

Parenting Support Services Discharge Summary Report

(12-20-16)

Primary caregiver name: _____ Client number: _____

Date of first session: _____ Discharge Date: _____

Intervention Received: Triple P Standard Triple P Teen COS P (0-12) COS P (Teen)

Triple P Sessions Completed (*check each session completed; do the same in PIE*)

__Session 1 __Session 2 __Session 3 __Session 4 __Session 5
__Session 6 __Session 7 __Session 8 __Session 9 __Session 10

- Met Treatment Goals is defined as the parent completing at least sessions 1-8 of a Triple P intervention.
- Parents completing 5-7 sessions of a Triple P intervention (but not the Circle of Security Parenting intervention) and reporting the progress they desired with their parenting has been achieved also meet the definition for Met Treatment Goals.

Circle of Security Parenting Chapters Completed (*check each session completed; do the same in PIE*)

__Session 1 (Intake) __Session 2 (Share findings) __Session 3 (ch.1) __Session 4 (ch.2) __Session 5 (ch.3)
__Session 6 (ch.4) __Session 7 (ch.5) __Session 8 (ch.6) __Session 9 (ch.7) __Session 10 (ch.8)

- Met Treatment Goals is defined as the parent completing at least chapters 1-6 of COS P.

Reason for Discharge (*Select One*)

- Eval. Only Completed Treatment (Curriculum) Family Discontinued
 Family Completed Program Requirements but not Treatment Goals
 Agency Discontinued: Clinical Agency Discontinued: Admin Client/Family Moved
 Client Hospitalized: Medically Client Hospitalized: Psychiatrically
 Child Requires Other Out-of-Home Care Client Requires Higher Level of Care
 Client Incarcerated Child Placed with Relative Child Is Deceased Client is Deceased

Reason for Evaluation Only

__ Triple P Standard or Teen intervention (only sessions 1 or 2 completed)
__ COS P intervention (only sessions 1 or 2 completed)

Post Questionnaires

Have post questionnaires been received? __Yes __No If no, detail steps taken to complete post questionnaires.

Summary

A. Family's specific strengths, skills achieved, and challenges experienced

B. Positive Outcomes (*check the box if the subscale score showed improvement*)

• Strengths and Difficulties Questionnaire

- Conduct problems score Inattention/hyperactivity score Peer problems score
 Prosocial behavior score Overall stress score

• Parenting Scale

- Caregiver's Laxness score Caregiver's Over-Reactivity score Caregiver's Hostility score

• Depression Anxiety Stress Scale

- Caregiver's Anxiety score Caregiver's Stress score Caregiver's Depression score

C. Observations

D. Case management: needs and outcomes

Next Steps for Family

Parent Educator's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____