



**EVIDENCE-BASED  
FAMILY TREATMENT MODEL**

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**PLL | Parenting with Love and Limits®**

*Training Organizations to Restore Traumatized Families*

**You Had Me at Hello-**  
**The PLL Motivational Technique**



# Presenters



**Scott Sells, PhD, MSW**

Owner and Model Developer

PLL, Parenting with Love and Limits



**Alison Blodgett, MBA, LBSW**

Executive Director

PLL, Parenting with Love and Limits



## Experiential- Inside Out

What is it like to experience the *PLL Model* on each of these perspectives?

- ✓ Parent, Foster Parent, or Extended Family Member
- ✓ A Case Manager
- ✓ A Therapist
- ✓ A Lead or Provider Agency
- ✓ A CEO or Clinical Director



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**EVIDENCE-BASED  
FAMILY TREATMENT MODEL**

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## Zoom Out- Big Picture

- The target population
- Length of service
- Staffing composition
- Big Picture PLL Model



**EVIDENCE-BASED  
FAMILY TREATMENT MODEL**

## Zoom In- Unique Components

- ✓ **83% Parent Completion**
- ✓ **Non-Traditional Motivational Interview**
- ✓ Group and Family Therapy Together
- ✓ **Family Trauma**, Not Just Individual Trauma
- ✓ **Implementation** and **Video Supervision**
- ✓ Q & A

ORIGINAL ARTICLE

# Statewide Implementation of Parenting with Love and Limits Among Youth with Co-Existing Internalizing and Externalizing Functional Impairments Reduces Return to Service Rates and Treatment Costs

Emma M. Sterrett-Hong<sup>1</sup> · Eli Karam<sup>1</sup> · Lynn Kiaer<sup>2</sup>

**Sample size of over 290 kids**

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**Abstract** Many community mental health (CMH) systems contain inefficiencies, contributing to unmet need for services among youth. Using a quasi-experimental research design, we examined the implementation of an adapted

**PLL Length of Service**

✓ **2.5 months**

✓ **FROM 12 MONTHS LOS**

**In TAU 94% of kids returned to services  
PLL reduced this number by over 50%**

health difficulty (CDC 2013; Merikangas et al. 2010). On average, 40–75% of children in the United States with mental health disorders do not receive the services they need (Mental Health America 2015; NIMH 2001). Due to

[gopll.com](https://gopll.com)

# An Evidence-Based Family Treatment Model

[PLL Model Overview](#)

[Let's Talk](#)



## Parenting With Love and Limits®

Mental Health Programs  
and Services

In-home Parent Skill-based  
Programs and Services

★★ Supported

Parenting with Love and Limits® (PLL) is a family-focused intervention for teenagers (ages 10-18) with severe emotional and behavioral problems (e.g., conduct disorder, oppositional defiant disorder, attention-deficit/hyperactivity disorder). The program is designed to help families re-establish adult authority through setting consistent limits and reclaiming loving relationships. PLL consists of both multifamily group therapy sessions and individual family therapy coaching sessions.

Multifamily group sessions are led by two facilitators, including one PLL Coach and one co-facilitator. Group session topics include reasons for teenager misbehavior, button-pushing, behavior contracts, positive feedback, and approaches for restoring nurturing relationships. Each group session is conducted in two parts. During the first half of each session, all parents and teenagers meet in one group to learn skills related to addressing behavioral problems. The second half of each session is split into one group of parents and one group of teenagers. During these breakout groups, the group facilitator validates concerns and leads solution-focused discussions.

