

Parenting with Love and Limits[®] (PLL)

Logic Model

Program Developed by Scott Sells, Ph.D.

Program Components: Phases of PLL

Motivation & Engagement Intervention

Goal: Motivate and engage resistant parent or youth to participate in PLL program and sign a

Group Intervention

Goals: Teach parents and/or adolescents six core skills to reestablish lost parental authority and inject nurturance between parent and youth. Increase readiness for change using Prochaska's model.

Family Intervention

Goal: Integrate and customize core skills learned in group into the family through behavioral contracts and role plays. Improve family interactions within extended family and community.

Trauma or Wound Intervention

Goal: Use strategic family therapy directives to address family or individual unhealed wounds in the here and now using a family systems perspective.

Community Intervention

Goal: Improve family connections with core services (e.g. education, housing, medical, etc), pro-social services (e.g. faith-based activities, recreation, mentors, etc.), and address community risk factors.

Targets

Decrease
Risk
Factors

Increase
Protective
Factors

Proximal/Short-Term Outcomes

Youth Remains
In Home or Not
Recommitted

Improved
Behavior and
Mental Health

Increase Parent
Involvement

Decreased
Trauma Levels

Increased
Family
Functioning

Distal/Long-Term Outcomes

Decrease in
Criminal
Recidivism or
Maltreatment

Fewer Days In
Residential or
Foster Care

Improved
Behavior &
Mental Health

PLL targets youth ages 10-18 years old who exhibit moderate to severe emotional and behavioral problems and their family.



"It is our goal to create an authentic relationship with every partner such that they know we integrate our services with their needs to achieve the common goal of restoring families."

- WE...**
- *Seek first to understand our partners' needs and overall systems (For example: agency culture, community culture, funding source and process, protocols etc.)*
 - *Develop the blueprint to help our partners implement the PLL program (We know no two communities or systems are the same)*
 - *Formalize communication between PLL and community partners*

What is Parenting with Love and Limits (PLL)?

Parenting with Love and Limits (PLL) is a comprehensive Evidence Based system of care that utilizes a trauma informed approach in treating families referred to the Child Welfare, Mental Health and/or Juvenile Justice Systems. Recognized as an Evidence Practice by OJJDP, SAMHSA, Florida Sourcebook of Delinquency Interventions and California Clearinghouse, the model utilizes five key elements to reduce the need of costly and often inappropriate out of home care for at risk youth while also safely decreasing the length of stay and providing true reintegration services to clients who have been placed in out of home care. Through Family Therapy, Parent focused groups, community support services, supervision and predictive analytics, PLL has been successful in 15 states in helping hurting families heal while providing significant cost savings and cost avoidance benefits to state agencies across the country.

MULTI-FAMILY GROUPS PLL provides six consecutive two hour multi-family groups for skill building sessions that allow each family to begin to restore the proper hierarchy within the family; beginning the restoration process.

FAMILY THERAPY "In every conceivable manner, the family is linked to our past and the bridge to our future." –Alex Haley. The foundation to the PLL model is based upon restoring the family unit. A PLL Team, consisting of a Therapist and a case manager provide weekly in home "family coaching" consisting of behavioral contracting and Family Systems Trauma work.

COMMUNITY SUPPORT SERVICES Every family that is involved in the PLL model is assigned a community support worker. For Reentry services, the community support worker creates a Community Based Action Team (CBAT). The goal of CBAT is to create a natural support system for the family independent of regulated supervision. Whatever barrier or struggle that may exist for a family, the community support worker in conjunction with CBAT members collaboratively work together to eliminate or greatly reduce any impending obstacles.

SUPERVISION Each PLL team is monitored and assessed on their overall comprehension and application of the model by a National Certified PLL Consultant (PLL Clinical Supervisor). Each PLL site and team receives a high level of support from the assigned PLL Clinical Supervisor. Each PLL team meets on average twice per month, two hours each session for PLL supervision. Supervision consist of reviewing video-taped sessions for model fidelity and adherence, troubleshooting and providing strategies for stuck families, reviewing dashboard items and model discussion.

