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WESTSIDE INFANT-FAMILY NETWORK

WIN outcomes

JULY 1, 2017 - DECEMBER 30, 2017

- A Family Comes Together
- Our 2018 6-Month Outcomes

A Family Finding Their Voice

At four years old, Alex* tantrumed uncontrollably, often an hour at a time on a daily basis. His preschool teacher was exasperated, and his parents, Ana and Jon, didn't know where to turn: they felt hopeless and scared. The school district had even abruptly ended Alex's speech therapy, although he was clearly still delayed.

For Ana and Jon, it felt like their world was falling apart. Fraught with guilt, and coming from a childhood of emotional abuse and domestic violence, Ana felt she and Jon were failures at parenting, and it was affecting every aspect of their life, work, and relationship. Though Jon felt too much shame to seek help, Ana was eager for anything. Alex's preschool connected the family to WIN, and WIN therapist Kylie started working with mother and son at home.

Kylie helped Ana step back from her anxiety and notice that Alex's explosive tantrums were often triggered by his inability to voice his needs, especially when dealing with change. His rigidity and aggression made it

hard for him to make friends and cope with school, which in turn, made him feel more frustrated. As Kylie, Ana and Alex worked together each week, Ana began to feel more confident helping her son calm himself, and as they learned to trust each other, Alex began to better self-regulate, even when things didn't go as expected.

Kylie also worked with Alex's teacher so she understood that he was struggling with many of the same characteristics that define autism spectrum disorders, but fell just under the diagnosis: it wasn't just Alex being a "bad" kid. As she better saw his struggle, she transformed into an advocate. She ensured his speech therapy resumed, and helped secure an IEP with behavioral support while attending kindergarten. With ongoing speech therapy and in-home therapy to support Alex and Ana's relationship, Alex was better able to put words to his feelings, and his aggression and outbursts diminished even further.

As Jon watched his son blossom, he shook off his shame



Image Credit: Pixabay

and became his supporter: he attended school meetings and began joining the family for home sessions with Kylie.

Even though Ana and Jon had always had trouble seeing each other's point of view, Alex became their point of connection. As they began to share their feelings and make space for one another's ideas, daily fights and resentment faded.

After experiencing how good it felt for the family to come together, Ana was ready to start individual therapy with WIN as well. Her childhood and violent past relationships had made her wary of others—and herself: she had little confidence and blamed herself for everything, including Alex's speech delay

and ear issues. With time and understanding, she began to forgive herself, expect more from others, and find peace and confidence in the ways she was now supporting Alex. Thanks to the strength Ana and Jon found in themselves, they've created a stronger family for themselves and Alex than they'd ever thought possible.

Thank you for making it possible to ensure families get the help they need. Visit us at win-la.org.

DONATE >

**Names and identifying details have been changed to protect families.*

6-MONTH OUTCOMES for Fiscal Year 2018



Long-Term Goal: WIN will improve the secure attachment outcomes among prenatal through five-year-old children such that children are better able to thrive.

Quantitative Service Goal: WIN will serve approximately **325-350 individuals (75 family dyads) per year** through case management and/or mental health therapy services.

Annual Goal	FY 2018 Outcomes (6 months)
Serve 75 family dyads	52 family dyads received case management and/or mental health therapy services
Serve 325-350 individuals	215 individual family members received case management and/or mental health (dyadic child-parent therapy) services
	11 parents received adult individual therapy (These parents also are receiving dyadic therapy with their children)
	28 individuals attended WIN's professional-level case manager trainings
	100 agency directors, administrators, managers, direct-service staff and community members from 3 agencies serving young children received ongoing, professional-level mental health consultation from WIN therapists
	A total of 354 clients served

Outcomes for CHILDREN

1. **Indicators & Outcomes:** WIN Children will improve their developmental outcomes as screened by the *Ages and Stages Questionnaires-Third Edition (ASQ-3)*,ⁱ administered every six months throughout program involvement. **Target:** 70% of children who screened as being in an “area of concern” or in a zone that indicates a need for monitoring will move out of 1 or more identified area(s) of concern or the monitoring zone after 12 months or more of mental health therapy* as defined by ASQ-3.

