POLICY AND PRACTICE:

An Evaluation of the Medically Fragile and Developmentally Disabled Children from Birth to Three Project

Prepared for: The Missouri Policy Committee
Fall, 2011

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

Over the past twenty years, a surge in translational research has led to a deeper understanding of the multifaceted processes that influence developmental trajectories. Empirical findings have pointed to: (1) the importance of early life experiences, as well as the interactive influences of different systems on human behavior; (2) the central role of early relationships; and (3) the capacity to increase the odds of favorable developmental outcomes through planned prevention interventions (Daro, Barringer, & English, October, 2009; Shonkoff & Phillips, 2000). Data show that toxic life events such as early child maltreatment, can lead to a host of developmental problems that can have a lifelong impact if not appropriately addressed (Center on the Developing Child at Harvard University, 2007; Lane, December, 2009; QIC-EC; Quality Improvement Center on Early Childhood, October, 2009). According to the Center for Disease Control and Prevention (2009), rigorous research on risk and protective factors related to child maltreatment at all levels of social ecology is needed. Infants and toddlers are the fastest growing group to be served by child welfare (Dicker, Gordon, & Knitzer, 2001), with medically fragile/developmentally disabled children being a particularly vulnerable population.

Prevention efforts are particularly effective when both individual level practice interventions (child and caregiver) and state level interventions are simultaneously and reciprocally employed. According to Gardner and Young (October, 2009), changes in practice without changing policy will become isolated and partial; whereas, changes in policy without practice will have little impact on the work of frontline staff.

The present project employed a social ecological approach to preventing child maltreatment among medically fragile/developmentally disabled children (birth to 36 months). By implementing both individual-level (*Nurturing Parenting Intervention*) and systems-level prevention interventions (trainings, policy video, policy flyer), the project aimed to:

- Provide data that would lead to evidenced based strategies and interventions for Missouri's child serving agencies
- Generate state-level policy recommendations

Specifically, an experimental design was used to determine if the *Nurturing Parenting Intervention* optimized child development and reduced the likelihood of child maltreatment. Children from birth to 3 years old who met the eligibility requirements for the First Steps program were randomly assigned to one of two conditions: a) Intervention Group—First Steps plus *Nurturing Parenting* and b) Control Group—First Step Services-As-Usual.

Taken as a whole, study data pointed to the need for social/emotional supports, information on child development, and respite for this population of parents. Although participation in the intervention was not as large as hoped for, all participants expressed a great deal of satisfaction and a desire to continue meeting. The group format was especially helpful. It will be important to consider the needs of the families as well as the children when generating public policy on this high need population.

POLICY AND PRACTICE: AN EVALUATION OF THE MEDICALLY FRAGILE AND DEVELOPMENTALLY DISABLED CHILDREN, BIRTH TO THREE PROJECT

I. Introduction

(A) Background

Over the past twenty years, a surge in translational research has led to a deeper understanding of the multifaceted processes that influence developmental trajectories. Empirical findings have pointed to: (1) the importance of early life experiences, as well as the interactive influences of different systems on human behavior; (2) the central role of early relationships; and (3) the capacity to increase the odds of favorable developmental outcomes through planned prevention interventions (Daro, Barringer, & English, October, 2009; Shonkoff & Phillips, 2000). Data show that toxic life events such as early child maltreatment, can lead to a host of developmental problems that can have a lifelong impact if not appropriately addressed (Center on the Developing Child at Harvard University, 2007; Lane, December, 2009; QIC-EC; Quality Improvement Center on Early Childhood, October, 2009). According to the Center for Disease Control and Prevention (2009), rigorous research on risk and protective factors related to child maltreatment at all levels of social ecology is needed. Infants and toddlers are the fastest growing group to be served by child welfare (Dicker, Gordon, & Knitzer, 2001), with medically fragile/developmentally disabled children being a particularly vulnerable population.

Data show that medically fragile/developmentally disabled children are at almost double the risk of maltreatment than children without disabilities (Crosse et. al., 1993; Goldson, 2001; Sullivan and Knutson, 2000; Vig & Kaminer, 2002). Rosenberg & Robinson (2004) found that children under 3, who have medical or developmental problems, experienced more removals from parental care, had longer stays in foster care, were placed in more settings, and were less likely to return to their parents at the end of foster care than typically developing peers. Children with disabilities are 1.8 times more likely to be neglected, 1.6 times more likely to be physically abused, and 2.2 times more likely to be sexually abused than children without disabilities. Overall, the estimated incidence of maltreatment among children with disabilities is 1.7 times greater than the estimates of incidence in children without disabilities. Children with chronic illness, developmental delays, behavioral or emotional disorders, and multiple disabilities are in an especially high risk group for maltreatment (Sullivan & Cork, 1996). Unfortunately, critical questions regarding the effectiveness of child maltreatment prevention programs for these young people has remained largely unexplored (Hibbard & Desch, 2007).

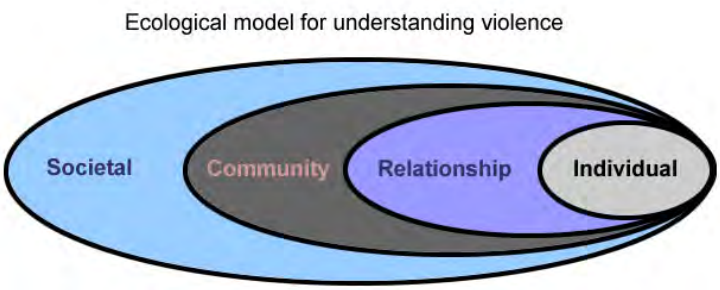
The present project intended to fill this gap by employing a social ecological approach to preventing child maltreatment among medically fragile/developmentally disabled children (birth to 36 months). By implementing both individual-level (*Nurturing Parenting Intervention*) and systems-level prevention interventions, the project aimed to:

- Provide data that would lead to evidenced based strategies and interventions for Missouri's child serving agencies
- Generate state-level policy recommendations.

Given the focus in recent years on children who are abused and neglected and the requirement to weave those children into the Individuals with Disabilities Education Act (IDEA) referrals and eligibility determinations under the federal Child Abuse and Neglect Act (CAPTA), the Department of Elementary and Secondary Education (DESE) collaborated with the Missouri Institute of Mental Health (MIMH), and other identified partners, on this project.

(B) *Theoretical Underpinnings*

The project was grounded in ecology theory. Ecological theory has been the leading theoretical framework for understanding the etiology of child maltreatment since the 1920s. As shown in the illustration below, children grow within a complex web of relationships that are nested in broader social structures (Bronfenbrenner, 1979). The ecological model sees a child functioning within a family (microsystem), the family functioning within a community (exosystem), the various communities linked together by a set of sociocultural values that influence them (macrosystem), and all of these systems operating over time (chronosystem). Each of these system components is interactional and affects one another to impact whether or not child maltreatment will occur.



The ecological framework supports the use multi-leveled prevention interventions that focus on promotion (strengthening families and enhancing protective factors: enhanced parental resilience, social connections, knowledge of parenting and child development; concrete support of child's social/emotional needs; nurturing and attachment), as well as prevention (reducing risk factors: improve parental mental health, reduce family violence). Taken as a whole, these factors can reduce the likelihood of child maltreatment by providing parents with what they need to parent effectively, even under stress (see Horton, September, 2003).

Prevention efforts are particularly effective when both individual level practice interventions (child and caregiver) and state level interventions are simultaneously and reciprocally employed. According to Gardner and Young (October, 2009), changes in practice without changing policy will become isolated and partial; whereas, changes in policy without practice will have little impact on the work of frontline staff.

Additionally, data from each level can inform the work of the other. When work at each level focuses on increasing family strengths and protective factors (i.e., parental resilience, social connections, knowledge of parenting and child development; concrete support of child's social/emotional needs; nurturing and attachment) and decreasing risk factors (parental mental health problems), especially for very young children (birth through age 5), prevention interventions are particularly potent and may ultimately reduce the likelihood of child maltreatment.

(C) *Project Description: Individual and Systems Level Interventions*

Individual-level Intervention: The individual level intervention aimed to impact the lives of medically fragile/developmentally disabled children and their families by implementing a family strengthening intervention, *Nurturing Parenting*. *Nurturing Parenting*, a promising evidenced based, child maltreatment prevention program was designed to: 1) teach age-appropriate expectations and neurological development of children, 2) develop empathy and self worth in parents and children; 3) utilize nurturing, non-violent strategies and techniques in establishing family discipline; and 4) empower parents to utilize their personal power to make healthy choices. The intervention assumes that: 1) nurturing is learned and is not instinctual, 2) destructive parenting patterns are reversible, 3) alternatives to corporal punishment and developing empathy discourage abuse, 4) children need to be empowered in order to make good choices later in life, 5) humor, laughter and fun promote happiness in families.

For the Individual-level intervention, parents and children met concurrently in two separate groups. Together they also engaged in a 30-minute Nurturing Time (Program Family Time) with games, songs, and snacks. Participants met for a total of eight 2 hour group sessions one day a week for 8 weeks.

Activities in the adult group included: brainstorming, role-playing, experiential learning, family home practice assignments, linking with community resources and social supports. Sample session topics consisted of understanding discipline; setting up family rules; praise; limitations of physical punishment; child development (including brain development); choices and consequences; communication strategies and skills; use of touch and personal space; nutrition and mealtime; understanding diagnosis /diagnoses; navigating systems; supporting other children in the family; creating, maintaining, and enhancing social supports; building self-confidence and self-esteem; personal power; valuing one's own body; working on control issues; loss and grief issues; guilt regarding children's illnesses/disabilities; and learning to celebrate child's unique milestones

Activities in the infant and toddler group included (dependent on age and developmental maturity): expressive and dramatic play, art activities, large and small motor activities, singing, dancing, water play, etc.

Additionally, for all program participants, interventions focused on responding to crises;, linking families to services; and observing and responding to early warning signs of maltreatment.

Systems-level Intervention

The systems level intervention focused on impacting the lives of medically fragile/developmentally disabled children and their families at the community (early childhood service providers) and societal levels (via policy recommendations).
Policy activities included:

- Convening 9 trainings for Greater St. Louis and St. Charles early childhood service providers. Topics included: Sensory Processing: Foundation for Learning and Development; Supporting Families of Children with Disabilities; Managing Nutrition and Eating in the Young Child; Sleep Issues in the Young Child; Behavioral Strategies to Improve Quality of Life; Children's Division - Recognizing Abuse & Neglect, Mandated Reporting; Division of Developmental Disabilities Cross Agency Training; Genetic Conditions; and Fine Tuning Communication Skills. Please see *Appendix C: Training Satisfaction Data.*
- Generating a public policy video

- Preparing a public policy flyer
- Convening biannual policy committee meetings to determine public policy recommendations

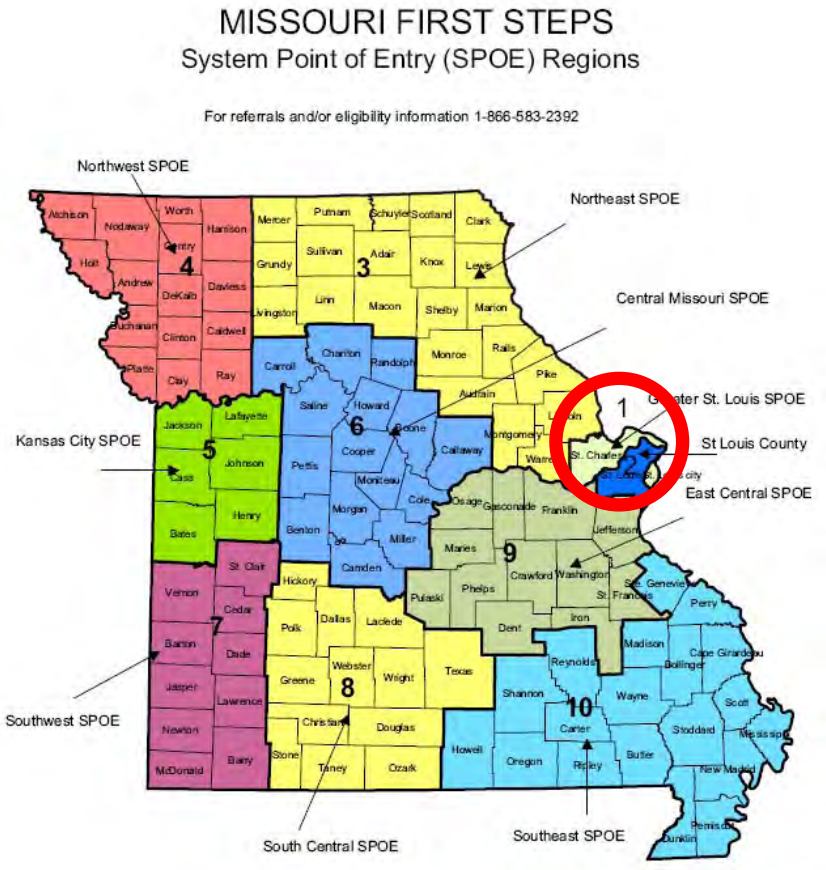
II. Evaluation Strategies

(A) Design

An experimental design was used to determine if the *Nurturing Parenting Intervention* optimized child development and reduced the likelihood of child maltreatment. An experimental design was selected for the evaluation because it has been recognized in the program evaluation literature as best suited for assessing intervention effectiveness (GAO, November, 2009). In the current project, children from birth to 3 years old who met the eligibility requirements for the First Steps program were randomly assigned to one of two conditions: a) Intervention Group—First Steps plus *Nurturing Parenting* and b) Control Group—First Step Services-As-Usual. Random assignment refers to the use of chance procedures to ensure that each participant has the same opportunity to be assigned to any given group. Random assignment can involve flipping a coin, drawing names out of a hat or assigning random numbers to participants.

