Through the Looking Glass
EPSDT Peer Review Report 2007-2008
Report Date July 7, 2008

1. Program Details
   a. Program Description

   Through the Looking Glass (TLG) is a disability and Deaf culture-based 501 (c) 3 non-profit organization that has pioneered clinical and supportive services, training and research serving parenting families with disability or medical issues. Since its founding in 1982, TLG's intervention model has blended infant mental health, family therapy/support, parent education and developmental expertise with disability community solutions and adaptations, specializing in home-based services to predominantly low-income families in which a baby, child, parent or parenting grandparent has a disability or medical issue. Since 1986 evaluations of its services have documented positive outcomes with particularly stressed families with disabilities. Since 1993 TLG has been funded by NIDRR, U.S Department of Education, as the only national center focused on parents with disabilities and their children, annually training and providing technical assistance to 9,000 parents, family members and professionals in the U.S.

   Locally, in 2006 TLG served 1,661 clients, 965 of whom were children 0-5. Services were primarily weekly home-based services to 217 predominantly low-income families with diverse disabilities in parent and/or child, as well as early childhood mental health consultation services to children and providers in ten Oakland Head Start and Early Head Start centers. 40.5% of the individuals were African-American, 35% Hispanic, 11% Caucasian, 7.5% Asian, 1% Native American or Other, and 5% Mixed Ethnicity. In 116 of the 217 families both parent(s) and child(ren) had disabilities. 86% were extremely low income or living in poverty. 88% of the 1,661 clients were in Alameda County. TLG staff are diverse in terms of discipline and ethnicity including Filipina, African-American, Brazilian, Mexican-American, Chinese-American, Korean, Japanese, Nicaraguan, Creole, Cherokee, Egyptian, and Jewish. Linguistic fluency includes Spanish, American Sign Language, Cantonese, Korean, Japanese, Portuguese, German and Arabic. Over 80% of the staff has personal or family experience with disability or deafness.

   TLG services include: 1) home-based infant/child/parent/family psychotherapy (EPSDT 0-18); 2) occupational therapist evaluations and provision of adaptive babycare equipment for parents with physical disabilities and their babies/toddlers; 3) support groups for parents of disabled children; parents with vision and physical disabilities; and mothers with intellectual disabilities; 4) home-based developmental services and mental health services for families and their medically at-risk babies and toddlers; and for adults with developmental disabilities and their children, beginning in pregnancy (RCEB); 5) home-based intervention for deaf parents and their hearing infants/children; 6) parenting evaluations; 7) home-based preventive intervention for families with disability/medical issues in infant, child, parent, expectant parent or parenting grandparent (ECC, OFCY); 8) mentoring groups for children with disabilities (OFCY, CCS); 9) training, technical assistance and mental health/developmental consultation, including to early childhood centers, Head Start (0-5) and California Children’s Services; 10) In-home tutoring for children whose parents cannot assist with homework due to cognitive disabilities.

   TLG work with 0-5 children adapts home-based infant and early childhood mental health prevention and “treatment” services and early intervention developmental services...
for predominantly low-income families throughout Alameda County in which either the expectant parent, the parent, the parenting grandparent of a child (0-5) has a disability or significant medical issue or deafness, or a child (0-5) has a disability, developmental concern or significant medical issue. Services may include crisis intervention, practical problem-solving, parenting skills, behavior management, nurturing secure attachment, alleviating family stresses and conflict, developmental assessment, developmental guidance or early intervention, facilitating parent/child play, communication, interaction, referrals and case management. Occupational therapy services include assessing babycare adaptation needs, providing disability adaptations and coping strategies, e.g., adapted crib for physically or medically disabled parents; cry alarm for deaf parents; talking thermometer for blind parents; prompting strategies for parents with head injury or intellectual disabilities.

TLG’s work within the EPSDT contract with Alameda County Behavioral Health Care serves infants and children up to 18 with mental health, socio-emotional or behavioral issues. Staff members have unique expertise regarding the mental health, developmental, cultural and adaptation issues associated with disability in young children, their caregivers and their families, who are prioritized when they are EPSDT eligible. Disabilities are broadly defined and include developmental delays, suspected delays, medical issues, mental health disabilities, or deafness. Within this program all clients are Medi-Cal eligible and are in low income families throughout Alameda County in which either the expectant parent, the parent, the parenting grandparent of a child (0-5) has a disability or significant medical issue or deafness, or a child (0-5) has a disability, developmental concern or significant medical issue.

