



NURTURING PARENTING PROGRAM MANUAL 2021



ARIZONA
DEPARTMENT
of CHILD SAFETY



TABLE OF CONTENTS

| | |
|---|-----------|
| CHAPTER 1: INTRODUCTION..... | 1 |
| CHAPTER 2: PHILOSOPHY AND VALUES | 2 |
| CHAPTER 3: EVALUATION AND EVIDENCE..... | 4 |
| Evidence Ratings..... | 4 |
| CHAPTER 4: ELIGIBILITY AND REFERRALS..... | 5 |
| When to Refer for NPP..... | 5 |
| Eligibility Criteria..... | 5 |
| Nurturing Parenting Program Referral Process..... | 6 |
| Re-referral for Services..... | 6 |
| Receiving Referrals..... | 7 |
| Referral for Specialty Programs and Lessons..... | 7 |
| CHAPTER 5: OUTREACH AND ENGAGEMENT | 8 |
| Initial Outreach with the Family | 8 |
| Missed Appointments..... | 8 |
| Parent/Caregiver Declines Service..... | 9 |
| Releases of Information..... | 9 |
| Intake Meeting | 10 |
| CHAPTER 6: ASSESSMENT..... | 11 |
| CHAPTER 7: FAMILY NURTURING PLAN AND FAMILY NURTURING JOURNAL..... | 12 |
| CHAPTER 8: PARENTING SESSIONS | 13 |
| Program Workbooks: | 14 |
| Coordination with Parenting Time: | 14 |
| CHAPTER 9: REASSESSMENT OF SERVICES..... | 16 |
| Nurturing Parenting Program Service Continuation..... | 16 |
| Exhibit 9.1 | 17 |
| Exhibit 9.2..... | 23 |
| CHAPTER 10: SERVICE CLOSURE..... | 24 |
| Service Closure Summary | 24 |
| Exhibit 10.1 | 25 |
| Exhibit 10.2..... | 28 |
| CHAPTER 11: STAFF DEVELOPMENT..... | 29 |
| Staff Qualifications: | 29 |
| Initial Training: | 29 |
| Ongoing Training: | 29 |
| Provider Meetings: | 29 |
| REFERENCES..... | 30 |



CHAPTER 1: INTRODUCTION

The purpose of this Intervention Manual is to provide clear direction about the Nurturing Parenting Program (NPP) practice, process, and components. The manual serves as the definitive source of information on the principles, components, processes, and expectations of Arizona NPP practice. This manual was created from the original Nurturing Parenting Programs Program Implementation Manual and Resource Guide (Bavolek, S & Kaplan, F., 2007) to update literature and integrate Arizona policies, procedures, and programs in Arizona.

Nurturing Parenting Program is an evidence and curriculum-based parenting skills education and coaching program. The goals of the NP program is to improve parents' nurturing in each of the following five parenting constructs:

- Expectations of Children
- Parental Empathy towards Children's Needs
- Non-violent Discipline
- Parent-Child Family Roles
- Children's Power and Independence

The essential components of Arizona's Nurturing Parenting Program are: (1) eligibility and referrals, (2) outreach and engagement, (3) assessment, including the use of standardized assessment instruments and tools, (4) Family Nurturing Plan with behavioral goals and Family Nurturing Journal, (5) Parenting Sessions including parent support, observations, debriefing sessions and home practice activities, (6) reassessment of services, and (7) service closure.

Nurturing Parenting Program is an evidence and curriculum-based parenting skills education and coaching program.



CHAPTER 2: PHILOSOPHY AND VALUES

The Nurturing Programs were first developed and piloted by Steven Bavolek in 1983. The Nurturing Parenting Programs are built on the premise that the maltreatment of children can be treated and prevented through the systematic application of family based programs designed to replace old and unwanted and hurtful patterns of parenting with newer, healthier patterns of prenatal bonding and neonatal attachment; empathy that positively responds to the needs of children; discipline that maintains the dignity of children; self-awareness and enlightenment of the adults' own personal childhood; and a sense of empowerment to make good choices that promote personal and community health. (Family Development Resources, Inc. 2021). The Nurturing Parenting Programs are evidenced based programs designed for the primary, secondary and tertiary prevention of child abuse and neglect.

Experts in the fields of child development and family life have found five behaviors of parents that tend to damage the development of healthy personalities in children. (Bavolek & Kaplan, 2007) These are:

1. Excessive demands on children's performance or unreasonable expectations of their capability- emotionally, socially, physically, and intellectually
2. A lack of awareness, understanding, and respect for the needs and feelings of children as people
3. Reliance on the use of physical force and pain (spanking, whipping, locking children out of the house, etc.), or on hurtful and humiliating words, to control children's behavior
4. Adults' dependence on their children for physical and emotional comfort, companionship and validating of their own worth
5. Oppressing children's power and independence and consequently increasing their emotional, social and intellectual immaturity

Experts in the fields of child development and family life have found five behaviors of parents that tend to damage the development of healthy personalities in children.

Fortunately, these destructive patterns of family life can be reversed and replaced with more growth-producing attitudes and behaviors. The Nurturing Parenting Programs developed by Dr. Stephen J. Bavolek, an expert in parent education and child abuse prevention, are being used nationally and internationally to help parents and children learn skills for a more nurturing way of life. The Nurturing Programs draw on the understandings developed over the last several decades from research, theory and practice in the field of child development, family therapy, brain functioning, psychology and social services. (Bavolek & Kaplan, 2007)

Nurturing Parenting is a philosophy that supports children being raised in a caring home that nourishes their self-worth, promotes their sense of personal empowerment and cooperation, makes appropriate developmental expectations of them, teaches children that compassion is a family moral and value and generally treats children, and everyone else for that matter, in respectful, non-violent, dignified ways. (Bavolek, 2007).

The Nurturing Parenting philosophy and lessons are developed from years of extensive research, based on the assessment of high-risk parenting beliefs and behaviors. (Bavolek, 2007).

The Nurturing Parenting Programs are founded on the following morals and values: (Bavolek & Kaplan, 2007)

- Positive Self-Worth
- Empathy
- Empowerment and Strong Will
- Structure and Discipline
- Laughter, Humor and Play

Nurturing is the ability to care for and foster growth in us and others. A nurturing parent-child relationship is crucial for producing the next generation of healthy, responsible and self-sustaining adults. Substance abuse, depression and violence are infrequent in the homes, schools, workplaces and communities where people feel nurtured. Where people are nurtured, high productivity, creativity, good fellow-feeling and cooperation abound. (Bavolek & Kaplan, 2007)

Nurturing and non-nurturing attitudes and behaviors are not instinctual, but learned at our parents' knee. The ways we live and interact with others and how we care for ourselves are powerfully impacted by our earliest life experiences, especially by our experiences of family life. (Bavolek & Kaplan, 2007)



CHAPTER 3: EVALUATION AND EVIDENCE

Nurturing Programs use four types of measures to evaluate outcomes:

- **Affective Measure** – The Adult Adolescent Parenting Attitudes-2 (AAPI-2) is an affective measure that assesses an individual's attitudes about raising children. Each of the five parenting constructs and five sub-scales of the AAPI-2 have shown significant diagnostic and discriminatory validity. That is, responses to the inventory discriminate between the parenting behaviors of know abusive parents and the behaviors of non-abusive parents. These findings hold true for abused adolescents and non-abused adolescents. (Bavolek & Kaplan, 2007)
- **Cognitive Measure** – The Nurturing Skills Competency Scales (NSCS) is a self-report instrument that assesses the individual's perception about the quality of their own childhood, relationship with their children, and relationship with their partner. The NSCS is designed to assess the knowledge and use of nurturing parenting concepts, practices and strategies. The NSCS is designed to be specific to the three major developmental stages. When used in conjunction with the AAPI-2, the NSCS provides an index of Low, Moderate or High Risk for child maltreatment. (Bavolek & Kaplan, 2007)
- **Process Measure** – Parents are asked to complete Home Practice Exercises that reinforce the concept and skills taught in the session. The Practitioner then reviews the exercise with the participant, which allows families and Practitioners to evaluate the progress as they go along. In addition, session evaluation forms can be utilized to ask the participants how they feel about each session and the program in general.
- **Retention and Attendance Rates** – Retention and attendance rates also reflect the degree to which participants feel they are benefiting from a program.