(B) Identification, Recruitment, & Engagement

Individual-level project participants consisted of infants, toddlers and their caregivers who met eligibility criteria for the First Steps Program and resided in First Steps Service Region 1: Greater St. Louis and St. Charles County or First Steps Region 2: St. Louis County. First Steps is a single point of entry (SPOE) for coordinating services and assisting children from birth to age 3 who have delayed development or diagnosed conditions that are associated with developmental disabilities and their families. The First Steps' Program is Missouri's response to Part C of the Federal IDEA.



Multiple strategies were employed to *recruit* families into the project:

- During their first Individualized Family Service Planning meeting (IFSP), the First Steps case manager, using standard guidelines, recruited voluntary participants (e.g., provided information on the program and secured all necessary releases).
- To augment First Steps' recruitment efforts, additional recruitment strategies were employed by the CHS and the MIMH (Please see *Appendix B: Recruitment Efforts*).

Engagement and retention strategies employed included:

- Using flexible scheduling of initial meeting (time and location).
- Using a common language that promotes collaboration.
- Creating relationships with participants.
- Maintaining an open door policy to address questions about the project.
- Using monetary incentives and small gifts for participants to express appreciation for participation in the project.
- Collecting detailed contact information to facilitate tracking.
- When appropriate, contacting participants between appointments/meetings (e.g., sending birthday cards, reminder post cards of interviews, sending thank you cards for participating, etc.).
- Scheduling data collection in a place and at a time convenient for participants
- Providing cab vouchers and breakfast items.

Project specific referral, recruitment, and retention data may be found in *Appendix A: Referral, Recruitment & Retention*

(C) *Participant Characteristics*

Total sample demographics may be found in *Tables 1 & 2*.

- A total of 84 caregivers and 81 children (age range from 2 months to 2 years 10 months) participated in the study.
- The sample was primarily Caucasian or African American.
- The primary language was English.
- Almost half of the sample was unemployed.
- Most of the sample had a high school education or more.
- The largest income category endorsed was under $15,000 annually.
- First Steps eligibility diagnoses included: Communication/Speech/Language Delays; Prematurity; Gross/Fine Motor Skill/Physical Delays; Developmental Delays; Neurological Disease/Abnormality; Autism/Asperger's Spectrum Disorder; Emotional/Social Problems; Deaf/Hard of Hearing; Down syndrome; Muscle tone deficits; Cerebral Palsy; Cleft lip/palate; Visual impairment; Cytomegalovirus; and Skeletal dysplasia.

Table 1: Demographics for the Total Sample: Caregivers*

Caregivers (N=84)	
Age	Average Age=30.29 Age Range:19-47 SD=6.09
Race	Caucasian: 50% (N=42) Black: 41% (N=34) Asian: 1% (N=1) Hispanic: 6% (N=5) Pacific Islander: 1% (N=1) Unknown: 1% (N=1)
Gender	Female: 93% (N=78)
Education	8th Grade: 2% (N=2) 10th & 11th Grade: 11% (N=9) High School Grad:17% (N=14) Some College: 39% (N=33) College Graduate: 19% (N=16) Post Graduate or Above: 12% (N=10)
Employment Status	Unknown: 4% (N=3) Unemployed: 48% (N=40) Part Time Employment: 21% (N=18) Full Time Employment: 23% (N=19) Unemployed Due to Disability= 5% (N=4)
Income	Unknown: 17% (N=14) Under $15,000: 25% (N=21) $15,001-$25,000: 16% (N=13) $25,001-$40,000: 14% (N=12) $40,001-$60,000: 11% (N=9) Over $60,000: 18% (N=15)
Marital Status	Single: 42% (N=35) Married: 46% (N=39) Divorced: 2% (N=2) Unmarried Partners: 6% (N=5) Separated:4% (N=3)
# Children	Average = 2.23 Range: 1-9 SD=1.48
Primary Language	English: 100% (N=84)

*No statistically significant differences were found in baseline demographics between the intervention and control group participants

Table 2: Demographics for the Total Sample: Index Youth*

Infants & Toddlers (N=81)

Age	Average Age= 1 year 11 months Age Range: 2 months to 2 years 10 months SD=.70
Race	Caucasian: 52 (N=42) Black: 46% (N=37) Asian: 1% (N=1) Hispanic: 7% (N=6) Pacific Islander: 1% (N=1) Native American/Alaskan Native: 1% (N=1)
Gender	Female: 41% (N=33) Male: 59% (N=48)
Weeks Premature	Average= 7.43; SD = 5.49
Disability†	Communication/Speech/Language Probs.: 32% (N=26) Prematurity: 19% (N=15) Gross/Fine Motor Skill/Physical Delays: 15% (N=12) Developmental Delays: 11% (N=9) Neurological Disease/Abnormality: 10% (N=8) Autism/Asperger's Spectrum Disorder: 6% (N=5) Emotional/Social Problems: 5% (N=4) Deaf/Hard of Hearing: 5% (N=4) Down's Syndrome: 4% (N=3) Muscle tone deficits: 3% (N=2) Cerebral Palsy: 3% (N=2) Cleft lip/palate: 3% (N=2) Visual impairment: 1% (N=1) Cytomegalovirus: 1% (N=1) Skeletal dysplasia: 1% (N=1)

*No statistically significant differences were found in baseline demographics between the intervention and control group participants

†Percent greater than 100 as multiple diagnoses may have been documented for one individual child.

(D) Description of the Instruments

The following core instruments were used:

- *Adult-Adolescent Parenting Inventory-Version 2 (AAPI-2; Bavolek, 2006)* is a 40-item inventory with strong psychometric properties designed to assess the parenting and child rearing attitudes of adolescent and adult parent (or pre-parent) populations. All items are presented on a 5-point Likert scale of Strongly Agree, Disagree, Strongly Disagree, and Uncertain. It has been assessed at the 5th grade reading level. The measure results in an index risk of five specific parenting and child rearing behaviors: 1) Inappropriate Expectations of Children; 2) Parental Lack of Empathy Towards Children's Needs; 3) Strong Parental Belief in the Use of Corporal Punishment; 4) Reversing Parent-Child Family Roles; and, 5) Oppressing Children's Power and Independence. The data are plotted on the profile using sten scores as the unit of measurement. Responses to the AAPI-2 for each of the subscales are categorized as Low Risk, Moderate Risk or High Risk for Child Maltreatment. The sten scores on the Profile sheet range from 1 to 10. These data were collected at baseline and service exit.

- *Knowledge of Infant Development Inventory (KIDI; MacPhee, 1981):* The KIDI is a 75-item instrument designed to obtain comprehensive information on parents' factual knowledge of parenting practices, child developmental process and infant norms of behavior. Items are in agree/disagree format and four subscale scores can be derived: 1) knowledge of infant norms and milestones, 2) principles of infant development, 3) parenting, and 4) health and safety. These data were collected at baseline.
- *Ages and Stages Questionnaire-Third Edition (ASQ-3; Squires, Twombly, Bricker & Potter, 2009)* is a comprehensive developmental assessment, via parent/caregiver report, with strong psychometric properties appropriate for children as young as 1 month old through 5 years. It covers the developmental domains of communication, gross and fine motor, problem-solving and personal-social. Caregivers respond to items on the questionnaire using a 4-point scale: "yes" my child exhibits that behavior or skill, "sometimes" my child exhibits that behavior or skill, my child does "not yet" exhibit that behavior or skill, or don't know. Each questionnaire takes approximately 10-15 minutes to complete. These data were collected at baseline and service exit.

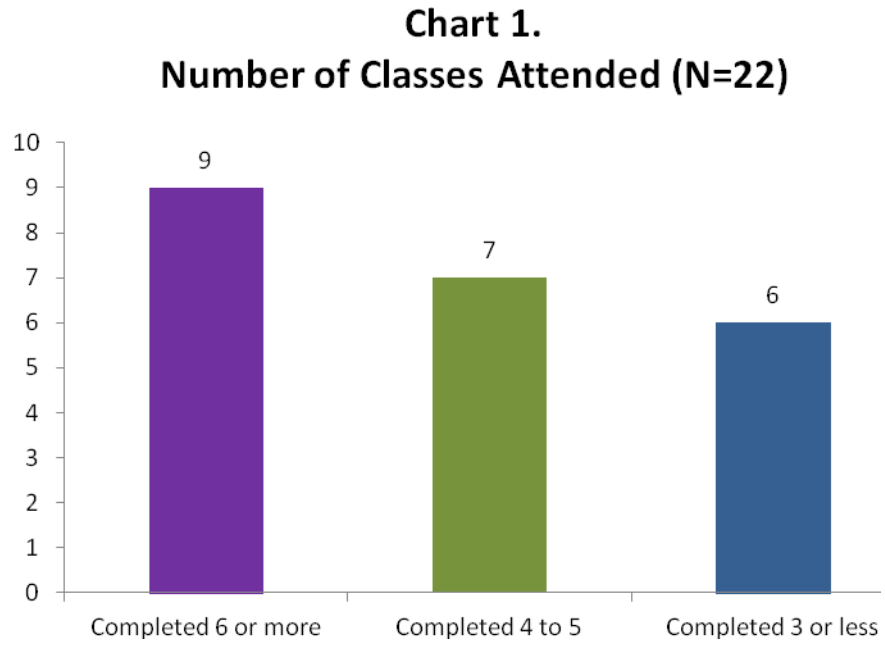
Additionally, program satisfaction data, as well as amount and type of service data, were collected on an ongoing basis by the *Nurturing Parenting* group facilitator.