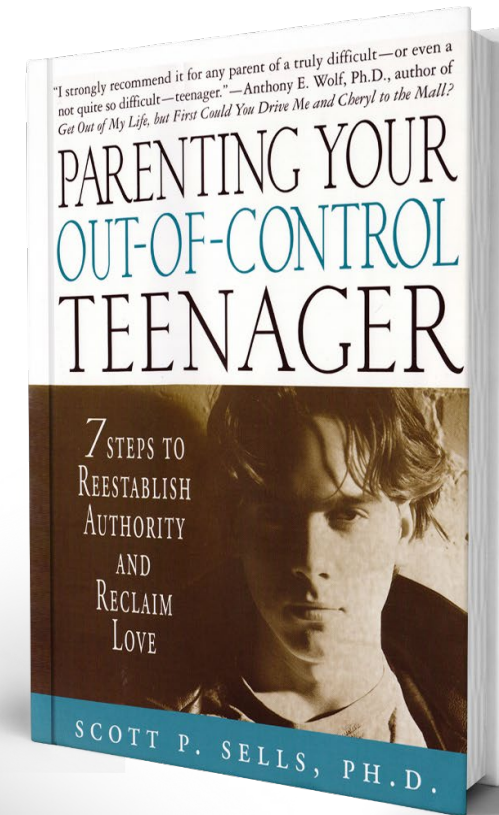
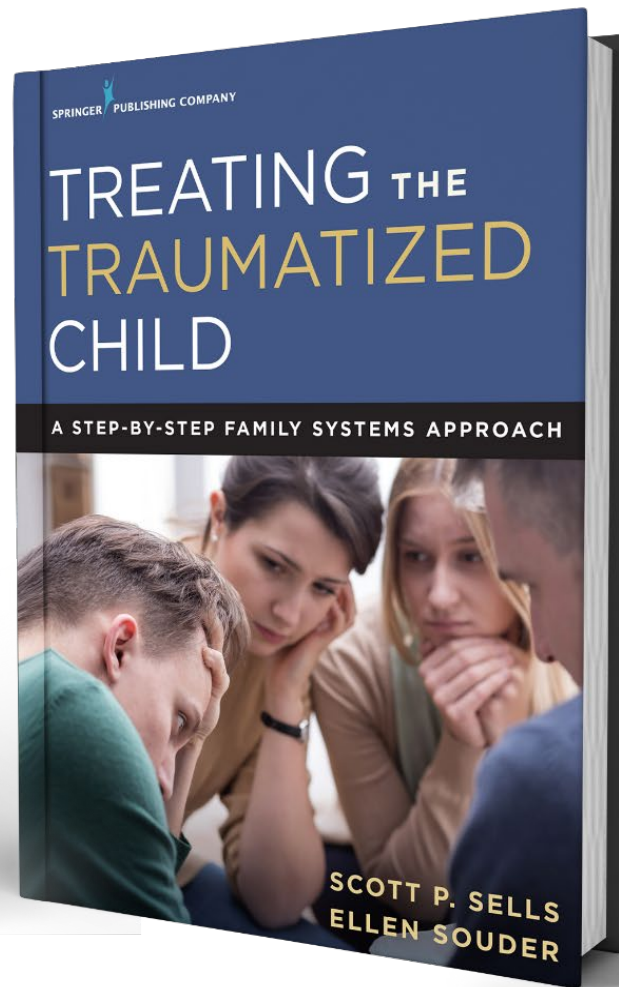
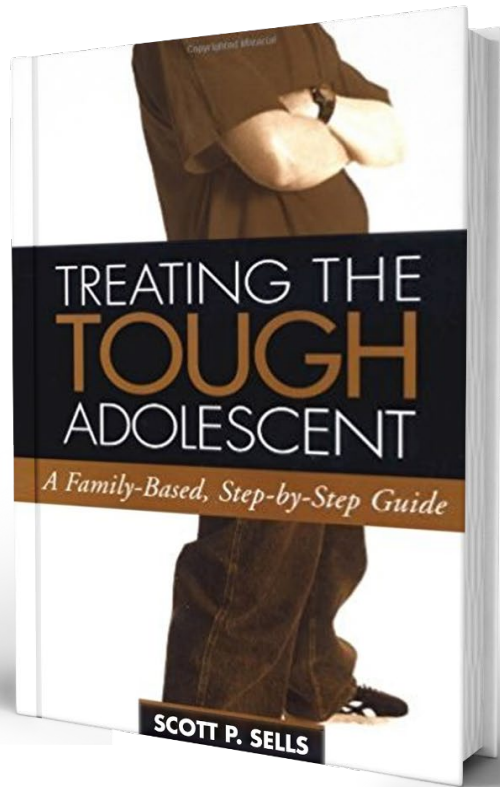
Families also attend individual family therapy coaching sessions with PLL Coaches. These sessions are intended to complement the group sessions and follow four phases of treatment. The first phase sets the terms of the therapy. The second and third phases focus on developing a behavioral contract and role-playing skills learned in group sessions. The fourth and final phase focuses on evaluating and maintaining progress and preventing relapse. After initial work to stabilize the family system, PLL Coaches also address trauma in the family system, as needed.

Parenting with Love and Limits is rated as a supported practice because at least one study carried out in a usual care or practice setting achieved a rating of moderate or high on design and execution and demonstrated a sustained favorable effect of at least 6 months beyond the end of treatment on at least one target outcome.

Date Research Evidence Last Reviewed: Oct 2021

**PLL** is also rated as evidence-based and supported or well-supported by these clearinghouses:

- California Evidence-Based Clearinghouse (CEBC)
- Casey Family Programs Interventions for FFPSA
- Child Trends
- Promising Practices Network on Children, Families and Communities
- OJJDP Model Programs Guide
- Washington State Institute for Public Policy (WSIPP)





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FAMILY TREATMENT MODEL**

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## Zoom Out- Big Picture

- Target Population
- Length of service
- Staffing Composition
- Treatment Components

# Target Population:

- Children, adolescents, and their families between the ages of 10 and 18
- Severe emotional and behavioral problems
- Referred by child welfare, juvenile justice, or community mental health

# Length of Service (Brief and Strategic)

- PLL delivered in only 2 to 4 months
- In Home, Telemedicine, Residential, or Outpatient
- Rural or Urban

# A TRADITIONAL PLL TEAM

## Personnel Needed Per Team

1 Master's Level Therapist  
1 Co-facilitator at a Bachelor's Level

## Avg. Caseload Range

8–15 Families

## Service Duration

2–4 Months (Prevention)  
5–7 Months (Reunification)

