Allegheny County Department *of* Human Services

RFP Response Form

RFP for Trauma-Informed Care Training and Consultation

PROPOSER INFORMATION

Proposer Name: Abigail Wengerd

Authorized Representative Name & Title: Click here to enter text.

Address: [redacted]

Telephone: [redacted]

Email: [redacted]

Website: Click here to enter text.

Legal Status: ☐ For-Profit Corp. ☐ Nonprofit Corp. ☐Sole Proprietor ☐Partnership

Date Incorporated: N/A

Partners and/or Subcontractors included in this Proposal: N/A

How did you hear about this RFP? *Please be specific.* I have participated in both parts of the Trauma Informed Care Training in the past, and received the notification of the RFP via email.

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Click here to enter text.	Enter number.	Click here to enter text.
Contract Processing Contact	Click here to enter text.	Enter number.	Click here to enter text.
Chief Information Officer	Click here to enter text.	Enter number.	Click here to enter text.
Chief Financial Officer	Click here to enter text.	Enter number.	Click here to enter text.
MPER Contact*	Click here to enter text.	Enter number.	Click here to enter text.

** MPER is DHS's provider and contract management system. Please list an administrative contract to update and manage this system for your agency.*

BOARD INFORMATION

Provide a list of your board members as an attachment or in the space below.
Click here to enter text.

Board Chairperson Name & Title: Click here to enter text.

Board Chairperson Address: Click here to enter text.

Board Chairperson Telephone: Click here to enter text.

Board Chairperson Email: Click here to enter text.

REFERENCES

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization. *Please do not use employees of the Allegheny County Department of Human Services as references.*

Kara Burdelski, LPC, NCC
Behavioral Health Consultant, Allegheny Health Network
Phone number: [redacted]
Email: [redacted]

Loraine Hayes, LCSW
Outpatient Therapist, Village Center for Holistic Therapy
Phone: [redacted]
Email: [redacted]

Susan Goble, NCC, LPC
Lead Behavioral Health Consultant, Allegheny Health Network
Phone Number [redacted]
Email: [redacted]

PROPOSAL INFORMATION

Date Submitted 8/21/2020

Amount Requested: Amount dependent upon requests for consultation and training

CERTIFICATION

Please check the following before submitting your Proposal, as applicable:

☒ I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination, HIPAA and Pennsylvania's Right-to-Know Law.

☒ By submitting this Proposal, I certify and represent to the County that all submitted materials are true and accurate, and that I have not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

Choose one:

☐ My Proposal contains information that is either a trade secret or confidential proprietary information and I have included a written statement signed by an authorized representative identifying those portions or parts of my Proposal and providing contact information.

OR

☒ My Proposal does not contain information that is either a trade secret or confidential proprietary information.

ATTACHMENTS

Please submit the following attachments with your Response Form. These can be found at http://www.alleghenycounty.us/dhs/solicitations.

- MWDBE documents
- Allegheny County Vendor Creation Form
- 3 years of audited financial reports
- W-9

REQUIREMENTS

Please respond to the following. The maximum score a Proposal can receive is 110 points. Your response to this section should not exceed 12 pages.

Proposer Profile and Experience (10 points)

1. Describe your experience providing community mental health treatment services using a Trauma-Informed Approach.
   My experience providing trauma-informed care began prior to actually using that terminology to define it. During my counseling program, I worked as a Learning Center Coordinator at a family shelter in Pittsburgh. While working, I started to implement knowledge that I was learning in my course work while interacting with families at the shelter. Understanding more about the context of their experiences was important to finding ways to support, and help them to move forward. Working with children living in the shelter, the disruptive behaviors I saw had been labeled ADD, ADHD, or ODD. Yet in reality, these behaviors had more to do with early life experiences and disorganized attachment. Using this lens allowed me to exhibit patience, empathy, and compassion during difficult moments. Communicating clear expectations, setting limits, and keeping calm including my tone were important to being consistent in my responses.

   My curiosity during my internship at the Three Rivers Adoption Council continued to drive me to better understand the connections between experiences and behaviors. I began to learn the importance of attachment and development while watching different trainings. One of the most important lessons came while reviewing an audio tape of a session with my supervisor. My supervisor challenged me as she noticed that I was attempting to push an agenda on the client. I learned the importance of understanding someone's experience, perspective, and wishes versus coming with my own agenda for treatment. Providing non-judgmental support , utilizing motivational interviewing to listen for the client's desires, and collaborating on the goals for treatment became a consistent part of my work.