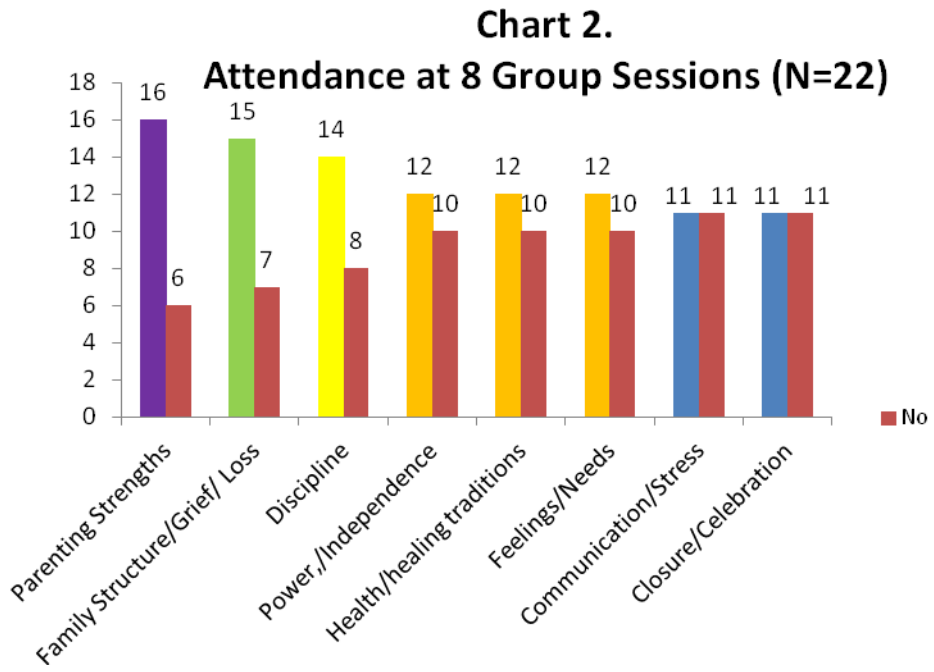
(E) Description of the Data Collection Procedures & Management

The Missouri Institute of Mental Health was responsible for outcome data collection for the control group. To facilitate the rapid use of data for program planning purposes, Children's Home Society collected all data on the intervention group. Data were collected at baseline and service termination (8-weeks post-baseline). All data were managed and analyzed by the Missouri Institute of Mental Health.

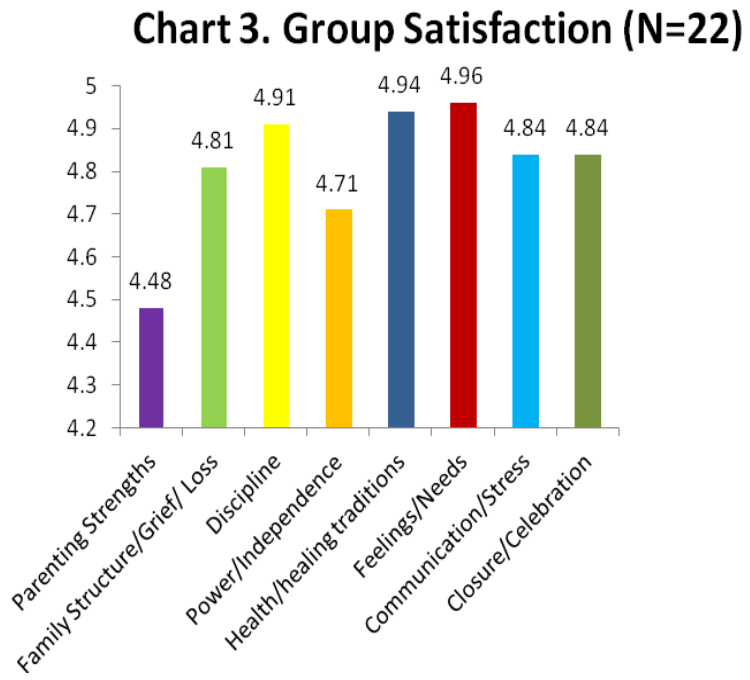
III. Results Part I: Program Usage

As shown in *Chart 1*, 22 families attended *Nurturing Parenting* classes, with 16 families completing at least 4 of the 8 sessions. *Chart 2* displays the number of families that attended each *Nurturing Parenting* session.





As shown in *Chart* 3, group satisfaction was high across sessions.



IV. Results Part II: Overall Program Effects

Charts 4 & 5 show participants' average scores on the Knowledge of Infant Development Inventory at baseline (BL) only. These data indicate that, at study entry, the control subjects demonstrated better knowledge of:

- Developmentally appropriate parenting practices,
- Individual differences
- Principles of child rearing
- Health & Safety

Additionally, control group participants answered more questions correctly regarding knowledge of developmental milestones than did their intervention group counterparts.

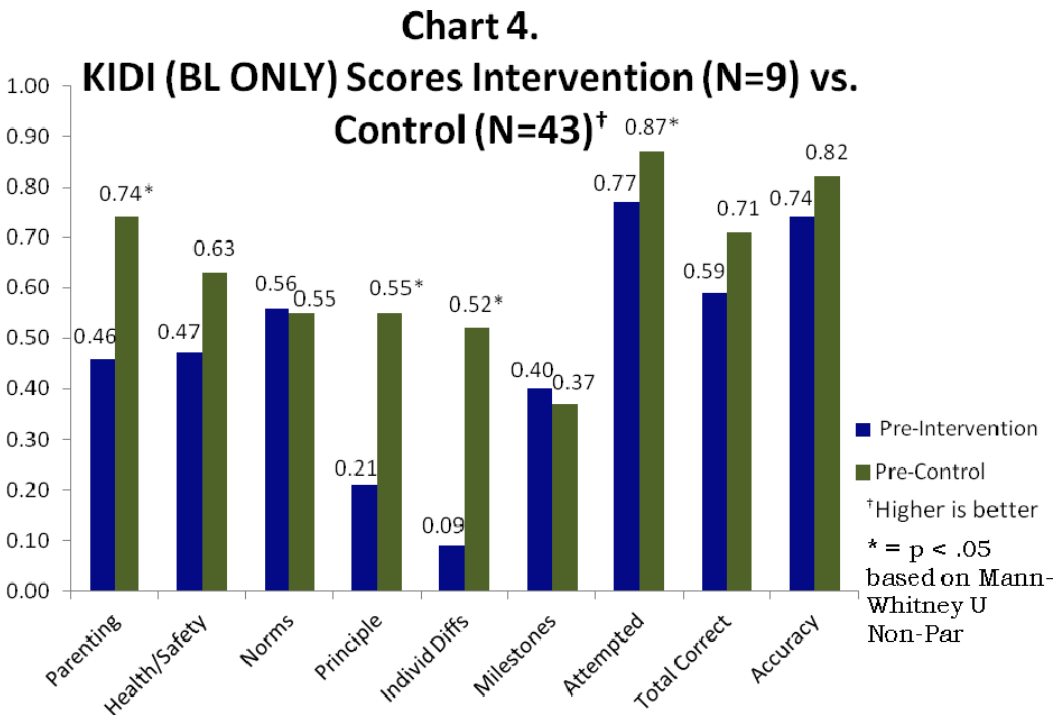


Chart 4.
KIDI (BL ONLY) Scores Intervention (N=9) vs. Control (N=43)†
1.00
0.90
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
0.46
0.74*
0.47
0.63
0.56
0.55
0.21
0.55*
0.09
0.52*
0.40
0.37
0.77
0.87*
0.59
0.71
0.74
0.82
Parenting
Health/Safety
Norms
Principle
Individ Diffs
Milestones
Attempted
Total Correct
Accuracy
Pre-Intervention
Pre-Control
†Higher is better
* = p < .05 based on Mann-Whitney U Non-Par

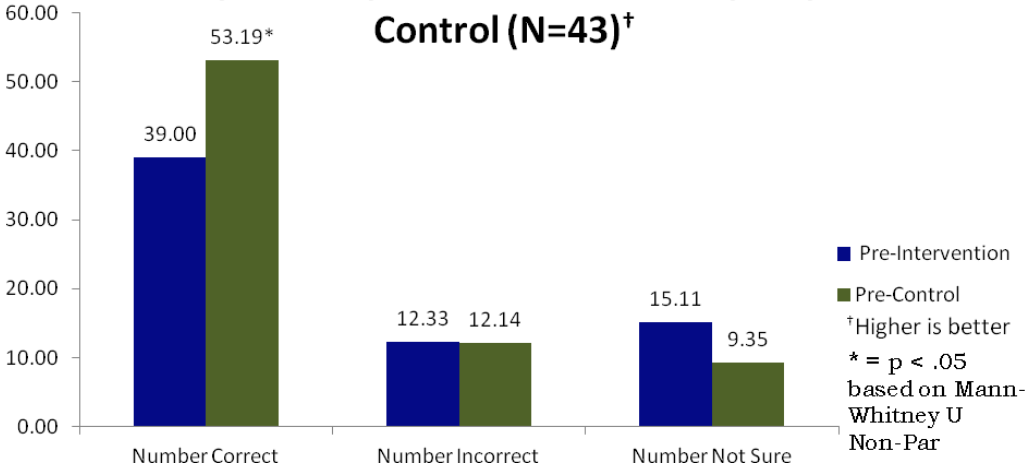
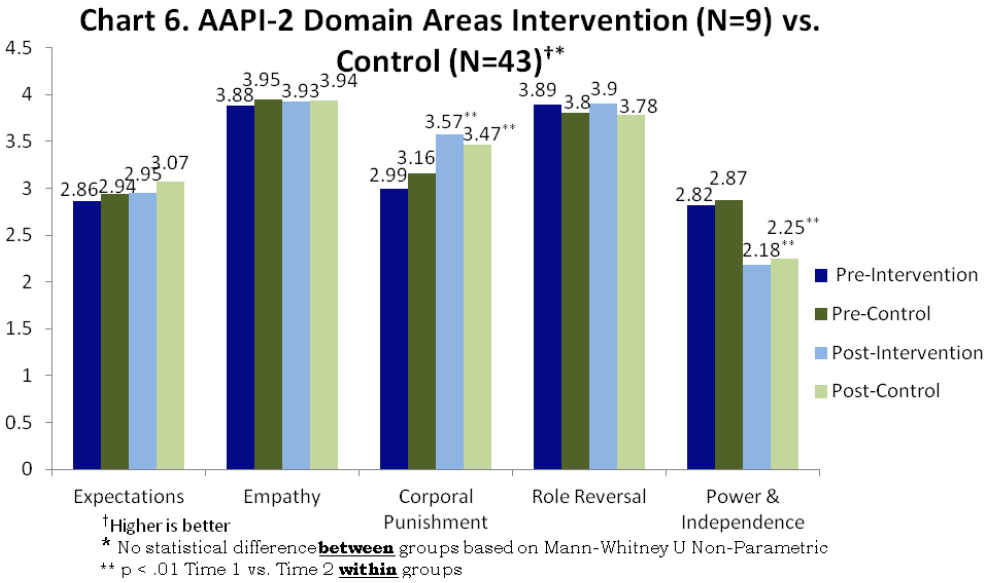
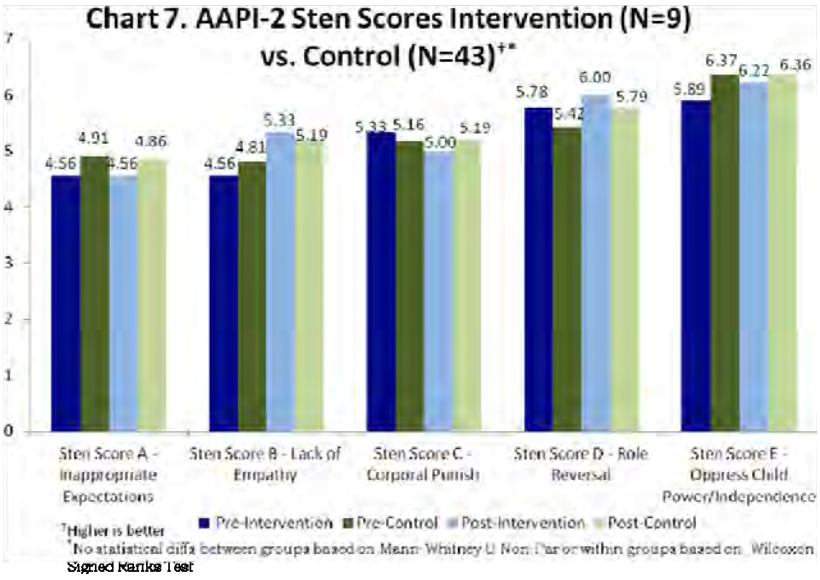


Chart 5.
KIDI (BL ONLY) Scores Intervention (N=9) vs. Control (N=43)†
60.00
50.00
40.00
30.00
20.00
10.00
0.00
39.00
53.19*
12.33
12.14
15.11
9.35
Number Correct
Number Incorrect
Number Not Sure
Pre-Intervention
Pre-Control
†Higher is better
* = p < .05 based on Mann-Whitney U Non-Par