PREDICTIVE ANALYTICS The PLL Dashboard offers a readily available tool to look up data on any given site and make better informed decisions on how to treat families. It allows therapists and site leaders to recognize issues in real time so they can be proactive in their responses rather than reactive. Moreover, information gathered from the Dashboard can be used to document immediate and long-term outcomes, and illustrate how services are delivered. The use of this data will also provide the PLL clinician a "playbook" for the family for the mandatory 30, 60 and 90 post discharge reviews.

OTHER RELATED PLL COMPONENTS ITEMS

Implementation Science * Motivational Interviewing (specific to PLL) * Manualized Curriculum (Spanish and English) * Research and Outcomes * "The PLL Experience" * 5-Day On-Site Training * Bi-Annual and Annual Site Reviews * 24/7 Assistance



Parenting with Love and Limits[®]

PARTICIPATION AND GRADUATION AGREEMENT

In order to participate in and graduate from the Parenting with Love and Limits (PLL) program, I understand and agree to follow these requirements:

Week	PLL Group	PLL Individual Coaching
Week #1	Group 1 – Venting	No coaching 1st week
Week #2	Group 2 – Button Pushing + →	Coaching #1: Winning the Battle for Structure and putting all the protective factors on the radar screen
Week #3	Group 3 – Contracting + →	Coaching #2: Identifying Undercurrents, Feedback Loops and beginning to develop first Contract and if applicable, Aftercare Plan
Week #4	Group 4- Putting the Contract Together As a Group + →	Coaching #3: Continuing to draft written plans
Week #5	Group 5 – Creative Consequences + → <i>(to stop disrespect, school problems, drug use, violence, not doing chores, running away etc.)</i>	Coaching #4: Developing Countermoves around written plans
Week #6	Group 6- How to Start Liking Each Other Again-Restore Closeness	Coaching #5: Further development of needed Countermoves and intensive dress rehearsals
Week #7	No Group	Coaching #6: Assessment of written plans and changes made as needed
Week #8 +	No Group	Coaching #7: and on... continuing coaching until the following benchmarks are met: <ul style="list-style-type: none"> • For youth returning to the community – Finalize Aftercare Plan and insure CBAT Plan is ready to implement • Additional Coaching to troubleshoot unmet benchmarks (see below) and/or work on additional symptoms or seeds (i.e. unhealed wounds) • Develop Relapse Prevention Plan • Make 30/60/90 day callbacks and conduct tune up sessions as needed.

Key Benchmarks

- Attend 5 out of 6 group meetings with the exception of the 1st group.
- Attend the minimum required individual (family) coaching sessions and continue in coaching until the following benchmarks are met:
Minimum # of family sessions required _____ to Graduate PLL.
- | | |
|--|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> In Home- Obeying Curfew and No Leaving Home Without Permission <input checked="" type="checkbox"/> In School--Attend school and no ditching, and achieve passing grades <input checked="" type="checkbox"/> Out of Trouble With the Law (No further violations) <input checked="" type="checkbox"/> If applicable, remain Drug Free | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Following the PLL Written Plan 80% or greater as Reported by Parents <input checked="" type="checkbox"/> Show evidence of participation in extracurricular activities, working, or doing community service, as well as meeting all court requirements (i.e. paying restitution, etc.) |
|--|--|

Parent/Guardian's Signature

Youth Signature

Therapist Signature

Date

Implementation & Sustainability

“Recent studies report that it can take up to 3 years for a service provider to successfully transport and implement an evidence-based model”

(source: Global Implementation Conference proceeding, August 15-17th, 2011 Washington, DC)

“A large body of research shows that systematic attempts to successfully implement evidence-based practices at the community level have faced numerous challenges and few community organizations are using research-based practices as intended” (Rohrbach, 2006; Kazdin, 2003)

To dramatically shorten implementation time to the goal of 1.5 years (not 3 years), PLL has a point person specifically dedicated to the transportability of PLL with the service provider.