EVIDENCE RATINGS

In 1980, the National Institute of Mental health (NIMH) funded a research project with Dr. Bavolek to develop and validate a program to treat and prevent child abuse and neglect. In 1983, Nurturing Parenting Program was developed and validated using the five parenting constructs of the AAPI. Based on the findings of the initial NIMH study, the Nurturing Parenting Program for School Age Children was recognized by multiple government and state agencies; including the California Evidence Based Clearinghouse (CEBC), Office of Juvenile justice and Delinquency Prevention (OJJDP), and The National Registry of Evidence-based Programs and Practices (NREPP) as an evidence-based program. Over multiple years, thirty five additional programs and studies have been conducted.

More recently, the field of parenting education limited the criteria of evidence-based status to experimental and quasi-experimental designed studies. Because of this and other changes to the rating criteria, the Nurturing Program for Parents and their Infants, Toddlers and Preschoolers is no longer rated as an evidence-based program by the CEBC and OJJDP, and the Title IV-E Clearinghouse was unable to rate the program. Arizona is supporting the rigorous evaluation (experimental or quasi-experimental) so that Nurturing Skills for Families can again be considered for an evidence-base rating.

In 1983, Nurturing Parenting Program was developed and validated using the five parenting constructs of the AAPI.



CHAPTER 4: ELIGIBILITY AND REFERRALS

This chapter provides an overview of the eligibility criteria and service referral process, with an emphasis on which families are to be referred to the Nurturing Parenting Program by the DCS Specialist.

WHEN TO REFER FOR NPP

Refer families to NPP services if there is a clear need of improving nurturing parenting skills in any of the five parenting constructs, and based on the reason for DCS involvement.

There are three ways to determine the need of NPP services:

1. the DCSS completes the FFA-Investigation/Ongoing/Progress Update, analyzes the results and concludes that there is a danger threat related to General Parenting Practices, and/or Behavior Management;
2. the parent displays diminished caregiver protective capacities related directly to parenting, and/or
3. for families with Family Connections services involved, the FCC administers the CA-Self Interview, analyzes the results, and determines there is a need to improve on the FC Core Outcome of Parenting Attitudes and Behaviors.

Consider the urgency of the service need and sequencing, to avoid overwhelming families and respect their self-determination. Do not refer families who are already participating in SENSE services, as the Home Visitor provides parenting skills and education.

Consider the urgency of the service need and sequencing, to avoid overwhelming families and respect their self-determination. Do not refer families who are already participating in SENSE services, as the Home Visitor provides parenting skills and education.

ELIGIBILITY CRITERIA

The Nurturing Parenting Program can serve:

- Families whose DCS case will close following investigation;
- Families receiving in-home case management with no impending danger and no risk of emergency removal of a child if services are not effective;
- Families receiving in-home case management with impending danger and safety plan, or risk of emergency removal of a child if services are not effective; and
- Families receiving ongoing case management with a child in out-of-home care

Families may be referred to the Nurturing Parenting Program when all of the following criteria are met:

- The FFA-Investigation has been completed with sufficient information collection to make an impending danger decision.
- At least one child age birth to 18 resides in the home; or a parent in the home has parenting time (visitation) with a child.
- At least one parent is able and available to participate in NPP, and does not currently have any of the following restrictions on participation:
 - (a) No contact order between the parent/caregiver and the child
 - (b) Impairment requiring stabilization or improvement before the parent could benefit from NPP (i.e. active psychosis, physical illness requiring hospitalization or residential care, pervasive substance use impacting reality orientation)
 - (c) Institutionalized or incarcerated
- The DCS Specialist and family have discussed the family's strengths and needs, and the family has verbally agreed to meet with a Nurturing Parenting Practitioner to learn about the program and services.
- The DCS Specialist and DCS Supervisor have concluded one or more family members has a behavioral change goal that can be achieved by improving in one or more of the Nurturing Parenting Program parenting constructs, and there are no available and accessible community programs that would provide the family an equivalent service.

When the family is participating in another DCS contracted service program (such as Family Connections or Arizona Families F.I.R.S.T.) and the program's assessment indicates the family should be referred to NPP, the DCS contracted provider's recommendation shall be communicated to the assigned DCS Specialist. The DCS Specialist shall be responsible for submitting the NPP service request, after DCS approval.

NURTURING PARENTING PROGRAM REFERRAL PROCESS

The DCS Specialist shall submit NPP Service Requests to the Centralized Referral Unit for assignment of a Nurturing Parenting Program agency, using the DCS Child Welfare Case Management System.

The DCS Specialist shall ensure that the following documents are associated with the Nurturing Parenting Program Service Request in the DCS Child Welfare Case Management System:

- Completed most recent FFA-Investigation, FFA-Ongoing or FFA-Progress Update;
- Completed safety plan if child is unsafe with a safety plan to manage dangers;
- Infant Care Plan (SENSE only);
- Current court report (if applicable);
- Team Decision Making Meeting Summary (if applicable);
- Current case plan (if referring for NPP after FFA-Ongoing completed and available); and
- Any other supporting information

The DCS Specialist should include in the service request if the family is already participating in Supervised Visitation Only, to assist with coordination of services. The DCS Specialist must also include in the service referral if the family potentially can benefit from the NPP Practitioner utilizing any of the Specialty/Supplemental Workbooks:

- Families in Substance Abuse Treatment and Recovery, and/or
- Nurturing Fathers Program, and/or
- Nurturing Parenting for African American Families, and/or
- LBGTO Supplemental Lesson Guide, and/or
- Native American Parenting Supplemental Lesson Guide.

RE-REFERRAL FOR SERVICES

A Nurturing Parenting Program re-referral may be submitted at any time after the family's previous Nurturing Parenting Program service authorization referral has closed, and the family currently meets the Nurturing Parenting Program eligibility criteria.

The following are examples that indicate when a re-referral may be warranted:

- The prior referral closed because the family did not engage or refused services, and the family is now communicating readiness to participate, is court ordered to do so, or barriers to participation have been removed.
- The prior referral closed because the family could not be located, and the family's location is now known.

The DCS Specialist shall obtain DCS Supervisor approval for a re-referral prior to submitting a Service Request.

The DCS Specialist shall complete and submit a new Nurturing Parenting Program Service Request through the DCS Child Welfare Case Management System, following the procedures for an initial service request.

If a family is re-referred for the NP Program within three months of the previous NPP case closure, the family will be re-assigned to the same agency.

- If the DCS Specialist believes that re-referral to the same agency and/or NPP Practitioner is not appropriate, the DCS Specialist will notify the referral unit prior to referral assignment

- If a family is re-referred for the NP Program more than three months after the previous referral closed, the family may be assigned to the same agency or a new agency.

RECEIVING REFERRALS

Nurturing Parenting Programs shall accept all service requests assigned by the DCS Centralized Referral Units. Nurturing Parenting Program agencies shall have staff available to receive and assign referrals Monday through Friday, 8:00a.m.-5:00p.m., except on legal holidays recognized by the State of Arizona.

The Nurturing Parenting Program Supervisor shall contact the assigned DCS Specialist if there are concerns with the requested service or with referral questions, in order to develop the best strategy for service.

The in-person initial outreach and intake meeting shall occur in the family home, unless the family requests another location or there are concerns for the safety of professionals entering the home.