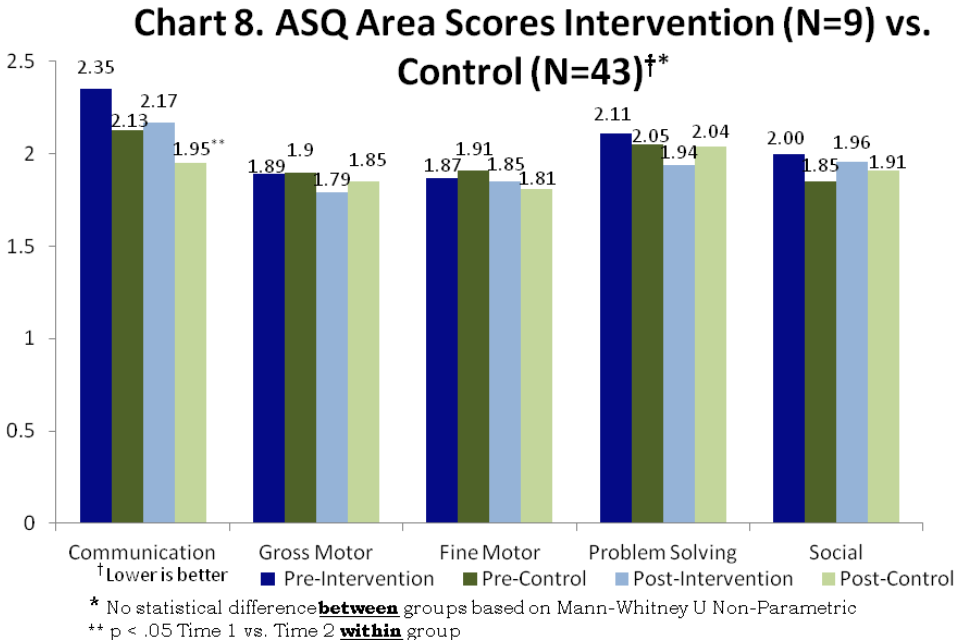
A similar trend was observed on the baseline performance of the AAPI-2. Although the differences are observable in *Chart 6*, they did not reach the same statistical significance as the observations on the KIDI. Both the intervention and the control groups demonstrated improvement over time in their performance in the domains of corporal punishment and power & independence (see *Chart 6*).



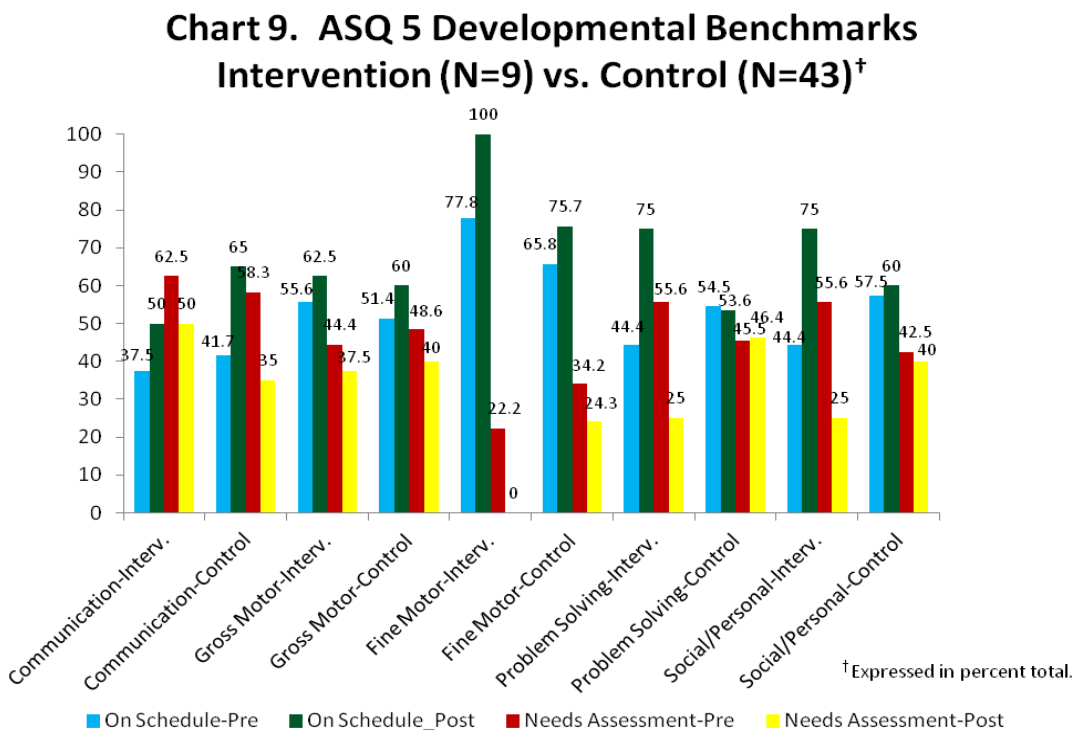
As described earlier, the AAPI-2 raw scores are converted into standardized scores known as sten scores for performance to be interpreted. Low sten scores (1 to 4) generally indicate a high risk for practicing known abusive parenting practices; mid-range scores (4 to 7) represent the parenting attitudes of the general population; and high sten scores (7 to 10) indicate the expressed parenting attitudes reflect a nurturing, non-abusive parenting philosophy. The current samples' sten scores for both the intervention and control groups were all in the mid-range both at study entry and exit for all assessed domains. No significant differences existed between the groups or within the groups across time (see *Chart 7*).



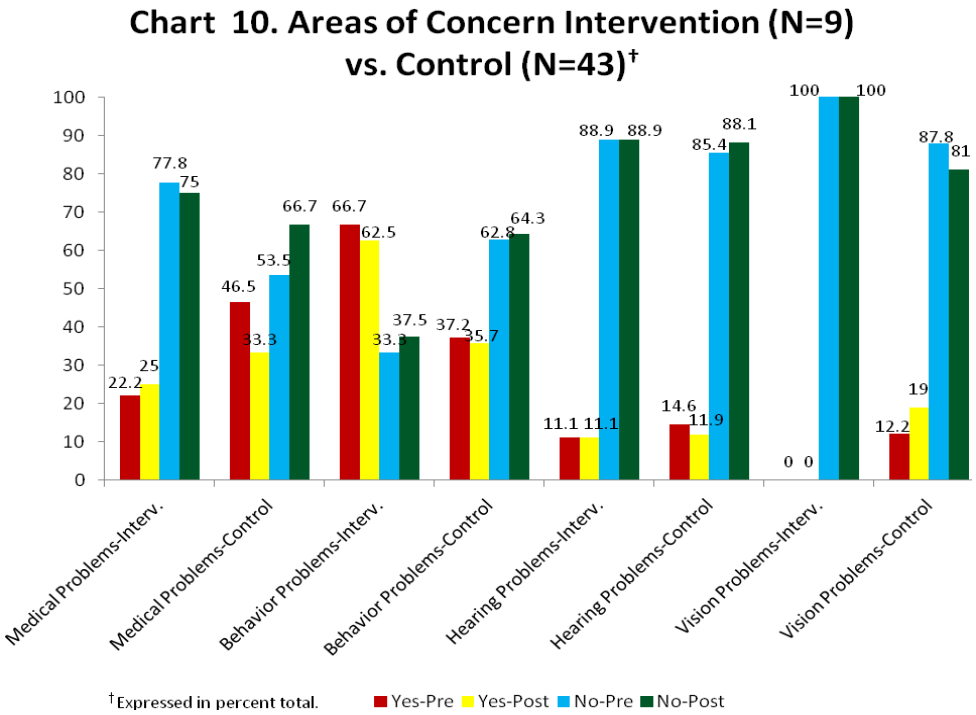
Analyses of the ASQ revealed that there were no statistical differences between the intervention or control groups. The control group participants showed significant improvement in Communication Skills by the end of the study. The intervnetion group was trending in the same direction, but small sample size limited the power to detect the same changes (see *Chart 8*).



As can be seen in *Chart 9*, both groups demonstrated improvement in their skills as assessed by the ASQ in all 5 domains of interest (Communication, Gross Motor, Fine Motor, Problem Solving and Social/Personal Skills), with ever increasing numbers of participants developing on schedule by study exit.



Participants were also queried about any general concerns they had about their child (medical, behavior, hearing, vision). Results are displayed in *Chart 10*. Results indicated that concerns about medical problems were much more prevalent in the control group, while behavior concerns were more frequent for the intervention group.



V. Results Part III: Impact of Other Factors on Overall Program Effects

On September 27, 2011, staff of the CHS and the MIMH conducted a focus group with participant families (N=2). In addition, following their participation in the intervention activities, participants were asked to provide feedback about their experiences. A summary of responses from the participants are provided.

Prior to starting the Nurturing Parenting classes, what factors led you to participate?

Responses indicated families were interested in meeting other families that were in similar situations with a child or children that had various degrees of special needs. The feeling among the parents was that only another parent with a child who had special needs could understand their situation and day to day life. Supportive relationships were one of the gains that families hoped for as a result of taking the parenting classes. They hoped to form relationships with families that understood what it was like to have a child like their child, validate their emotions and be supportive of them in their daily challenges.

Several families were new to the St. Louis area and had few if any extended family members living in the vicinity. The idea of attending a parenting class, such as this one, was especially appealing to them as they wanted and needed support from other families in the absence of family support. Several families had not yet had the opportunity to establish relationships with other families in St. Louis so had few support systems, if any, in place. They hoped that this deficit would be eliminated once they attended the *Nurturing Parenting* classes.

Becoming acquainted with new resources was another reason for attending the classes. All families felt as though there had to be additional resources available in the community, and they needed to know what those resources were, what the qualifications for receiving those services were and how to access them.

Parents also thought that other families would not only be a source of information for new resources but which of the resources would be most beneficial to them and to their particular situation. For example, if a child had autism, other parents in class with a child with the same diagnosis could let them know which agencies had been the most beneficial to them and which doctors had also been the most accessible and helpful to them. If an agency or specific physician had been particularly helpful then the family would pursue contacting them. If the agency or physician had been less than helpful then the other parents would not waste time contacting them.

Families also hoped their child would have the opportunity to interact with other children. Most of the families that participated in the program had children with significant speech delays. Parents hoped their child would acquire additional language skills just from playing with other children in the childcare room. Many families had concerns about their child's limited social skills. By attending the *Nurturing Parenting Program* parents anticipated their children learning new and more acceptable social skills by being with other children of similar ages.

What types of assistance helped you to participate?

Cab vouchers were important to several families that lacked personal transportation. Many families did not have easy access to public transportation and without the cab vouchers they would not have been able to participate in the classes. Packing a child with significant sensory issues or other special needs onto a crowded bus would have over-taxed some of the children. Several of the families that used the cab vouchers were also those who did not have extended family in the area; hence they could not call upon them to provide a ride to class.

The childcare room, under the supervision of agency employees or carefully screened volunteers who had educational/child development backgrounds, provided age appropriate activities for the children while families attended classes. Parents said that without the childcare facilities, participation in the classes would not have been possible as they would not have had anyone available to provide childcare in their absence, particularly during the allotted time slots of mid-morning. Without the on-sight childcare, some of the families would have found babysitting costs more than they could have afforded.

What did you hope to get out of the program?

Families were interested in meeting other families who were parenting a child with special needs. They believed that others, especially their extended families, did not fully comprehend the extent of their day to day struggles. They saw the classes as providing an opportunity to meet with similar families who could identify with their concerns, challenges and worries regarding their child with special needs. They felt that other parents with children similar to their own would be able to listen to their stories and concerns without judgment and relate to their stories of sleepless nights and endless care giving. They also hoped that other families would understand the apprehension and anxiety they felt regarding their child's future abilities.

Parents wanted advice and ideas from other families who had walked in their shoes. They especially wanted to know how other families with children with special needs had handled certain behaviors and difficult situations. Most of the time everything they had already tried had not worked and well-meaning friends' suggestions also had failed.

Several women said that they hoped to develop friendships with other mothers in the class. A common phenomenon was that mothers felt isolated in their homes with their children who were not able to cope out in the community. Their hope was that by attending the classes, they would not only learn valuable parenting information but also form supportive friendships with other women. They anticipated that this would provide them the opportunity to spend more time outside of the confines of their home as well as a way to develop a new support system and friendships.