   Utilizing a strategic structural family therapy model as a family therapist at Wesley Spectrum showed me the importance of understanding an individual within their context. We utilized genograms to map the individual family in context, and structural maps to understand the family dynamics. The genogram allowed me to see the effects of intergenerational trauma, as well as continuing to see the importance of understanding the experiences which resulted in the referral for family therapy services. Working with families who were required to participate through either CYF or through Juvenile Justice also gave me perspective on the ways that systems interact with those involved with them. Seeing my clients at home, in school, during family meetings, at the Community Intensive Supervision Program (CISP),at Shuman Center or other placements, and at court allowed me to see the ways that they changed in those settings as well as learning more about each one. More than just looking at the family system, it allowed me to see the larger ecosystem up close and the ways that it influenced the children or family.

During my work as a mobile mental health therapist (MMHT) at Pittsburgh Mercy, the idea of being trauma-informed came into perspective. It was also in this role that I was able to see the outworking of the early life experiences which I had encountered in previous roles. Here I worked with adults who experienced such significant anxiety and depression that leaving home to complete the tasks of daily life was almost impossible. As I became more curious as to what lay beneath these symptoms, it became apparent that these were individuals who had experienced such significant trauma that they were afraid to go outside. Some because of what might happen to them outside, and some because of what they might do to others when outside. Here again being in home gave me flexibility to see the family dynamics, and also coordinate care with other providers as needed. I found once again that coordinating with other providers, and being able to see the larger ecosystem allowed me to be more effective in my clinical work. Educating other members of their care team on the ways that past traumatic experiences resulted in current symptoms helped shift their thinking regarding the person with whom they were working. As I became a supervisor, it was important to create opportunities both in group settings and individual supervisor for dialogue to reinforce the importance of seeing problematic behaviors through a trauma-informed lens.

I believe the journey to being trauma-informed usually happens in steps with the first step being gathering knowledge, and the second understanding how to implement that knowledge. I now find myself in the medical world working with adults who have chronic conditions. Everyday, I see the effects of Adverse Childhood Experiences (ACE) which have resulted in the adult health outcomes that my interdisciplinary team focuses on. My training and experience offer a different lens to see the health behaviors and outcomes. It is not simply a matter of personal choice which has resulted in these negative outcomes. These are results from toxic stress experiences which have altered the endocrine, neurological and immunological systems. Some of these toxic stress experiences have come from ACE while others have come simply from the fact of being a person of color in this country. The experiences of discrimination and systemic racism resulting in toxic stress.

Being trauma informed in this environment includes connecting toxic stress with overall health outcomes. There is so much more at work in our minds and bodies than what we can see or control. Our response to trauma is automatic, a protective response which allows survival through adaptations to make horrible experiences something that can be lived through.

2. Describe how you meet the staff qualifications outlined in section 2.2 of the RFP. If you are submitting a response to the RFP as an organization, please identify the staff who will be providing the Services and how they meet the staff qualifications outlined in section 2.2.

   As illustrated in the previous answer, I have experience using a family systems approach with families who have been involved with CYF and Juvenile Justice. My experience working at Three Rivers Adoption Council brought me into the world of developmental and attachment theory which has since informed my work. I also had opportunities to teach both attachment and development while teaching as Adjunct Psychology faculty for a Human Development course at the Art Institute of Pittsburgh.

Being trauma-informed has influenced my work in understanding the many adaptive functions that behavior has to protect us. The ability of the mind and body to work together to protect us from many ill experiences especially in early life is astounding. It is these adaptations which for a time are very functional that at some point later in life cause difficulty. After having my first client who had been diagnosed with dissociative fugue, I launched into a deep dive to understanding the neurobiological effects of trauma. This meant reading numerous books, attending conferences, and completing continuing education credits to increase my knowledge and ability to effectively treat trauma. I have completed 200 continuing education credits specific to trauma including 78 with the International Society for the Study of Trauma and Dissociation, and also completed training in Eye Movement Desensitization & Reprocessing (EMDR).

