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2015 CHILD GUIDANCE ANNUAL REPORT

CHILD GUIDANCE VISION: Creating a state of health in which families can thrive so that all children reach optimal growth and development.

CHILD GUIDANCE MISSION: Child Guidance serves children, birth to age 13, their families and caregivers by providing services that are relationship based, family centered, developmentally appropriate and culturally sensitive. Child Guidance is a key partner in a system of care that works to assure conditions by which our younger citizens can be healthy.

OVERVIEW

The Oklahoma State Department of Health (OSDH) Child Guidance Program offers a continuum of services for children and their families to assist them in achieving optimal development. The program is uniquely positioned in public health settings to provide evidence-based programs (EBP) that enhance protective factors and reduce risk factors for families. Child Guidance teams located in county health departments consist of master’s degree level clinicians in child development, behavioral health and speech/language pathology. All professionals must maintain credentials in their clinical specialty area. Through a multidisciplinary approach to service delivery, Child Guidance provides a continuum of services that supports development and parenting of children from birth to age 13. Each discipline provides a unique expertise in supporting families with young children. At the core of the Child Guidance Program are EBPs that have been proven effective in changing behavior in the target population. Child Guidance staff has received training in various EBPs from accredited program trainers. Implementation of EBPs is supported through technical supervision, continuing education and peer support groups. The OSDH Child Guidance Program currently has staff trained to provide these highly rated EBPs:

- The Incredible Years®-Parent Program
- The Incredible Years®-Child Program
- The Incredible Years®-Teacher Program
- The Incredible Years®-Small Group Treatment Program
- Parent Child Interaction Therapy (PCIT)
- Circle of Security© (COS)
• It Takes Two To Talk®-The Hanen Centre®
• Early Childhood Mental Health Consultation (For Child Care Centers)
• Trauma Focused Cognitive Behavioral Therapy (TCFCBT)
• Circle of Parents® (COP)(Evidence-informed)

Research has shown that the foundation of sound mental health begins in early childhood as early experiences. Disruptions in development can affect a child’s ability to learn or develop relationships. In the absence of a caring supportive relationship, these disruptions can lead to lifelong issues (National Scientific Council on the Developing Child, 2008/2012). If these concerns are caught early they may be able to prevent developmental and biological disruptions which may result in physiological responses, later impairments in health and altered brain architecture (Center on the Developing Child, 2007).

Mental health and emotional wellbeing are essential to a child's overall health and well-being. Recent research indicates that early experiences in childhood lay the foundation for later success (Tout, et al. 2013). However, the presence of certain risk factors can impact the development of a child’s mental health and predispose them to mental health problems. Poverty, low birth weight, parental depression, and exposure to trauma (e.g., violence, abuse and neglect) are some of the risk factors for mental health issues. In other words, facing these and other adverse childhood experiences can lead to problems across the lifespan. For example, children exposed to trauma can experience learning difficulties, chronic health problems, behavior problems, and poor social and emotional competence which greatly impact the life course (Cooper, 2007). Early exposure to traumatic events has been shown to negatively affect the developing brain disrupting healthy emotional and cognitive development. These types of stressors can have a cumulative effect on both physical and mental health (Center on the Developing Child, 2007). In contrast, early intervention can prevent the consequences of early adversity resulting in children who are emotionally healthy and more likely to enter school ready to learn, succeed in school, be physically healthy, and lead productive lives.
THE ROLE OF THE MULTIDISCIPLINARY CHILD GUIDANCE TEAM

CHILD DEVELOPMENT

The Child Guidance Child Development Specialists (CDS) are parent educators who have training in child development, early childhood education and/or developmental psychology. The CDS service provider focuses on early childhood, birth to age 8 years, and their role is one of:

- administering developmental screenings and assessments, providing feedback to parents and supporting parents in enriching their child’s environment;
- providing parent consultation and intervention regarding their young child’s growth, development and behavior through individual and/or evidence-based and evidence-informed programs in conjunction with other disciplines as appropriate;
- teaching parent study groups and workshops to promote, parenting skills, enhance child development and strengthen quality family interactions;
- providing Early Childhood Mental Health Consultation (ECMHC) services to local child care programs, Early Head Start/Head Start, and preschool programs (public and private);
- providing child development training that focuses on children’s social, emotional, cognitive and physical development to local child care programs, Early Head Start/Head Start, and preschool programs (public and private); and
- participating with other health department programs or community organizations to ensure systems are in place to meet families’ parenting needs.