## Eligibility Criteria

10–18 years old  
Any family available

# PLL Training and Consultation

- ✓ 5-day initial training
- ✓ Each PLL site is assigned a Clinical Supervisor
- ✓ Supervision is Held 2x Monthly and Includes Video Taped Analysis via Zoom
- ✓ Supervision Scheduled 3 Months In Advance
- ✓ Computerized Dashboard to See Outcomes in Real Time
- ✓ Content and Process
  - Model Drift is Less Likely
  - Clinical Skills Excel Faster
  - Families Receive Better Treatment



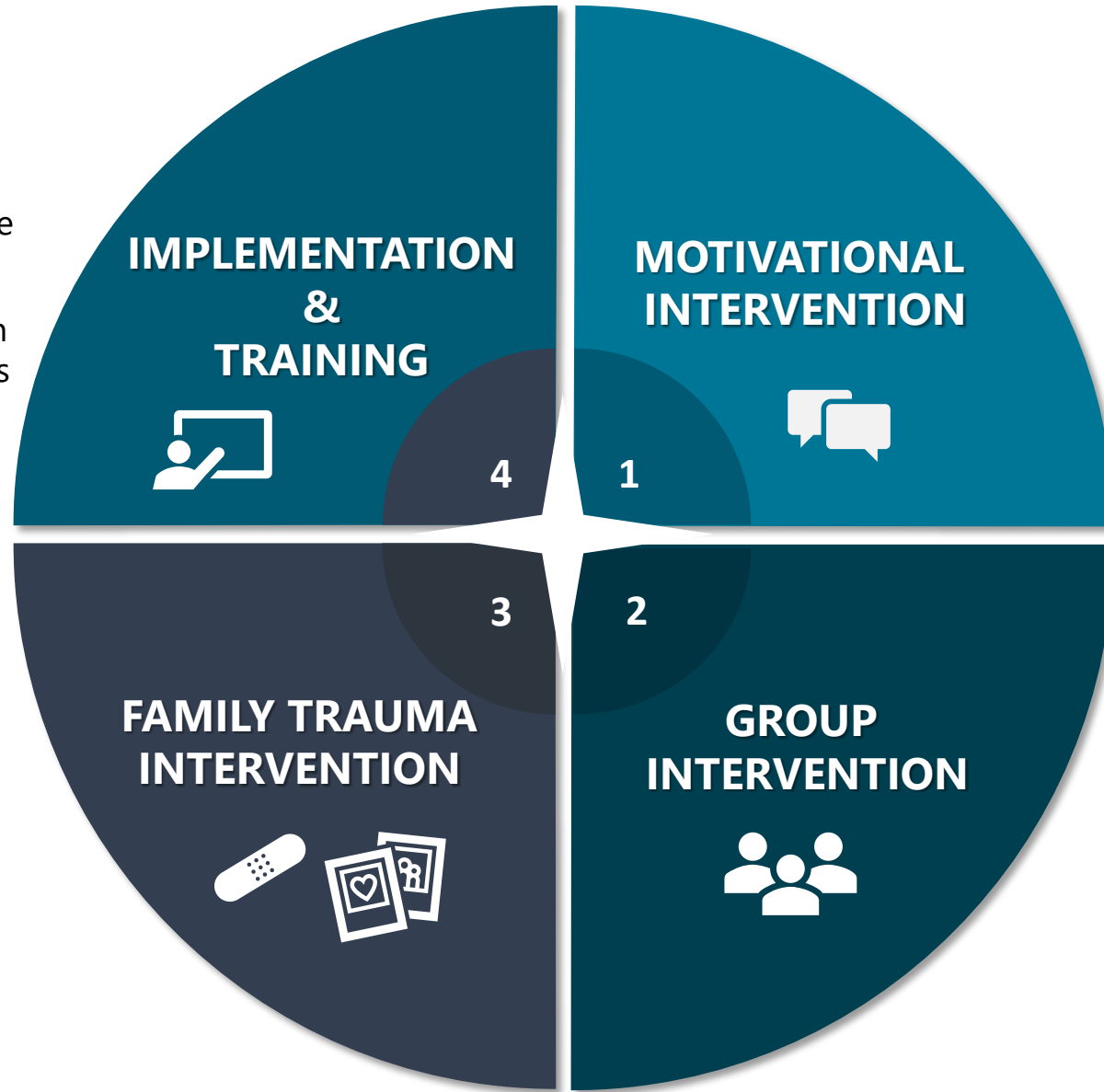


**EVIDENCE-BASED  
FAMILY TREATMENT MODEL**

## Zoom Out- Big Picture

- ~~The target population~~
- ~~Length of service~~
- ~~Staffing composition~~
- Big Picture PLL Model





4

**Goals:**

- Use the dashboard, video supervision, and task force to ensure fidelity
- Intensive 5 Day Training in PLL Model and techniques

3

**Goals:**

- Integrate and customize group skills as their New Normal.
- Heal generational family trauma through contracts and dress rehearsals
- Stop interactional trauma between family members

1

**Goals:**

- Motivate and engage parents to complete the PLL program
- Sign the PLL Participation & Graduation Agreement

