager since WIN's beginning, became our second in-house case manager. Today, Marta provides comprehensive case management for not only partner agency referrals but also for those who come to WIN independently. And starting in October, Marta will begin screening pregnant women for Adverse Childhood Experiences (ACEs) at Venice Family Clinic as part of our early intervention efforts—efforts allowing us to treat more at-risk mothers and babies before children are born.

Goal	FY 2015 Outcome (12 Months)
75% families referred to WIN will receive case management and/or mental health therapy services	**100% WIN families** referred during FY 2014 (47/47) received case management and/or mental health therapy services.

Footnotes:

[i]ASQ-3 is used to measure improvement in 5 developmental areas: Communication, Gross Motor, Fine Motor, Problem Solving or Personal Social. Each area has a cut off score.

[ii]PIR-GAS is used to measure the level of adaptation of the parent–child relationship on a scale from 100 to 1 based on the intensity, frequency, and duration of the disturbance. A score of 100 to 81 represents an adapted relationship, 80 to 41 represents features of a disordered relationship, and 40 to 1 represents a disordered relationship.

[iii]In FY 2015 WIN began using the newest version of the Parenting Stress Index, the PSI-4-SF. The changes made to the newly revised screening tool make it difficult to accurately compare improvement in the subcategories of *Parental Distress*, *Parent-Child Dysfunctional Interaction* and *Difficult Child* with earlier versions of the same screening tool. Therefore, moving forward, WIN will be reporting improvement in clinically significant levels of total stress. To determine total stress, the most recent scores in the categories of Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CDI), Difficult Child (DC), and Total Parenting Stress (TPS) are compared to initial intake scores. Improvement in total stress is determined by a client moving out of the clinically significant level of stress in any of the categories. The raw score cutoffs for each of the categories are as follows: PD - 40, P-CDI - 36, DC - 40, TPS - 114.

[iv]CES-D is used to measure symptoms of depression in community populations. Components include depressed mood, feelings of worthlessness, feelings of hopelessness, loss of appetite, poor concentration and sleep disturbance. CES-D scores range from 0 to 60; higher scores indicate more severe depressive symptoms. A score of 16 or higher identifies individuals with significant depressive symptoms.

[v]Partner agency staff anonymous self-assessments are administered annually. Partner agency staff are asked a series of questions related to their understanding of social emotional development in infants and toddlers, their knowledge of infant mental health and their skills as a case manager and are asked to rate themselves on scale from 1-5, with 1= strongly disagree to 5= strongly agree.