The NP Practitioner shall refer to and apply the Code of Ethics of the National Association of Social Workers (NASW) (2017) when working with families. The NASW Code of Ethics describes the core values and ethical principles and standards that should guide social work practice, including NPP practice.

The NPP Practitioner shall utilize strengths-based engagement techniques during the intake meeting, including the use of open-ended questions, affirmations, reflections, and summarization (OARS).

The NPP Practitioner shall utilize and communicate empathy, respect, and authenticity during the in-person initial outreach and intake meetings.

REFERRAL FOR SPECIALTY PROGRAMS AND LESSONS

The DCS Specialist will identify in the service request if the family might benefit from one or more specialty NPP curriculums or lessons. When the DCS Referral Unit is choosing a provider agency for the family, DCS will consider factors such as whether the family is already receiving other services from an agency, the geographic location of the provider in relation to the family, and whether the agency has practitioners who are members of the family's racial or ethnic community and trained in the specialty programs (if desired by the family). All referrals will be assigned, and the Department will assign each referral to the agency that is best able to meet the family's needs.

While DCS expects to have sufficient capacity to serve all families requesting a specialty program, availability of Practitioners to deliver a specialty program will not prevent a family from receiving NPP or disrupt services to a family.

- All Practitioners will be trained on the core program of Nurturing Skills for Families and all practitioners must be capable of providing culturally responsive and respectful services. If a practitioner is not available to provide a specialty program, the family will receive Nurturing Skills for Families.
- If a trained specialty practitioner resigns before services are complete and another specialty provider is not available in that agency, the family will remain with the same agency to avoid disruption and delay of services to the family. In this situation, the current agency will reassign the case to the available practitioner who best meets the family's needs. To avoid disruption of the families' services and although not ideal, the newly assigned practitioner may continue to work with the family and utilize the specialty lesson workbook, even though the new practitioner may not have received the training. The new practitioner must then register for the next training session on the specialty lesson.

If assigned by DCS, an agency must accept a referral for a family in a specialty target population even when the agency does not have a specialty practitioner available. In this case, the agency will provide the core Nurturing Skills for Families curriculum and not the specialty program. Note that if DCS is assigning this referral to a provider without a specialty practitioner, DCS has determined that no specialty practitioner is available in another agency, or the family does not want the specialty program.



CHAPTER 5: OUTREACH AND ENGAGEMENT

INITIAL OUTREACH WITH THE FAMILY

Initial Outreach will be conducted by the NPP Practitioner.

The NPP Practitioner shall confirm the family's contact information through the DCS Child Welfare Case Management System before conducting initial outreach.

Within two business days of referral receipt, the NPP Practitioner shall contact the family via telephone to schedule the intake meeting with the family. If telephone contact is unsuccessful, the NPP Practitioner shall make an unannounced in-person visit to the home within five (5) business days of referral receipt. If initial telephonic and in-person outreach attempts are unsuccessful within five (5) business days of referral receipt, the NPP Practitioner shall continue with outreach as outlined below:

- Over the following three business days or until an appointment is scheduled, the NPP Practitioner shall make a minimum of one telephone call attempt per day, and three in-person outreach attempts at alternate times of day or evening.
- The NPP Practitioner shall prepare a contact letter, in a plain envelope, to be left at the home if the parent/caregiver(s) are not home, following each in-person outreach attempt; informing the parent caregiver(s) of the NPP Practitioner's attempts to contact the family. The letter shall include information about NPP, the provider's office address, a contact person, and contact information for the NPP Practitioner.
- If a family is homeless or transient, this does not automatically preclude the family from participating in the Nurturing Parenting Program. The NPP Practitioner shall make reasonable efforts to engage the family regardless of their living arrangement. Reasonable efforts may include, but are not limited to: providing the parent/caregiver(s) with bus tickets, scheduling meetings in locations the family can readily get to, and/or making arrangements to communicate through a third party if the parent/caregiver does not have a mobile phone.
- The NPP Practitioner shall notify the assigned or referring DCS Specialist or DCS Supervisor when these efforts to contact the family have been completed and remain unsuccessful, or within one business day of the family declining services. The provider may request DCS assistance to contact and engage the family at any time.

If a family does not have an open DCS case and was referred to NPP as part of Aftercare Planning and Services, and the family declines NPP during initial outreach, follow procedures outlined in Parent/Caregiver Declines Service.

If the NPP Practitioner makes contact with the family during initial contact, the NPP Practitioner shall document all of the initial outreach events in the Weekly Progress Report. If the NPP Practitioner is unable to make contact or engage the family in NPP, the NPP Practitioner shall document all initial outreach attempts with the family in the Service Closure Summary: Section A. Services shall not be closed without prior approval from DCS (if the family's case remains open with DCS oversight) or NPP Supervisor (If a family does not have an open DCS case and was referred to NPP as part of Aftercare Planning and Services).

MISSED APPOINTMENTS

The NPP Practitioner shall make reasonable efforts to continually engage the family during the outreach and engagement process to reduce likelihood of missed and/or cancelled appointments. If a regularly scheduled appointment is missed by the family, the NPP Practitioner shall initiate telephone contact with the family, utilizing all available phone numbers. If telephone contact does not occur, the NPP Practitioner shall wait at the appointment location for fifteen minutes. If the parent/caregiver is not at home, the NPP Practitioner shall leave and document the attempted home visit in the Weekly Progress Report.

If the parent/caregiver is not present for the NPP of FC Session and does not arrive within fifteen (15) minutes, the NPP Practitioner shall leave the location and document the event in the Weekly Progress Report.

If the NPP Practitioner does not receive a response from the parent/caregiver within twelve hours of the missed contact, the NPP Practitioner shall follow the initial outreach protocol for re-engagement with the family.

If appointments with the NPP Practitioner are missed, cancelled and/or rescheduled without reasonable justification, and in-person contact with the family does not occur over the next three business days, the NPP Practitioner shall contact the DCS Specialist to schedule a meeting within three (3) business days. This meeting shall occur via video conference or telephone and include a discussion of:

- the NPP Practitioner's efforts to engage the family and the family's response to these efforts;
- reason(s) known for the family's missed appointment; and
- whether a joint home visit should be scheduled with the family to discuss their continued interest in participating in the FC and/or NPP Program, or NPP Practitioner should proceed with service closure.

If there is no open DCS case, the NPP Practitioner shall consult with NPP Supervisor and obtain approval before initiating the service closure process.

PARENT/CAREGIVER DECLINES SERVICE

A family may decline services at any point during service delivery. If the family has ongoing or in-home DCS case management and the family declines the NPP program at initial outreach, the DCS Specialist shall encourage the parent/caregiver to agree to a single meeting to learn about the NPP program and meet with the NPP Practitioner. If the family has agreed to participate in the NPP program and later declines the program, the NPP Practitioner shall speak with the family to understand the family's reasons for declining and attempt to re-engage the family in the program.

If a family does not have an open DCS case and was referred to the NPP program as part of Aftercare Planning and Services and declines the NPP program, the NPP Practitioner shall:

- proceed with the service closure process when there is low risk of future child abuse and neglect and no concern for impending danger; or
- if there is reason to believe there is present danger, impending danger, or high risk of future child abuse or neglect without formal intervention, the NPP Practitioner will report the information to the DCS hotline.

If the family has ongoing or in-home DCS case management and the family declines the NPP program, the NPP Practitioner shall notify the the DCS Specialist. The DCS Specialist shall:

- review the NPP Practitioner's efforts to engage the family and the family's response to those efforts;
- identify any reason(s) known as to the family's determination to decline the NP Program;
- consult with the DCS Supervisor and Unit Consultant to identify assessments or services to be provided to the family;
- if a child remaining in-home has been determined unsafe, reassess the in-home safety analysis to determine if criteria for an in-home safety plan continues to be met;
- engage the family in making any changes to the safety plan; and inform the family of any changes to agency or court oversight; and
- when applicable, discuss options for adjustment to the current DCS case plan and referral to other DCS contracted services and assist the family to access community resources and/or parenting skills education and coaching programs in the absence of the NP Program.