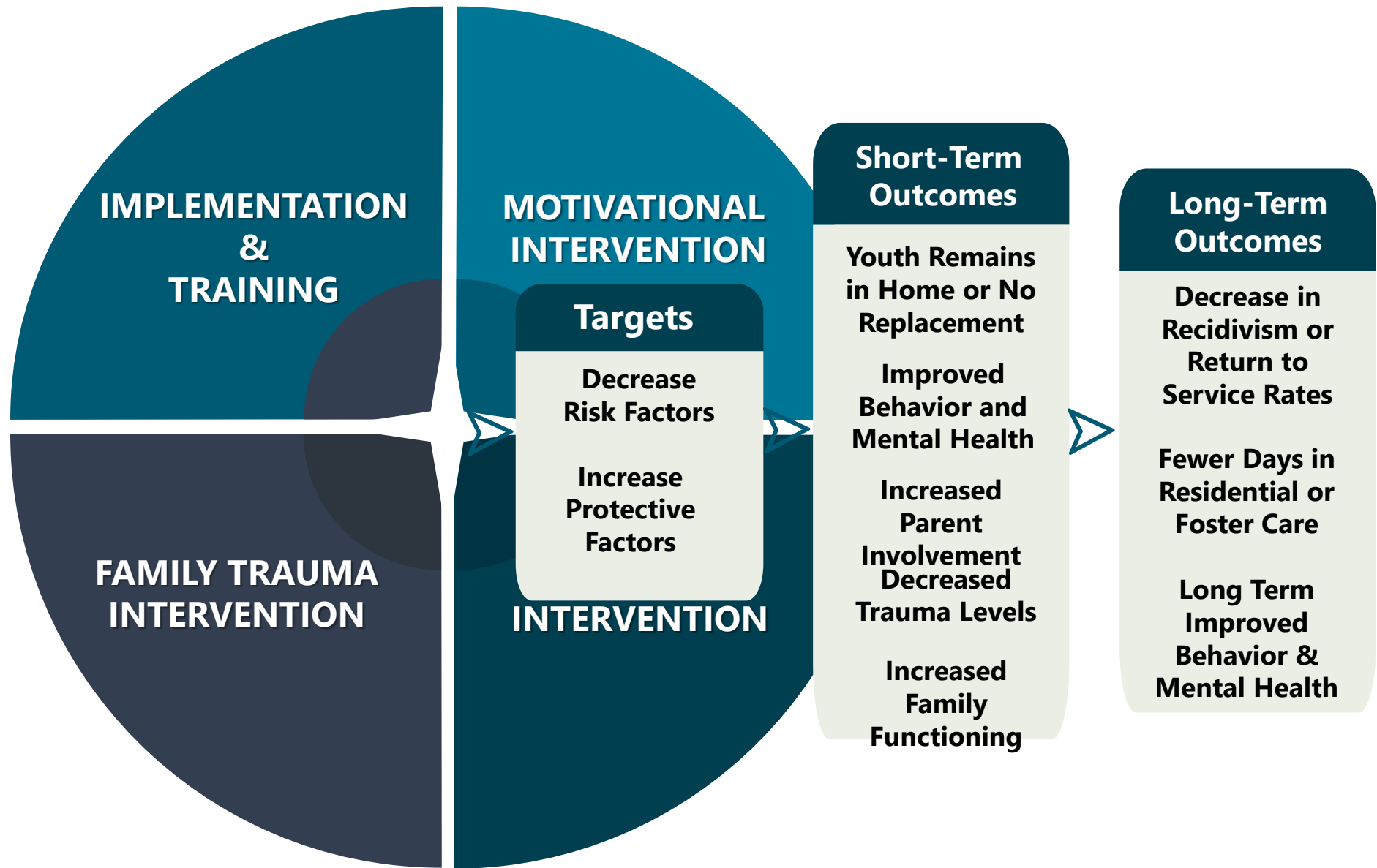
2

**Goals:**

- Teach parents and/or children six core skills
- To heal trauma in the family and behavioral problems



# PLL Outcome Goals



**83%**

**Family Engagement & Completion Rate**

**More Than  
250 therapists | 27 states | More than  
12,000 families**

**[gopll.com](http://gopll.com)**

# We made a startling discovery

## Skill Building Groups + Family Coaching

- ✓ Combined skills building education with family coaching application [Group or FT but not Both/And]
- ✓ Not alone and helped one another- less therapized
- ✓ When possible, parents in the group helped one another and a new community was born



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## Zoom In- Unique Components

- ✓ 83% Parent Completion
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- ✓ Group and Family Therapy Together
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- ✓ **Implementation** and **Video Supervision**
- ✓ Q & A Discussion

