Parent Management Training-Oregon model(PMTO) A Trauma Informed Intervention

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The Who, What, Where & How of Kansas PMTO

Who?

Who Developed PMTO?

- * A grandparent of theoretically-grounded empirically-supported family treatments
 - Initially developed mid 1960s by Gerald R.
 Patterson

Who Is Who in Kansas PMTO?

- * PMTO Governing Authority
 - * DCF
 - Child Welfare Contractors
- * PMTO Infrastructure
 - * Lead Trainer & Lead Coach
 - * Kelly Young, LMSW, LMAC
 - * Lead Fidelity Rater
 - * Nicki Hines, LMSW
 - * Co-lead Trainer & Fidelity Rater
 - * Erica Herzog, LMFT
 - * Kansas Session Portal Administrator
 - * Kara Farney, LMLP

Who Is Who in Kansas PMTO?

- * PMTO Training Team
 - * Kelly Young
 - * Erica Herzog
 - * Nicki Hines
- PMTO Trainers in Training
 - * Joe Berry
 - * Kara Farney
 - * Melissa Burrow

- * PMTO Coaches
 - Kelly Young
 - * Nicki Hines
 - Erica Herzog
 - * Joe Berry
 - * Melissa Burrow
- PMTO Fidelity Rating Team
 - * Nicki Hines
 - * Erica Herzog
 - * Kelly Young
 - * Joe Berry

What?

What Is PMTO?

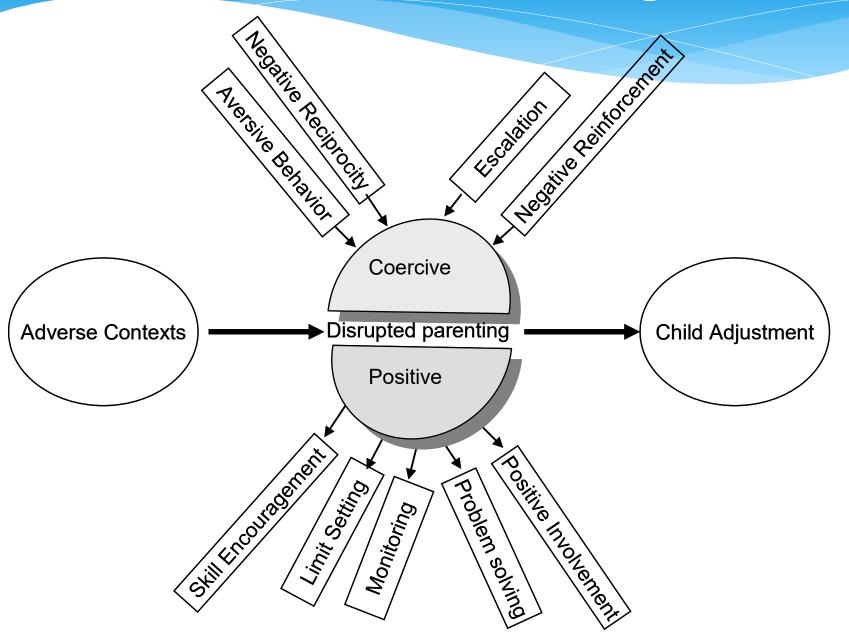
- Based on 50 years of research and practice*
- 2. Social-interactional model tailored for serious behavior problems
- 3. Core belief: Parents are their children's best teachers
- 4. Implementation strategy: Teach therapists to teach parents to teach children
- 5. Strengths-based, active, fun!



PMTO a Social Interaction Learning Model

A Social Interactional Learning Model Coercive h_{ositive}/ $M_{h_{\tilde{h}_{\tilde{h}}}}$ Trauma Skill Discrimination Encourage-Aversive Behaviors Trauma Transitions Limit Setting/ Discipline Child/ Negative Reciprocity Dangerous Adolescent Stress Monitoring Neighborhood Escalation Problem Illness Adjustment Negative Lack of Skills Solving Reinforce-Substance Use ment Positive Involve-ment Poverty Frenting Practices Contextual Factors

Social Interaction Learning Model



What is Social Learning Theory?

- * Social learning theory says that people learn behaviors through observation and through our own experiences with different behaviors and their consequences
 - * We mimic behaviors that we see from others, observing the behavior and the consequences
 - We try out new behaviors on our own
 - The more positive consequences that result from a behavior, the more likely it is to continue
 - The more negative consequences that result from a behavior, the more likely it is to stop

PMTO Modules

- Core Parenting Practices
 - * Encouragement
 - * Problem Solving
 - * Limit Setting
 - * Monitoring/Supervision
 - * Positive Parental Involvement
- Key Support Practices
 - * Directions
 - * Emotion Regulation
 - * Active Communication



PMTO Order of Modules

- 1. Initial/Goals
- 2. Directions
- 3. Emotion Identification/Regulation
- 4. Encouragement
- 5. Troubleshooting Encouragement
- 6. Active Communication
- 7. Problem Solving
- 8. Managing Conflict
- 9. Limit Setting
- 10. Troubleshoot Limit Setting
- 11. Monitoring & Supervision
- 12. School Issues
- 13. Positive Involvement

PMTO Intervention Model

PMTO INTERVENTION MODEL



What Does Fidelity to PMTO Mean?