The role of the Child Guidance CDS is to provide current and relative developmental information to families seeking services. The American Academy of Pediatrics (2006) has found that screening opportunities often lead to additional parent consultation and intervention. Typically this process begins with a standardized developmental screening which provides a means of looking at development in strategic areas (speech/language, cognitive, self-help, fine and gross motor and social emotional competence) and providing feedback to families. If warranted, additional assessments may be administered or referrals made to other clinicians within the Child Guidance Program or other community-based services. Families receiving parent education services with a CDS may be seen in group settings or individually. Individual services are clinic based and provided at the county health department. Families receive anticipatory guidance on developmental stages, modeling and coaching of concepts and monitoring of developmental milestones. The Child Guidance CDS has received training in several evidence-based and evidence-informed parent education models such as The Incredible Years® Basic Parenting, Circle of Security©-Parenting and Circle of Parents®. These parent
education groups may be provided at the county health department or in a community setting. “Effective parent training and family interventions can change parents’ attitudes and behaviors, promote protective factors, and lead to positive outcomes for both parents and children” (Child Welfare Information Gateway).

The CDS provides ECMHC services when requested by a child care facility in the community. This service, supported by growing evidence, has been found to be effective in building behavior and classroom management skills of those adults working in classroom environments; increase the use of developmentally appropriate practices and expectations in the classroom environment, and reduce staff stress and turnover (Hepburn).

SPEECH LANGUAGE PATHOLOGY

The role of a Speech Language Pathologist (SLP) on a multidisciplinary team is central when working with young children. Communication and behavior are closely related at early ages that the causes of developmental concerns may not be readily apparent. When young children are involved, all behavior is communication. The SLP offers a specialized perspective that assists the Child Development Specialist and/or the Behavioral Health Specialist in providing insight into behavior and development. The Child Guidance SLPs role is one of:

- screening, diagnosis and treatment for children who are identified as exhibiting speech, language or hearing delays or at risk of developing communication delays;
- educating parents on techniques to promote communication development; and
- consulting and training other professionals on techniques to promote communication development.

According to the American Speech Language Hearing Association (ASHA) “the SLP is qualified to provide services to families and their children who are at risk for developing, or who already demonstrate, delays or disabilities in language-related play and symbolic behaviors, communication, language, speech, emergent literacy and/or feeding and swallowing behavior.” (American Speech Language Hearing Association) A SLP may participate in the multidisciplinary team at a variety of levels including screening, assessment, intervention, consultation, service coordination, prevention and education. SLPs intervene with families of young children utilizing parent-implemented intervention sessions as part of It Takes Two To Talk® (The Hanen Centre®). Parents are their children’s first and best teachers and by utilizing and strengthening
those encounters, children experience less frustration with communication. Hanen services provided through the Child Guidance Program may be provided in group or individual settings.

BEHAVIORAL HEALTH

Recognizing that what happens in childhood can matter for a lifetime, Child Guidance Behavioral Health clinicians work with families who have children birth to age 13 to help foster stable, caring relationships essential to healthy development. Another focus is to help children and their parents attain skills that promote sound mental health, an essential foundation of stability that supports all other aspects of human development (Child Mind Institute, 2015). An integral part of the clinical team, Behavioral Health clinicians focus on the psychological, social, emotional and behavioral aspects of the lives of children and their families. Behavioral Health clinicians are Ph.D. Psychologists and Masters Level Psychological Clinicians with degrees in psychology, counseling or human relations. Behavioral Health clinicians’ role in Child Guidance includes: screening, assessment or evaluation conducted to identify a child’s strengths, abilities, and potential needs so the clinician can identify the focus of treatment. When determined as a need, an evaluation can be conducted using mental health tests, screening tools, observation and collection of a comprehensive history that results in a report with recommendations. An evaluation can also provide diagnostic information that identifies appropriate services, the development of realistic goals, and/or treatment recommendations for the development of a service plan;