What did you like about the classes and what was most helpful?

All the families said the most beneficial lesson learned from attending the classes was the realization that they were "not alone." Many of the families had felt so isolated and so misunderstood by family and friends that they felt as though they were all alone in the world. By attending the classes they found out that other families had children with comparable special

needs to their own children. They realized that other families shared the same struggles they did as well as grieving the loss of the child they had dreamed of parenting.

None of the families had anticipated parenting a child with special needs, and some of the families were unsure of how to change their expectations of what their child was capable of accomplishing. It was helpful for them to hear other parents talk about similar concerns.

Many of the families did not think that anyone else had experienced these uncomfortable feelings that they were experiencing and their problems were unique to their family. They soon found out that was not the case. All families that were attending the classes had difficulties in their lives and were willing to share some of the more intimate details of their struggles with the class participants. The participants were able to empathize with each other about the strains that had been put on their marriages due to having a child with special needs. Some of the women said they spent so much time caring for their child that they felt they were neglecting their marriage.

Most families viewed other participants as having struggles greater than their own.
This comparative thinking made it easier for them to cope with their daily struggles and with their child's challenges. Many parents said that even though they felt that they had a lot to deal with they were glad to have their own problems and not someone else's. In retrospect they felt blessed to have the family they had been given.

Of equal importance, families were able to hear how other parents had problem-solved similar difficulties and situations with which they were currently dealing with. It gave them peace of mind to know that there could be creative and sometimes easy solutions to the dilemmas they were encountering. Families enjoyed the camaraderie and friendships they experienced in class. Participants felt that other participants were very supportive and non-judgmental of them.

Families enjoyed the camaraderie and friendships they experienced in class. Participants felt that other participants were very supportive and non-judgmental of them. They enjoyed receiving two books each week for their child, and parents commented that their children now had a library and were enjoying being read to. Previous to this, many parents had not been reading to their child on a regular basis. Participants also appreciated having breakfast items available to them as well as coffee to start the day.

Families commented that they valued the fact that the two facilitators had each parented a child with special needs. They felt that because of this the facilitators could readily understand and validate participants' emotions, concerns and difficulties. Parents believed this added to their credibility in facilitating the classes.

Participants enjoyed the informal way the classes were held and enjoyed the shared laughter and joking that went on during the classes. Families said that because the atmosphere was relaxed and informal they were quick to open up and share personal stories and feelings. With the informal circle setting, they felt that they divulged more about themselves and their feelings than they would have had the classes been more formal. With all of the day to day struggles that families endured, they relished getting together with other families that understood them and could laugh with them.

Families took pleasure in getting a short break from their child while attending the classes. Parents appreciated having the childcare room available and having it staffed with knowledgeable volunteers who witnessed their child's strengths instead of just their disability. For some of the families, having a trusted person watch and interact with their child was a treat for them. For

many of the parents it had been an on-going struggle to find anyone willing to care for a child whose needs required constant supervision.

What wasn't helpful?

All classes were held in the morning on a week day or on Saturdays. Some families would have liked the classes in the afternoon so they could have slept longer in the morning after having to get up several times throughout the night with their child. All families said that evenings would not have been feasible for them because of dinnertime. In addition, their child's bath and bedtime routine would have been unnecessarily disrupted.

What would you want more or less of?

Some parents felt there was too much information and activities for one class. At times they said the class or activities felt rushed. A typical class progressed as follows:

- On arriving at the Family Nurturing Center participants worked on their family mural while their children got settled in the playroom and while other participants arrived. Usually families would draw or glue an item onto their mural that was representative of something such as each family member's talents, family rules, or what their family vision was.
- When the formal part of the class started parents graded themselves, using a scale of 1-5, on how the previous week had gone for them. Then they could share with the group whatever they wanted to about the past week, good or bad as to how things had transpired at home as well as any special activity they might have been involved in.
- Parents next shared the results of their homework assignment from the previous week. After each class session parents were encouraged and coached to put into practice at home what they had learned in class. The homework assignment was usually a family activity which then the participants were to comment upon in their Parent Handbook.
- After the participants completed the sharing portion of the class, the class topic was introduced by the facilitators, followed by a group discussion regarding the covered content. At the conclusion of class, parents participated in a planned activity with their child.

Some participants found this to feel rushed and would have liked to have had more time for each class or less information covered in each class. They felt the information was valuable so they were hesitant to omit any of the information. Instead, they suggested that each class time be extended a bit longer or a few weeks be added to the program.

Those participants who came to the class by cab usually felt rushed since their cab drivers frequently arrived before class had ended and would be waiting for them. Participants who had personal transportation were able to stay longer with their children and/or socialize after class. Consequently, the parents who had to leave because of a waiting cab felt as though they had missed out on some of the socializing.

Families reported they wished there had been more time at the end of each class for families to hang out and talk more. A few participants did start coming to class early, and one in particular came so that she could make the coffee for the class.

How do you feel the program influenced your approach to parenting your child?

Most families said they developed more patience with their child. They seemed to have a firmer grasp of child development after taking the classes and came to the realization that children have a different sense of time than adults do and cannot be rushed to perform tasks or comply with directives. Parents became more aware of what they had scheduled for their days. They found that if too many activities were scheduled such as going to a doctor's appointment, followed with a trip to the grocery store and lunch out, the child was apt to have a meltdown or become impatient or tired and have a tantrum from the overload.

Since participating in the *Nurturing Parenting* classes, parents said they felt better prepared and equipped to handle tantrums and meltdowns. The participants expressed that they were better able to maintain their calm and were less reactive to their child's behavior. They felt they had become much more understanding as to why their child had temper tantrums or meltdowns and as a result became more patient.

Parents kept "Family Logs" in which they would record changes they noticed in themselves, their child and their family during the week after attending each class. Participants were always encouraged to put into practice for the week what they had just learned in class. Over time, Family Logs showed that most of the participants were feeling better about themselves and their role as a parent. Many parents said they were looking at their child's challenges in a different way. They reported having more fun as a family and feeling less stress in their lives.

Parents described feeling as though they were more patient with their child. They were starting to provide more time for their child to process directions or requests they made of them. They found themselves to be more conscious of letting their child really hear the instructions or directions. Parents also came to the realization that they might get a more favorable outcome if they gave their child one direction at a time rather than multiple steps all at once.

Praising their child was another parenting technique that families said they learned as a result of taking the *Nurturing Parenting* classes. Before taking the classes, parents voiced that they did not realize the difference between "praise for doing" and "praise of being." After utilizing the strategies as outlined in class, parents said they noticed a positive effect on their child. They felt that it increased their child's self esteem; it was readily apparent in how the child reacted or responded to their praise. The parents realized that praise that was very specific to the child's accomplishment or behavior would be more beneficial to the child's developing ego than using a generic, "you're such a good boy."

One of the most important things parents said they learned was that it was absolutely necessary for them to take care of themselves. Before talking about this in class, parents said they experienced feelings of guilt whenever they took time for themselves, such as going jogging or out to lunch with a friend. They had viewed such behavior as self-indulgent and had felt that time and energy should be dedicated to their child. However, after attending the classes, they began to realize how important it was to feel good about themselves. They began to put aside more time to

do the things they really wanted to do and not allow feelings of guilt to interfere. Further, they noticed they were more patient and easier to get along with when they felt good about themselves, and concluded they *needed* to feel good about themselves in order to be good parents.

During the classes, parents learned ways to handle stress in their lives. They also learned that if they did not make self-care a priority and lower their stress levels, then they really could not be as good of a parent as they had initially envisioned for their family. By taking care of themselves and lowering their stress levels, participants said that they seemed to have more patience with their children.

Discipline was another area where families felt they had benefitted from learning new information. Participants said they learned alternative ways to discipline a child other than spanking. Many parents said they themselves had been spanked as children so they had never thought about other ways to discipline a child. They appreciated the information they learned about time-out and how to use it. One participant shared information with other parents about a time-out pad she had bought for her two-year-old and reported that it had been a lifesaver for her. Parents also received information on how to child proof their home and the reason why young children got into things was because of curiosity, not defiance.

It was suggested to parents to move things rather than continuously smacking a child's hand for touching things. Parents said they were grateful to learn that their child was doing things out of curiosity and not defying them, and that moving things out of the child's reach really did make more sense until the child was older and would leave things alone.

In addition to a program like Nurturing Parenting, what other type of support do you think families need that is currently not available to them?

Parents expressed that there had not been enough information readily available to them regarding their child's specific challenges and diagnosis. Most of the time families felt the involved professionals were not forth-coming with substantial information and therefore they had to undertake their own research. Parents felt that more information should have been provided to them from the beginning. For example, upon hearing their child's diagnosis, such as autism, parents initiated their own extensive search for further information. Parents wished that they wouldn't have had to do so much of the research by themselves.

Families wanted to be sufficiently informed about other agencies and services that they could potentially access in the community. They wanted to be told these things at diagnosis rather than trying to wade through the overload of internet information and trying to decide what was legitimate medical or educational interventions and what was not. One family said that they had to go to the library to do research and they were hampered in their efforts because there was no one to watch their child and there was no playroom at the library.

Families wished there was one place, e.g. a clearinghouse, they could have contacted that would have provided guidance as to what services were available to them and their child.

All families were in agreement that there was not enough extra support and services for children with special needs. Additionally, having someone to help them advocate for their child was something they felt would have been beneficial.

What would you share with other families that you wished you had known or had access to sooner?

Parents said the biggest problem they faced was trying to get services or other things they needed for their child. They expressed a lot of frustration concerning how difficult it was to learn of services available and then how difficult it was to try to get those services. Several families said they would call an agency and be transferred from one person to another and eventually be hung up on after being put on hold. They said that if they had had one person's name that they could have contacted then they felt that they might have received the information they were trying to get.

They wished they would have been privy to some of the shortcuts in negotiating the system in the beginning. Some parents felt that in order to do what was best for their child they had to take fifty steps. They wished that someone had told them sooner about how to access services or how to fill out paperwork etc. that could have reduce the steps from 50 to something more manageable, less time consuming and frustrating.

Participants said that after taking the class they realized from the topics discussed and hearing other parents' stories that having a child with special needs was a "journey." That it was typical for everyone to have good days and bad days and that they probably were going to have challenges for some time. Some of the parents came to realize they needed to "take one day at a time," and their child's full potential may be unknown for a long time and they were now able to accept that.

Parents wished they had known earlier that they were not alone in how they were feeling. They wished they had known that other parents with children with special needs also experienced, doubts, anger, confusion, feelings of being overwhelmed and isolation. Most of the participants had never thought that others with children with challenges like their own children had ever felt those emotions. They saw themselves as being all alone in the world.

Families also reported that they wished they would have known from the very start of the "journey" that it was of the utmost importance to take care of themselves and not feel guilty about doing that. Parents said they were doing things for themselves now but just wished they had been encouraged to do nice things for themselves sooner.

Parents also said they wished they would have accepted the fact earlier in their "journey" that certain things that had happened to their family were not their fault. It was no one's fault that a child was diagnosed with autism, speech delay or brain damage at birth. Parents felt they should have mourned more for the loss of their "dream child" in the beginning instead of trying to push their feelings away.

What was the most important result from your participation?

Parents reported feeling calmer and less stressed as soon as they began taking care of themselves and relaxing. Several mothers reported that in the past a luxury for them was taking a shower or

washing their hair. Now they were taking time for themselves doing fun things or just relaxing or taking a nap.

Several parents started using respite services and felt good about their decision to do so. One couple started using respite so they could have a "date night." In the past most of the parents said they would have felt uncomfortable or guilt-ridden. Some of the mothers said they would have believed they were a bad parent for wanting time for themselves but as a result of the class, have had a significant change in their attitude regarding this.

Some participants reported that they were feeling overwhelmed prior to the classes with their life and their child and looking back do not know how they were able to keep going every day. They were appreciating feeling less stressed and were enjoying their child and their life more fully.