Much of my clinical work has been in-home working with children, families and adults including understanding many of systems with whom they are also involved. I have used Cognitive Behavioral Theory (CBT) to help individuals to identify current thought patterns, understand the origins of those patterns, and find ways to change them to positive reality-based alternatives. I have worked with a number of individuals who have had significant developmental trauma.

My role as a supervisor of the Mobile Mental Health Treatment team offered opportunities to develop both individual and group supervision skills. My other teaching experience includes presentations for local organizations as well as regional and national conferences. The national presentations were referred and included the American Counseling Association, American School Counseling Association, and the National Association for the Education of Homeless Children and Youth. I also participated in a Trauma Informed Care webinar for the Trinity Health System.

I completed my Masters in Clinical Mental Health Counseling from Duquesne University and hold a current License as a Professional Counselor in the state of PA. A requirement for my license includes Act 33, 34, and FBI clearances.

Proposed Two-Day Trauma-Informed Care Training Curriculum (40 points)

3. Propose a Two-Day Trauma-Informed Care Training Curriculum. Describe how it will cover all learning objectives, including the objectives outlined in section 2.1 of the RFP.
   I would continue a two-day in person format of 12 hours across two days touching on the important aspects of trauma informed care while also providing experiential opportunities for better understanding of the material presented. In the event of not being able to offer in person trainings, the material would be presented in a virtual format including the utilization of break out rooms to create connections between participants, and for discussion. I have listed below a proposed curriculum with objectives, course content, and potential activities. The closing activity will allow participants to think about applying the trauma informed care principles specifically to their work environment. The training materials will be distributed in digital format.

Two Day Trauma Informed Care Training Curriculum

Objective	Content Outline	Activities
	• Welcome and introduction • Introduction of instructor & participants • Review training objective • Self-Care—take a break if needed	
To develop a shared definition of trauma and understand importance of being Trauma-Informed	• What is Trauma • Prevalence of Childhood trauma • Trauma Informed Care • History of trauma	[redacted]
Understand the basic components of the trauma model, and looking at experience through trauma lens	• Framework • Basic Tenets • Importance of Empowerment	[redacted]
Understand causes and symptoms of traumatic stress Identify examples of traumatic events	• Types of Trauma (Acute, Chronic, Complex) • Worldwide Trauma – COVID19 • Historical and Cultural Trauma • Toxic Stress • Adverse Childhood experiences • Epigenetics • Factors that Increase Impact ○ Individual variables ○ Event variables ○ Risk Factors ○ Protective factors & resilience • Trauma Responses ○ Fight, flight, freeze ○ Adaptations for survival ○ Externalizing and Internalizing Behaviors	[redacted]
Understand impacts of attachment, early childhood experiences, and family dynamics on development	• Attachment and healthy development ○ Still face experiment & Harlow Monkeys ○ Preverbal Trauma ○ Erikson's developmental Theory ○ Co-regulation to self-regulation • Intergenerational transmission • Differentiation of Self • Understanding the family system ○ Emotional System including enmeshment ○ Boundaries ○ Organization including power ○ Value systems and rules ○ Emotional processes and cutoffs • Family Structure ○ Cycle of Abuse ○ Assessing for Risks ○ Re-empowering traumatized families	[redacted]
Understand the role that perceived threat has on the	• Short & long term effects	[redacted]

nervous system expressed through symptoms Define the impacts of trauma from a neurobiological perspective	• Cognitive impacts including language, education and learning • Social/Relational Impacts • Physiological responses • Triggers & Emotional responses • Neurological Impacts including understanding of brain science • Spiritual/Cultural impacts	[redacted]

Understand the Core Principles of Trauma informed care
 	
Identify ways to foster healing and growth
	• Importance of relationships to heal trauma
	• Avoidance of Re-Traumatization
	• Principles of TIC: Safety, Choice, Collaboration, Trustworthiness, Empowerment, Cultural Humility
	• Healing Centered Engagement
	  ○ Restoration of Identity
	  ○ Focus on strengths/assets
	  ○ Allowing to share the story to listen with respect
	• Components of healing
	  ○ Judith Herman - stages
		[redacted]