- individual or family counseling services are founded in evidenced-based practice. Therapeutic relationship and sound psychological interventions drive the treatment process. Research has demonstrated that EBP for children are effective and include such models and programs as Parent Child Interaction Therapy (PCIT), Trauma Focused Cognitive Behavioral Therapy (TFCBT), Circle of Security (COS), and the Incredible Years (IY) (Carney, 2015);
- consultation to professionals utilizing an indirect service delivery model based on the idea that consultation contributes to overall change in client behaviors and positive relationships among adults in a child’s life. Behavioral Health clinicians provide consultations to professionals working alongside them in planning how best to help a child and the child’s family across a variety of settings, for example schools, Head Start, foster-care and adoption services, and multidisciplinary teams in communities; and
- serving as advocates for children’s mental health services assisting in the development (Nemours, 2009) of a comprehensive system of care for children which integrates promotion of mental health, components of prevention for high risk children and families, intervention and treatment. Community collaborations and promotion and prevention efforts can help promote children’s optimal social and emotional
development, build resilience in children to reduce the impact of mental health stressors, and reduce the need for intensive mental health treatment services.

During calendar year 2015, Child Guidance services were provided to 4,870 unduplicated clients who participated in 19,389 encounters. Of these clients, 2,346 were new client intakes. Nearly 60% were male, and slightly less than 94% spoke English as their primary language.

Children in the foster care system represent a priority population for the Child Guidance Program. In 2014, the number of children in the custody of the state of Oklahoma was 11,483 (Oklahoma Department of Human Services). Eighty-three percent (83%) were between the ages of birth and 13 and 42% were under the age of five. In the last three years the percentage of foster children receiving Child Guidance services has doubled from 5% to 10%. If you include grandparents raising grandchildren the percentage nearly triples. In 2015, approximately 4% of new intakes represented grandparents raising grandchildren, compared to 5% in the general population. Child Guidance clients living with two married parents comprised 39% of the population served in 2015. This represents a slight decrease from FY 2014 when

54.5% of Oklahoma families with children under age 18 receive food stamps.
- U.S. Census Bureau

<table>
<thead>
<tr>
<th>Table 1</th>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>969</td>
<td>41%</td>
</tr>
<tr>
<td>Male</td>
<td>1,377</td>
<td>59%</td>
</tr>
<tr>
<td><strong>Primary Language</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>2,238</td>
<td>94%</td>
</tr>
<tr>
<td>Spanish</td>
<td>85</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
<td>1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 2</th>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2015 Person(s) responsible for child’s care</strong></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Two married parents (includes step-parents)</td>
<td>925</td>
<td>39%</td>
</tr>
<tr>
<td>Single mother</td>
<td>470</td>
<td>20%</td>
</tr>
<tr>
<td>Two non-married parents living together</td>
<td>268</td>
<td>11%</td>
</tr>
<tr>
<td>Unknown</td>
<td>226</td>
<td>10%</td>
</tr>
<tr>
<td>Foster parent(s) / Guardian(s)</td>
<td>234</td>
<td>10%</td>
</tr>
<tr>
<td>Two divorced parents, joint responsibilities</td>
<td>89</td>
<td>4%</td>
</tr>
<tr>
<td>Grandparent(s)</td>
<td>92</td>
<td>4%</td>
</tr>
<tr>
<td>Single father</td>
<td>38</td>
<td>2%</td>
</tr>
<tr>
<td>Household receives public assistance #</td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Yes</td>
<td>1,274</td>
<td>71%</td>
</tr>
<tr>
<td>No</td>
<td>364</td>
<td>20%</td>
</tr>
<tr>
<td>Unknown</td>
<td>170</td>
<td>9%</td>
</tr>
</tbody>
</table>

41% of Guidance clients resided with two married parents. According to the *American Community Survey*, 39% of Oklahoma children are living with both their married, biological parents which ranked Oklahoma eighth lowest in the nation.