Participants reported feeling better about learning new methods of discipline and were glad to have alternative methods to use other than spanking. Many parents were not aware of other ways to discipline their child; they modeled how their parents had disciplined them. Learning about the appropriate methods for using time-out was very helpful to several parents. Learning to rearrange their home environment to give their child more freedom freed the parent from constantly saying "no." Moving items instead of smacking their child's hands also seemed to reduce stress within parents. It also made them feel good about themselves as parents by using discipline methods other than corporal punishment.

Parents began feeling more understanding of each other and their unique situations as a result of the classes. For those parents who were married or had a partner, they learned it was important to have open communication, talk things out and realize that people go through the grieving process of having a child with special needs at different rates. For example, one partner might still be in the stage of denial while another person could be angry about their child's diagnosis. This new found realization seemed to be a source of relief to participants as they also learned that there is a high rate of divorce among families with children with special needs. Participants felt that as a result of exploring the different stages of grief and loss they were more understanding of their partner when their partner was dealing with the child's diagnosis differently from themselves.

Did you get what you were hoping for?

Parents who attended the *Nurturing Parenting* classes said they really did not have any preconceived notions about what the classes would entail. They knew the classes were parenting classes and were to be held in a supportive atmosphere, but beyond that they were unsure of what to expect.

Parents had been told about the topics that would be discussed in class and that they would have a Parent Handbook. They hoped that would provide some new information and that they would learn new parenting skills.

Some of the participants had already attended other parenting workshops or classes so were not sure if the *Nurturing Parenting* classes would be repetitious of content from previous classes. Their hope was that the classes would provide new information or, if the information was not new to them, that it would be presented in a different way.

Parents who attended the *Nurturing Parenting* program said that it went beyond their expectations. Participants felt the classes provided them with new and additional information, and they liked the way the classes were conducted.

In the beginning, some of the participants were apprehensive about attending the *Nurturing Parenting* classes as they did not want to spend time in a class repeating what they had already learned at other classes or workshops. They did not want to waste time attending a class that would not provide them with anything new. However, they found the *Nurturing Parenting* classes to be different and unique in its approach. Participants said they had not anticipated course material that covered parental grief and loss of not being able to parent the child they had dreamed of, as well as, how to praise their child and the importance of taking good care of themselves. They felt the classes were extremely helpful to them and very beneficial.

Parents were especially appreciative that each class was unique in its content and avoided repetition of concepts. Classes engaged participants in fun activities and group discussion rather than strictly lecture. Key concepts on child development and parenting techniques were presented by the facilitators in each class. Additional information was provided to parents, if a topic sparked particular interest for the participants.

What are some reasons or obstacles you can think of for why more families may not have volunteered for this project?

Most families that participated said they had the time to devote to an eight week class but could understand where others might not have had the time to dedicate to an eight week commitment. Working parents were invited to the Saturday morning classes but some were not interested in attending because they would have had to give up one of their much anticipated days off from work. Many families used the weekends to accomplish work and projects around their home and could not devote the weekends to a class. Also after working all week it was thought that some families just wanted to devote their Saturdays to relaxing, sleeping late or visiting extended family.

Families did not seem to be at all interested in attending an evening class after working all day. It would have cut into their dinner time and their child's bedtime. Also putting in an eight hour work day, parents were not interested in participating in a two hour voluntary class.

Many families seemed to be under quite a bit of stress. Families already had several different people in and out of their home providing therapy for their child with special needs. For some families it seemed overwhelming to add one more activity to the list of obligations they already had.

The families that attended the *Nurturing Parenting* classes were in varying stages of their child's diagnosis. Several families had only recently received a diagnosis, such as autism, while other families had known their child's diagnosis for some time and were grappling with the implications of exactly what it meant to have a child with autism or cerebral palsy, for example.

The families that attended the *Nurturing Parenting* classes said they were motivated to do so because they wanted more parenting information and they wanted to meet other families that would have a true understanding of what they were going through. Parents said that whatever amount of time they needed to put aside to attend the classes, they were willing to do that.

All families were given information about the *Nurturing Parenting* Program by someone who was providing services to their families through the early childhood special education services.

Depending on who was talking to families, information about the program was presented to families in different ways. In the initial contact, information that the families received was from someone other than staff from the *Nurturing Parenting* Program. Because of confidentiality regulations, names of families could not be directly provided to the *Nurturing Parenting* Program.

All families might not have fully understood what the classes were about. Some participants said they were handed an informational brochure by a home visitor while others were encouraged to attend the classes and were given more information as to what some of the topics would be that were discussed. One participant, new to St. Louis, asked her home visitor if there was anything available to her in the area such as a support group. She was then told about the program. She was not sure she would have been told about the Nurturing Parenting classes had she not asked about available resources.

What could be done next time to help a project like this have better participation?

Families that participated in the *Nurturing Parenting* classes speculated that more families might have participated had they been given more information about what the program was really all about. They did not feel that parents fully understood how supportive the classes were and that topics that were not normally talked about were talked about in class. They had never really discussed topics, such as parental grief and loss, acceptance of the fact that their child was different from what they had dreamed about and how even the strongest marriages were affected by having a child with special needs, in a class before.

Families felt that if the parents who had already participated in the classes could have spoken with other families about the program and its content then the participation rate might have been greater. Their personal stories about what they had gained from the classes might have enticed more families to participate.

Some of the participants reported that in the beginning it was confusing to them as to what the research project was about and whether they would be in the Control or Intervention Group. Their thoughts were that some families may not have wanted to participate in a “research study” and so therefore did not even pursue more information about the *Nurturing Parenting* classes. The uncertainty as to whether they would be selected to participate in the classes was perhaps a deterrent to submitting to the study protocol.

VI. Discussion

The present project represents a collaborative effort among the Department of Elementary and Secondary Education/Office of Special Education, Department of Mental Health, First Steps System Point of Entry for St. Louis area, Missouri Institute of Mental Health, Children’s Home Society, and Saint Louis University. These data point to the high need for services for a traditionally underserved population: families of medically fragile/developmentally disabled children from birth to three. Taken as a whole (including data collected at the study’s onset), study data point to the need for social/emotional supports, information on child development, and respite for this population of parents. Although participation in the intervention was not as large as hoped for, all participants expressed a great deal of satisfaction and a desire to continue

meeting. The group format was especially helpful. It will be important for future policy decisions to consider the needs of the families as well as the children.

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Appendix A: Referral, Recruitment & Retention

Indicator	Status as of 9-7-11	Control (C)	Intervention (I)
Contacts	**935**	444	491
Appointments Scheduled - Baseline	**0**	0	0
Appointments Scheduled - 8-Week Follow-up	**0**	0	0
Families - Completed Baseline	**84**	43	41
Families - Dropped Out after Baseline (For Intervention group, this means they did not attend classes)	**20**	1	19
Families - Attending Classes	**0**	0**	0
Families - Dropped Out of Classes	**13**	NA	13
Families - Completed 6 or More Classes	**9**	NA	9
Families - Completed 8-wk Follow-up	**56**	42	14
Families - Dropped Out after Referral/No Baseline	**62**	12	50
Total Family Referrals	**146**	55	91
Total Children Referred/Dropped Out	**154/100**	59/14	95/86
Total Active Family Referrals*	**84**	43	41
% of **Total** Family Referrals - Baseline Completed	**57.5%**	78.2%	45.1%
% of **Active** Family Referrals - Baseline Completed	**100.0%**	100.0%	100.0%
% of **Active** Family Referrals - Baseline & Follow-up Completed	**66.7%**	97.7%	34.1%

Reasons for dropping out after referral/no baseline: Too much pain from a back injury (C); Works too much & short on time (C); No time (I); Too many things going on (C) (I); Trying to get GED (I); Not interested (I); Too many classes (I); Not interested-8 wks too long (I); Too busy at work (C); Not home when data collector arrived for scheduled interview (I); Getting a job (I); Does not have time (I); Lost child care/child has tracheotomy (I); Not interested (I)
NOTE: This indicator also includes families who did not respond to letters, phone calls, email messages, or did not reschedule missed appointments

Reasons for dropping out of classes: Personal issues; Unknown (did not return after first class); No time; Not interested
Contacts – Includes phone calls (whether individuals reached or message left) & email messages, both in and out; thank-you notes
Appointments Scheduled – All upcoming appointments, does not include those that already occurred
Families - Completed Baseline – Cumulative total of families for which we have Consent, HIPAA, & baseline data, including those who have completed 8-week follow up
Families - Dropped Out after Baseline/Did Not Attend Classes -- Families who completed baselines but never attended any classes
Families - Attending Classes -- Cumulative total of families currently attending classes, including those who have completed the 8-week course
Families - Dropped Out of Classes -- Families who missed more than 2 classes or elected to quit attending the classes
Families - Completed 8-wk Follow-up – Families for which we have completed the 8-week follow up

* *Active Referrals* do not include referrals who have informed us they do not want to participate at this time

** Attending classes after completing 2 sets of Control group instruments. Not included in Intervention data counts

Appendix B: Recruitment Efforts

1. Children's Home Society (CHS) left flyers/pamphlets at the following locations:
    - Maplewood/Richmond Heights Parents as Teachers on Oakland - 01/24/11
    - PS Kids on S. Lindbergh -01/24/11
    - St. Mary's Early Intervention South on Union - 01/24/11 (sent follow up e-mail)
    - Webster Groves Daycare Center on Lohmann Lane - 01/24/11
    - Cerebral Palsy on Manchester - 01/25/11
    - Sensory Solutions on Old Olive - 01/25/11
    - St. Louis ARC on North Watson - 01/25/11 (sent follow up e-mail)
    - Lemay Daycare on South Broadway - 01/25/11 (sent follow up e-mail)
    - Touch Point on Olivette Executive Parkway - 01/25/11
    - People's Health Center on Manchester - 02/7/2011
    - South Co. Health Center (WIC) on South Lindbergh- 02/7/2011
    - Family Health Center on Manchester - 02/7/2011
    - Cardinal Glennon Hospital (Soc. Work Dept.) on South Grand - 02/7/2011
    - Children's Hospital (Social Worker) - 03/7/11
2. Other CHS contacts:
    - Down Syndrome Association class– Face to Face on 06/07/11
    - Nurses for Newborns – TC and e-mail on 06/15/11
3. CHS & the Missouri Institute of Mental Health (MIMH) provided a project overview to:
    - all SPOE 1 & 2 First Steps Service Coordinators, 11/17/10
    - All SPOE 1 & 2 First Steps Service Coordinators, 03/30/11
4. CHS & MIMH presented this project at the following provider meetings:
    - Moog Center, 2/09/11
    - Mattingly's Restaurant, Florissant, 2/10/11
    - YWCA, Sublette Ave, 2/14/11
    - Delta Gamma, 2/15/11
    - Good Shepherd, 2/16/11
    - St. Mary's Preschool, Redman Rd, 2/16/11
    - Rockwood Parents as Teachers, Valley Road in Chesterfield, 2/23/11
    - Child Garden, 2/24/11 (Sophia)
    - PS Kids, 2/24/11
    - Health Center, Camera Dr., 3/8/11
    - Belle Center, 4/6/11
5. Mass Recruitment at Trainings – CHS, MIMH
    - Sensory Integration training - 02/25/11 - 2 families signed up for training
    - Supporting Families of Children with Disabilities - 03/25/11 (no families attended)
    - Nutrition Training – 04/26/11
    - Sleep Issues – 05/13/11
    - Behavioral Strategies – 05/20/11
6. Incentives
    - First Steps Service Coordinators – Pass on Referral; Gift cards
    - MIMH – Gift cards for control group, thank you notes, incentives for service coordinators
    - CHS – Incentives for intervention group, thank you notes, gift cards for first visits to enroll families, child receives a book (funded by Mary Beth's Angels)
7. Miscellaneous
    - CHS sent thank you e-mails to First Steps Coordinators that requested a presentation at their provider's meetings. Inquired about staff interest and if there were any new referrals.

Appendix C: Training Satisfaction Data

Sensory Integration Workshop

February 25, 2011

Trainer: Carrie Salyer, MS, OTR/L

30/34 - Surveys returned (5 - MIMH Staff)

PLEASE BASE YOUR ANSWER ON HOW YOU FEEL ABOUT THE SESSION NOW.

