



Canadian Mental
Health Association
British Columbia
Mental health for all

Confident Parents Thriving Kids

Annual Report 2016–2017



CONTENTS

Overview 3

A closer look at the Confident Parents program and PMTO 4

How is the program delivered? 4

What types of childhood problems does the program address? 5

Outcomes 6

UBC research partnership 6

Parent testimonials 9

Advisory council 10

Referral towns and cities 11

Outline of interventions 12

A brief history of PMTO 13

How you can help! 14

OVERVIEW

In 2015, the Canadian Mental Health Association (CMHA) BC launched the Confident Parents: Thriving Kids program. Building on CMHA BC's leadership in providing evidence-based and accessible provincial programs to parents across BC, the program provides a unique opportunity to support BC parents and caregivers whose children are experiencing mild to moderate behavioural challenges. This program meets an important service delivery need within the broader context of child and youth mental health.

Confident Parents: Thriving Kids intervenes early to empower caregivers with the tools and skills needed to be agents of change in their families. This telephone coaching program is available to caregivers across BC with coaching available days, evenings and weekends to meet the needs of busy BC families.

In addition to serving BC families, throughout 2016, the program focused on building a staffing infrastructure to support full community transfer of the Parent Management Training Oregon Model (PMTO) to the province of BC. This has involved supporting our existing PMTO Specialist Coaches to fully embody additional roles such as training, mentoring and rating fidelity for new Coaches. This focus

on building our infrastructure is intended to support continued telephone-based delivery by CMHA BC, as well as allow for a seamless and linked collaborative service delivery model with the Ministry of Children and Family Development, the Ministry of Health, and others who serve mental health needs of families and children. There is significant potential to continue to scale the program to reach more families, with particular attention being paid to developing culturally safe adaptations for diverse populations across BC, including Indigenous and immigrant families. Development on this front is underway with two members of the Osoyoos Indian Band's Health Department now trained to deliver PMTO face to face with members of the OIB community.

Investing in this kind of evidence-based parent training program is key in the effort to mitigate health care system, education system, and criminal justice system costs. Young people's behavioural difficulties can worsen without early intervention. CMHA BC has the opportunity to be an upstream resource and a vehicle to address early disruptive behaviours and mitigate negative impact on family functioning and future functioning of children who are experiencing early difficulties.

SPENDING SMARTER

Research on Return on Investment in mental health promotion and mental illness prevention shows evidence that reducing conduct disorders in children and adolescents and parenting programs are among the interventions showing the strongest return on investment.

A 2011 study by the Canadian Policy Network at the University of Western Ontario found the prevention of conduct disorders in children shows a lifetime return of \$239,000 per case.

The Children's Health Policy Centre's Fall 2015 edition of the Children's Mental Health Research Quarterly focused on promoting positive behaviour in children. In particular, the quarterly highlighted the effectiveness of the Parent Management Training—Oregon Model which underpins the Confident Parents: Thriving Kids program.

Visit www.childhealthpolicy.ca to read more.

The Confident Parents: Thriving Kids program extends gratitude and best wishes to Sandy Wiens, Children and Youth Executive Director of MCFD on her retirement.

A CLOSER LOOK AT THE CONFIDENT PARENTS PROGRAM AND PMTO

The Confident Parents: Thriving Kids program is grounded in the Parent Management Training—Oregon Model. The program comprises five dimensions:

1. Encouragement of positive behaviour
2. Systematic, mild consequences for negative behaviour
3. Monitoring of children’s activities, peers etc.
4. Problem-solving to prevent problems and address day-to-day family living issues
5. Positive involvement in children’s interests, activities and social development

Supporting components of this model include giving good directions, observing and recording behaviour, identifying and regulating emotions, fostering communication through cooperation, and promoting school success.

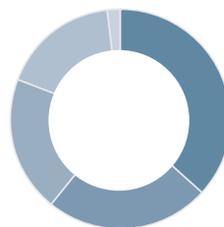
The program teaches parents key positive parenting practices. Parents are provided with an accompanying manual and supporting materials including a video offering, reward tokens, and an incentive chart, which they work through with their coach. The intervention is designed to work incrementally, assisting parents in developing and practicing each skill before learning new strategies. To this end, parents are assigned home practice assignments after each session to increase their competency in each skill.