Fidelity of Implementation Rating System (FIMP): The manual for PMTO™

Knutson, Forgatch, Rains, & Sigmarsdóttir, 2009

PMTO is an Evidence Based Intervention

PMTO Fidelity

- * 5 Dimensions
 - * Knowledge
 - * Structure
 - * Teaching
 - * Process skills
 - * Overall development
- * 9 Point Likert Scale
 - * 7-9 good work
 - * 4-6 acceptable work
 - * 1-3 needs work

PMTO FIMP: A Closer Look

- * Knowledge
 - Proficiency in understanding & application core components
- * Structure
 - Session management, leads without dominating,
 pacing/timing
- * Teaching
 - Promotes mastery, use of role play, elicits goal behavior
- * Process Skills
 - Proficient clinical & strategic skills, safe learning context
- * Overall Development
 - * Growth, satisfaction, likely return, adjust context, difficulty

What Families Can Benefit From PMTO?

- * Multi-concern families
 - * Parents with psychopathology
 - * Adverse contextual factors
 - * Family transitions
 - * Marital conflict

What Families Can Benefit From PMTO

- * Tailored for serious behavior problems for youth from preschool through adolescence
 - * Out of control
 - * Overt behavior
 - * Covert behavior
 - * Internalizing problems
 - * Substance abuse
 - * School failure

What? Family Eligibility

- * PMTO eligibility criteria is located in your binders
- * First 6 months of foster care w/ Reintegration or Maintain at Home Case Plan Goal
 - * Parent available & willing
 - * Child 3-17
 - * Eligibility can be based on either parent criteria or child criteria
- * Parent Criteria
 - A family can qualify based on
 - PSI with clinical significance OR
 - High Risk on SDM Risk Assessment OR
 - * NCFAS indicating poor permanency outcome
- Child Criteria
 - * A family can qualify based on the child's PECFAS or CAFAS
 - * CAFAS 60+ or 30 in one subscale OR
 - PECFAS 50+ or 20 in one subscale OR
 - Child identified as SED by CMHC OR
 - Psychiatric inpatient in last 365 days OR
 - * IEP for emotional or behavior disorder OR
 - Diagnosed mental illness OR
 - Previously diagnosed mental illness and currently on psychotropic medication

What? Staffing for PMTO

- PMTO Therapists
- * PMTO Data Liaison
 - Entering data in KU's REDCap Data Base
- * FIMP Spotter
 - * KVC will provide for TFI & COC

Note:

- PMTO Therapists & Data Liaison staff
 - * Name, date of birth, and if ever attended KU will need to be provided to KU (Kim Bruns) to attain REDCap sign in
 - Will need to complete KU's IRB tutorial

What? Training Requirements & Case Assignment

- * PMTO training occurs across 4 workshops
 - * 3 days per workshop
- * PMTO therapists in training can begin accepting PMTO assignments upon conclusion of the 2nd workshop
 - * PMTO therapists in training will need to begin PMTO with at least one family & have a session available for coaching during the 3rd workshop

What? Ongoing PMTO Training

- PMTO workshops are the beginning of the training process
- PMTO coaching provides ongoing training toward certification & continues for re-certification
 - * Minimum of 3 training families & 12 coaching sessions to be invited to certify
 - * After an invitation to certification a minimum of 2 additional families to complete certification process
 - * 4 videos for certification
 - * Annual recertification is required
 - * 1 video for re-certification

What? PMTO Coaching

* PMTO Coaching

- Written coaching provided for work recorded as part of workshops 1 & 2
- Group coaching with Reflective Team begins in workshop 3 & continues to workshop 4
- * Coaching continues upon completion of workshops
 - * 1 Direct coaching credit per month
 - * 1 Reflective Team coaching credit per month

Where?