Ability to develop and enhance relationship & positive expectancy (Hope)	• Using a trauma informed lens • Address individual needs • Understand trauma reminders • Prepare for transitions • Importance of relationships • Provide education on phycological responses to trauma • Strengths, resilience, and post-traumatic growth	
Understanding of trauma informed interventions Ability to achieve, maintain, and teach relaxation and self-regulation skills	• Narrative Approaches -- Telling the story • Importance of compassionate listening • Creative approaches • Somatic approaches • Mindfulness and grounding techniques • Guided imagery • Self-Compassion Exercises • Polyvagal exercises	[redacted]
Understand the importance of self-care to avoid vicarious trauma	• What is vicarious trauma • Signs and symptoms of secondary traumatic stress • Importance of setting up a personalized plan • Self-care ideas and strategies • Tools to create own self-care plan	[redacted]
Integrate learned information into current work environment	• Discussion around ways to implement information learned into personal practice and environment • Ways to help current agency, or organization to be more trauma informed • Next steps on trauma informed journey	

Proposed Intensive Trauma-Informed Care Workshop (30 points)

4. Propose an Intensive Trauma-Informed Care Workshop Curriculum. Describe how it will cover all learning objectives, including the objectives outlined in section 2.1 of the RFP. Considering that this part of the training will include Master's level clinicians with three years clinical experience, the curriculum will be structured to go deeper into understanding the impacts of trauma, applying the trauma informed model, and offering strategies to help heal trauma. The first 20 hours would be delivered over 5 weeks with four-hour workshops provided content which then will be applied in their clinical work. To allow opportunity for the application of the principles discussed, there will be a break of 3-4 weeks prior to beginning the series of 12 two-hour group sessions focused on a case presentation.

	Objective	Content
Session 1:	Build connections with group to foster supportive learning environment. Review knowledge base of trauma informed care including importance of paradigm shift in treatment	Introductions • Understanding of self • Understanding of current clinical work • Influence of life journey to this point • Learning objective • Experiences working with trauma Review • Trauma Definition • Trauma Theory • Impacts of Trauma
Session 2:	Understand importance of relational components as foundational to trauma treatment. Improve communication skills Understanding role of boundaries as instrumental in healing trauma	Ingredients for successful treatment • Engagement • Building trust • Boundaries • Importance of Narrative • Strengths Based Stages of Recovery • Trauma Definition • Trauma Theory Presentation of Symptoms • Externalizing--Aggressive • Internalizing—Dissociative
Session 3:	Understand impacts of trauma related to individual, family, and community	Attachment & Development • Ruptures due to trauma • How does repair happen • Violations of boundaries • Understanding family system Traumatic Responses • Physiological • Triggers
Session 4:	Develop skills to effectively work with individuals who have traumatic histories	Working with triggers • Adaptive response for protection • Techniques and strategies • Practice of these skills Structuring therapeutic work • Working with narrative

		• Skills to regulate emotions • Fostering sense of agency • Connection with others • Highlighting strengths
Session 5:	Understand the importance of self-care Develop a personalized self-care plan	Self-care • Developing a plan • Current practices Trauma informed interventions • Creative Approaches • Somatic/Embodied approaches • Review of mindfulness/grounding • Guided imagery • Self-compassion

These workshop sessions become the framework for the case presentations. During two-hour clinical applications, each participant will present a case where they have applied the trauma model. The presentations will allow space to explore and understand the actual application of the trauma informed model. It also allows opportunity to discuss importance of engagement, relationship building strategies, and setting clear boundaries. The goal of the workshops is to also create a sense of community among the cohort which will facilitate an open dialogue among participants. The workshop will include different experiential activities to help increase understanding of the principles, and increase group cohesion. Being intentional about building this collaboration among participants creates a network they can utilize for support or resources far beyond this experience.

In the event that this training would not be able to happen in person, the participants would be required to participate over a video platform with their video turned on. Virtual break out rooms would be utilized for some of the experiential portions of the workshop.

Individual Trauma-Informed Care Consultation Vignette Response (30 points)

Please use the following vignette to respond to the next six questions.

Emma is an eight-year-old, Caucasian girl. Emma is one of four children to Daniel and Samantha, her birth parents. The family lives in a lower-socioeconomic area in a single-family home. Her parents are not currently employed. The children are home-schooled by their parents and have little interaction with their surrounding community. When asked about her family, Emma said she is close with her siblings, two girls and one boy, who are all younger than her. She often helps care for her siblings. She reported playing games with her father and enjoying their time together.

