 Agency – youth justice focused programming

 Clinical approach to working with families with gang-affiliation
  ◦ Collaborative Problem Solving (CPS)
  ◦ Feedback Informed Treatment (FIT)
  ◦ Socio-ecological model (SEM)
The youturn difference

- Client Centered & Individualized Service Delivery
- Small Case Loads
- Community Based & Flexible
- Engaged youth and families
- Highly Dedicated Staff:
  - 24hr support/on call
- Youth–friendly communication & technology
Our Client Profile

- Multiple charges
- Probation orders (often multiple)
- Previous lack of success in other programs (justice/mental health)
- Often labeled as ‘unmotivated’ or ‘unengageable’
- Over 85% present with at least one diagnosis or presenting issue
Clinical Framework

- Clinical approach to working with families with gang–affiliation
  - Collaborative Problem Solving
  - Feedback Informed Treatment
  - Socio–ecological model
Clinical Work

Socio-Ecological Model (SEM)

Source: Dahlgren and Whitehead, 1991
Clinical Work

- Collaborative Problem Solving
  - “Kids do well if they can”
    - Remembering that parents do well “if they can”
Clinical Work

- Feedback Informed Treatment
Why FIT?

- Client’s opinion a better predictor of future results
- Therapeutic Alliance & Accountability
- Guides interventions during session by drawing a quick portrait of situation
- Increases collaboration & engagement!
Outcome Rating Scale (ORS)

Name ______________________ Age (Yrs): ____ Gender ___________
Session #: ______ Date: ____________
Who is filling out this form? Please check one: Self _______ Other ____
If other, what is your relationship to this person? _______________________

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. If you are filling out this form for another person, please fill out according to how you think he or she is doing.

Individually
(Personal well-being)
I-------------------------------I

Interpersonally
(Family, close relationships)
I-------------------------------I

Socially
(Work, school, friendships)
I-------------------------------I

Overall
(General sense of well-being)
I-------------------------------I

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Session Rating Scale (SRS V.3.0)

Name __________________________ Age (Yrs): ___
ID# __________________________ Gender: ______
Session # ______ Date: ____________

Please rate today’s session by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel heard, understood, and respected. ___ I felt heard, understood, and respected. ___

Goals and Topics

We did not work on or talk about what I wanted to work on and talk about. ___

Approach or Method

Michelle’s approach is not a good fit for me. ___ Michelle’s approach is a good fit for me. ___

Overall

There was something missing in the session today. ___ Overall, today’s session was right for me. ___

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Alternative measures available

Child Outcome Rating Scale (CORS)

Name ____________________ Age (Yrs): __________
Gender: __________ Session #: __ Date: __________
Who is filling out this form? Please check one: Child Caretaker If caretaker, what is your relationship to this child? __________

How are you feeling? How are things going for you? Please make a mark on the scale to let us know. The closer to the smiling face, the better things are. The closer to the frowning face, things are not so good. If you are a caretaker filling out this form, please fill out according to how you think the child is doing.

Me (How am I doing?)
[Rating scale with smiley faces]

Family (How are things in my family?)
[Rating scale with smiley faces]

School (How am I doing at school?)
[Rating scale with smiley faces]

Everything (How is everything going?)
[Rating scale with smiley faces]

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Child Session Rating Scale (CSRS)

Name ____________________ Age (Yrs): __________
Gender: __________ Session #: __ Date: __________

How was our time together today? Please put a mark on the scale below to let us know how you feel.

Listening

How Important

What We Did

Overall

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FIT in Practice – ORS & SRS

- Outcome Rating Scale (ORS):
  - Starting point at beginning of intervention
  - Point of reference to compare progress from session to session
FIT in Practice – ORS & SRS

- **Session Rating Scale (SRS):**
  - Presented at the end of every session
  - Allows us to see how the session went
How are you perceived?

- Take a minute and think about how you aim to be perceived by others – how to come across to your clients.
- How do you know how *they* see you?
- Have you ever recorded a session and listened back?
- Did everything sound the way you thought you had delivered it?
- Let’s try something...
Getting feedback is hard.

Giving feedback is harder.
The best questions are:

- *Specific* rather than *general*;
- *Descriptive* rather than *evaluative*;
- Concerned with *quantities* rather than *qualities*; and are
- *Task* rather than *person–oriented*.
Client Status Report (CSR)
Why FIT?

- We love feedback – necessary to engage meaningfully & collaborate with our clients
- It’s quick!
- Track & demonstrate our clients’ engagement
- Remain accountable to our clients’ and referral sources
- Continue to grow as helping professionals through direct feedback
- Decrease drop-out rates & wait times
- Supported through user-friendly tech
Thank you

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