

numbers of children/families we served in fiscal year 2010-2011

- **361 children** experiencing trauma were provided at total of **6,031 hours** of treatment through our children's counseling programs.
- **681 high risk parents** were provided a total of **5,224 home visits** through our parent support services programs
- **185 car seats** were given out to low income parents with training on proper installation
- **1,404 parents** attended parenting classes
- **2,150 supervised visits** with **115 parents**
- **122 parents** received over **800 books** to read with their children
- **358 high school students** and **51 elementary school students** were served through our school-based programs
- Volunteers worked over **2,000 hours** providing services to children and families

accomplishments

- CPI's Triple P (Positive Parenting Program) met the criteria for Tier 1 Implementation in the Sonoma County Upstream Investments Portfolio
- In March 2011 CPI received the County of Sonoma Jefferson Award for Public Service in Recognition of Excellence in Community Leadership and Civic Engagement

contributors and funders

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| Addison Avenue | Kids Plates |
| Autodesk | Redwood Empire Foster Parent Association |
| Breakwater Syndicate | Sisters of St. Joseph Healthcare Foundation |
| Children and Families Commission | Sonoma County Office of Education |
| Clover Stormetta | Sonoma County Dept. of Health Services, Prevention & Planning Division |
| Codding Foundation | Sonoma County Dept. of Health Services, Public Health Division |
| Collaborative Council of the Redwood Empire | Speedway Children's Charities |
| Community Health Foundation of the Greater Petaluma Area | State of CA, Emergency Management Agency |
| Doreen Downs Miller Foundation | State Farm Insurance |
| Exchange Club | Summit State Bank |
| First Community Bank | Superior Court of California |
| Gene Gaffney Insurance | Human Services Dept., Family, Youth & Children's Services |
| Grants for Good Foundation | Sonoma County Dept. of Health Services, Mental Health Division |
| Human Services Commission Innovative Business Solutions (IBS) | |
| Kaiser Permanente | |

real stories annual report 2010-2011



california parenting institute

We work to treat and prevent child abuse by nurturing and advocating for the health of all children, parents and families.



California Parenting Institute
www.calparents.org



agency principles

- We have a **strength-based philosophy** and use both proven evidence-based and innovative practices to help and heal children, educate and support parents, and enhance parent competency.
- We **embrace and respect all families** as our clients and believe that interventions should empower both parents and children.
- We believe that **seeking support or information is how change and growth occurs** and we view this as a family strength, not a deficit.
- Adverse childhood experiences impact lifelong health outcomes. Thus, **we assess the needs** of each individual, family, and professional and offer them a coordinated menu of prevention, intervention, and advocacy services to improve the well-being of children and families.
- We **make referrals and coordinate** with other health and social service providers.

The cornerstone of our agency is the commitment to design services that are community-focused, strengths-based, culturally-sensitive and merited as "best-practice." To this end, CPI is committed to utilizing programs that are evidence-based and offer success in achieving anticipated performance outcomes. CPI has demonstrated the ability to "think out of the box" as our community's needs have dramatically increased and our resources have become scarcer.



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overview of services

parent education and support CPI provides a wide range of parent education and support services designed to meet the changing needs of the community. These services are offered in both

Spanish and English, and include both center- and community-based parenting classes and in-home visits. The families attending these programs are often facing a multitude of psychosocial stressors, including substance abuse, domestic violence, gang involvement and poverty.

children's counseling services CPI provides comprehensive children's counseling services funded primarily by Medi-cal and California Emergency Management Agency (CalEMA). Our counseling program provides comprehensive services to child and adolescent victims of abuse, neglect, domestic violence, school violence, community violence, abduction or endangering home environments such as parental substance abuse. 51% of the children we saw this year were impacted by domestic violence in addition to other trauma, abuse and neglect.

supervised visitation CPI's Visitation Program includes a range of relevant services for those referred by CPS and the Family Courts for support. This continuum includes providing a neutral third-party who monitors parent-child interactions, to "facilitated visits" providing "parent coaching" which includes educational and/or supportive interventions during the visits.

advocacy CPI coordinates the local child abuse council, Prevent Child Abuse-Sonoma County, which strategically leads the community's efforts to prevent child abuse in Sonoma County. In addition to quarterly meetings, we are responsible to present an Annual Report on Child Abuse in Sonoma County to our Board of Supervisors.

Parents:
our nation's
most valuable
natural
resource

With this broad range of services, CPI touches the lives of so many in Sonoma County, providing essential support, education and treatment to children and families struggling with significant psychosocial and emotional challenges.



a crisis often teaches us a lesson.

But can we learn from the crises of others? Every day CPI therapists and parent educators find themselves working with families that face enormous challenges. However, even with multiple challenges families and children are able to improve and grow. Some seek help for simple problems that can be improved with targeted

parenting skills or behavior management. Some families respond to interventions that include visits at home with parents and children and referrals for additional family assistance. Other families may require serious therapeutic intervention. All of these families come to us through CPI's programs that seek to treat and prevent child abuse. We'd like to share some of these stories.