Upon determination by DCS, the NPP Practitioner, and the NPP Supervisor that the services shall close, the NPP Practitioner shall proceed with the service closure process.

RELEASES OF INFORMATION

During the intake meeting, the NPP Practitioner shall discuss and inform the parent/caregiver about confidentiality issues, and obtain written consent from each parent/caregiver utilizing the Authorization to Release Information (ROI) for parent(s)/caregiver(s) who verbally express

agreement to participate in the NPP program. The ROI shall allow the NPP Practitioner to speak with family members and other state and/or provider agencies to gather information for the assessment or Nurturing Family Plan.

INTAKE MEETING

The NPP Practitioner shall schedule the intake session within five (5) business days of referral receipt. In order to prepare for the intake meeting, the NPP Practitioner shall:

- communicate with the family to identify potential times for the intake, while considering the family's schedule and preferences, noting that the intake meeting shall be a minimum of one-hour;
- review all available DCS documentation about impending danger threat(s) and/or risks present in the family, protective capacities, protective factors, the behavioral changes identified by DCS, and Conditions for Return (if applicable);
- review information about the family's culture provided on the NPP service request or contained within other DCS documentation.

The NPP Practitioner shall facilitate the intake in the parent/caregiver's home, unless the parent/caregiver requests another location or there are safety concerns for professionals entering the home. The NPP Practitioner shall obtain approval from the DCS Specialist, via telephone call or e-mail, for exceptions to the intake meeting occurring in the home. The approval communication and date will be documented within the Weekly Progress Report. Exceptions shall be based on the needs of the family or due to a scheduled meeting, such as a TDM or CFT at which the intake meeting will take place.

During the intake meeting, the NPP Practitioner shall complete the following:

- connect with and engage the family members by establishing therapeutic rapport;
- explore the family's understanding of why they were referred to NPP;
- introduce how NPP works with families, including weekly home visits, delivery of parent skills curriculum, the parenting competencies, and the expected length of service;
- gather information about the family's involvement with other service providers and explain that the NPP Practitioner and other service providers will both meet in-person with the parent or family, at times together, but most often separately;
- review the reason for DCS involvement with the family, including risks, safety threats, protective capacities, and/or protective factors, and the safety plan or Conditions for Return if a child is in out-of-home care;
- if DCS has a case plan established at the time of the family's referral to NPP, review the contents of the case plan;
- discuss relevant legal, policy, and ethical issues, including the NPP Practitioner's responsibility to report any suspected incident of child abuse or neglect to DCS or disclosure/observation of suicidal or homicidal intention;
- explain that the NPP Practitioner is not a DCS employee, but will communicate with the DCS Specialist and share information about the parent's/family's attendance, participation, and progress in achieving the identified behavioral changes;
- review and complete the NPP intake packet, and the NPP assessment instruments if they were not completed by a Family Connections Consultant and provided to the NPP Practitioner; including the PARTI (Parenting Attitudes about Raising Teens Inventory), AAPI-2 (Adult-Adolescent Parenting Inventory) and NSCS (Nurturing Skills Competency);
- answer the family members' questions;
- provide contact information for the NPP Practitioner and the NPP Supervisor;
- schedule a mid-point session with the family, to occur half way through the service request period, to evaluate the parent/caregiver's progress towards achieving the NNP goals; and
- develop a schedule of home visits for the family, including scheduling the first visit.



CHAPTER 6: ASSESSMENT

The NPP Practitioner shall complete the three NPP assessments (as applicable and if not already completed by a Family Connections Consultant and provided to the NPP Practitioner) during the Intake Meeting:

- Parenting Attitudes about Raising Teens Inventory (PARTI);
- Adult-Adolescent Parenting Inventory (AAPI-2); and
- Nurturing Skills Competency Scale (NSCS)

Adult-Adolescent Parenting Inventory (AAPI-2) is a 40 item, norm-referenced, Likert scale designed to assess the parenting beliefs and practices of adult and adolescent parent and non-parent populations. AAPI-2 is designed to assess the parenting and child rearing attitudes of parents of children. Responses to the AAPI provide an index of risk for child maltreatment in five parenting practices known to result in child maltreatment.

Responses to the AAPI provide a level of risk for child maltreatment on three levels: High, Moderate and Low. These levels of risk on the AAPI coordinate with the levels of prevention and dosage of lessons presented in the Nurturing Parenting Programs.

Parents complete the inventory, and a profile is displayed for each of the five subscales using sten scores. Responses to the AAPI are compared to a set of established norms. Norms convert raw scores for easy comparison to abusive and non-abusive parenting attitudes.

(Family Development Resources, Inc., 2020)

Parenting Attitudes about Raising Teens Inventory (PARTI) is a norm- reference Likert scale designed to assess the parenting beliefs and practices of raising adolescent's ages 12 to 20 years of age. There are two versions of the PARTI: one version for the Parents and one version for the Teens. Data generated from the administration of the PARTI can be useful in several settings, including comparing parent's and teen's agreements, disagreements and uncertainties. These responses provide an index and level of conflict and agreement: high, moderate and low levels of conflict or agreement.

The PARTI can be utilized in different ways, including:

- Assessing both Parents and their Teens
- Assessing Parents only
- Expectant Teen Partners

(Family Development Resources, Inc., 2020)

Nurturing Skills Competency Scale (NSCS) is a criterion-referenced scale designed to gather information in six constructs that can have a significant role in family dysfunction including child abuse and neglect and intimate partner violence.

The NSCS is an inventory designed to gather information, both past and current, about individuals and their families in order to alert family members as well as professionals about on-going conditions that could lead to:

1. the initial occurrence of child maltreatment; or
2. the recurrence of child maltreatment.

(Family Development Resources, Inc., 2020)

After completion of the assessment instruments, the Practitioner will meet with the family to have a discussion about the results, and learn more information about the family. The Practitioner should use open-ended questions and a non-judgmental attitude to gain more information about the results. The Practitioner should be respectful, listen to the parents' responses, be present during the discussion, and ask clarifying questions. Utilizing the results and discussions of the assessment, will help the NPP Practitioners and families determine the parenting constructs that will be the focus of services.

Responses to the AAPI provide a level of risk for child maltreatment on three levels: High, Moderate and Low. These levels of risk on the AAPI coordinate with the levels of prevention and dosage of lessons presented in the Nurturing Parenting Programs.



In order to understand and ensure that the parents are learning and expanding their knowledge and skills within in the program, the Family Nurturing Plan and Family Nurturing Journal are utilized as process evaluation measures. If the parent has not adequately learned the information and skills, the lesson is repeated (Family Development Resources, Inc., 2020).

The NPP Practitioner shall make reasonable efforts to facilitate the first parenting session within seventy-two (72) hours of the intake meeting.

During the first parenting session, the NPP Practitioner shall collaborate with the parent/caregiver to gather information and complete the Family Nurturing Plan (FNP) that identifies the parenting constructs and competencies that will be the focus of NPP services, utilizing the results of the assessment instruments and other sources of information. The FNP is a document that the NPP Practitioners use to monitor the families progress in learning the competencies. The FNP lists the following (Family Development Resources, Inc., 2020):

- Lessons to be taught;
- The lesson competencies to be learned;
- The home practice assignments to be completed between program sessions; and
- Ratings and questions the instructors use to assess how well the parents have learned the information and acquired the new skills.

The Family Nurturing Journal (FNJ) is a document that the parents use to monitor their process in learning the competencies. Parents will be able to keep track of the lessons learned as well as their home practice assignments that they are responsible to complete between parenting sessions. In the journal, parents will be able to keep track of the changes happening to them, their children and their family.