DHS's child welfare office became involved with the family after receiving a Childline report from a community member. After an extensive investigation, it was determined that all four children were experiencing emotional and physical abuse and neglect. The children were often confined to a room in the house and denied basic needs including food, water and hygiene needs. During these times, Emma tried to continue to care for her siblings as best as she could. Emma would later report her father would hit her with his hands and other household objects. While this occurred at times to the other children, she appeared to be the primary recipient of the physical

abuse. Daniel and Samantha denied these allegations stating they are good parents who are just trying to raise their children.

The children were removed from their parents and placed in a two-parent foster home with one other child in the home. Emma began to display behaviors shortly after arriving to their home, including physical aggression towards the foster parents, defiance and verbal aggression to others. The children were enrolled in the public school in their new neighborhood, where Emma's behaviors continued. During a significant episode at school, Emma was taken to the emergency room to be evaluated for inpatient mental health hospitalization and was admitted. The foster family has stated they are not comfortable having Emma return to their home. DHS searched for another foster home placement for Emma, but it proved to be difficult. Emma had been in the hospital for four months when DHS finally identified an experienced foster home and began discharge planning. The hospital recommended family-based mental health services and outpatient psychiatry for medication management.

DHS has referred Emma and her family to you for a Consultation.

5. Would you recommend alternative or additional discharge recommendations from the inpatient stay? Why or why not?
   It is important to consider the disruptions that Emma has already experienced. These include the removal from her birth parents, separation from her siblings with hospitalization, current hospitalization, and this potential new placement with the experienced foster family. With each of these experiences, the feelings of grief and loss likely increase for Emma as each of these events itself is traumatic. In addition, since she cared for her siblings during their times of confinement and isolation, she may be feeling failure to protect them, as well as a loss of sense of purpose. We do not know what type of medical care she has received in the past, or how the hospitalization has been for Emma.

   Due to all of these experiences along with the experiences that resulted in her removal from her birth home, I would recommend individual therapy for Emma specifically to help her to process these experiences in an age appropriate way. A modality including some form of play therapy would be ideal. While the family-based mental health services will be able to work on the different dynamics and patterns in the family system, they may not be equipped to specifically help Emma to deal with these losses, and the emotions that arise from them. The separation from her siblings with placement in the new foster home may compound any existing emotions resulting in a potential increase in disruptive behaviors.

   With regard to the referral for outpatient psychiatry, it is important to keep in mind that her current symptoms might be externalized symptoms related to traumatic experiences in her birth home and subsequent disruptions. The externalizing and aggressive behaviors are normal for foster children removed from their birth home. The neglect and abuse from her birth parents likely indicates the presence of disorganized attachment for Emma. Her nervous system does not understand cues for safety, and can be triggered to respond aggressively for protection. It is important to consider the trauma as a cause of the behavior which may not need medication to resolve. In conjunction with intensive individual therapy,

outpatient psychiatry could coordinate the need for medication related to the progress that they are seeing Emma make related to the traumatic events.

Another important consideration related to discharge is the communication to Emma related to these changes, and what her expectations are moving forward. So much of what has happened to this point for Emma has been unexpected. The abuse at home likely was unpredictable as well both with regards to when it occurred, and the length of time it lasted. Allowing her to meet the new family, communicating about the changes, and expectations regarding when she will be able to see her siblings/birth parents would be helpful in helping to make this transition successful.

6. Describe the next steps and the clinical interventions you would recommend for Emma and why you chose them.
   With the understanding as to how trauma can impact cognitive functioning, physical health, behavior, relationships, and emotions, it would be important to start with an overall assessment to make sure that there is nothing missed with regard to starting treatment with Emma. With the information provided, it would be important to assess Emma for any type of dissociative symptoms. Emma was unable to physically separate herself from the neglect, emotional abuse, and physical abuse she experienced. It would not be surprising if she developed some dissociative symptoms as a means to protect herself in the situation by blocking off the distress of the abuse.