Where Is PMTO Provided

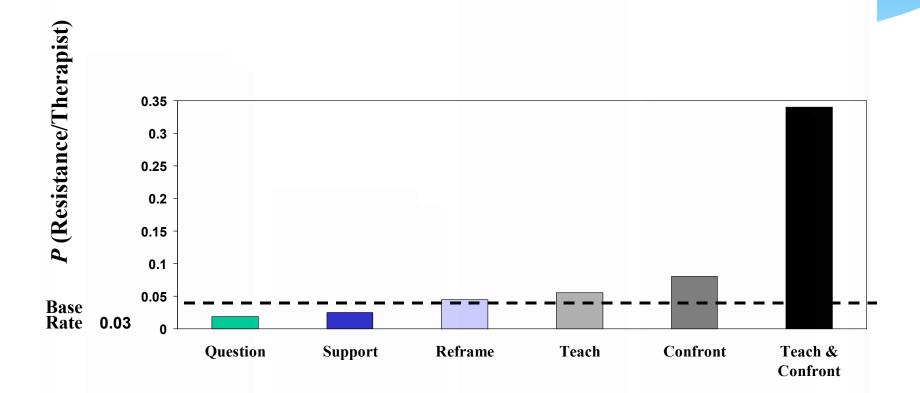
- * PMTO is intended to be implemented in the home
 - * If that is not possible due to contextual factors then another location in the community is the next ideal location
 - If another location in the community is not possible then provide in the office

How?

How is PMTO Delivered?

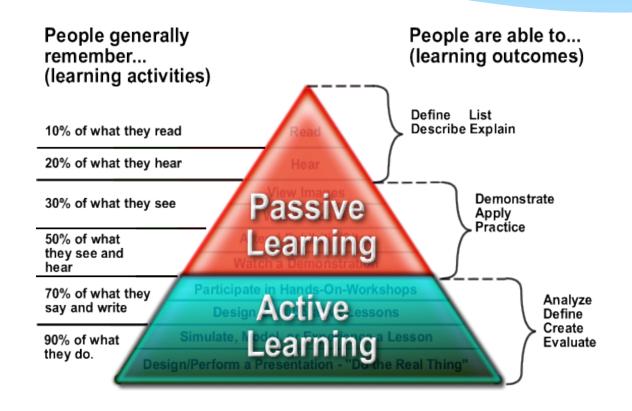
- * PMTO therapists partner with a parent to increase engagement & decrease resistance
 - This partnership is created through Active Teaching &
 Active Learning

Likelihood of Parent Resistance Given Therapist Behaviors



Patterson, G. R., & Forgatch, M. S. (1985). Therapist Behavior as a Determinant of Client Resistance. <u>Journal of Clinical and Consulting Psychology</u> 53 (6), 846-851.

PMTO- Active Learning Intervention



How to Learn a Skill: Steps of Learning a Skill

- * To learn a new skill, staff must go through certain steps
 - * Learn
 - * See
 - * Practice
 - * Prove
 - * Do
 - * Maintain

(Sawyer et al, 2015)

How to Learn a Skill

Practice Learn See Deliberate Learning Demonstrpractice about a ation by with instructor skill feedback through with from reading, verbal instructor instructio seeing, hearing n **Cognitive Phase**

Deliberate Abilities Using the practice are skill in the with assessed 'real world' feedback and and getting from further natural instructor feedback is given

Psychomotor Phase

Prove

Maintain

Do

Continuing to use the skill in the 'real world' and seeking help as needed

How is PMTO Delivered?

- * Weekly:
 - * Parent Session
 - * Family Session
 - * Midweek Phone call

How IS PMTO Applied?

- PMTO is applied as a family intervention designed to empower parents
 - * Caregiver as primary treatment agent
 - Identify & build on strengths in a family
 - * Intervention with caregivers & family
 - * Couples
 - * Grandparents
 - * Siblings
 - * Foster families
 - Extended family & kin

PMTO & Sunflower- A Case Example

Case Example

- * Single mom & 9 y.o. "Libby"
- Libby receiving mental health services since age 4
- Libby's first hospitalization at age 5
 - * Numerous PRTF and Acute admissions
- * Libby on SED waiver
 - * Case manager
 - * Case coordinator
 - * Behavior interventionist
 - * Medication management
 - * Wrap around services

Case Example con't

- Numerous child protection investigations
- * Three years of Family Preservation Services
- * Child in Need of Care Petition filed & court retains oversite
- * PMTO referral March 2018
- Libby in PRTF at time of referral
 - Admitted September 2017
- Libby participated in PMTO family sessions at home & at PRTF
- Libby discharged from PRTF in July 2018
 - PMTO continued & renewed

Case Example con't

- Libby obtained 23 criminal charges between October 2018 and
 August 2019
 - * Criminal court case opened along with child in need of care
- Libby did not have another PRTF admit until August 2019
 - * Lonest period of time Libby had gone without a PRTF admit since the age of 5
 - Parent attributes PMTO as reason
- * PMTO support continues with parent to prepare for Libby to return home from current PRTF stay

Thank you!