# **You Had Me at Hello-** **The PLL Motivational Technique**



# Why is The PLL Motivational Technique So Important?

## Sobering Statistics

**NO SHOWS**

Poor pre-session preparation results in high no shows

**29–42%**

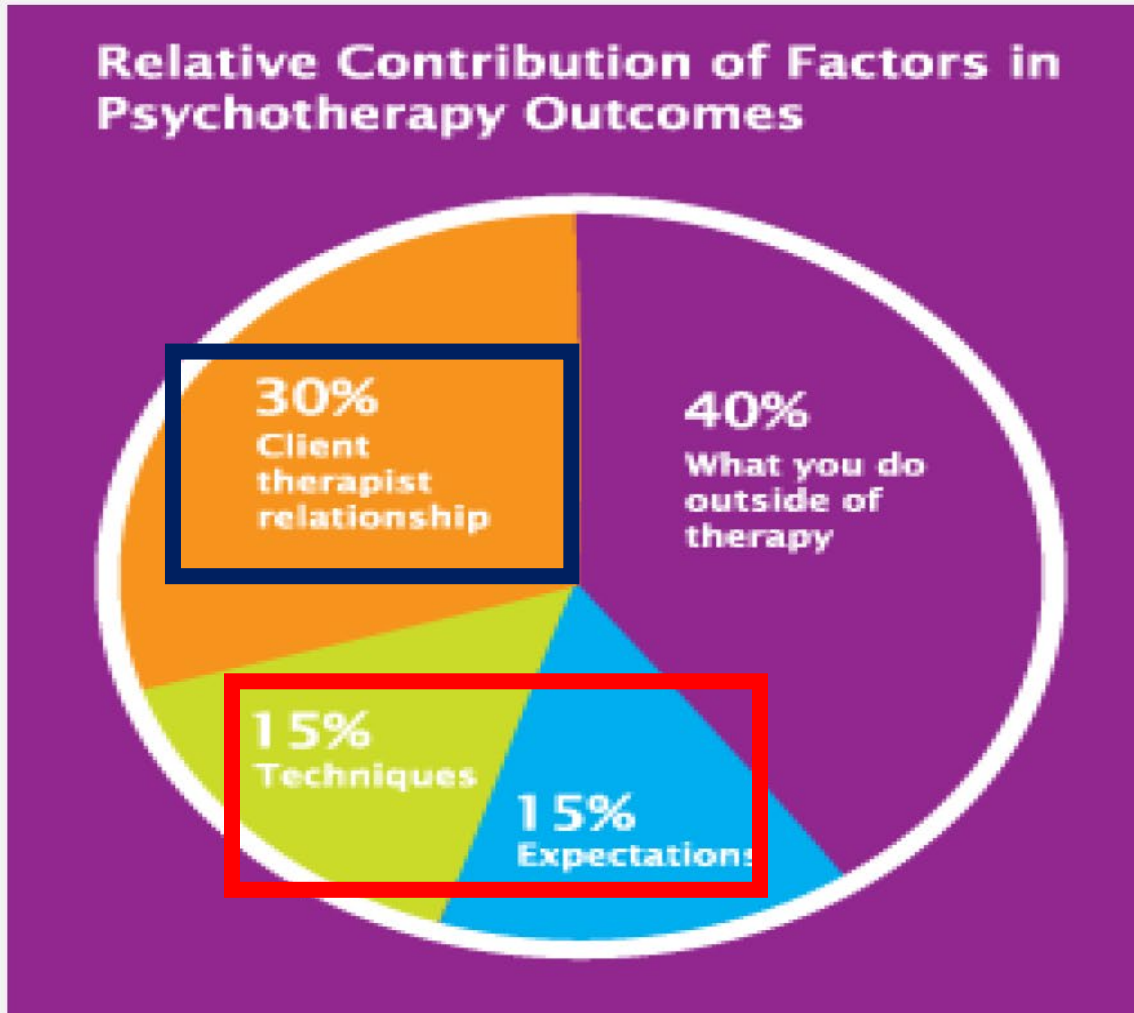
of parents fail to begin treatment (Engagement)

**15–50%**

of parents do not return for a second appointment (Completion)



# Common Factors of Change



How do the Common Factors influence your work as a trainer and supervisor?

# Poll Question

What is a top barrier or challenge that you experience when trying to engage parents?

# Top Challenges We Faced

1. Parent's mindset of *"just fix my kids"*
2. Can't see their role in the child's problem
3. Generational Trauma
4. Outsiders the enemy- Isolate themselves