Seventy-one percent of Child Guidance clients received some form of public assistance. The most frequent form of assistance reported was Sooner Care (Medicaid).
followed by WIC and Food Stamps. Figure 1 shows a breakdown of all types of assistance reported.

Children living in poverty are a priority population for the Child Guidance Program. According to the Annie E. Casey Foundation, 14% of Oklahoma children live in areas of concentrated poverty. This is followed by a reported 40% of Oklahoma families having incomes below 200% of the federal poverty level (The Working Poor Families Project). Children from single parent families are at higher risk for living in poverty, particularly families headed by single women. Of new clients seen in Child Guidance Clinics this year, 22% came from households headed by a single parent.

![Types of Assistance Accessed by Child Guidance Families](image)

**PROGRAM CHARACTERISTICS**

Individual Child Guidance services were provided through 14 County Health Departments serving as regional hubs. Services were also provided through contractual agreements with the Tulsa Health Department (THD) and Oklahoma University Health Sciences Center, Child Study Center (OUHSC-CSC). Data from OUHSC-CSC was not reported for this time period. The total number of Full Time Equivalent (FTE) positions for the reporting period was 51.

A total of 4,796 Oklahoma children (unduplicated count) received 27,026 individual Child Guidance services during CY

![Child Guidance Clinics](image)

![Total Program Encounters](image)
Individual services are provided in the county health department clinic with the provider and the family. More than one service may be provided during an encounter or visit. The individual services make up a total of 19,407 encounters.

The majority of Child Guidance encounters, 60%, were for intervention or treatment services. Assessment/evaluation services made up 23% and screening services accounted for the remaining 15%. For children receiving intervention services, a service plan was developed in conjunction with the child’s caregiver. The majority of service plans opened in 2015 were for behavior issues, followed by communication, development and parenting. Of families seeking individual services for behavioral health, behavior issues at home made up the bulk of the referrals, followed by behavior at school and child care. Behavioral health clinicians have specialized training in Parent Child Interaction Therapy (PCIT). PCIT is a behavioral intervention for children two to seven years of age and their parents. This intervention model teaches parents skills needed to develop, a positive relationship with their child which increases the child’s social/emotional abilities. During CY 2015, 778 children participated in PCIT through Child Guidance clinics.

Of the clients seen during this time period, the majority, 58%, were under the age of three years, an additional 36% were four to eight years of age. This population of birth to eight years is commonly referred to as early childhood and is a priority for the Child Guidance Program. As discussed at the beginning of this report the early years are critical for life long success and positive health outcomes. Early childhood social and emotional development occurs during this time period and is influenced by biology, relationships and environment. Although the Child Guidance Program does not directly address the “biology” portion of this equation, there are a number of public health models that do such as home visiting, WIC, immunizations, family planning, teen pregnancy prevention and abstinence education programs, among others. Child Guidance compliments these prenatal services with programming designed to enhance relationships between caregivers and infants, as well as assure optimal environments for growth and development.
Relationship based interventions may be provided either individually or in group settings. Only individual services are reflected in Figures 4 & 5. Child Guidance clinicians also provide group services in the community at various locations. These services may be sponsored by a community organization such as a church or school group. Groups may also be initiated by the clinician who recruits for participants from referral sources or the general population. For this calendar year, community based services represented an additional 8,496 individuals who were served through 748 distinct events.

EBP groups provided during the calendar year included Incredible Years® Parent Group, Incredible Years® Teacher Program, Incredible Years® Classroom Dino Program, Center on the Social and Emotional Foundations for Early Learning (CSEFEL) Curriculum and Early Childhood Mental Health Consultation (ECMHC) to child care facilities. These are skill based groups with documented research and outcomes for early childhood. The goal is to prevent and treat behavior problems in young children and promote social, emotional and academic competence. Figure 7 documents Child Guidance efforts with these programs for 2015.

