In-Home Service Delivery: Making Triple P Successful with Challenging Cases
Overview

- Setting the Stage
  - You first!
- Historical Perspective
- Current State of Home Based Services
- Facilitators and Barriers to In-Home Service Delivery
  - Not unique to Triple P
  - Unique to Triple P
  - Fidelity with Flexibility
- Case Examples and Discussion
- Supporting Fidelity
- Final Reflection
Discussion Questions

- What populations do you work with?
- What percentage get in-home services?
- What programs do you use?
- What are your greatest challenges in delivering in-home services?
- What are the greatest benefits of in-home service delivery?
- What do you hope to gain from our time today?
In-Home Service Delivery

- Mode of intervention delivery
- Not an intervention itself
  - But often confused....
    - Likely because of origins in home visitation
So What Are the Origins?

Social worker visits family, c.1910.
Mary Ellen Richmond (1861-1928)

Search for causes of poverty: care must focus on the person

In context

Upper class reformers in situ to improve conditions for immigrant poor through social reforms

http://cacenter-ecmh.org/a-brief-history-of-home-visiting-in-the-united-states/
Kindergarten Movement

- Incorporated home visits
Who Gets In-Home Services Now?
Not that far from historical trends....
Many Families...In Some Countries

- Public health home health visitation
  - Common early intervention strategy in most countries (except the U.S.)
  - Free
  - Often universal
  - Not income related
  - Part of a comprehensive maternal and child health system
  - Likely related to lower levels of infant mortality
    - Examples: Denmark, France, England

Very Young Children with Disabilities (IDEA Part C)
Individualized Family Services Plan

- Multiple services included on an as-needed basis
  - Occupational therapy
  - Speech therapy
  - Physical therapy
  - Parenting support
    - Not typically evidence-based
Misbehaving Adolescents
Multisystemic Therapy
- Scott Henggeler and colleagues
- Community based
- Manual guided (adherence to principles)
- For deep-end youth with delinquency
  - Strong evidence base
- Some application to other populations
Children and families served by school readiness organizations in most states
- Typically must evidence multiple risk factors in order to qualify for services
- Often served through a combination of approaches
  - Home and community based
Children at Risk for Adverse Outcomes

- Resurgence in popularity
- Early Childhood/Family focus
  - Can begin prenataally
- Significant federal investment
- Focus on Fidelity
- Limited in scope
- Overlap in population with those served by school-readiness organizations
Current U. S. funding for Home Visitation

- Maternal, Infant, and Early Childhood Home Visiting Program
  - Established in 2010 to expand and improve state-administered home visitation

- 1.5 billion dollar investment

- States must spend 75% of federal funds on evidence-based “approved models”

- 25% of funds can support “promising practices”

- Focus on families with multiple risk factors

- High return on investment (up to $5.70 on every dollar invested)

http://www.pewstates.org/research/analysis/libby-doggett-home-visiting-programs-get-a-funding-boost-85899377106
Criteria For “Approved” Program Models

- At least one high- or moderate-quality impact study with favorable, statistically significant impacts in 2 or more of 8 outcome domains
- At least 2 high- or moderate-quality impact studies using non-overlapping analytic study samples with one or more favorable, statistically significant impacts in the same domain
- 12 listed (of 32 reviewed)

http://homvee.acf.hhs.gov/programs.aspx
Child development and school readiness
Child health
Family economic self-sufficiency
Linkages and referrals
Maternal health
Positive parenting practices
Reduction in child maltreatment
Reductions in juvenile delinquency, family violence, and crime
Home Visiting Evidence of Effectiveness (HomVEE)

- Child FIRST
- Early Head Start - Home Visiting
- Early Intervention Program for Adolescent Mothers
- Early Start (New Zealand)
- Family Check-Up
- Healthy Families America (HFA)
- Healthy Steps
- Home Instruction for Parents of Preschool Youngsters (HIPPY)
- Nurse Family Partnership (NFP)
- Oklahoma Community-Based Family Resource and Support Program
- Parents as Teachers (PAT)
- Play and Learning Strategies (PALS) Infant
- SafeCare Augmented

http://mchb.hrsa.gov/programs/homevisiting/models.html
**Triple P Not Included….Yet**

- Based on the HomVEE procedures for screening studies “Triple P was not reviewed because home visiting was determined not to be the primary service delivery strategy”
- However, growing use of Triple P as an in-home service
Issues in Home Based Service Delivery
Setting the Stage
2 Randomized Controlled Trials of SSTP

Study Two: Region 2

Study One: Region 3
Level 4 Standard Stepping Stones
Triple P: Delivered In-Home

- Teenage mother
  - Mental health issues (ADHD or Bipolar?)
  - Inconsistent follow through with outside referrals
- Child with global developmental delays
- Familial conflict – mother in and out of home of mat GM with child
- Lack of resources when outside of GM home
- Interpersonal relationship issues
- Many cancelled appointments
- Social Services report made by maternal GM
Issues in Home Visitation