PLL Has An 86% Client Retention Rate Since

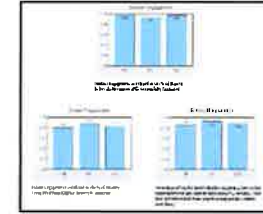
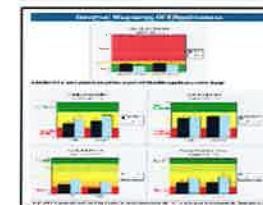
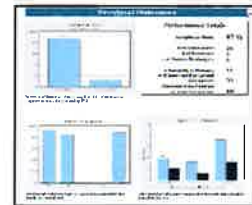
We are in this together!



Implementation & Sustainability

Examples: Implementation Tools & Documents

- ✓ New site Implementation Meetings
- ✓ Implementation Checklist Meeting
- ✓ Implementation Task Force Meetings
- ✓ Bi-Monthly Supervisor Meetings Key
- ✓ Benchmark for Stakeholders Report
- ✓ Key Benchmark for Supervision Report
- ✓ Quarterly and Annual Program Reviews
- ✓ Referral Enhancements (Rainmaking) Meetings





IMPLEMENTATION TIMELINE



- Final Contract Negotiations (Pricing, # of teams, population, ATP or Reentry, etc.)
- Contract Signed (Green Light)
- Identify Key Provider Leadership
- Identify Immediate Barriers
- Welcome letter to new COE

- Develop a flow of referrals PowerPoint
- Custom design PP for Stakeholders meeting
- In person stakeholder meeting
- Interview potential candidates using WebEx
- Review internal measures and submission schedule
- Schedule Motivational Training
- Identify specific families to be served and phone MI
- Face to face intake
- WebEx Stakeholders (those who did not come in person)
- Custom brochure
- Invite Stakeholders to training (personal phone call)
- Create a custom designed MI Script for referral provider

- Reminder call to stakeholders
- Schedule Scott to come in training
- CBAT Training through WebEx
- Meet with assigned clinical supervisor and brief on new site.

- Implementation Task force
- Follow up calls to check in
- Troubleshoot any problems
- Check referrals
- Ensure Internal Measures are being administered
- Attend Quarterly Review



- Review Transportability process and identify each person's role
- Review relevant contract points with leadership
- Develop Goals for the site
- Therapist and CM Interview Requirements
- Provide language for advertisement
- Clearly identify population and # to be served
- All parties understand billing process
- Identify State or County agencies involved with PLL (referral provider)
- Agree on Training Location
- Identify key community stakeholders and obtain their roles and contact info.
- Schedule (Agency Directors) meeting
- Schedule key stakeholders meeting (in person)
- Implementation Barriers and Strategy to fix
- Develop Implementation Timeline
- Review all items to be purchased with Deadline
- Develop Inclusionary and /Exclusionary 1 pager

- Train to use WebEx
- Train on PLL database/Dashboard or COE
- Ensure all items on list are purchased
 - Technology must be current
- Dry run on video upload
- Nondisclosure Agreements Signed
- Reminder to stakeholder meetings sent out
- Create CBAT binders and send to training site

- Schedule partners for Implementation Task force
- Continue to troubleshoot any problems
- Check in calls to leadership
- Implementation Task force
- Check Referral flow
- Ensure internal measures are being administered

- 8 LAWS OF IMPLEMENTATION / TRANSPORTABILITY**
- LAW #1 "Goodness of Fit" of minimum standards must occur
 - LAW #2 Must have Staff "Buy In" and carefully screen new staff upfront
 - LAW #3 Must have community collaboration and coordination
 - LAW #4 Outcome research must be easy to implement and desired
 - LAW #5 Model developer provides dedicated person to oversee the entire start up process
 - LAW #6 Have clear benchmarks to get out of the survival stage
 - LAW #7 Frontline case workers and providers must have micro-steps and manuals
 - LAW #8 Video tape analysis substitutes for one-way mirror supervision and dramatically increases Treatment Fidelity