Goal	FY 2018 Outcomes (6 months)
70% of children will move out of one or more identified area(s) of concern or the monitoring zone	75% of children (9/12*) moved out of one or more identified area(s) of concern or the monitoring zone

**Of the qualifying catchment group of 23 children, 11 children had no areas of developmental concerns; hence, these do not appear in this outcome group.*

2. **Indicators & Outcomes:** WIN Children will demonstrate increased behaviors associated with secure attachment as observed and reported by WIN therapists using the Parent-Infant Relationship Global Assessment Scale (PIR-GAS).ⁱⁱ **Target:** 70% of children will show an increase in secure attachment behaviors (as defined by a gain in 3 points or more and/or movement to the next higher decile as defined the PIR-GAS scale) after 12 months or more of mental health therapy.

Goal	FY 2018 Outcomes (6 months)
70% of children will show increase in secure attachment behaviors	96% of children (22/23*) showed increase in secure attachment behaviors. The 22 children who showed improvement had an average score gain of 14.82 points.

**All 23 children qualifying for the catchment group are included in the outcome data.*

Outcomes for FAMILIES

1. **Indicators & Outcomes:** WIN Parents/Primary Caregivers demonstrating need as screened by the Parenting Stress Index-4-Short Form (PSI-4-SF) will show improvement in clinically significant levels of stress. ⁱⁱⁱ Target: 70% of caregivers will show improvement as measured by the PSI-4-SF after 12 months or more of mental health therapy. ^{*}

Goal	FY 2018 Outcomes (6 months)
70% of Parents/Primary Caregivers will show improvement in clinically significant levels of stress	(61%)* of parents/primary caregivers (11/18*) showed improvement in clinically significant levels of <i>Total Stress</i>

**Of the qualifying catchment group of 23 caregivers, 4 did not show an initial clinical level of Total Stress, and 1 screening was invalid based on "defensive responding" scores; hence, these are not included in this outcome group.*

2. **Indicators & Outcomes:** WIN parents receiving Adult Individual Therapy (AIT) service will demonstrate a decrease in depressive symptoms as screened by the Center for Epidemiological Studies Depression Scale (CES-D), administered at the beginning of AIT service and every 6 months throughout AIT involvement. Target: 70% of parents receiving AIT services will show a decrease in depressive symptoms (as defined by a decrease in CES-D score, comparing the most current screening score with the initial screening score) after 12 months or more of adult individual therapy. ^{iv}

Goal	FY 2018 Outcomes (6 Months)
70% parents receiving AIT services will show a decrease in depressive symptoms after 12 months or more of adult individual therapy	Outcome 1: 63%* of parents (5/8) showed a decrease in CES-D score. The 5 parents showed an average decrease of 15.6 points.
	Outcome 2: The comparison of AIT CES-D and PIR-GAS indicated that 100% (8/8) of the cases showed improvement in the PIR-GAS score. The average PIR-GAS increase was 14.5 points.

3. **Indicators & Outcomes:** Families will be successfully linked to services in the community for their identified needs, as tracked through WIN's on-line service plan data system. Target: 60% of identified needs for all family dyads served by WIN during the reporting period will be linked to services.

Goal	FY 2018 Outcomes (6 months)
60% of identified needs will be linked to services	100% of identified needs were linked to services (an average of the service linkage percentages for each of 52 family dyads)

**All 52 families qualifying for the catchment group are included in the outcome data.*

A 3rd pilot of Ready4Routines, created by WIN and our Harvard FOI partners, has launched!

Since 2012, WIN has had a partnership with Harvard University's *Frontiers of Innovation* (FOI), and together we have developed Ready4Routines (R4R), a curriculum designed to improve the executive functions and relationship

quality of parents and children. R4R was co-created by WIN and a team of researchers and practitioners from Harvard, Acelero Learning, University of Minnesota/Zelazo Labs and others. R4R has demonstrated strong outcomes in two

national pilots, and we've just launched the third pilot. You can learn more about it here: developingchild.harvard.edu/innovation-application/innovation-in-action/ready4routines/.

*Since the 2016 election, parental stress and depression scores have increased and remained entrenched. Although children's ASQ scores have improved, parental stress scores continue to remain high. Fear of deportation, forced separation from children and family members, and uncertainty about the future has had a significant impact on families' health, income and safety. WIN continues to support families in finding safety, making contingency plans, and adapting to the current situation.

CATCHMENT GROUPS: how do they work?