b. Staff

i. TLG staff consists of approximately 40 staff including
   1. 3 support staff
   2. 5 PsyD. Candidate interns
   3. 8 Developmental specialists consisting of
      a. 4 Occupational Therapists
      b. 4 Masters level interventionists including degrees in special education and psychology
   4. 24 Clinicians consisting of approximately
      a. 3 Psychologists
      b. 5 Psychological Assistants
      c. 4 Social Workers
      d. 4 Associate Social Workers
      e. 4 Marriage and Family Therapists
      f. 4 Marriage and Family Interns

   ○ Staff Participating
     - Most peer review meetings consisted of the clinical staff
     - On one or two occasions the Developmental Team also joined the meeting.

   ○ Cases reviewed
     - Cases were reviewed monthly, generally on the first Monday of each month. The first meeting of the fiscal year was used to
brainstorm and select a topic, hence there were 11 cases reviewed in the last fiscal year

2. Statement of Topic/Problem:
The topic for 2007-8 was to focus on the impact of transference, counter-transference, and parallel process, using a reflective model, in the delivery of services to EPSDT and other clients and their families. In the course of doing so issues of attachment and cultural backgrounds on the parallel process was also explored.

Cases were presented, and discussed with this focus, with the aim of improvement of service delivery to our clients by increasing awareness of transference, counter-transference, and parallel process. While discussions were not rigidly limited to transference, counter-transference, and parallel process, the committee worked to redirect focus to the topic, and also noted when we found it difficult to stay with the focus. The goal of the Peer Review Process was to increase staff comfort in discussing transference, counter-transference, and parallel process issues in supervision and in clinical case presentations, and to increase awareness of these issues as they impact the quality service delivery.

- How and why it was chosen
  We brainstormed a variety of possible topics in the last meeting of the previous fiscal year. In the first meeting we discussed pros and cons of various topics and arrived at the topic by consensus in the meeting. This topic was selected because it is central to the infant mental health model, and it was felt it would be most likely to improve the quality of our work.

- By what process did you evaluate if you have met your goal?
  Progress was evaluated by the peer review committee on an ongoing basis. Final evaluation was made in a meeting of the peer review committee at the end of the year and through staff self-reports in:
  o An evaluation form completed at the end of the year
  o An evaluation discussion held at the end of the year.
3. **Statement of information gathered through Peer Review and other means. If other means are used, please describe.**

The peer review was not designed to specifically gather information, but to explore transference, counter-transference and parallel process issues in cases and to increase awareness overall within the agency.

- **Clear statement of information gathered**

  The goal of the Peer Review Process was to increase staff comfort in discussing transference, counter-transference, and parallel process issues in supervision and in clinical case presentations, and to increase awareness of these issues as they impact the quality service delivery.

  Information was gathered during the year by the peer review committee and at the end of the year by a survey and meeting to discuss the results of the peer review process.

  The peer review committee met several times during the year and at the end of the year to note progress toward the goal.
3A. Specific observations by the committee included:

- Staff initially had difficulty moving from a solution oriented discussion of the case to exploration of transference and parallel process issues.
- During the first few meetings a supervisor generally needed to remind staff to return to the parallel process focus in the discussion, and to elicit presentation of parallel process issues in the case presentation.
- After a few months
  - Presenters began to present more parallel process information in their presentation without prompting
  - Discussion stayed on parallel process issues without prompting
  - Other members of the staff also helped in bringing the focus back to parallel process issues
- Over the course of the year awareness of parallel process was noted in the following ways:
  - Staff became increasingly comfortable discussing parallel process and their emotional responses to clients in supervision
  - Staff brought parallel process, transference, and counter-transference issues to supervision without prompting.
  - Staff demonstrated increased self-awareness and increased use of parallel process in effective treatment of clients.
  - Parallel process, transference, and counter-transference issues were raised more frequently in clinical case presentations (outside the Peer Review meetings)
### 3B. Results of staff survey:

The survey was completed by 19 staff

**Key:**

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<tr>
<th></th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Significantly</th>
<th>Very significantly</th>
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<tr>
<th>Item</th>
<th>Avg Int. Staff</th>
<th>Avg</th>
<th>Median</th>
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<tbody>
<tr>
<td>Was the Peer Review process helpful to you in understanding your own parallel process, transference and counter transference?</td>
<td>3.33</td>
<td>3.97</td>
<td>4</td>
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<tr>
<td>Did the Peer review process enhance your comfort level in discussing parallel process, transference and counter transference in supervision and case discussions?</td>
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<td>3.97</td>
<td>4</td>
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<tr>
<td>Did the Peer review process enhance your awareness of parallel process, transference and counter transference in the family dynamics of your clients?</td>
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<td>3.92</td>
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<tr>
<td>Did the Peer review process enhance your awareness of parallel process, transference and counter transference in multi-cultural situations?</td>
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<td>3.87</td>
<td>4</td>
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<tr>
<td>Did the Peer review process enhance your awareness of parallel process, transference and counter transference in understanding attachment?</td>
<td>3.67</td>
<td>3.97</td>
<td>4</td>
</tr>
<tr>
<td>Did the Peer review process enhance your awareness of parallel process, transference and counter transference in understanding service delivery systems (or the lack of appropriate services) and our response to working in the “system”?</td>
<td>3.33</td>
<td>3.76</td>
<td>4</td>
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<tr>
<td>Did the Peer review process improve the quality of services you are delivering to your clients?</td>
<td>3.33</td>
<td>4.08</td>
<td>4</td>
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C. Results of the evaluation discussion:

- Staff found that the increased awareness of parallel process improved self care and awareness of the emotional impact of work with difficult clients.
- There were mixed feelings, in the initial discussion, about participation of developmental staff, but by the end of the discussion it seemed clearer that we will include developmental staff in the following year.
- Use of the reflective supervision model is a key component in our work. It was observed that the introduction of EPSDT 3 years ago actually decreased the staff use of the reflective model, but that selection of this topic has helped restore the emphasis on the infant mental-health model and the use of awareness of emotional responses of the clinician in understanding and supporting the emotional connection of parent and child.
- Developmental staff had less investment, participated less, and did not understand or benefit as much from the process. Some staff suggested continuing for another year with the focus on parallel process and involving developmental staff more.
- Issues of conflict sometimes occur between developmental staff and clinicians when they work as a team. This might be addressed in the coming year.
- Issues around individual transference and parallel process in each case were explored. We could have looked more at the group process, particularly in cases where there was a significant group response to a situation (trauma, violence, poverty, abuse, etc.)
  - Staff suggested some time be set aside for coordination between clinical and developmental staff.
- Someone suggested breaking into small groups periodically (or using a fishbowl) to allow for more discussion.
- A suggestion was made to work to make sure that some who are less likely to speak up are encouraged to participate more in discussions.
4. Analysis of the information and what it means.

- What does the information indicate needs to happen, if anything?
The information indicates that the peer review process was useful in improving
delivery of services to our clients, and that the staff perceived it to be useful to
themselves clinically. Staff members are looking forward to selecting a new topic
for next year.

- What conclusions can be drawn?
Staff response to the new peer review format was very favorable. Staff perception
of EPSDT and resistance to EPSDT has decreased over the last several years and
the change in format contributed to increased staff acceptance.

Did you meet your goal?
Staff, clinical supervisors, and the Peer Review Committee all agreed that the goal
of increased awareness of transference, counter-transference, and parallel process
was met, and that clinical expertise of the staff and quality of delivery of services
to clients improved as a result of the peer review process.

- Document your process.
The staff met monthly. Cases were presented at all meetings except the first
(which was used to select a topic). Cases were presented by a clinician (not
necessarily an EPSDT case). Discussion followed with emphasis on the topic of
transference, counter-transference, and parallel process.

- Attach any changes to documents etc.
  o Not applicable
5. Outcomes, conclusions & future plan (if any)

Outcome for the peer review process was favorable. We plan to continue with the same basic format. There was some sentiment to continue with the same topic, although it seemed more likely the staff will want to select a new topic for 2008-9.

Staff, clinical supervisors, and the Peer Review Committee brainstormed in a meeting on July 2, 2008 and considered topic or problem to address in the next fiscal year. Suggestions seemed to lean toward 4 or 5 topics. A topic will be selected in the first PRC staff meeting in August.

Possible topics for 2008-9

- Transference, Counter-Transference, Parallel Process
- Teamwork
  - Relationship of developmental and clinical staff
  - Viewing goals from multiple perspectives
  - Language issues in cross-disciplinary discussions
  - Developmental and psychological issues and their relationship
- Cultural issues
  - Poverty as cultural issue
    1. Intensity of poverty
    2. crime
    3. safety
  - What is a “safe question” in multi-cultural context
- Safety and impact of poverty on clients and our work as topic in itself
- Helplessness
  - Relation to depression
  - As it relates to impact of poverty