COMMONWEALTH of VIRGINIA

R. MICHAEL MCKENNEY
JUDGE

THE JUVENILE & DOMESTIC RELATIONS
DISTRICT COURTS OF
ESSEX, LANCASTER, NORTHUMBERLAND, RICHMOND &
WESTMORELAND COUNTIES
15TH JUDICIAL DISTRICT
P.O. BOX 263
HEATHSVILLE, VA 22473

TELEPHONE (804) 580-5500
804-333-3194

May 2, 2014

Mrs. Sandra L. Hall
Licensed Clinical Social Worker
Middle Peninsula - Northern Neck
Community Services Board
P. O. Box 729
Warsaw, Virginia 22572

Re: Parenting with Love and Limits Program

Dear Mrs. Hall:

I am writing to express my support for the Middle Peninsula - Northern Neck Community Services Board's application for a grant under the Juvenile Accountability Block Grant Program to continue the Parenting with Love and Limits Program (PLL).

I am a strong supporter of the PLL Program and have seen its positive effects on the young people and families that I work with every day. Since the initiation of the program, I have referred more than 100 families for participation. With only a few exceptions, the families and the young people have indicated that they have benefitted from the counseling and group sessions. The program has resulted in parents better prepared to carry out their responsibilities, while the young people have come away demonstrating significant changes in their behavior. It has been remarkable to see how effectively the program has worked at defusing family tensions, addressing juvenile substance abuse issues, anger and other problems which have acted as impediments to healthy relationships. Parents routinely comment upon review of their children's cases how they have set appropriate boundaries and understand the necessity of imposing appropriate limits and sanctions.

Mrs. Sandra L. Hall

May 2, 2014

Page 2

It is also significant to report that the recidivism level among participants who successfully complete the program is very low. Most also perform better academically and with fewer discipline referrals in their school setting after completing the program.

It is also important to note that this is effectively the only "game in town". If the PLL Program did not exist, the Courts in which I sit (Essex County, Lancaster County, Northumberland County, Richmond County and Westmoreland County) would have no viable alternative to refer children and their families for similar services. There are limited private mental health providers in the area and our local Community Services Board is overburdened by demands. These services are essential and have proven to be effective. The need to continue these services in this community cannot be overstated.

Therefore, I am delighted to support the Middle Peninsula-Northern Neck Community Services Board's grant request for funding to aide in the continuation of the PLL Program.

Sincerely yours,

A handwritten signature in black ink that reads "R. Michael McKenney". The signature is written in a cursive, slightly slanted style.

R. Michael McKenney

RMM:koa

Research Outcomes

PLL Reentry outcomes are also significant in comparison with nationally reported reentry recidivism rates as reported by the Casey Foundation.

Re-arrest Rates 37–67% at 1 year- **PLL Reentry = 28.2%**
68–82% at 2 years

Felony Adjudication 34–45% at 1 year – **PLL Reentry = 6.5%**
37% at 2 years

Recommitment 34–46% at 2 years – **PLL Reentry = 13.7%**
24–51% at 3 years

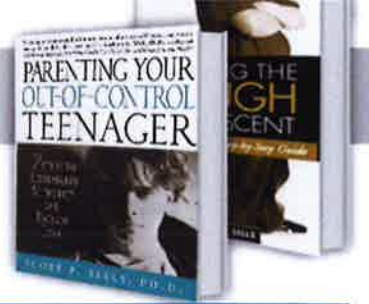
Source: Casey Foundation: All figures taken from state juvenile recidivism studies. A complete list of state recidivism studies can be found online at www.aecf.org/noplaceforkids

Recidivism	PLL Reentry Study	Matched Standard Reentry
Rearrest rate	28.2%	34.7%
Felony arrest rate	15.3%	23.4%
Readjudication rate	16.9%	25.8%
Felony adjudication rate	6.5%	12.9%
Recommitment rates	13.7%	20.2%
Length of Service	PLL Reentry Study	Matched Standard Reentry
Average length of service (days)	363.7*	434.9

*Source: Winokur-Early, K, Chapman, SF & Hand, GA (2013). Family-Focused Juvenile Reentry Services: A Quasi-Experimental Design Evaluation of Recidivism Outcomes, *Journal of Juvenile Justice*, V2, N2, 1-22*