HOW IS THE PROGRAM DELIVERED?

Confident Parents: Thriving Kids is delivered free of charge to parents and/or caregivers via telephone in the comfort and privacy of their own homes at times convenient to them. The program offers flexibility to accommodate the reality of busy work and school schedules for most families. Confident Parents: Thriving Kids staff work day, evening and weekend hours to accommodate families’ needs. Telephone delivery of the program enables caregivers to participate even if they are not in the same location during the session through conference calls. In 2017 the program will pilot service delivery via videoconferencing for parents and caregivers who would prefer this option.



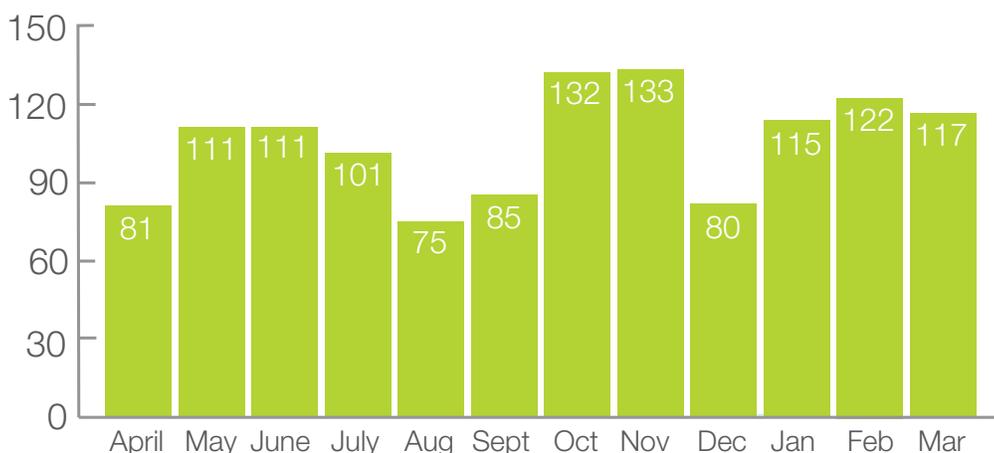
1,263 families referred by 509 primary health care providers. 209 of these primary health care providers referred multiple participants to the program.



Program Referrals by Region

- Fraser Health 35%
- Vancouver Island 25%
- Vancouver Coastal 20%
- Interior 18%
- Northern 2%

Confident Parents referrals per month



Waiting list at March 31, 2017: 481 families



45% Brief—6-week program
55% Full—14-week program

WHAT TYPES OF CHILDHOOD PROBLEMS DOES THE PROGRAM ADDRESS?

Confident Parents: Thriving Kids provides preventive and early interventions for families of youngsters with behavioural problems in the externalizing spectrum such as aggression, antisocial behaviour, conduct problems, conduct disorder, oppositional defiance, and delinquency. This empirically supported program is proven to promote healthy child development and reduce moderate behavioural problems. Through structured sessions with trained coaches, parents and primary caregivers are empowered to become the primary treatment agents for the child.

Anti-social behaviours can develop through negative reinforcement from parents and peer groups. The Confident Parents program is aimed at helping parents develop positive parenting practices to curb anti-social behaviours as opposed to coercive parenting practices which can exacerbate the issue.