Circle of Parents® groups are taking place across the state and are facilitated by a Child Development Specialist and a parent in community locations. These groups are a collaborative effort between the Oklahoma Office of Child Abuse Prevention (OCAP) and Child Guidance. The mission of the organization is to prevent child abuse and neglect and strengthen families through mutual self-help parent support groups. OCAP provides home visiting services to high risk families and are required to offer parent groups to their participants. Due to shrinking resources, a collaborative agreement was developed for Child Development Specialists to provide the parent education groups for OCAP participants. This enabled OCAP staff to provide more time in home visiting. During calendar year 2015, a total of 412 parents participated in one of 17 COP groups across the state.

“It is essential to treat young children’s mental health problems within the context of their families, homes and communities. The emotional well-being of young children is directly tied to the functioning of their caregivers and the families in which they live.”—Center on the Developing Child
In CY 2015 the Child Guidance Program annual budget was approximately $5.2 million. Funding for the program came from a variety of sources including state dollars, county millage, local contracts, Medicaid and fee collection. Figure 8 reflects the program budget, billing and collections for the year. Approximately 50% of the budget or $2.6 million came from county millage. Another 38% or $2 million was from state funds and 12% or $608,625 was from federal dollars.

To offset program expenses, the Child Guidance Program bills for individual and group services. Individual services are billed to private pay clients on a sliding scale according to income and the number of people in the family.

Sooner Care is also billed for all eligible individuals. All fees are based on the Medicaid rate set by the Oklahoma Health Care Authority (OHCA). The Medicaid value of the sliding scale services rendered to families was $1,750,324. For 2015, fees were discounted at an average of 74% across the state.

Sooner Care clients receiving services from Child Guidance were billed $642,259 and $587,048 was collected. An additional $116,047 was collected in Medicaid Administrative Claiming (MAC) fees for total Medicaid collections of $758,306. A small percentage of revenue comes from local contracts for services at the county level. In 2015, this represented $43,946. Total revenue collected for the program in 2015 was approximately $1,132,497.
PROGRAM OUTCOMES

Interventions received through the Child Guidance Program are designed to increase protective factors and minimize risk factors for families receiving services whether that is within a group setting or individually. In order to measure program outcomes for families receiving individual services, the program utilizes a survey that parents complete when they first present for evaluation and treatment services. The survey is repeated every fifth week while the child is in treatment. This survey was revised January 2015 into its new format as the Child Guidance Parent Questionnaire (CGPQ). This report represents the first full year of data from the new format. The CGPQ is divided into four sections for the purpose of data collection and includes: Demographics and Environment, Protective Factors, Risk Factors (Adverse Childhood Experiences-ACEs) and the Parent Stress Scale (PSS). A number of the questions were adapted from the 2011/12 National Survey of Children’s Health (National Survey of Children’s Health) which provides statewide and national data for comparison.

Selected indicators and outcomes for the Child Guidance Program are represented in Table 3. The indicators include 1) the caregiver’s ability to provide appropriate guidance and learning opportunities for children; 2) the quality of family relationships and 3) the quality of relationships of family members to their external community and institutions. Each outcome is tied to the protective factor it represents in the Strengthening Family framework. All items were surveyed through use of the CGPQ unless otherwise noted. Comparison data from the National Survey of Children’s Health (2011/12) for Oklahoma and Nationwide is also represented when available.

Table 3

<table>
<thead>
<tr>
<th>Indicator 1: Caregiver ability to provide appropriate guidance and learning opportunities for children.</th>
<th>Protective Factor</th>
<th>CGPC</th>
<th>NSCH* OK</th>
<th>NSCH* Nationwide</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 1</strong>: Percent of the survey population who report a concern about their child’s physical, behavioral or social development.</td>
<td>Social &amp; Emotional Competence</td>
<td>44%</td>
<td>38%†</td>
<td>40%†</td>
</tr>
<tr>
<td><strong>Outcome 2</strong>: Percent of the survey population who report usually or always feeling stress from parenting, during the last month.</td>
<td>Parental Resilience</td>
<td>54%</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Outcome 3</strong>: Percent of the survey population who report they know how to help their child learn.</td>
<td>Knowledge of Parenting &amp; Child Development</td>
<td>73%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Outcome 4</strong>: Percent of the survey population who report their child met promoting school success index criteria.</td>
<td>Knowledge of Parenting &amp; Child Development</td>
<td>30%</td>
<td>58%</td>
<td>61%</td>
</tr>
</tbody>
</table>
### Indicator 2: Quality of family relationships.