PLL Reentry: A New Blueprint Model (Patent Pending) (US app. 61/429,536)

Stages	Stage I: Intensive Months 1 & 2	Stage II: Transition Month 3	Stage III: Aftercare Months 4, 5, 6
Youth Status	Still in Residential (DJJ) or Foster Care or Group Homes (DSS)	Still in Residential (DJJ) or Foster Care or Group Homes (DSS)	In the Community
Treatment Components	<ul style="list-style-type: none"> • <u>PLL Motivational Interviewing</u>: One to two sessions lasting on average one hour in duration with Youth and Family • <u>Pre-Tests Administered</u>: CBCL & FACES IV • <u>PLL Parent-Only 6 Group Modules</u>: Conducted in the community lasting two hours on average per group: • <u>6 PLL Family Therapy Sessions</u>: Conducted in Home Using WebEx to Connect with Youth At Residential if Needed • <u>Benchmark Meetings</u>: PLL Trained Therapist, Family, Residential Staff, and DJJ officer/DSS Caseworker 	<ul style="list-style-type: none"> • <u>No More Parent-Only Group Modules</u> • <u>Parent Alumni Groups Form</u> • <u>7-9 PLL Family Therapy Sessions</u>: • <u>Transition Wraparound CBAT</u> (Community-Based Action Team) Services—Conducted in the community 	<ul style="list-style-type: none"> • <u>Same Therapist Before and After Discharge</u>: Continuity of Care • <u>9-12 PLL Family Therapy Sessions</u>: Aftercare Maintenance: • <u>Relapse Prevention</u>: Calls back to family every 30 days for three months post-graduation from PLL Reentry to monitor aftercare plan progress and address any obstacles



	PLL Community-Based Alternatives to Foster Care or Residential Placement Services	PLL Reentry Services from Residential, Foster Care, or Group Homes
Number of families Per Team over 12 months	Up to 36 per Team	Up to 30 per Team
Service Provider	PLL Home Office Trains and Supervises Local Service Provider	Same
Service Duration + Caseload Size	3-4 Months (90-120 Days) Depending on Risk Level of Case Avg. Caseload Size is 10 to 12	6-7 Months Avg. Caseload Size is 15
Personnel Needed	1.0 Full Time Masters Level + .2 Part-Time Bachelor's Level Case Manager	1.0 Full Time Masters Level + 1.0 Full Time Case Manager
PLL Operations/Licensing Cost Per Team includes <ul style="list-style-type: none"> • 5-day on-site training- Year #1 • 2x per month telephone supervision for two hours (4 hours total)- Each Year • Video-Tape Supervision analysis of therapy sessions within those 4 hours and outside of this time- Each Year • Fidelity Dashboard- Data entry and analysis- Each Year • 24/7 answer case questions outside of regular supervision hours- Each Year • QE Research Evaluations (2 Teams or more) • Annual Descriptive Statistics and Internal Measure Outcomes • Dedicated Implementation Staff • Bi-Annual and Annual Site Reviews 	<p>\$45,000 Per Team \$1,250 Per Youth \$10.41 Daily [1,250/120 days]</p>	<p>Same - \$45,000 Per Team \$1,500 Per Youth \$8.33 Per Day [\$2500/180 Days]</p>
Material Costs 1 Parenting Your Out-of-Control Teenager book 1 PLL Parent Workbook 1 PLL Teen Workbook 1 Survival Kit Study Guide	<p>\$63 per family</p> <p>Each Therapist Training Kit = \$470</p>	<p>Same</p>
Replacement Training Costs	<p>If you should need new staff members trained, either due to attrition or expansion of the program, we will train them, at a cost of \$2,500.00 per professional, plus travel and material costs. We reserve the right to hold this new staff training at a location of our choosing.</p>	<p>Same</p>

* Cost for service delivery provider or State operated not included

* This cost varies from state to state (i.e. Personnel, Office Space, Computer, Phone, overhead etc.)