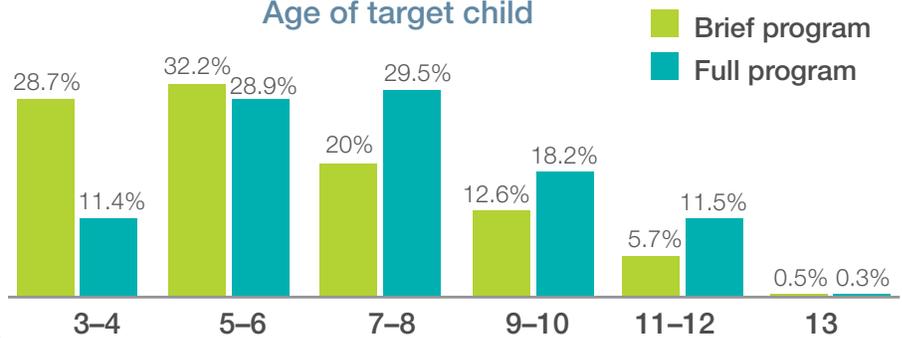
Gender of target child



Brief program: F: 24% M: 76%

Full program: F: 33% M: 67%

Age of target child



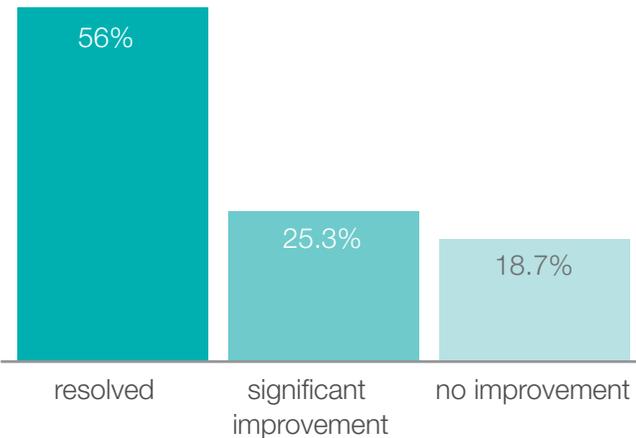
“Short wait and no cost is extremely helpful in helping parents access service.”

—Child Psychiatrist from Vancouver

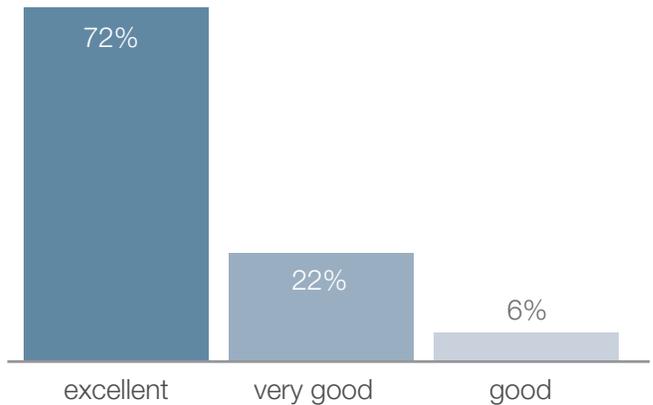


OUTCOMES

Brief Child and Family Phone Interview
pre and post measurements (Active Child)



Parent Satisfaction in overall quality
of the program



UBC RESEARCH PARTNERSHIP

To further measure the impact of the Confident Parents: Thriving Kids program, CMHA BC has partnered with researchers at the University of British Columbia to evaluate the effectiveness of phone-delivered PMTO in reducing disruptive behaviours among children aged 3–12. The research questions include:

Upon completion of phone-delivered PMTO, do parents report:

- increased positive parenting practices (Incredible Years Parenting Scale)
- decreased disruptive child behaviors from baseline (Eyberg Child Behavior Inventory)?

- decrease in parental stress (Parental Locus of Control)

Are significant differences observed between parents in the 6–week vs. 14–week intervention?

How do changes in positive parenting practices and changes in disruptive child behaviors achieved in phone-delivered PMTO compare to published means achieved in face-to-face administrations of PMTO?

What factors demonstrate a statistical relationship to symptom improvement and/or behavior reduction?

Do parents report that telephone delivery improves their access to mental health intervention?

Results to this research study are anticipated by early 2018.

“[The program] gives opportunity for reflection. Gives someone to talk to about frustrating things. Gives parents a “script” for being consistent with things like time out. It’s one thing to say “just be consistent”—everyone says that, but the program gives you a way to be consistent. Makes you think about little important details like how you will present new activities or rules.”

—program participant

“Families who may have been more hesitant about accessing mental health services are more likely to [attend telephone based sessions], which often means fewer visits at the office. It is a good complement to medications.”