**Outcome 1**: The percent of the survey population who report they met all four (4) measures of flourishing, six months to five years. (affectionate and tender, bounce back quickly, curious, smiles and laughs)

| Social & Emotional Competence | 63% | 76% | 73% |

**Outcome 2**: The percent of the survey population who report they met all three (3) measures of flourishing, six to 17 years. (finishes and follows through with tasks, calm and controlled when challenged, and curious)

| Social & Emotional Competence | 20% | 46% | 48% |

**Outcome 3**: The percent of the survey population who report two or more ACEs.

| Parental Resilience | 30% | 33% | 23% |

### Indicator 3: Quality of relationships of family members to their external community and institutions.

**Outcome 1**: The percent of the survey population who report their child is on an IEP or IFSP.

| Social Connections | 10% | 11% | 11% |

**Outcome 2**: The percent of the survey population who report their family participated in home visiting services when their child was birth to 3 years.

| Social Connections | 22% | 12% | 14% |

**Outcome 3**: Number of requests for Mental Health Consultations provided.**

| Concrete Support in Times of Need | 147 | N/A | N/A |

**Outcome 4**: Number of counties where Mental Health Consultation is available.**

| Concrete Support in Times of Need | 25 | N/A | N/A |

**Outcome 5**: Number of COP groups available.***

| Social Connections | 17 | N/A | N/A |

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*National Survey of Children’s Health 2011/12  
**ECMH Database  
***CBCAP Report 2015  
†Children 4 months to 5 years

Families who received services from Child Guidance indicated that they have more difficulty providing appropriate guidance and learning opportunities for their children and they experience significantly more stress from parenting than parents in the general population. School success is one way to measure appropriate learning opportunities. According to the NSCH (2011/12), the promoting school success index includes being engaged in school,
participating in extracurricular activities and feeling safe at school. Of the Child Guidance survey population, only 30% felt they met this standard, compared to 58% of Oklahoma respondents in general and 61% of respondents nationwide (see table 3). Moreover, families experienced stress from parenting at approximately five times (54% of respondents) the level of those in the general population, 10% and 11% of respondents for Oklahoma and nationwide respectively. Parental stress can be attributed to many things, concern about your child’s development being one of them. Of the survey population, 44% reported that they had concerns about their child’s physical, behavioral or social development. High levels of parental stress adversely affect parental resilience. Parental resilience is the ability to manage stress and function well even when faced with challenges, adversity and trauma. (Center for the Study of Social Policy) Families who received services through Child Guidance reported a 20 point drop (44% to 24%) from pre-test to post-test regarding concern about their child’s development, which may indicate program impact upon the caregiver’s level of concern.

The quality of family relationships can be an indicator of a child’s social and emotional competence. Children thrive within the context of their relationships. One way of measuring social and emotional competence in children is to look at measures of flourishing (see table 3). Families receiving Child Guidance services answered one of two sets of questions regarding flourishing depending on their age. Overall, the survey population scored significantly lower on measures of flourishing than their counterparts in the general population, upon entering treatment. For children six months to five years, 63% reported meeting all four measures of flourishing compared to 76% of respondents in Oklahoma generally and 73% nationwide. For children six to 13 years, three measures of flourishing were surveyed. Only 20% of the surveyed population met all three measures of flourishing for this age category compared to 46% in Oklahoma generally and 48% nationwide.