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
1. How satisfied are you with the overall quality of this training?	1-22	2-8	3	4	5
2. How satisfied are you with the quality of the instruction?	1-24	2-6	3	4	5
3. How satisfied are you with the quality of the training materials?	1-24	2-6	3	4	5

PLEASE INDICATE YOUR AGREEMENT WITH THESE STATEMENTS ABOUT THE TRAINING.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4. The training class was well organized.	1-25	2-5	3	4	5
5. The material presented in this class will be useful to me either as a parent or as someone who works with families. N/A-1	1-24	2-5	3	4	5
6. The speaker was knowledgeable about the subject matter.	1-29	2-1	3	4	5
7. The speaker was well prepared for the course.	1-29	2-1	3	4	5
8. The speaker was receptive to participant comments and questions.	1-28	2-2	3	4	5
9. I feel capable of handling sensory issues with my child (or with children in families I work with). N/A-1	1-12	2-13	3-4	4	5
10. The training enhanced my skills in this topic area.	1-19	2-10	3-1	4	5

11. What is your primary role?

__4__ _A First Steps Service Coordinator

__13___ A First Steps Service Provider (OT, PT, Speech, etc.)

___2__A First Steps Administrator

__4___The parent/primary caregiver of a child receiving First Steps services

__9___ Other: _____

What about the training was most useful to you?

- All very helpful. Just the knowledge or the different types of sensory kids is very helpful.
- Very informative.
- All the examples of kids and your experience is great and very helpful.
- Great speaker, very knowledgeable.
- I appreciate the strategies that you offered.
- Good break down of sensory processing and what SPD may look like in kids. Also good strategies for children.
- Strategies. Explanation of sensory processing.
- Laymen terminology.
- Better understanding of Sensory Processing disorders and strategies to sue with the child.
- Gave me a great overview of this area, of which I knew nothing coming in.
- Strategies to use at home for sensory behaviors were great!
- Thank you! This was great!
- The documents will be helpful to use with families and for training purposes for staff.
- The handout and conversation about examples of sensory strategies for your child.
- Actual activities were discussed.
- Signs of sensory issues. Activities that would benefit sensory issues.
- Good overall review. Liked the sheet on ideas.
- Review of the various sensory systems and signs that they're not working efficiently.
- An overview of the sensory systems.
- Like 2 resource books, that I don't know about Sensory Secrets and starting Sensory Integration Therapy. Why proprioceptive system can calm and assist development of other areas. "Touch and proprioceptive same pathway to brain". Tactile system can have adverse memory pattern for those defensive tactilely. Like update on new DSM concerning Sensory Processing.

How can this training be improved?

- Can't think of anything – re: material. Could use a bigger room, somewhat crowded.
- Even more strategies to use at home would have been helpful.
- Room was a little warm.
- Very well presented! Maybe just offered more often.
- It was great!
- Allow more training time.
- Larger space.
- Make 2 different training. 1 for parents and 1 for providers. For some parents the terminology maybe over their heads.
- Baby sitter services so parents can participate more.
- More examples of sensory issues with infant/toddlers and how to treat them via videos, case studies, etc.
- A little more question time only.
- Maybe talk about specific cases.

Supporting Families of Children with Disabilities

Friday, March 25, 2011
Trainer: Suzanne Salmo, MSW, LCSW

Total # of attendees: 15
Total # of surveys completed: 12

Please base your question on how you feel about the session now.		**Very Satisfied**	**Satisfied**	**Neutral**	**Dissatisfied**	**Very Dissatisfied**
1.	How satisfied are you with the overall quality of this training?	10	2	0	0	0
2.	How satisfied are you with the quality of the instruction?	10	2	0	0	0
3.	How satisfied are you with the quality of the training materials?	11	1	0	0	0
Please Indicate your Agreement with these statements about the training.		**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
4.	The training class was well organized.	11	1	0	0	0
5.	The material presented in this class will be useful to me either as a parent or as someone who works with families.	10	1	0	0	0
6.	The speaker was knowledgeable about the subject matter.	11	1	0	0	0
7.	The speaker was well prepared for the course.	11	1	0	0	0
8.	The speaker was receptive to participant comments and questions.	11	1	0	0	0
9.	As a result of this training, I will be better able to support families of children with disabilities.	9	2	0	0	0
10.	The training enhanced my skills in this topic area.	10	2	0	0	0
Please Complete.		**First Steps Service Coordinator**	**First Steps Service Provider**	**First Steps Admin.**	**Parent or Primary Caregiver of Child Receiving First Steps Services**	**Other**
11.	What is your primary role?	0	2	2	0	8 *- 3 family advocates* *- 1 educational advocate* *- 1 ECE Coordinator* *- 1 Early Childhood advocate* *- 2 MIMH evaluation staff*
12.	What about the training was most useful	▪ Great reading material.				

	to you?	▪ Great printed resources for families. ▪ Info and handouts to share with families and staff. ▪ All of the handouts and activities. ▪ Learning how my presence alone can be comforting. ▪ Insight into family dynamics. ▪ Suzanne was great! ▪ Provided a variety of resources for multiple areas – broadens my knowledge base for supporting parents. ▪ Everything! Suzanne shared wonderful info that I hope to have her share with service coordinators and possibly EI teams. Great info for anyone to hear! ▪ Love getting new resources for our families.
13.	How can this training be improved?	▪ I don't have any suggestions for improvement ▪ It was excellent! ▪ I would not mind it being longer with more discussion

Managing Nutrition and Eating in the Young Child

Tuesday, April 26, 2011

Trainers: Sue Velders, M, ED, OTR/L; Barb Linneman, MS, RD, LD; and Cathy Raney, RD, LD

Total # of attendees: 21
Total # of surveys completed: 19

Please base your question on how you feel about the session now.		**Very Satisfied**	**Satisfied**	**Neutral**	**Dissatisfied**	**Very Dissatisfied**
1.	How satisfied are you with the overall quality of this training?	13	6	0	0	0
2.	How satisfied are you with the quality of the instruction?	13	6	0	0	0
3.	How satisfied are you with the quality of the training materials?	13	6	0	0	0
Please Indicate your Agreement with these statements about the training.		**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
4.	The training class was well organized.	11	8	0	0	0
5.	The material presented in this class will be useful to me either as a parent or as someone who works with families.	17	1	1	0	0
6.	The speaker was knowledgeable about the subject matter.	17	2	0	0	0
7.	The speaker was well prepared for the course.	13	6	0	0	0
8.	The speaker was receptive to participant comments and questions.	17	2	0	0	0
9.	I feel capable of handling nutrition and eating issues with my child or with children in families I work with.	4	12	3	0	0
10.	The training enhanced my skills in this topic area.	14	3	2	0	0
Please Complete.		**First Steps Service Coordinator**	**First Steps Service Provider**	**First Steps Admin.**	**Parent or Primary Caregiver of Child Receiving First Steps Services**	**Other**
11.	What is your primary role?	4	9	0	3	3 *- 1 grandma* *- 1 MIMH staff* *-1 unknown*
12.	What about the training was most useful to you?	▪ Game ideas, handouts, and servings info. ▪ Reflux info. ▪ Seeing examples, being able to ask questions, and handouts. ▪ The case studies with videos were particularly good. ▪ Handouts were wonderful! ▪ The handouts & video scripts. ▪ Understanding food grouping, sensory, and developing and managing eating habits of children. ▪ Strategies to present foods, games, etc. ▪ Learning about portion sizes and amounts of foods; Learning				

		about timing of feeds - why that is so important; Discussion about portions; The great strategies to encourage children to eat; and Food Jag – what that is. ▪ Wonderful suggestions and handouts. ▪ Strategies for children at home and strategies for toddlers struggling as well as autism feeding. ▪ Verbal presentation, handouts, videos, Q & A.
13.	How can this training be improved?	▪ Show more food examples and show how to puree foods. ▪ Possibly participating in an activity that was described. ▪ It would be great to extend the teaching into a lengthier format for professionals. ▪ More examples & videos to illustrate eating difficulties in areas for kids (e.g. kids who choke/gag). ▪ More time is needed. ▪ PowerPoint should work. ▪ This was great and I feel like I have great information to bring back to families!

Sleep Issues in the Young Child

Friday, May 13, 2011

Trainer: Nancy Birkenmeier, RN

Total # of attendees: 29

Total # of surveys completed: 26

Please base your question on how you feel about the session now.		**Very Satisfied**	**Satisfied**	**Neutral**	**Dissatisfied**	**Very Dissatisfied**
1.	How satisfied are you with the overall quality of this training?	16	9	0	1	0
2.	How satisfied are you with the quality of the instruction?	16	9	1	0	0
3.	How satisfied are you with the quality of the training materials?	21	5	0	0	0
Please Indicate your Agreement with these statements about the training.		**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
4.	The training class was well organized.	18	8	0	0	0
5.	The material presented in this class will be useful to me either as a parent or as someone who works with families.	19	5	1	1	0
6.	The speaker was knowledgeable about the subject matter.	24	2	0	0	0
7.	The speaker was well prepared for the course.	22	4	0	0	0
8.	The speaker was receptive to participant comments and questions.	22	3	0	1	0
9.	I feel capable of handling sleep issues with my child or with children in families I work with.	6	13	6	1	0
10.	The training enhanced my skills in this topic area.	14	8	3	1	0
Please Complete.		**First Steps Service Coordinator**	**First Steps Service Provider**	**First Steps Admin.**	**Parent or Primary Caregiver of Child Receiving First Steps Services**	**Other**
11.	What is your primary role?	8	7	4	3	4 *- 1 sibling* *-1 student* *- 2 MIMH staff*
12.	What about the training was most useful to you?	▪ Verbal presentation and handouts. ▪ Info about night lights. ▪ The web site and handouts were fabulous!! ▪ The handouts. ▪ Handouts – link to web site. ▪ This information was helpful for First Steps service coordinators. The handouts were very informative. ▪ Great helpful information. Loved the speaker's presentation and her wealth of knowledge regarding the topic. Thanks!!				

		▪ Spelling out requirements, overviews, resources, and contacts for families (online forms 7 contact info). ▪ Good info on sleep. ▪ The handouts will be helpful to give out to families in our program. ▪ The handouts were very helpful & I will be able to give them to families I work with. ▪ Information about children's sleep requirements and information about management of a child's bed time routine. ▪ Handouts and info regarding sleep apnea. ▪ The expertise of the presenter. ▪ Good and valuable information. ▪ Handouts to share with families. ▪ Excellent and practical. Very helpful handouts. ▪ Knowledge of the resource and normal parameters. ▪ Handouts to share with parents.
13.	How can this training be improved?	▪ Having overhead presentation to coincide with verbal presentation. ▪ Instructor did not notice when people raised their hands during lecture with questions. Too much talk about adult issues (caffeine, etc.) and little info about special needs issues. ▪ Nothing. ▪ More information about sleep for children who have developmental delays. ▪ It was good. Some people were concerned that the speaker was not loud enough and about distracting noises in the crowd. Maybe an announcement for those who may not be able to hear well or those concerned about hearing could be made to encourage those to move closer to the speaker. ▪ I would have liked some specifics on strategies for common issues – try this specific thing in this order. ▪ Felt as though trainer incorporated some parenting philosophy with the sleep issues. ▪ More information geared toward specifics with children with special needs. ▪ It was great. ▪ I would love to see some video contents. ▪ It was a little confusing knowing which handout was being referred to during the talk – numbering the pages would help. ▪ Keeping audience quiet! ▪ Consider amplifying speaker. Request participants to be courteous & professional and not whisper/talk to each other while speaker is talking. Can't believe how rude people are! ▪ More about special needs.