The Family Nurturing Plan and Family Nurturing Journal are documents provided by the Family Development Resources Inc.

The NPP Practitioner shall make reasonable efforts to facilitate the first parenting session within seventy-two (72) hours of the intake meeting.



CHAPTER 8: PARENTING SESSIONS

The sessions are very structured, which provides a sense of predictability. The structure, however, relies very little on lecture as a method of instruction. Rather, concepts are taught experientially, through activities, which pique the curiosity, empower the self, and are entertaining and pleasurable. (Bavolek, S & Kaplan, F., 2007).

Starting with the second parenting session, the NPP Practitioner shall observe the parent and child in a planned nurturing activity, during a time that the parent and child are scheduled to be together. The NPP Practitioner shall communicate with the parent/caregiver; and the caregiver or provider supervising parenting time (when applicable); to identify dates, times, and locations when the parent and child are scheduled to be together and schedule parenting sessions to coincide.

The NPP Practitioner will make concerted efforts to observe the nurturing activity in-person. The observation may occur in the parent's home or another location, and during supervised or unsupervised parenting time.

The NPP Practitioner shall meet with the parent/caregiver one (1) time per week for two (2) hours, over a maximum of 120 days (17 weeks) to include:

- (a) One (1) hour of parenting support that includes education (coaching) and nurturing activity preparation, with approximately thirty (30) minutes for each, held with the parent only. The parenting support session shall occur prior to the nurturing activity observation, preferably immediately before the parent-child nurturing activity or on the same day.
- (b) Thirty (30) minutes of parent-child observation, to include a nurturing activity where the parent/caregiver can apply learning from the parenting support and/or education.
- (c) Thirty (30) minutes of parent-only debriefing session to occur immediately following the nurturing activity whenever possible, and within no more than four (4) hours of the nurturing activity. The parent-only debriefing session may occur via video conference if an in-person session is not possible within the required timeframe.

All parenting sessions shall directly relate to the parenting constructs and competencies, as documented in the Family Nurturing Plan.

The NPP Practitioner shall observe, monitor, and assess the parent/caregiver's parenting skills, and provide needs-specific coaching adaptable to the parent/caregiver's needs following each parenting session, including processing and utilizing a strengths-based approach to evaluate the success of the parent/caregiver's use of appropriate expectations, empathy towards the child's needs, alternatives to corporal punishment, appropriate parent-child family roles, support for the child's power and independence, and nurturing activities.

When the child resides in the home, the NPP Practitioner shall conduct parenting sessions at the parent/caregiver's home. When the child resides in out-of-home care, the NPP Practitioner shall conduct parent educational sessions at the parent/caregiver's home or the location where parent-child observation will occur, unless virtual sessions have been approved by DCS or DCS has approved an alternative location due to a safety concern for professionals entering the home.

All sessions are documented in the weekly progress report. The NPP Practitioner shall complete each parent session in its entirety and shall not end early unless there is a safety, behavioral, or cognitive issue with the parent/caregiver and the parent/caregiver would not be able to benefit from the session. If an issue of this type occurs, the NPP Practitioner must document the issue in the Weekly Progress Report and notify the DCS Specialist within twenty-four (24) hours.

Starting with the second parenting session, the NPP Practitioner shall observe the parent and child in a planned nurturing activity, during a time that the parent and child are scheduled to be together.

Virtual parenting sessions may occur with prior approval by DCS, for the entire service or on a week-to-week basis when in-person observation is not possible despite concerted efforts to arrange. The delivery method of NPP shall be determined by DCS. Delivery via virtual platform must have prior approval by DCS.

The curriculum teaches parents how to: (Bavolek & Kaplan, 2007):

- Handle feelings
- Communicate needs
- Be empathic
- Take charge of one's own behavior
- Have warm interactions and fun with others
- Establish nurturing routines for regular family affairs such as bed and mealtimes
- Handle stress and anger
- Gain a sense of personal power and positive self-esteem
- Give and receive healthy touch, and
- Replace hitting and yelling with more effective discipline techniques (such as redirection, baby-proofing, time-out, choices and consequences, problem-solving, verbal management, praise, and family rules).

The service delivery schedule should be as follows:

- (a) Week 1 shall include initial outreach and intake meeting with the parent/caregiver;
- (b) Weeks 2-8 and 10-16 shall include weekly parent sessions with the parent/caregiver;
- (c) Week 9 shall be conducted as the mid-point meeting with the parent/caregiver; and
- (d) Week 17 shall be conducted as the service closure meeting with the parent/caregiver

PROGRAM WORKBOOKS:

The NPP Practitioner shall provide the NPP program to the family in sequence and in entirety, using the following NPP approved workbooks:

- (a) Nurturing Skills for Families;
- (b) Easy Reader; or
- (c) one of the following NPP specialty program workbooks, when it meets the needs of the family:
 - Families in Substance Abuse Treatment and Recovery, and/or
 - Nurturing Fathers Program, and/or
 - Nurturing Parenting Program Supplement for African American Families, and/or
 - Gay, Lesbian, Bisexual and Transgender Families Supplemental Lesson, and/or
 - Blending Traditional Native American Beliefs and Practices with Nurturing Parenting Supplemental Lesson.

Nurturing Skills for Families is a model of the Nurturing Programs that is designed to provide flexibility to meet the needs of the families.

The Easy Reader Parent Handbook is a simplified version of the Parent Handbook and can be utilized for parents that have difficulty reading or have cognitive delays. This book is delivered in a more visual way, with more pictures, but has the same content.

Each specialty and supplemental lesson has its' own workbook that is utilized.

COORDINATION WITH PARENTING TIME:

NPP Practitioners spend 30 minutes weekly with parents and children together, which will require they attend 30 minutes of the scheduled parenting time. It will be the responsibility of the NPP Practitioner to learn from the parent, DCS Specialist, or person supervising the

parenting time (if it is supervised) when and where parenting time will occur. Scheduling of NPP services must not disrupt or delay the scheduled parenting time.

NPP Practitioners do not provide transportation to children or parents, and do not supervise parenting time. If the parenting time is supervised, the person supervising parenting time will perform their role just as they do when the NPP Practitioner is not present.

If the parent is receiving SVO services, the Department will prioritize assignment of the NPP referral to the agency providing SVO services so that service coordination is easier. If that is not possible, DCS will not reassign the SVO referral to the NPP agency because continuity of service providers is important to the child and parent.

It will be the responsibility of the NPP Practitioner to arrange to attend parenting time when and where it is occurring. The SVO provider should not be asked to reschedule parenting time, and under no circumstances should parenting time be delayed or disrupted. Parents typically have two hours of parenting time on two different days in each week, so there is some flexibility. NPP agencies should obtain the parenting time plan so this can be considered when assigning referrals.

NPP lessons must be taught in sequence and in its' entirety. If the NPP Practitioner is not able to complete the nurturing activity during scheduled parenting time, due to a cancelation of parenting time, some options to consider are:

- the family will receive the next lesson at the next scheduled parenting time,
- the family will receive two lessons at the next scheduled parenting time; if appropriate



CHAPTER 9: REASSESSMENT OF SERVICES

The NPP Practitioner will reassess the family at week 17 to determine if services should close or continue. The NPP Practitioner will re-administer the appropriate assessment instruments. The NPP Practitioner must assess all progress and behavior changes to identify an overall level of achievement, utilizing Outcome Evaluation Methods. This includes the results of The Adult-Adolescent Parenting Inventory (AAPI-2), The Parenting Attitudes About Parenting Teens Inventory (PARTI), Nurturing Skills Competency Scale (NSCS), Session Evaluation Forms, Family Nurturing Plan, Home Practice Check-Ins and Family Logs.