The quality of family relationships can also be affected by adverse experiences in childhood. Children living in Oklahoma have more exposure to Adverse Childhood Experiences (ACEs) than children living any place else in the country. Oklahoma ranks 51st in the nation (including the 23% of children have experienced two or more ACEs, compared to 33% of Oklahoma children in general and 30% of the survey population. Divorce was the most common ACE reported by the survey respondents at 39%. In the survey population, children of divorced parents were significantly more likely to experience other ACEs; specifically witnessing adults in the child’s home.
commit domestic violence (24%); living with someone who was mentally ill, suicidal, or severely depressed (24%); or lived with someone who abused alcohol or drugs (27%) (see Figure 11). Being connected to the external community and its institutions provides necessary support and connections for families. Oklahoma children who received Child Guidance services represented a higher rate of participation in home visiting services than their Oklahoma or national counterparts, 22% as compared to 12% and 14% respectively (see table 3). Parents who experience social connections and concrete supports are more resilient, and have children who are more resilient which is necessary in a state ranked so poorly for adverse childhood experiences.

### PARENTAL SATISFACTION

All families receiving Child Guidance services are given a satisfaction survey on their initial visit. The survey utilizes a five point Likert scale (strongly agree, agree, disagree, strongly disagree and no opinion). The results of the survey indicated that clients were, in general, satisfied with the services they received. Those completing the survey were satisfied with the Child Guidance staff and the convenience of the services. Table 4 provides the questions and the responses broken down into the percent of “strongly agree” responses and the percent of “strongly agree” plus “agree” responses.

<table>
<thead>
<tr>
<th>Question</th>
<th>% responding strongly agree</th>
<th>% responding strongly agree + agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The services I received from the Child Guidance Clinic were of good quality</td>
<td>86%</td>
<td>97%</td>
</tr>
<tr>
<td>2. The clinician helped me to understand the next steps to take with my child</td>
<td>83%</td>
<td>97%</td>
</tr>
<tr>
<td>3. I will follow-up on the suggestions that the clinician gave to me</td>
<td>83%</td>
<td>96%</td>
</tr>
<tr>
<td>4. The staff listened to what I had to say</td>
<td>86%</td>
<td>97%</td>
</tr>
<tr>
<td>5. Staff treated me with respect</td>
<td>88%</td>
<td>97%</td>
</tr>
<tr>
<td>6. Staff spoke with me in a way that I understood</td>
<td>85%</td>
<td>97%</td>
</tr>
<tr>
<td>7. Staff were sensitive to our cultural/ethnic background</td>
<td>75%</td>
<td>90%</td>
</tr>
<tr>
<td>8. Services were available at times convenient for me</td>
<td>80%</td>
<td>97%</td>
</tr>
<tr>
<td>9. The location of the Child Guidance Clinic was convenient</td>
<td>80%</td>
<td>96%</td>
</tr>
<tr>
<td>10. I would recommend the Child Guidance Clinic to a friend who needed help with his/her child</td>
<td>85%</td>
<td>97%</td>
</tr>
</tbody>
</table>
In Oklahoma there are very few options for families seeking early childhood mental health services for children birth to age three. While there are services available through the private sector for families who have resources for health care, the Child Guidance Program is available to all families on a sliding scale basis according to income and the number of people supported by that income. No one is refused services for an inability to pay. The Child Guidance Program provides services to families who are at risk as well as those who have already received a diagnosis. The program has no qualifying criteria, such as a 50% delay in a developmental area or income qualifications. The need for these services is highlighted by the fact that 58% of program participants have children in the birth to three age category and 94% are under the age of eight.

The multi-disciplinary Child Guidance Program philosophy is based on mitigating the effects of stress through the use of the Strengthening Families framework, five factors are included in this body of work: **Parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and social and emotional competence of children** (Center for the Study of Social Policy). The Child Guidance Program endorses this approach to increasing families’ competencies. The Child Guidance Program provides parents with the tools they need to be resilient and manage the stress of daily life.

“**Parents are more likely to achieve healthy, favorable outcomes if they are resilient. Resilience is the process of managing stress and functioning well even when faced with challenges, adversity and trauma.”** (Center for the Study of Social Policy)
WORKS CITED


<https://www.census.gov/programs-surveys/acs/>.

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