# Harsh vs. Soft Start Up to Treatment

## A Light Bulb Revelation Moment

### **HARSH**

**Traditional start-up  
is not soft**

**Phone call to simply  
schedule the next  
appointment or meeting**

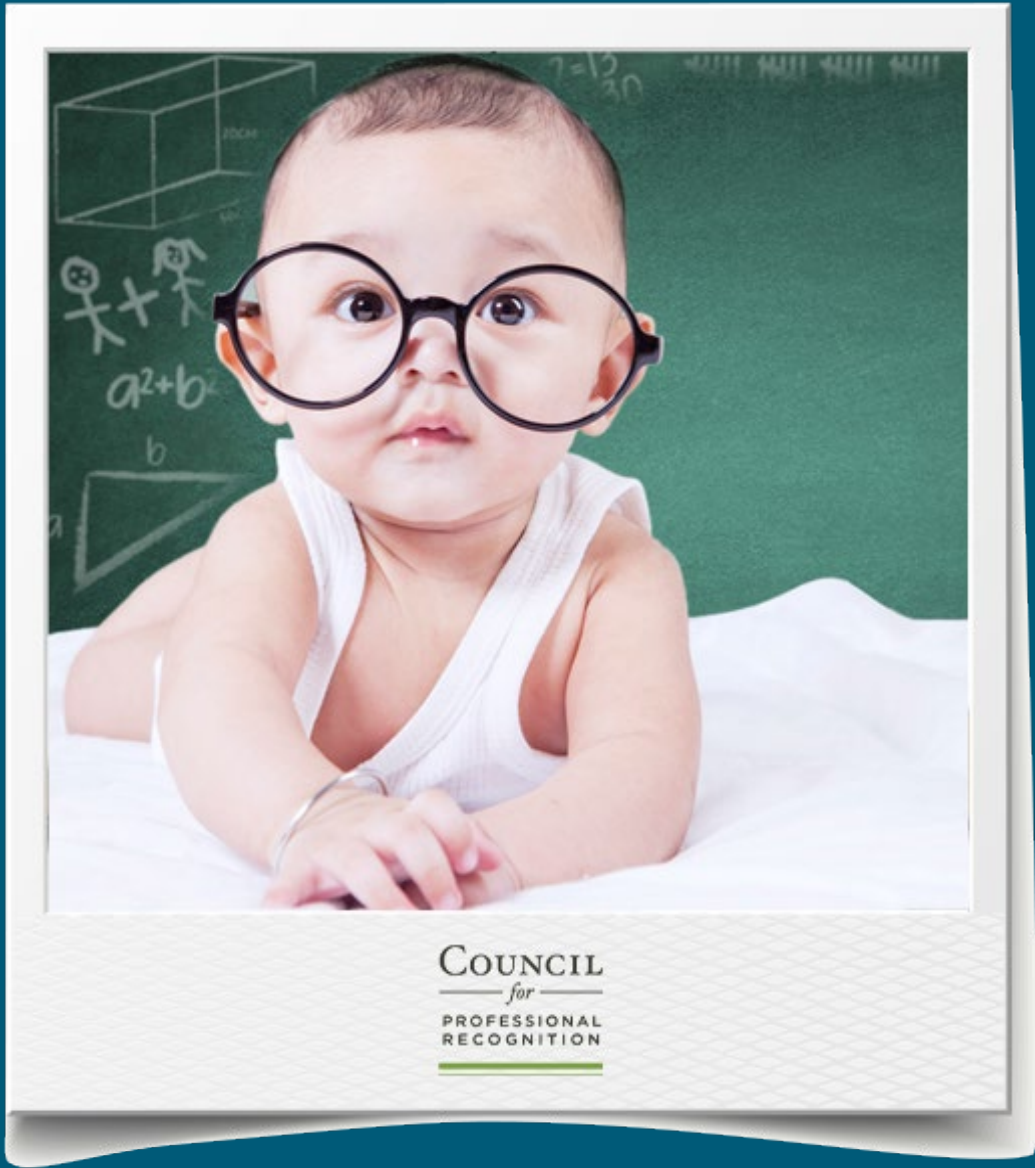
**No Relationship**

### **SOFT**

Parent or Caregiver comes in:

- ✓ More Relaxed
- ✓ More Rapport-Building
- ✓ More Trusting
- ✓ More Receptive to You and Any Treatment You Offer

**A Relationship is Born**



Parents are not  
“Resistant” or  
“Unmotivated”



*Instead, Competency  
is quiet; it tends to  
be overlooked*

*in the **noise and  
clatter of problems**"*

Parents, Kids, and Families  
WILL DO WELL IF THEY CAN

PARENTING

101



#2- But They Lack the  
Tools and Skills  
to Do So

**“People don't care how much you know  
until they know how much you care”**

**Theodore Roosevelt**





**Watch What Happens: Mom is Not Engaged + No Tools**



# The Perfect Storm

**Mom Had No Engagement (soft start-up)**

**+ Her Competency Was Quiet**

**+ Generational Trauma with No Tools**

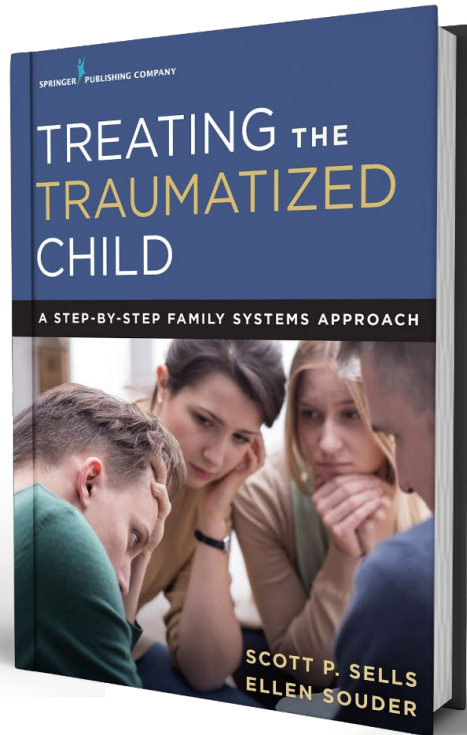




1. Did Mom Have Soft-Start Up to Treatment and was she engaged?

#2- What skills deficits did mom show that prevented her from doing well if she could?

# WHY IS FAMILY TRAUMA MUST HAVE?



# INTERACTIONAL TRAUMA (IT)

# INTERACTIONAL TRAUMA- (IT)

- Constant Arguing and Fighting b/w parent and child
- **Drama = Trauma**
- Watch the Implications of What Happens When Family Systems is Left Out of the Trauma Equation?