—Pediatrician from Abbotsford

Doctors who have referred ten or more participants from April 1, 2016 to March 31, 2017

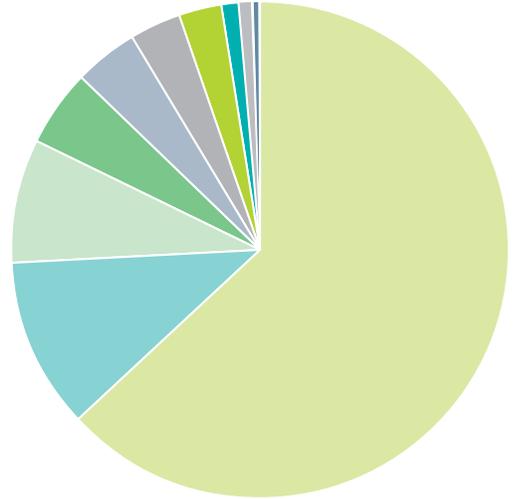
- 39 Pediatrician from Interior, Cranbrook
- 32 Pediatrician from Interior, Penticton
- 24 Pediatrician from Fraser, Surrey
- 24 Pediatrician from Fraser, Langley
- 20 Pediatrician from Interior, Cranbrook
- 18 Physician from Island, Nanaimo
- 17 Pediatrician from Fraser, Abbotsford
- 17 Pediatrician from Fraser, New Westminster
- 16 Physician from Interior, Kelowna
- 16 Psychiatrist from Interior, Williams Lake
- 16 Pediatrician from Island, Mill Bay
- 15 Pediatrician from Island, Nanaimo
- 15 Pediatrician from Island, Duncan
- 15 Physician from Island, Nanaimo
- 15 Pediatrician from Interior, Cranbrook
- 12 Pediatrician from Fraser, Abbotsford
- 12 Pediatrician from Fraser, White Rock
- 12 Pediatrician from Fraser, Maple Ridge
- 12 Pediatrician from Vancouver Coastal, North Vancouver
- 11 Pediatrician from Fraser, Surrey
- 11 Psychiatrist from Island, Victoria
- 10 Pediatrician from Fraser, Mission
- 10 Pediatrician from Fraser, Abbotsford