The NPP Practitioner shall include the following information in the NPP Reassessment Summary and submit it to the DCS Specialist for review:

- (a) date prior assessment instruments completed;
- (b) date current assessment instruments completed;
- (c) comparison of changes from initial and reassessment results;
- (d) summary of activities;
- (e) assessment of parenting constructs and goals;
- (f) NPP recommendation about service closure or continuation;
- (g) signatures.

When reassessing the need of services, the NPP Practitioner should utilize the Outcome Evaluation methods and determine the level of progress for each parenting construct. There are five levels of progress:

1. Change/UBSMART goal achieved
2. Substantial change has occurred
3. Some change has occurred
4. Minimal or no change has occurred
5. Risk or safety issue worsening

Refer to Exhibit 9.2 for Goal Progress Classifications

NURTURING PARENTING PROGRAM SERVICE CONTINUATION

If a family does not have an open DCS case and was referred to NPP as part of Aftercare Planning and Services, the family will not be eligible for continuation of NPP beyond the initial service authorization period.

Continuation of services requires approval by DCS. NPP services may be approved and referred to continue in 90 day increments when there has not been sufficient behavioral change related to the reason for DCS involvement, family members are attending appointments and actively participating in NPP services, and either:

- (a) the family has not completed the lessons by the end of the service authorization period; or
- (b) the NPP assessment indicates the parent/caregiver would benefit from additional lessons.

The NPP Reassessment Summary shall be utilized as the referral form for continued NPP service. Continuation of services requires approval by DCS, at the levels listed below:

- First Reassessment and Continuation- DCS Supervisor
- Second and Third Reassessment and Continuation- DCS Program Manager
- Continuation services after twelve months requires an approval by the DCS Program Administrator.

A blank Nurturing Parenting Program Reassessment Summary can be found in Exhibit 9.1

When reassessing the need of services, the NPP Practitioner should utilize the Outcome Evaluation methods and determine the level of progress for each behavioral goal.

CSO-2588
(06/21)



ARIZONA DEPARTMENT OF CHILD SAFETY
NURTURING PARENTING PROGRAM
REASSESSMENT SUMMARY

Referral Date _____

Family Information

Care Person _____

Person ID _____

NPP Practitioner _____

Phone No. _____

Approval Date _____

DCS Specialist _____

Approval dates are the dates each document was approved by the NPP Supervisor.

Prior Assessment Instruments Completed

Adult-Adolescent Parenting Inventory (AAPI-2) _____

Parenting Attitudes About Raising Teens Inventory (PARTI) _____

Nurturing Skills Competency Scales Short Form (NSCS-SF) _____

Current Assessment Instruments Completed

Adult-Adolescent Parenting Inventory (AAPI-2) _____

Parenting Attitudes About Raising Teens Inventory (PARTI) _____

Nurturing Skills Competency Scales Short Form (NSCS-SF) _____



**ARIZONA DEPARTMENT OF CHILD SAFETY
NURTURING PARENTING PROGRAM
REASSESSMENT SUMMARY**

Comparison of Assessment Instruments

If this is the first re-assessment, current reassessment scores are compared with those from the initial assessment. If this is the second or later reassessment, scores are compared with those from the prior assessment. This allows for changes over the most recent service period to be the focus of evaluation.

If more than one parent/caregiver completed the assessment instruments, the following chart should be completed separately for each individual. If the parents/caregivers provided different information, explore and analyze the differences.

If the PARTI is not relevant to the family based on the age(s) of the child(ren), do not include that assessment instrument.

| Adult-Adolescent Parenting Inventory (AAPI-2) Scales | Prior Assessment | Current Assessment |
|--|------------------|--------------------|
| Inappropriate expectations of children | | |
| Parental lack of empathic awareness of children's needs | | |
| Strong belief in the use and value of corporal punishment as a means of discipline | | |
| Reversing parent-child role responsibilities | | |
| Oppressing children's power and independence | | |
| Total Score | | |

| Parenting Attitudes About Raising Teens Inventory (PARTI) | Prior Assessment | | | Current Assessment | | |
|---|----------------------------------|-------------------------------------|--|----------------------------------|-------------------------------------|--|
| | No. Items Parent/Child agreed on | No. Items Parent/Child disagreed on | No. Items Parent/Child uncertain about | No. Items Parent/Child agreed on | No. Items Parent/Child disagreed on | No. Items Parent/Child uncertain about |
| Psycho-Social Development | | | | | | |
| Giving and receiving respect and dignity | | | | | | |
| Working with the teen in establishing discipline | | | | | | |
| Teen roles and responsibilities within the family | | | | | | |
| Empowering teens in making healthy choices | | | | | | |
| Total Score | | | | | | |

| Nurturing Skills Competency Scales Short Form (NSCS-SF) | Prior Assessment | Current Assessment |
|---|------------------|--------------------|
| A. About me | | |
| E. My knowledge of nurturing parenting | | |
| F. My utilization of nurturing parent skills | | |
| Total Raw Score (E+F) | | |



ARIZONA DEPARTMENT OF CHILD SAFETY
**NURTURING PARENTING PROGRAM
REASSESSMENT SUMMARY**

Summary of Activities

Summarize the activities of the family and the NPP Practitioner during the service period.

a) Summarize the family's participation in, and results of the NPP activities.

b) Discuss the family's view of progress and change.

c) Summarize the NPP Practitioner's activities with the family during the service period.



ARIZONA DEPARTMENT OF CHILD SAFETY
**NURTURING PARENTING PROGRAM
REASSESSMENT SUMMARY**

Assessment of Parenting Constructs

Based on this assessment, summarize significant changes observed related to the parenting constructs. Use results from the standardized assessment instruments and other information gathered over the most recent service period, including information from collateral contacts and/or observations. Select the NPP Parenting Constructs that were included in the Family Nurturing Plan by check-marking the box. Complete the remaining sections if selected.

Expectations of Children

Rate progress

Explanation

Provide a summary to explain your rating. Incorporate and synthesize all prior information to justify the conclusion

Plan

Include information regarding plans to continue working on identified parenting constructs and how to overcome any barriers to services or progress

Parental Empathy towards Children's Needs

Rate progress

Explanation

Provide a summary to explain your rating. Incorporate and synthesize all prior information to justify the conclusion

Plan

Include information regarding plans to continue working on identified parenting constructs and how to overcome any barriers to services or progress



ARIZONA DEPARTMENT OF CHILD SAFETY
**NURTURING PARENTING PROGRAM
REASSESSMENT SUMMARY**

Assessment of Parenting Constructs - *continued*

Non-violent Discipline

Rate progress

Explanation

Provide a summary to explain your rating. Incorporate and synthesize all prior information to justify the conclusion

Plan

Include information regarding plans to continue working on identified parenting constructs and how to overcome any barriers to services or progress

Parent-Child Family Roles

Rate progress

Explanation

Provide a summary to explain your rating. Incorporate and synthesize all prior information to justify the conclusion

Plan

Include information regarding plans to continue working on identified parenting constructs and how to overcome any barriers to services or progress



ARIZONA DEPARTMENT OF CHILD SAFETY
NURTURING PARENTING PROGRAM
REASSESSMENT SUMMARY

Assessment of Parenting Constructs – continued

Children's Power and Independence

Rate progress

Explanation

Provide a summary to explain your rating. Incorporate and synthesize all prior information to justify the conclusion

Plan

Include information regarding plans to continue working on identified parenting constructs and how to overcome any barriers to services or progress

Based on this evaluation, this NPP Practitioner recommends

- NPP services should move to closure
- NPP services should continue and focus on the following Parenting Constructs:
 - Expectations of Children
 - Parental Empathy Toward Children's Needs
 - Non-violent Discipline
 - Parent-Child Family Roles
 - Children's Power and Independence

Additional Explanation if Needed:

Closure of NPP services is independent of DCS case status. If the family has an open case with DCS, the DCS case may remain open after NPP services end.