❖ To be included in a catchment group, the client must meet criteria A:

- Client started fiscal year as a mental health (MH) therapy services client and/or received MH therapy during the reporting period, and meets criteria B or C:
- Client has received 12 or more months of MH therapy services by the end of the reporting period,
- Client has a closed case, having received 6 or more months of MH therapy.

Outcomes for AGENCY STAFF

1. **Indicators & Outcomes:** Direct service staff at each agency will be better able to identify, refer and provide services for WIN families as indicated by pre- and post-questionnaires collected at trainings. Target: Over the course of our training year, 75% of respondents will demonstrate increased knowledge and competency on post-training questionnaire.

Goal	FY 2018 Outcome (6 Months)
75% of respondents will demonstrate increased knowledge and competency	95.8% of respondents demonstrated increased knowledge and competency

2. **Indicators & Outcomes:** Partner agency staff will increase their understanding of social emotional development in infants and toddlers, increase their knowledge of infant mental health and increase their skills as a case manager as measured by annual anonymous self-assessments. Target: Partner agency staff will rate themselves a “4” or above on self-assessments. Self-assessments have a rating scale of 1-5 with 1 being “Strongly Disagree” and 5 being “Strongly Agree”. *

Goal	FY 2018 Outcome (6 Months)
Partner agency staff will rate themselves a “4” or above on self-assessments. Partner agency self-assessments have a rating scale of 1-5 with 1 being “Strongly Disagree” and 5 being “Strongly Agree.”	<i>We measure this outcome at the end of each fiscal year. Results for this outcome will be shared in the 12-Month Outcomes distributed in September 2018.</i>

Outcomes for WIN PARTNER AGENCIES

1. **Target:** 75% of all families referred to WIN by partner agencies within the fiscal year will receive WIN case management and/or mental health therapy services, as defined by:

- Case management: Family has been successfully linked and followed through on at least one referral provided by a WIN case manager;
- Mental health therapy: Family has engaged in dyadic therapy with WIN therapist for at least three 50-minute sessions.

Goal	FY 2018 Outcome (6 Months)
75% families referred to WIN will receive case management and/or mental health therapy services	100% WIN families referred during FY 2018 (13/13) received case management and/or mental health therapy services.



WIN VIDEO: Ending Generations of Depression and Harm

Many of the most complex issues we face—addiction, violence, suicide—tend to pass from one generation to the next. Here’s what happened when one woman chose to change that legacy.

[Watch video.](#)

Footnotes:

ⁱASQ-3 is used to measure improvement in 5 developmental areas: Communication, Gross Motor, Fine Motor, Problem Solving or Personal Social. Each area has a cut off score.

ⁱⁱPIR-GAS is used to measure the level of adaptation of the parent–child relationship on a scale from 100 to 1 based on the intensity, frequency, and duration of the disturbance. A score of 100 to 81 represents an adapted relationship, 80 to 41 represents features of a disordered relationship, and 40 to 1 represents a disordered relationship.

ⁱⁱⁱIn FY 2015 WIN began using the newest version of the Parenting Stress Index, the PSI-4-SF. The changes made to the newly revised screening tool make it difficult to accurately compare improvement in the subcategories of *Parental Distress*, *Parent-Child Dysfunctional Interaction* and *Difficult Child* with earlier versions of the same screening tool. Therefore, moving forward, WIN will be reporting improvement in clinically significant levels of *Total Stress*. To determine *Total Stress*, the most recent scores in the categories of Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CDI), Difficult Child (DC), and Total Parenting Stress (TPS) are compared to initial intake scores. Improvement in Total Stress is determined by a client moving out of the clinically significant level of stress in any of the categories. The raw score cutoffs for each of the categories are as follows: PD - 40, P-CDI - 36, DC - 40, TPS - 114.

^{iv}CES-D is used to measure symptoms of depression in community populations. Components include depressed mood, feelings of worthlessness, feelings of hopelessness, loss of appetite, poor concentration and sleep disturbance. CES-D scores range from 0 to 60; higher scores indicate more severe depressive symptoms. A score of 16 or higher identifies individuals with significant depressive symptoms.

^vPartner agency staff anonymous self-assessments are administered annually. Partner agency staff are asked a series of questions related to their understanding of social emotional development in infants and toddlers, their knowledge of infant mental health and their skills as a case manager and are asked to rate themselves on scale from 1-5, with 1= strongly disagree to 5= strongly agree.