Some of the materials sent to program participants

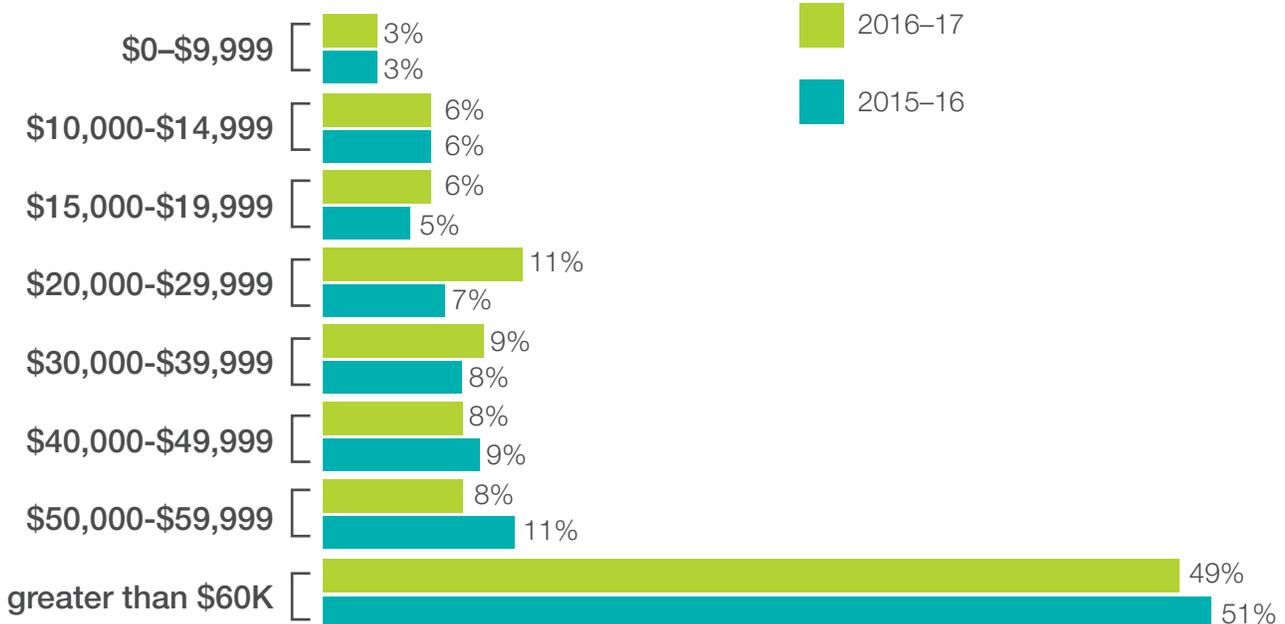


Self-reported ethnicity

- Caucasian** 62.9% (↑ 13% from 2015–16)
- Not reported** 11.2% (↓ 58% from 2015–16)
- Multi-racial** 8.1%
- Asian** 4.8% (↑ 118% from 2015–16)
- Indigenous Peoples** 4.2% (↓ 29% from 2015–16)
- South Asian/East Indian** 3.4% (↓ 11% from 2015–16)
- European** 2.7% (↑ 59% from 2015–16)
- Hispanic** 1.1% (↓ 27% from 2015–16)
- Middle Eastern** 0.8% (↓ 27% from 2015–16)
- African** 0.5% (↓ 17% from 2015–16)



Household income level



“I really liked how coach role played with us to practice skills at the end of each chapter and made it applicable to our family. Everything was pretty relevant for our family and each week would build upon the last.”

—program participant



Caregivers share what they enjoyed most about the program:

“Good pace to sessions. Loved that [we, both parents] could do it together and would highly recommend that to other parents. [It helped us] be responsible to each other and support each other.”

“Coach was fabulous, lots of good suggestions and it felt like she really took the time to connect.”

“[The most helpful thing was] gaining confidence and [having] new tools to work with.”

“The phone calls were always on time, the correspondence [between sessions], like touching base was always there, the support network was always there with [coach]. I mean it was absolutely phenomenal.”

“Really, really liked breaking tasks into very small steps—made my child feel she was accomplishing something rather than getting ready to go to school. The Can Do chart has been the most successful and makes my child proud.”

“Understanding good directions was very helpful. Family agreement process, getting on the same page.”

“Really good program. Weren’t sure that the program would help, but it was very helpful. [The program] showed parents new ways. Loved the focus on positive behaviours.”

“Being aware of my own stress and worries and how that is held in the body and affects my thoughts and how kids see and interpret it. How it (stress) affects giving directions and expectations. Going through the program has given a good perspective shift.”

“I liked everything about the program, especially that it taught different techniques for different situations and that it started light but built strategies as they [were learned].”

“Simple, but effective strategies on how to respond initially to challenging behaviours. Helpful to practice with coach so it becomes a new reflex”



ADVISORY COUNCIL

Core to the values of CMHA is the importance of including the voice of lived experience, including program participants, in shaping the work that we do. To this end, in January 2016, a Confident Parents: Thriving Kids Advisory Council was launched. The Council provides a meaningful opportunity for caregivers who have completed the program to share their experiences with a goal to improving the service provided to BC families.

In addition to the Council meetings, Advisory Council members joined CMHA BC at some key events through the year. In July 2016, CMHA BC proudly welcomed the Minister of Children and Family Development, Stephanie Cadieux, as she announced the BC Government's investment of \$1.5 M in the Confident Parents: Thriving Kids program. Advisory Council member Paula Littlejohn joined the panel of speakers and shared her family's story of success with using the skills and strategies located in the program. Paula also joined a presentation panel that included Program Manager Tara Wolff and Executive Director, Child and Youth Mental Health Policy, MCFD Sandy Wiens, at the CMHA BC AGM in September 2016. Finally, in November, CMHA BC supported an Advisory Council member to attend the organization's b4stage4 conference in Victoria. This 3-day conference focused on prevention, early identification and early intervention to significantly improve the lives of those living with a mental health or substance use problem.