# Watch the Perfect Storm: Mom is Not Engaged + No Tools + IT



1. Did Mom Have Soft-Start Up to Treatment and was she engaged?

#2- What skills deficits did mom show that prevented her from doing well if she could?

# What Tools Did This Mom and Family Lack?

- ✓ Mom had no tools or intensive role play practice prior to child's re-integration from foster care
- ✓ No incorporation of the village
- ✓ No written playbook with clarity of roles
- ✓ No traumatized family systems focus
- ✓ No Safety Plan



# Mom Has These Delivery Skills Deficits?

- ✓ **Skill Deficits in Problem Solving**
- ✓ **Skill Deficits in Timing**
- ✓ **Skill Deficits in Delivery**
- ✓ **Skill Deficits in Nurturance**

# FAMILY PARTICIPATION AND GRADUATION AGREEMENT

PLL GROUP		PLL FAMILY COACHING	
Group 1 – What Causes My Child to Get Into Trouble?		Motivational Interviewing (You Had Me at Hello)	
Group 2 – Button Pushing- IT	+ →	Coaching #1: What are Our Family Goals and Causes of Stress?	
Group 3 – (Written) Contracts	+ →	Coaching #2: What Family Trauma Do We want to Solve and What is Our Family Contract to Solve these Traumatic Problems?	
Group 4 – Putting the Contract Together as a Group	+ →	Coaching #3: Continue to Draft Our Written Contracts (with village)	
Group 5 – Creative Interventions (To heal RAD, Anxiety, Self Harm, Grief, & ALSO Aggression, Extreme Disrespect, Drug or Alcohol, etc.)	+ →	Coaching #4: What to Do If Things Go Wrong: <b>Let's Think Two Step Ahead and Practice</b>	
Group 6 – Restore Nurturance	+ →	Coaching #5: <b>Dress Rehearsals of Our Contracts</b>	
		Coaching #6, 7, 8 or More: Work Through Any Additional Trauma, Make Sure Contract is Working, <b>Relapse Prevention</b>	

# FST Motivational Script

**Question #1** “What are some of the difficult experiences that you have had to suffer in the last year as the result of these problems?”

**Question #2** “When I get to know you better what qualities and strengths would I come to admire about you as a (person, parent, spouse, etc.)?”

**Question #3** “What do you think will happen to \_\_\_\_\_ (you child, marriage, or you personally) if the problems you described earlier remain unfixed in the next three months, six month, or even year from now?”

**Question #4** “Have you have seen a counselor for any of these problems before?”  
If “yes”: “What have other counselors missed with you? The reason I ask is that I don’t want to make the same mistakes twice.”

**Question #5** “Do you want the problems you listed [list them] fixed fast, medium, or slow?”

# **HARSH**

Traditional start-up  
is not soft

# **SOFT**

Parents come more:

- ✓ Relaxed
- ✓ Trusting
- ✓ More Receptive
- ✓ To You and Your treatment

**TABLE 1: THE FST MOTIVATIONAL SCRIPT**

<b>Question #1</b>	What are some of the difficult experiences that you have had to suffer in the last year because of the problems you have been having with your child or teenager? <i>[Estimated time of completion = 5 minutes]</i>
<b>Question #2</b>	When I get to know you better, what qualities and strengths will I come to admire about you as a [person, parent, spouse, etc.]? <i>[Estimated time of completion = 3-5 minutes]</i>
<b>Question #3</b>	What do you think will happen to [your teen, child, marriage, or you personally] if the problems you described earlier remain unfixed in the next three months, six months, or even a year from now? <i>[Estimated time of completion = 3-5 minutes]</i>
<b>Question #4</b>	Have you seen a counselor for any of these problems before? [If yes] What have other counselors missed with you? The reason I ask is that I do not want to make the same mistakes twice. <i>[Estimated time of completion = 2-3 minutes]</i>
<b>Question #5</b>	Do you want to fix the problem or problems you listed [list them] fast, medium, or slow speed? <i>[Estimated time of completion = 1 minute]</i>

# The FST Motivational Script

## Question #2a (Transformational)

**“When I get to know you better what qualities and strengths would I come to admire about you as a parent?”**

# The FST Motivational Script

## Question #2b (Transformational)

**“When I get to know you child or teenager better [insert their name] what qualities and strengths would I come to admire about you as a parent?”**

A photograph showing a young girl with long blonde hair looking down with a sad expression, and a woman with her hand to her face, appearing to be crying or distressed. The text "Story of Kaylee, Joshua and their Family" is overlaid in yellow.