If services will continue, proceed to update the Family Nurturing Plan or develop a new plan.

If NPP services are approved for closure by DCS, the NPP Practitioner should proceed to develop a Family Resource Plan with the family and provide a copy to the family.

NPP Practitioner Signature

Date

NPP Supervisor Signature

Date



Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.



ARIZONA DEPARTMENT OF CHILD SAFETY
GOAL PROGRESS AND CLOSURE CLASSIFICATIONS
FAMILY CONNECTIONS AND NURTURING PARENTING PROGRAM

When closing FC services with a family, the FCC must assess all progress and behavior changes to identify an overall level of achievement. This includes results of the CA –Self Interview (section 1 of the EOC), progress towards UBSMART goals (section 2 of the EOC), activities towards goals and outcomes (section 3 of the EOC), changes in risk and safety (section 4 of the EOC), and the sufficiency of change (section 5 of the EOC).

When closing NPP services with a family, the NPP Practitioner must assess all progress and behavior changes to identify an overall level of achievement, utilizing Outcome Evaluation Methods. This includes the results of The Adult-Adolescent Parenting Inventory (AAPI-2), The Parenting Attitudes About Raising Teens Inventory (PARTI), Nurturing Skills Competency Scale, (NSCS), Session Evaluation Forms, the Family Nurturing Plan, Home Practice Check-Ins and Family Logs.

Goal Progress Classifications

When evaluating change regarding the UBSMART goals for Family Connections (section 2 of the EOC document), and/or utilizing Outcome Evaluation methods for Nurturing Parenting Program, there are five levels of progress:

1. Change achieved/UBSMART goal achieved
2. Substantial change has occurred
3. Some change has occurred
4. Minimal or no change has occurred
5. Risk or safety issue worsening

Change/UBSMART Goal Achieved:

The caregiver is in the maintenance stage of behavior change related to the goal. This is evidenced by the caregiver consistently demonstrating and sustaining behavior identified by the goal.

Some examples may include but are not limited to:

- The caregiver is open about the value of the changed behavior, the need for the changed behavior, and the circumstances that required the changed behavior.
- The caregiver prefers the changed behavior over previous ways of behaving.
- There is evidence of secondary gains such as changes in life circumstances, changes in child behavior, changes in relationships, and so on.

Substantial Change:

The caregiver is in the action stage of behavior change related to the goal. The caregiver repeatedly demonstrates the behavior identified by the goal.

Some examples may include but are not limited to:

- The caregiver is actively participating in planned services.
- The caregiver is committed to addressing what must change.
- The caregiver has made great strides towards reaching the goal but has not yet achieved it fully.

Some Change:

The caregiver is in the preparation stage of change related to the goal and is beginning to demonstrate the behavior identified by the goal.

Some examples may include but are not limited to:

- The caregiver is taking small steps towards making the needed changes.
- The caregiver has begun to engage in services.
- The caregiver acknowledges the changes will be beneficial.

Minimal/No Change:

The caregiver is in the pre-contemplation or contemplation stage of change related to the goal. The caregiver has not demonstrated the behavior identified by the goal.

Some examples may include but are not limited to:

- The caregiver is contemplating the need to change and/or is open to discussing issues.
- The caregiver maintains there is not a problem that needs to be addressed.
- The caregiver avoids contact with FC/NPP and/or treatment service providers or interaction is characteristically passive aggressive or "fake cooperation."

Risk/Safety Issue Worsening:

The caregiver is not demonstrating the behavior identified by the goal and the problematic behavior is worsening.

Some examples may include but are not limited to:

- The caregiver refuses contact with FC/NPP and/or service providers.
- The caregiver's risky/unsafe behavior is escalating.
- Protective factors are diminishing rather than improving.



CHAPTER 10: SERVICE CLOSURE

The NPP Practitioner shall facilitate the service closure process within ten (10) business days of service request end date.

The NPP Practitioner shall meet with the family and review the family's overall progress throughout the NPP program, noting family accomplishments and strengths, and ongoing needs to continue to be addressed through community services and supports. The NPP Practitioner shall review the DCS Aftercare Plan (CSO-1349A) and assess if there are any additions or revisions that need to be made to support the family following service closure.

The NPP Practitioner shall begin the service closure process when one of the following closure reasons has been identified:

- Services Completed
- No Contact
- Declined Services
- Disengagement from Services
- Moved Outside of Geographic Service Area
- No Longer Eligible
- Unable to Participate

A complete list of definitions for each closure reason can be found in Exhibit 10.2.

A family may disengage or request to withdraw from NPP services at any point that the family is receiving services. If the family withdraws or disengages, the NPP Practitioner shall attempt to speak with the family to understand the family's reasons for discontinued participation and attempt to re-engage the family in the NP program.

The NPP Practitioner shall review the DCS Aftercare Plan (CSO-1349A) and assess if there are any additions or revisions that need to be made to support the family following service closure.

SERVICE CLOSURE SUMMARY

Upon determination that the NPP program will not continue based on one or more of the identified closure reasons listed above, the NPP Practitioner shall complete the NPP Service Closure Summary (see Exhibit 10.1). The NPP Practitioner shall complete the Service Closure Summary for all families who are referred for the NPP program, regardless of the closure reason.

The NPP Practitioner shall include the following information within the Service Closure Summary:

- outreach attempts;
- closure classification;
- summary of the family circumstances and history related to FC referral and current DCS involvement;
- children living in household;
- last home visit with the family;
- reason for service closure;
- status of safety and risk to children; and
- Family Resource Plan

CSO-2589
(03/21)



ARIZONA DEPARTMENT OF CHILD SAFETY NURTURING PARENTING PROGRAM SERVICE CLOSURE SUMMARY

Date _____

Family Information

| | | |
|--|-------------------------------|-------------------|
| Case Person _____ | | Person ID _____ |
| Agency Name _____ | NPP Practitioner _____ | Phone _____ |
| Date of Service Request _____ | Date of Service Closure _____ | Date of FNP _____ |
| Date of Final Home Visit with Family _____ | | |

Section A

This section is to be completed only when the NPP Practitioner has conducted all required initial outreach activities and was unable to locate the parent/caregiver(s)

First In-Person Initial Outreach Attempt (within two (2) business day of referral receipt)

Outcome: _____

Date _____

Time _____

Additional Initial Outreach Attempts (telephone call, in-person outreach and contact letter over five (5) business days or until an appointment is scheduled)

Outcome: _____

Date _____

Time _____

Outcome: _____

Date _____

Time _____

Outcome: _____

Date _____

Time _____

Outcome: _____

Date _____

Time _____

Outcome: _____

Date _____

Time _____

Outcome: _____

Date _____

Time _____

Outcome: _____

Date _____

Time _____



ARIZONA DEPARTMENT OF CHILD SAFETY
NURTURING PARENTING PROGRAM
SERVICE CLOSURE SUMMARY

Section B

This section is to be completed when one of the closure types is selected. This section summarizes the work that has been done, what was accomplished, and what remains to be addressed.

- Services Completed No Longer Eligible Disengagement from Services Moved Outside of Geographic Service Area
- Declined Services No Contact Unable to Participate

1 Summarize the family circumstances and history related to the reason for NPP referral and current DCS involvement

2 Children living in the household at the time of the service closure: (Include the name and date of birth for each child.)

3 Last home visit with the family: (All family members must be seen within thirty-days before service closure. If they have not all been seen, there must be specific documentation of the diligent efforts made to see all family members.)

4 Reason for service closure: (See the most recent NPP Reassessment Summary for a status of goal achievement. Provide a summary of the service case that supports the decision for service closure, including the family's strengths, accomplishments, and any outstanding behavioral change goals. Describe services provided to the family, interventions used, and family input that would sustain change. Note any formal or informal community support that has been referred or arranged to support the family's functioning.)