“We have found the strategies of encouraging cooperation with directions and tokens have been instrumental in our son being better at listening to and then following through with what we have asked him to do or not do. I have found that there is less frustration on my part when I am directing my son.” —Paula Littlejohn, PAC member

REFERRAL TOWNS AND CITIES

Northern

Dawson Creek
Fort St. John
Mackenzie
Prince George
Prince Rupert
Smithers
Tumbler Ridge

Fraser

Abbotsford
Agassiz
Burnaby
Chilliwack
Coquitlam
Delta
Langley
Maple Ridge
Mission
New Westminster
Port Coquitlam
Port Moody
Surrey
White Rock

Vancouver Coastal

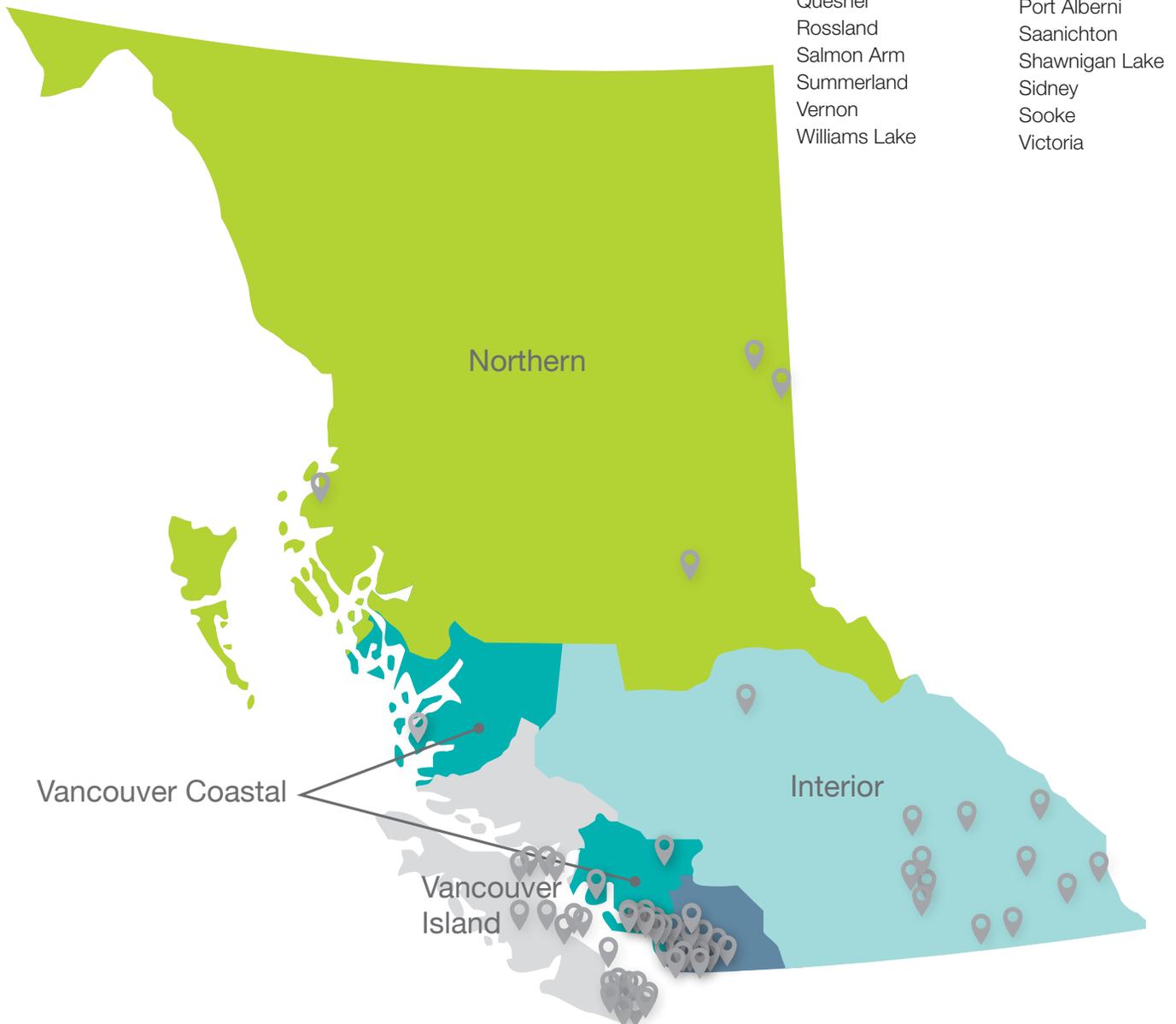
Bella Bella
Gibsons
North Vancouver
Pemberton
Richmond
Sechelt
Squamish
Vancouver
West Vancouver
Whistler