The devil child

We saw a single mom of two boys. When our parent educator first visited the home both the mother and the older brother described the 3 year old as a "devil" child. He threw tantrums, hit, screamed and, according to his mother, never listened. The mother struggled to say anything positive about the child. Using Triple P (Positive Parenting Program), an evidenced based practice, our parent

educator began talking about different temperaments. She helped the mom identify her child as strong willed. During the visit, the child was using a new toy and getting frustrated. Our parent educator was able to model a new strategy for

the mom in helping her child deal with his frustration. The mom observed that the boy did not continue being frustrated. She said in the past her strategy (taking the toy away) had just made him cry. In another visit the mother learned about Logical Consequences. The parent educator was able to model that in the home. He was playing with a golf ball and throwing it. Our parent educator had the mom explain how the ball could be played with. Then she put the ball on a time out. When she gave the ball back, she told him, he could roll it in the house or else she would have to put it on a time out again. The child listened and obeyed. This was a turning point for the mother. She said in the past, he would have had a huge tantrum with name calling and hitting. By the end of the visits, the mother realized that all her child needed was consistency and positive attention. There were still a few problems, but she described them as manageable and said she would have the patience to handle them. In a final assessment the child went from being in the clinical range of behavior problems to well within the normal range. This improvement in behavior and self-management as well as the improved relationship with his mother means that that this child will have a much greater chance of succeeding in school and life.



Parent Education and Support

I love my job!

One of our parent educators told us that on her last visit with a mother, the mom had tears in her eyes and was trying to express how thankful she was for the help she had received. Both she and the parent educator knew that this mom had become a better parent to her children. Prior to our help, the children had been removed from the home due to severe neglect. Our parent educator and the CPS social worker connected mom to some helpful community resources and then gave her the support she needed to create a safe and nurturing environment for her children. Our parent educator thanked us for giving her the opportunity to work with families in the community. She ended by saying, "I love my job!"

Have fun with your caring.

One of the families we saw this year had a girl in 6th grade. The parent educator found that mom had been in and out of substance abuse treatment programs for several years. Dad was doing the best he could, but was working a night shift and was having trouble getting his child to school on time. The parent educator worked with dad at first and then with both parents when mom returned home.

On the first visit the girl asked our parent educator why she was there and she explained that she cared about families and felt our program would help. The girl was quite cynical and when our parent educator left after the first meeting with the dad, she said "have fun with your caring." However, as time passed and both parents worked harder at providing some structure for this family, the girl became more engaged and hopeful. At the end she would tell her mom when she got stressed out that she should call and talk to our parent educator. Unfortunately this family is now homeless, but our parent educator is still in contact and is providing some case management and resource and referral to support the family. Mom has not returned to substance use and our parent educator believes that the young girl is more hopeful now that she has seen her family change.



I wish I were dead.

One client we saw in our counseling program was a 12 year old Hispanic male who was brought in by his mother. He showed clear signs of a Generalized Anxiety Disorder which had resulted in suicidal ideation and agitation. He had witnessed ongoing domestic violence during a tumultuous marriage between his mother and step-father. During this marriage he also was led to believe that this father was his biological father and was told differently when he turned 8. At intake this boy expressed a desire to be dead and exhibited numerous depressive symptoms, most notably feeling like things could never get better. He was being bullied at school and stated that he hated school and life. He reported that not a day went by when he did not wish he were dead. He exhibited few social skills and frequently interrupted conversations to share his rich fantasy life with others. He was also doing poorly at school, partly due to distractibility. Our counselor saw this child for 19 sessions and at discharge, he no longer met the criteria for an anxiety disorder. Most of his depressive symptoms had vanished. The boy had gone more than three months without wishing he were dead and he was no longer being bullied. He had developed new friends and was feeling confident about his school. The focus of therapy was on safety issues and coping skills and strategies, as well as self-mastery. The client was given easy incremental homework assignments geared towards understanding how he was perceived in the world and making pragmatic adjustments. Once he was able to experience social successes, his depressive thinking subsided. He was then able to change his responses to bullies and eventually this led to a complete cessation of his



Children's Counseling Services

being harassed. He also learned more about the cycle of violence and anger management. He now has a long term goal of going to college and studying to become a scientist.

Sometimes two heads are better than one.

Another client in our counseling program was an 8 year old girl who presented with behavioral issues and tantrums. Mom had a history of substance abuse and is diagnosed with Bipolar disorder. Mom was in jail for a few months and the girl lived with grandmother at this time. Mom had returned to parenting, but struggled with guilty feelings about what her child had experienced. This led her to "spoil" the child instead of setting appropriate limits. The therapist worked with the child and allowed her to talk about her experiences. She discovered that the girl had recently learned that her grandmother was suffering from terminal cancer and this was having a great impact on her feelings and her behaviors. She worked with the mother to be more supportive and understanding of her concerns, but she also coached her to set limits and provide



a more consistent parenting environment. She asked a parent educator to visit this mom and work with her to create a schedule for the family and a reward system for desirable behaviors. This team approach was really helpful for the mother and child and many of their conflicts were reduced. The child began to feel that her new home environment could be safe and nurturing and mom had more skills to "step up and be a parent."