Behavioral Strategies: Improve the Quality of Your Life

Friday, May 20, 2011

Trainer: Karen E. Fry, M.A., BCBA

Total # of attendees: 22

Total # of surveys completed: 20

Please base your question on how you feel about the session now.		**Very Satisfied**	**Satisfied**	**Neutral**	**Dissatisfied**	**Very Dissatisfied**
1.	How satisfied are you with the overall quality of this training?	9	7	4	0	0
2.	How satisfied are you with the quality of the instruction?	10	7	3	0	0
3.	How satisfied are you with the quality of the training materials?	10	6	4	0	0
Please Indicate your Agreement with these statements about the training.		**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
4.	The training class was well organized.	11	7	2	0	0
5.	The material presented in this class will be useful to me either as a parent or as someone who works with families.	10	8	2	0	0
6.	The speaker was knowledgeable about the subject matter.	13	7	0	0	0
7.	The speaker was well prepared for the course.	13	7	0	0	0
8.	The speaker was receptive to participant comments and questions.	15	5	0	0	0
9.	I feel capable of handling behavioral issues with my child or with children in families I work with.	8	6	6	0	0
10.	The training enhanced my skills in this topic area.	10	6	4	0	0
Please Complete.		**First Steps Service Coordinator**	**First Steps Service Provider**	**First Steps Admin.**	**Parent or Primary Caregiver of Child Receiving First Steps Services**	**Other**
11.	What is your primary role?	3	5	2	1	9 *- 1 CHS Service Coordinator* *-1 practicum student* *- 1 MIMH staff* *- 1 Family Outreach Worker* *-3 YWCA Family Head-Start preschool teachers*

						-1 Family Advocate *-1 Unknown*
12.	What about the training was most useful to you?	▪ The breaking down of behavior and talking about why kids do things. ▪ Good applicable suggestions to real-life examples. ▪ Great breakdown of the info - will make it parent friendly when showing. ▪ The handout. ▪ Specific strategies & the information that behaviors always have a purpose & reinforcement vs. punishment. ▪ A review of behavioral techniques. ▪ Positive approaches/attitudes were stressed and also appreciated re-hearing basic behavioral principles. ▪ Some useful information for the attendees of the training was how to react and redirect behavior. ▪ Reminders for positive, active participation in life's everyday activity. Remaining calm, caring, and positive is such a key! ▪ The techniques discussed and handout. ▪ The strategies that were noted in the handout. ▪ Strategies to use. ▪ It was a good overall look at behavior. It refreshed my memory.				
13.	How can this training be improved?	▪ If more examples could have been geared toward children and families and not so much on dogs & slot machines. ▪ It was great! Would love more info on this subject. ▪ Case studies or more examples of typical undesirable behaviors and how to handle them. ▪ Training was geared towards older children not 0-3 population. While training offered good theory, not as good with practicality. ▪ Gear the presentation more towards younger children served by First Steps. Most examples were older children/adults. More examples of sensory behaviors/self stimulating behaviors seen by a lot of our First Steps kids. ▪ More examples, strategies and activities specific to toddlers w/disabilities or delays. However, a lot of the information I'll be able to adapt to this age group. ▪ More stories regarding children instead of adults, co-workers, animals, etc. ▪ Do it again! It was great! ▪ Include parents. ▪ Maybe display a video with examples of different types of behaviors. ▪ It would be helpful to go more in depth – would necessitate a longer workshop.				

Mandated Reporter: What Does it Mean?

Thursday, July 14, 2011

Trainer: Tracey Moore, BSW, MSHRM

Total # of attendees: 12

Total # of surveys completed: 11

Please base your question on how you feel about the session now.		**Very Satisfied**	**Satisfied**	**Neutral**	**Dissatisfied**	**Very Dissatisfied**
1.	How satisfied are you with the overall quality of this training?	10	1	0	0	0
2.	How satisfied are you with the quality of the instruction?	11	0	0	0	0
3.	How satisfied are you with the quality of the training materials?	11	0	0	0	0
Please Indicate your Agreement with these statements about the training.		**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
4.	The training class was well organized.	10	1	0	0	0
5.	The material presented in this class will be useful to me either as a parent or as someone who works with families.	10	1	0	0	0
6.	The speaker was knowledgeable about the subject matter.	10	1	0	0	0
7.	The speaker was well prepared for the course.	10	1	0	0	0
8.	The speaker was receptive to participant comments and questions.	10	1	0	0	0
9.	I feel capable of being a mandated reporter and recognizing abuse/neglect issues with children in families I work with.	9	2	0	0	0
10.	The training enhanced my skills in this topic area.	10	1	0	0	0
Please Complete.		**First Steps Service Coordinator**	**First Steps Service Provider**	**First Steps Admin.**	**Parent or Primary Caregiver of Child Receiving First Steps Services**	**Other**
11.	What is your primary role?	4	3	2	0	2 *-1 student* *- 1 MIMH staff*
12.	What about the training was most useful to you?	▪ Very valuable information to have and know, and to give to others. ▪ Tracey clarified some great points about Children's Division. She also helped distinguish between abuse and neglect. It was great! Very informative! ▪ Great training! ▪ Specifics regarding what is legally termed neglect/abuse, what specifically to look for (indicators), and how to report. Helpful information. ▪ It should be done again for those who missed it. It was great				

		and Tracey was caring, knowledgeable, and wonderful.
13.	How can this training be improved?	N/A

Division of Developmental Disabilities Cross Agency Training

Thursday, July 14, 2011

Trainer: Cindy Mueller, PhD

Total # of attendees: 14

Total # of surveys completed: 13

Please base your question on how you feel about the session now.		**Very Satisfied**	**Satisfied**	**Neutral**	**Dissatisfied**	**Very Dissatisfied**
1.	How satisfied are you with the overall quality of this training?	4	6	2	1	0
2.	How satisfied are you with the quality of the instruction?	4	8	1	0	0
3.	How satisfied are you with the quality of the training materials?	7	5	1	0	0
Please Indicate your Agreement with these statements about the training.		**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
4.	The training class was well organized.	5	6	1	1	0
5.	The material presented in this class will be useful to me either as a parent or as someone who works with families.	4	8	1	0	0
6.	The speaker was knowledgeable about the subject matter.	8	5	0	0	0
7.	The speaker was well prepared for the course.	5	7	0	1	0
8.	The speaker was receptive to participant comments and questions. *(1 person left this question blank)*	7	5	0	0	0
9.	I feel capable of handling questions about children's services available through the Division of Developmental Disabilities for families I work with. *(1 person left this question blank)*	5	5	2	0	0
10.	The training enhanced my skills in this topic area.	5	5	3	0	0
Please Complete.		**First Steps Service Coordinator**	**First Steps Service Provider**	**First Steps Admin.**	**Parent or Primary Caregiver of Child Receiving First Steps Services**	**Other**
11.	What is your primary role?	3	2	2	0	6 *-2 students* *-1 Family Support Partner* *- 1 MIMH staff* *-2 Unknown*
12.	What about the training was most useful to you?	▪ Explaining the waiver services. ▪ I learned about the different waivers and what they mean. ▪ Better understanding of regional services.				
13.	How can this training be improved?	I felt like she didn't explain the programs very well because				

		she assumed we all knew it already.

Genetic Conditions

Thursday, July 26, 2011

Trainer: Dr. Christopher Smyser, MD

Total # of attendees: 28

Total # of surveys completed: 28

Please base your question on how you feel about the session now.		**Very Satisfied**	**Satisfied**	**Neutral**	**Dissatisfied**	**Very Dissatisfied**
1.	How satisfied are you with the overall quality of this training?	18	9	1	0	0
2.	How satisfied are you with the quality of the instruction?	20	6	2	0	0
3.	How satisfied are you with the quality of the training materials? *(2 people left this question blank)*	12	6	7	1	0
Please Indicate your Agreement with these statements about the training.		**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
4.	The training class was well organized.	20	8	0	0	0
5.	The material presented in this class will be useful to me either as a parent or as someone who works with families.	18	9	1	0	0
6.	The speaker was knowledgeable about the subject matter.	24	4	0	0	0
7.	The speaker was well prepared for the course.	23	5	0	0	0
8.	The speaker was receptive to participant comments and questions.	23	5	0	0	0
9.	As a result of this training, I will be better able to support families of children with genetic conditions.	15	10	3	0	0
10.	The training enhanced my skills in this topic area.	16	11	1	0	0
Please Complete.		**First Steps Service Coordinator**	**First Steps Service Provider**	**First Steps Admin.**	**Parent or Primary Caregiver of Child Receiving First Steps Services**	**Other**
11.	What is your primary role?	4	19	1	0	4 *-1 students* *-2 PT's from other agencies* *- 1 MIMH staff*
12.	What about the training was most useful to you?	▪ Pre-presentation, correspondence, marketing, photos during presentation, and Q&A. ▪ Info and content. ▪ The possible characteristics or observable things that go with each diagnosis. ▪ Very knowledgeable physician. ▪ Very good overview of conditions and not too much				

		information to be overwhelmed. ▪ Q & A after presentation. ▪ Clearly done PowerPoint. Well presented. Good organization. ▪ The discussion of the results of various genetic disorders. ▪ Pictures. ▪ Overview of genetic conditions. ▪ Update on genetic conditions. ▪ Everything was great! ▪ Good review. ▪ Always good to review characteristics associated with genetic conditions. Dr. Smyser was very receptive to questions. Pictures of patients with syndromes helps to solidify features of disorders in my mind. ▪ The speaker was very well spoken, patient and clear. He made his material clear and pertinent to this audience. ▪ Physician information was great!
13.	How can this training be improved?	▪ More in depth information would be well received. ▪ It would have been helpful to have a hard copy of the PowerPoint Dr. Smyser used for my future reference. ▪ Handouts. ▪ Provide handouts with slides. ▪ Case studies and small group discussions. ▪ I like handouts to accompany. ▪ Having more of them. ▪ The Dome Conference room is not conducive for trainings since it is very hard to hear. A handout would have been nice. ▪ Give a couple of pieces of paper for notes. Most CEU courses have handouts so I anticipated I would receive handouts. If there are not handouts give a couple of pieces of blank papers for the attendees. Thanks for the water and the CEU course. ▪ Presenter sat and looked at computer. He did answer questions and gave good info – just could have beefed up presentation. ▪ Sitting speaker + slides + 2 hours doesn't = dynamic speaker. ▪ No, very nice.

Fine Tuning Communication Skills

Friday, August 12, 2011

Trainer: Diana Meyer, MSW, LCSW

Total # of attendees: 10

Total # of surveys completed: 9

Please base your question on how you feel about the session now.		**Very Satisfied**	**Satisfied**	**Neutral**	**Dissatisfied**	**Very Dissatisfied**
1.	How satisfied are you with the overall quality of this training?	7	2	0	0	0
2.	How satisfied are you with the quality of the instruction?	7	2	0	0	0
3.	How satisfied are you with the quality of the training materials?	7	2	0	0	0
Please Indicate your Agreement with these statements about the training.		**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
4.	The training class was well organized.	7	2	0	0	0
5.	The material presented in this class will be useful to me either as a parent or as someone who works with families.	8	1	0	0	0
6.	The speaker was knowledgeable about the subject matter.	7	2	0	0	0
7.	The speaker was well prepared for the course.	8	1	0	0	0
8.	The speaker was receptive to participant comments and questions.	8	1	0	0	0
9.	As a result of this training, I will be better able to communicate with the families I work with.	8	1	0	0	0
10.	The training enhanced my skills in this topic area.	8	1	0	0	0
Please Complete.		**First Steps Service Coordinator**	**First Steps Service Provider**	**First Steps Admin.**	**Parent or Primary Caregiver of Child Receiving First Steps Services**	**Other**
11.	What is your primary role?	0	4	3	0	2 *-1 State Employee* *- 1 MIMH staff*
12.	What about the training was most useful to you?	▪ This training was awesome! The info was very good and Diana did such a nice job of presenting and interacting with the audience. ▪ When info was related to using it in the field. ▪ Overall great training – very useful info. ▪ Examining different styles and types of communication. Very helpful to be reminded of empathetic listening and how to receive information. ▪ Helping to learn self modes (if you don't click, you need to change your style since families are not going to.)				

		▪ Learning what type of communicator I was. ▪ Good refresher with updated info (i.e. generations). Great presentation.
13.	How can this training be improved?	▪ This was excellent! I hope to share the materials with others and may even look to recruit Diana for future possible trainings. ▪ Not sure, it was a great learning experience. ▪ More group activities. ▪ The "demos" were great. Perhaps practice too (then again maybe not). I really liked your presentation. Also, the discussion at the end was very helpful and interesting. Perhaps a little more discussion time. ▪ Great workshop – maybe some role playing. ▪ Well done! Adapted to audience, which worked well.