5 Status of safety and risk to children: (Only complete this section if there is not currently an open DCS case.) Review the DCS Aftercare Plan (CSO-1349A) and note any additions or revisions to support the family following service closure. If applicable, describe concerns about dangers in the home or high risk of future child abuse or neglect



ARIZONA DEPARTMENT OF CHILD SAFETY
**NURTURING PARENTING PROGRAM
 SERVICE CLOSURE SUMMARY**

Family Resource Plan

Service Providers

| | | |
|------|-------|-------|
| Name | Phone | Email |
| Name | Phone | Email |
| Name | Phone | Email |

Ongoing Supports and Services

| | | |
|------|-------|-------|
| Name | Phone | Email |
| Name | Phone | Email |
| Name | Phone | Email |

Natural Supports

| | | |
|------|-------|-------|
| Name | Phone | Email |
| Name | Phone | Email |
| Name | Phone | Email |

Signatures

| | | |
|-----------------------|----------------------------|------|
| NPP Practitioner Name | NPP Practitioner Signature | Date |
| NPP Supervisor Name | NPP Supervisor Signature | Date |



Equal Opportunity Employee/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.



ARIZONA DEPARTMENT OF CHILD SAFETY
GOAL PROGRESS AND CLOSURE CLASSIFICATIONS
FAMILY CONNECTIONS AND NURTURING PARENTING PROGRAM

Service Closure Classifications

When closing FC or NPP services with a family, the FCC or NPP Practitioner must identify the closure reason. Only one closure reason will be identified for a family. The types of closures are as follows:

Services Completed:

- The family met all FC/NPP outcomes and goals/constructs.
- All identified behavioral changes are achieved.
- Caregiver Protective Capacities/Protective Factors are enhanced.
- Risk/Safety issues are rectified.

No Contact:

- The FCC/NPP Practitioner had no communication with the family, including in-person, phone or email; or
- The family could not be located.

Declined Services:

- The FCC/NPP Practitioner conducted all required initial outreach and engagement activities, but the parent(s)/caregiver(s) declined participation in FC/NPP services; or
- The family declined FC services prior to completing the initial CA-Self Interview; or
- The family declined NPP services prior to completing the Family Nurturing Plan.

Disengagement from Services:

- The family disengaged from FC services following completion of the initial CA-Self Interview but prior to completion of the CFA and FC service plan; or
- The family disengaged from FC services following completion of the FC service plan, but prior to the reassessment CA-Self Interview and EOC; or
- The family disengaged from NPP services following completion of the Family Nurturing Plan; or
- The family is no longer attending appointments and no longer actively engaging in FC/NPP services, despite concerted efforts by the FCC/NPP Practitioner to engage or re-engage the parents

Moved Outside of Geographic Service Area:

- The family has re-located more than 50 miles outside of the original geographic service area (county line); and
- The Provider is no longer willing to provide service.

No Longer Eligible:

- Parent/Caregiver is no longer a primary caregiver; or
- The permanency plan is no longer reunification; or
- The family's needs can be met with community resources.

Unable to Participate:

- The parent(s)/caregiver(s) will no longer benefit from FC/NPP services (e.g. cognitively delayed parent who has not made any improvement and no further intervention options are feasible); or
- The parent(s)/caregiver(s) will be detained or incarcerated for more than 30 days; or
- The parent(s)/caregiver(s) is unable to participate (e.g. active psychosis, physical illness requiring hospitalization or residential care, pervasive substance use impacting reality orientation)



Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.



CHAPTER 11: STAFF DEVELOPMENT

STAFF QUALIFICATIONS:

NPP services are provided by a Nurturing Parenting Program Practitioner who is an associates level professional with an associates degree in a human services related field, or a minimum of two years' related human services work experience.

NPP services are supervised by a Nurturing Parenting Program Supervisor who is a bachelor's level professional with a bachelor's degree in a human services related field with a minimum of one year of human services related work experience.

INITIAL TRAINING:

All NPP Practitioners and Supervisors shall attend and participate in a three (3) day in-person Nurturing Parenting Program training, and additional two (2) or three (3) days of training for Specialty Programs, facilitated by an instructor certified through the Family Development Resource Center (FDRC).

ONGOING TRAINING:

All NPP Practitioners and Supervisors shall attend and participate in a one (1) day virtual Nurturing Parenting Program refresher training facilitated by an instructor certified through the Family Development Resource Center (FDRC). This refresher course shall be completed annually by contract year.

All NPP Practitioners providing direct services to families shall participate in a minimum of fifteen (15) hours of competency based training annually by contract year. Approved training topics include, but are not limited to:

- a) NPP annual refresher training
- b) Family Connections Program essential components, related social work theories, family engagement skills, standardized assessment tools, and change-focused interventions
- c) Cultural competency
- d) Motivational interviewing
- e) Knowledge of, and ability to connect clients with community resources
- f) The DCS safety assessment model, including caregiver protective capacities
- g) The protective factors framework
- h) Substance use and the effect on parent protective capacities and child development
- i) Intimate partner violence, domestic violence, family violence, and the effects on child development
- (j) Self-harm and suicide risk assessment

All NPP Practitioners providing direct services to families shall participate in a minimum of fifteen (15) hours of competency based training annually by contract year.

The training transcript of an NPP Practitioner or NPP Supervisor shall be obtained and applied when determining whether the practitioner's training requirements have been met during previous employment. All transcripts and/or certifications must be in both employer's (previous and current) personnel files for audit purposes.

PROVIDER MEETINGS:

NPP supervisors and managers shall participate in provider network meetings at a frequency determined by DCS, not to exceed bi-monthly (every two weeks). DCS will co-chair the meetings with a representative of the contracted provider agencies. Provider network meetings will provide the opportunity for all parties to problem solve, collaborate, and increase practice proficiency. Provider network meeting agendas may include, but are not limited to, review and discussion of NPP program fidelity and outcome data, barriers and facilitators to service delivery, program essential components, related social work theories, family engagement skills, standardized assessment tools, change-focused interventions, and case studies.



Bavolek, S., & Keene, R. (1999). Adult-Adolescent Parenting Inventory (AAPI-2) administration and development handbook. Park City, UT: Family Development Resources.

Bavolek, S & Kaplan, F. (2007). Nurturing Parenting Programs. Program Implementation Manual and Resource Guide. Asheville, NC & Park City, UT: Family Development Resources.

Bavolek, S., & Keene, R. (2016). Nurturing Skills Competency Scale (NSCS 3.0). Park City, UT: Family Development Resources.

Bavolek, S., & Keene, R. (2017). Parenting Attitudes about Raising Teens Inventory (PARTI 1.0) PARTI for Parents (Adults) Park City, UT: Family Development Resources.

Connors, N., Whiteside-Mansell, L., Deere, D., Ledet, T., & Edwards, M.C. (2006). Measuring the potential for child maltreatment: The reliability and validity of the Adult Adolescent Parenting Inventory- 2. *Child Abuse and Neglect*, 30, 39-53.

Family Development Resources, Inc. (2020). Parenting the Nurturing way Catalog. West Valley City, UT.

Family Development Resources. Purpose of Inventory Assessment. Retrieved from <https://assessingparenting.com/assessment>

Family Development Resources, Inc. (2021) Nurturing Parenting Logic Model. Retrieved from <https://www.nurturingparenting.com/ValidationStudiesNPLLogic.html>

Family Development Resources, Inc. (2021) Nurturing Parenting Programs and Over 35 years of Evidence. Retrieved from: <https://www.nurturingparenting.com/research/research.i?cmd=research&rcatid=1>

United States Department of Health and Human Services, Administration for Children and Families. Adult-Adolescent Parenting Inventory (AAPI-2). Retrieved from http://www.acf.hhs.gov/programs/opre/ehs/perf_measures/reports/resources_measuring/res_meas_phia.html