   Overall, Emma needs clinical treatment to help her nervous system to clear some of the effects of the traumatic experience. There are a number of treatments that would be helpful if she were able to be connected to individual therapy. These would include Trauma-Focused CBT (TF-CBT), Play Therapy, Narrative Exposure Therapy (NET), or Eye Movement Desensitization & Reprocessing. All of which are effective in treating children who have experienced trauma.

   With the lack of a responsive attachment figure, Emma has likely not learned skills to help her to regulate her emotions. This evidenced by the externalizing behaviors Emma has exhibited since removal from the home. It is important to help her develop effective self-regulatory emotional and behavioral strategies. Creating attunement will help Emma to learn to co-regulate and her system to be less reactive to stressors in the environment. Understanding emotions, her triggers, and having strategies to utilize will be helpful toward this goal. Teaching and practicing both breathing skills along with grounding techniques will help her when she gets overwhelmed. Playing games would allow for opportunities to practice waiting her turn, identifying other people's emotions, practicing the breathing/grounding skills, and developing a sense of competence. These are interventions that could be implemented by the family focused team.

7. Describe how you would negotiate a situation in which one of Emma's team members disagrees with the treatment recommendations.
   I would learn more about the reasoning behind the disagreement to the recommendation, and allow them the space to share their perspective on the situation. Once I felt that I had an understanding, I would confirm with them that I understand the situation. At this point, I

would then try to find ways to connect their current disagreement with the overall goals, and see if we could find some sense of understanding. If that did not work, I would balance the treatment recommendation with the overall feeling of the team, and how this disagreement might impact the overall treatment. I would attempt to re-engage the team member in the overall goals of the team. The team itself would be a consideration as it relates to a successful outcome. If one member disengages, or is negative, it could have an impact on the overall treatment. This is something that needs to be balanced along with the overall recommendation. It might be a better course of action to keep the team engaged, and utilize another treatment which would be more agreeable to the entire team, as long as it was not determinantal to the work with Emma and her family.

8. Describe the engagement strategies you would use with Emma and her family.
   Engaging Emma and her family in treatment, and goals will likely be one of the biggest predictors of success. It would be important to better understand their family story along with desire to make changes, which will likely not take place without a level of trust where they feel some safety. Communicating openly and honestly with them about the current situation, and realistic expectations moving forward are essential. It would be important for them to understand the systems that are involved, the communication patterns among the team, and include them in collaboration on overall goals. Utilizing motivational interviewing could help him building rapport with the family to finding ways to align their goals with participation in treatment experiences.

   Finding ways for the systems to align with their goals could create a supportive atmosphere. Working to remove any logistical barriers (i.e. transportation, or employment) can help her family to engage in the process. Focusing on strengths in a desire to have everyone back together along with other strength-based goals would likely help to keep them involved in the process. Helping them to also understand that the most important thing right now is what they do as a family moving forward, versus focusing on things that have happened in the past.

9. Describe how you would consult with Emma's foster families to sustain placement.
   Considering that they are an experienced family, understanding what their prior experiences with foster children would be helpful. This would allow the opportunity to identify strategies that could be utilized in this situation, and other skills that could be helpful for them to learn. Offering them an understanding of how Emma's behaviors are coming from her implicit nervous system response could help them remember to not take the behaviors personally. Helping them to understand the importance of creating predictable routines, emotional attunement, and identifying ways to handle disruptive behavior would be good places to start. Thinking about how punitive actions such as a time out might increase Emma's feelings of rejection, and finding other ways to deal with disruptions. Teaching them skills which they can utilize to reinforce with Emma such as calming routines, body based mindful activities, or grounding techniques can help her nervous system. Working with the family to find ways to reintegrate Emma back into school might help her to not get overwhelmed. Thinking about things such as going for half a day to try to help her to have more positive experiences and better cope with the situation.

10. Describe any interventions you would recommend between Emma and her birth parents. The overall family goals would specifically drive the interventions recommended. Initially participating in parenting classes, anger management classes, and attend team meetings would be good places to start. Working with them to find employment or other areas of socialization in the community might increase their support system. Assessing for any childhood trauma that each of them may have experienced so that they could be connected with appropriate treatment for themselves. In terms of getting to a point where they would be able to have Emma and her siblings back in the home, Parent Child Interactive Therapy would be helpful in relation to their being able to learn and practice parenting skills.