Interior

Castlegar
Cranbrook
Creston
Elkford
Fruitvale
Invermere
Kamloops
Kelowna
Kimberley
Merritt
Nelson
Oliver
Penticton
Revelstoke
Quesnel
Rossland
Salmon Arm
Summerland
Vernon
Williams Lake

Vancouver Island

Brentwood Bay
Campbell River
Chemainus
Colwood
Comox
Courtenay
Crofton
Cumberland
Duncan
Ladysmith
Lantzville
Mill Bay
Nanaimo
Port Alberni
Saanichton
Shawnigan Lake
Sidney
Sooke
Victoria



OUTLINE OF INTERVENTIONS

BRIEF OFFERING

This brief offering is designed for parents with children exhibiting mild presenting behaviours and who have the ability to quickly grasp and apply new concepts, as indicated by their family impact and functioning scores in the intake interview. The brief intervention covers the five core parenting practices, and provides parents with role-play support and home practice assignments.

ENHANCED BRIEF OFFERING

For parents who have completed the brief intervention and have still not seen a significant improvement in their child's behaviour or are experiencing specific problem areas, they are eligible to participate in one of three enhancement modules designed to supplement the content learned in the brief intervention.

Enhancement modules include school success, dealing with siblings, and emotional regulation. Parents will continue with the same coach after the brief intervention and move into the enhancement module that is most relevant to their context.

FULL OFFERING

The full Intervention is designed for parents with children exhibiting more moderate presenting behaviours or who self-report significant concerns in terms of family impact and functioning. These parents require a more robust offering to address the comprehensive nature of the issues they are experiencing. The full intervention also covers the five core parenting practices, but delves into greater depth in each one, and allows for more time for the parent to develop competency in learning and applying the skills. Further, the supplementary content from each of the enhancement modules is also covered.

10 weeks

6 weeks

Brief Intervention for mild symptoms
(6-week)

Session 1: Strengthening Your Family
Session 2: Encouraging Cooperation with Directions
Session 3: Encouraging Cooperation with Tokens
Session 4: Setting Limits with Time Out
Session 5: Encouraging Cooperation with Incentive Charts
Session 6: What Matters Most

Enhancement Modules
(4-weeks following brief intervention if required)

Module 1: Strengthening Emotional Connections or **Module 2:** Promoting School Success or **Module 3:** Siblings

14 weeks

Full Intervention for moderate symptoms
(14-week)

Session 1: Strengthening Your Family
Session 2: Encouraging Cooperation with Directions
Session 3: Encouraging Cooperation with Tokens
Session 4: Recognizing and Regulating Emotions
Session 5: Active Listening
Session 6: Encouraging Cooperation with Incentive Charts
Session 7: Setting Limits: Introduction to Time Out
Session 8: Following Through with Time Out
Session 9: Teaching Through Encouragement and Discipline
Session 10: Problem Solving and Managing Conflict
Session 11: Monitoring Children's Activities
Session 12: Promoting School Success
Session 13: Building Skills
Session 14: Balancing Love, Work, and Play

A BRIEF HISTORY OF PMTO

The Oregon Social Learning Center (OSLC) has been developing and testing theory-based interventions since the 1970s. The goal has been to treat, reverse or prevent conduct problems in both children and youth. As their research of the Parent Management Training Oregon (PMTO) model gained international respect, OSLC established a network of affiliated organizations to enable other service providers and governments to implement the model.

In 1999, the Norwegian government approached OSLC with a request to develop the first nationwide implementation. OSLC deployed staff to train a set of specialists in Norway with the goal of establishing an empirically supported treatment program to serve families in every municipality through the nation. Both the national child welfare and child mental health systems were involved in this massive undertaking. In 2001, they founded Implementation Sciences International Incorporated (ISII), a non-profit corporation, to spearhead this initiative. ISII's goal is to provide professional training in the PMTO model and associated methods. Since then, ISII has trained mental health professionals worldwide in a number of implementations across the globe, including Iceland, the Netherlands, Uganda and Denmark, as well as a number of state-wide implementations such as Michigan and Kansas, as well as community system implementations in New York City, Minnesota, and Utah. Further, their work has served in the development of a prevention program for parents in Mexico City. Beyond the original scope of the program,

pilot projects have also tested service provision for parents who have lost custody of their children for maltreatment, mothers in shelters because of domestic violence or homelessness as well as adaptations for immigrant parents.