- Issues NOT specific to Triple P
- Issues specific to Triple P
Issues NOT specific to Triple P

- Those circumstances encountered in delivering home based services under challenging circumstances
- Would impact any type of in-home service delivery
- Represent a barrier to Triple P service delivery
Family Not Home

- Despite calls and reminders
Family Home But Not Answering Door

- Hmmm
Interesting Potentially Dangerous Things

- Guns
- Drug deals
- Dogs
- Irritated significant others
- Need an escort to get from car into family home
- Other examples?
Other Interesting Things

- Candy selling
- Someone sleeping on couch in room where session is being held
  - Not acknowledged or introduced
- Other examples?
Never wake the baby
Teen Parents
Children Present During All Sessions
On a couple of occasions one family was getting ready to eat breakfast when practitioner arrived at the designated time.

Their norm was to eat while sitting on the couch, so they ate while we started the session.
Issues Specific to Triple P

- Circumstances encountered in delivering Triple P as an in-home service that are particular to Triple P
Flexibility with Fidelity

good flexibility

bad flexibility
“Good” Flexibility

- Content and process issues
- Teach the strategies presented in the program but practice only those chosen by parent for behaviors parents identify
- Divide material from a single session over more than one visit
- Stay with a session until session intent has been accomplished
  - E.g. Not go past session 2 in Standard TP until shared understanding of causes and plan for intervention
- Use a problem to apply a strategy
  - E.g. child interrupting
- Simplify language
- Use of workbook (SSTP example)
- Use of DVD
“Bad” Flexibility or Unintended Effects

- Content and process issues
- Add in strategies other than those included in program materials
- Introduce materials that are not part of the intervention
- Skip assessment measures
- Skip strategies
- Fail to set session agenda with family
- Reliance on direct instruction as teaching strategy
- Changes that interfere with parent development of self-regulation
Case Examples

Think about flexibility with fidelity
Engaging Families

- Mom with severe physical disabilities and is gifted
- Child had same syndrome that would result in same type of disabilities
- Mother never fully convinced SSTP was needed from the outset
  - Saw SSTP as too simplistic, not looking at the “whole child”, was skeptical about project
  - believed she knew her kid best
  - Became more skeptical once SSTP began and withdrew
- What would you do?
Children present in home

- all four children (ages 18 months to 12 years) were present—
- Practitioner asked parents how they wanted to handle the situation (i.e. kids going to another room, etc.)--parents invited them to stay in the room and listen
- continued with session aware of wording and discussion during initial check in when reviewing behavior challenges and strategies from previous week
- eventually children moved to another room
Able to use the self-regulation approach in sessions

Very self-conscious when using self-regulation
  - not feeling confident in her parenting skills

Structure of the program remained the same
  - had it been less structured, we could have veered off course with all of the cancellations, etc.

The task-oriented approach (having to cover specific things in session) was very helpful
  - even when we could not complete a whole session during one visit.

Having a check-list allowed us to pick right back up the next time we met

“Therapy" - either individual or family
  - Strategy - let everyone discuss what was on their minds first, then get to Triple P
  - Establish and reinforce the line between "therapy" and Triple P
  - Outside referrals necessary
Arrived and baby had just fallen asleep on mom's chest--we were supposed to be doing practice task first thing and had called and spoken to mom less than an hour before arriving.

Decided to reschedule rather than wake baby.

Started verifying the type of session we would have each time when I called to verify the appt.
Practice Session Issue #2

- Practice Task--construction workers for house showed up at the end of session (parents had originally planned to have their arrival be part of practice task by working with child while being distracted with visitors but the workers were late)
- Was introduced to everyone and continued with conclusion to session while they were in the room
Arrived for practice session and mom was not there, just dad

Mom was the one getting services
  - Practitioner had called to verify appt but not who would be there

Went ahead with session
  - but started verifying mom's presence each time when I called to confirm appt
Mother getting frustrated with the child for getting into things after we finished a practice task.
Practitioner asked if they wanted to set him up with an activity (there were no toys or anything for him to do)
Mom was a little perturbed and commented that she didn't feel like getting off the couch to go get anything
Mother eventually got up and got him a toy
The child did an awesome job playing, and at the end, I made a point of asking them what they thought made the difference
DVD Malfunction

- DVD player malfunction
- with two different families, problem with the DVD player when we went to show the Causes of Behavior Problems video clip
  - with one family we moved to a different room to view it
  - with the other we shortened session and watched it the next time
Sister visiting and she stayed during session
Promoting Fidelity in Triple P

- High quality training
- Education about evidence base
- Population-specific variants
- Program for process issues
- Provide comprehensive program materials
- Encourage collection of clinical outcome data
- Promote self- and peer evaluation and support
- Provide post-training support
- Provide organizational support

And Thank You!!

Closing Thoughts