The PMTO model is unique in that it provides full community transfer from the purveyor (ISII) to the community site. This offers the community site opportunities to scale the program at a system-wide level without cumbersome licensing fees or cost structures. The approach includes thorough training of a progenitor generation of practitioners and then selecting key leaders from this group in order to begin establishing an infrastructure for long-term program growth. This approach has a robust evidence base to back its efficacy. Looking at the Norwegian implementation, ISII originally trained and certified 29 therapists. Research was conducted ten years after their certification and demonstrated that 92% were still certified and practicing PMTO. Further, more than 400 certified PMTO therapists have been trained independently of ISII and were actively providing the program for parents (Forgatch & DeGarmo, 2011).¹

1. <http://www.isii.net/2015SITEFILES/history.html>



PMTO

Implementation Sciences
International, Inc.

“Circumvents long waitlists for mental health services and alternative programs. Much greater flexibility for busy families or split household parents.”

—Physician from Nanaimo

“[The program] is wonderful! Direct access for parents, convenient to be done at home and no meetings out, [no] need for a babysitter.”

—Pediatrician from Duncan

HOW YOU CAN HELP!

LEARN

Learn more about the work we do in CMHA BC's monthly e-news, Mind Matters. Sign up for free at www.cmha.bc.ca

JOIN

ARE YOU A CURRENT OR PAST PARTICIPANT OF CONFIDENT PARENTS: THRIVING KIDS WHO HAS COMPLETED A MINIMUM OF 6 SESSIONS?

Do you have an interest in sharing your perspectives and experiences to help our program grow? For more information, please contact Program Manager, Tara Wolff at tara.wolff@cmha.bc.ca or toll-free at 1-800-555-8222 ext. 8342

DONATE

Your contribution to CMHA BC's Dr. Jean Moore Fund for Child and Youth Mental Health supports programs like Confident Parents: Thriving Kids. The fund honours Dr. Jean Moore, a lifetime volunteer, advocate and educator. Dr. Jean Moore has served on numerous boards and committees for CMHA in Alberta and BC, and her volunteer activity has spanned the local branch, provincial and national levels of CMHA. CMHA BC is truly fortunate to benefit from the wisdom, commitment and dedication of one of the most outstanding volunteers in Canada. In recognition of Dr. Moore's passion for improving child and youth mental health, donations to the this endowment fund will help enhance, through innovation, the lives of children and youth living with or at risk for mental illness.



DONATE TODAY AT WWW.CMHA.BC.CA/DONATE

About mental illness in children and youth

Many mental illnesses—between 50% and about 70%—show up before the age of 18

About 6% of kids experience an anxiety disorder at some point

Attention-deficit/hyperactivity disorder (ADHD) affects close to 5% of BC children at any given time

Conduct disorder affects about 3% of BC children

About 3.5% of young people in BC experience depression

Only one in four kids and teens in Canada who need mental health treatment get it



About one in seven young people in BC will experience a mental illness at some point

source: Heretohelp (2014) "Mental Illnesses in Children and Youth."
www.heretohelp.bc.ca/factsheet/mental-illnesses-in-children-and-youth



Canadian Mental
Health Association
British Columbia
Mental health for all



ABOUT CMHA BC

The Canadian Mental Health Association (CMHA), BC Division exists to promote the mental health of British Columbians and support the resilience and recovery of people experiencing mental illness.

We're part of one of the oldest voluntary organizations in Canada. Together with 14 CMHA branches throughout BC, we help over 100,000 people each year.

Together, CMHA shares a national vision of "mentally healthy people in a healthy society."

Confident Parents Thriving Kids

Mail: c/o 905-1130 W. Pender Street, Vancouver, BC, V6E 4A4
Tel: 1-855-871-8445 or 604-688-3234
Fax: 604-688-3236
Email: confidentparents@cmha.bc.ca
www.confidentparents.ca

2017