**Story of Kaylee, Joshua  
and their Family**



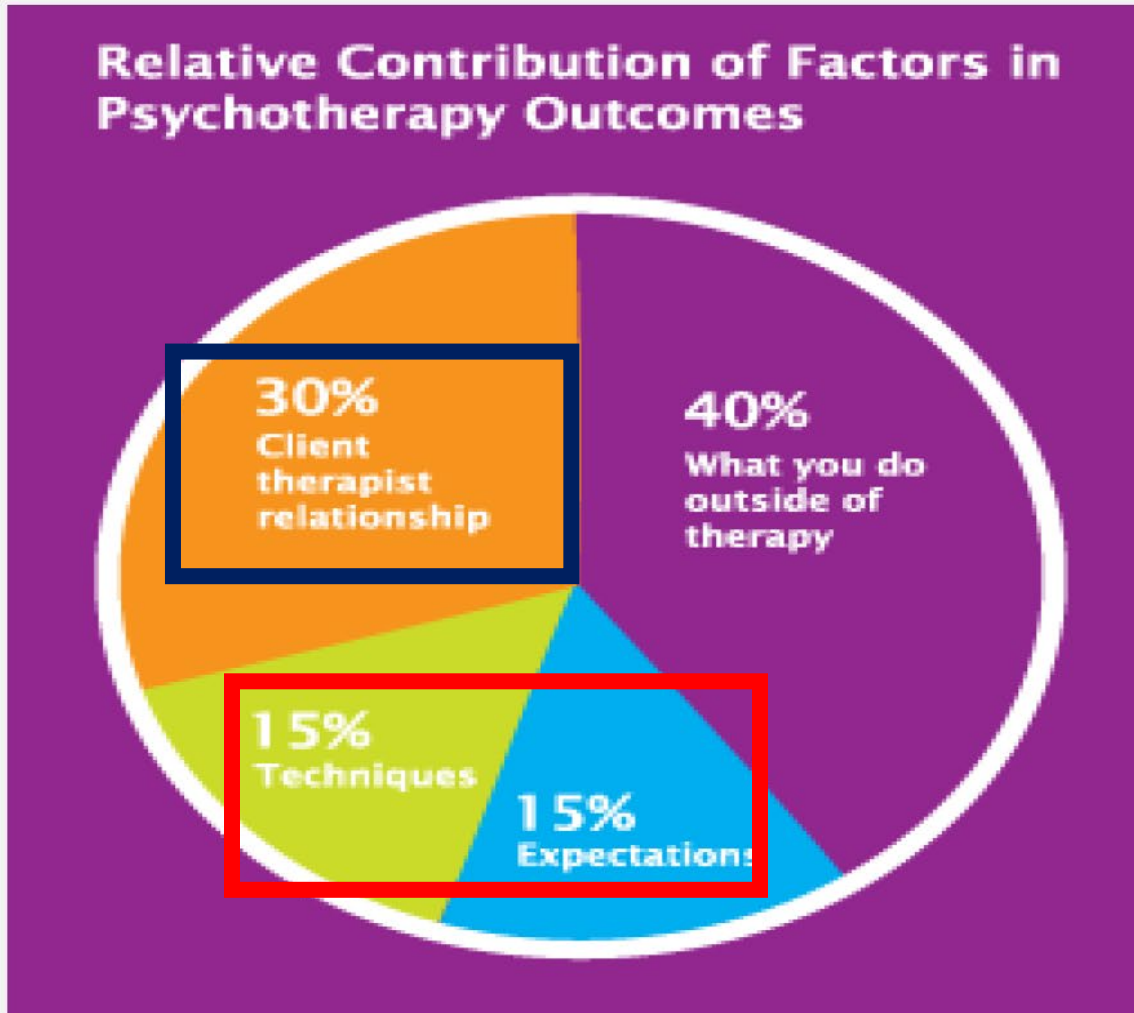
**PLL Motivational Questions = HIGH PARENT ENGAGEMENT**

# **Kesha's Feedback of the PLL Motivational Technique**

- **“Gave Me a Sense of Hope”**
- ***“I am smart & strong”***
- **Soft Start-up**
- **Dialogue for Change**
- **Empowerment**



# Common Factors of Change



How do the Common Factors influence your work as a trainer and supervisor?



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- ✓ **83% Parent Completion**
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- ✓ Q & A

# Why is Implementation So Important?

“Good outcomes for our clients occur when effective practices are implemented effectively.” (p. 69)

*Source: Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). Implementation Research: A Synthesis of the Literature. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231) p.8.*

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# An Evidence-Based Family Treatment Model

PLL Model Overview

Let's Talk

## PLL Model Overview

### 3. A Real-Time Dashboard and Quality Assurance Measures


**Parenting with Love and Limits® - PLL**  
HELPING ORGANIZATIONS RESTORE FAMILIES®
[WWW.GOPLL.COM](http://WWW.GOPLL.COM)

Home | **Dashboards** | Cohort Tracking | Client Information | Assessments | Group Fidelity | Coaching Fidelity | Video Fidelity | Relapse Prevention | Reports
Signoff

Contracts: AKANEC02 — Peninsula Community Health Services ▼  
 AKANEC02 - Peninsula Community Health Services  
 License Period Displayed: Site Average Over All Periods  
 Contract Type: Alternative to Placement  
 Number of New Families Served: 125

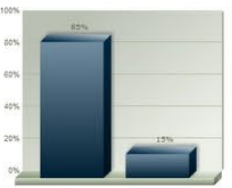
-- Select License Period -- | -- Select Client Type -- | -- Select Condition Code -- |

[View The PLL Logic Model](#) | [Demographics](#) | [Referral Tracking](#) | [Completion Rates By Therapist](#) | [Relapse Prevention](#)

#### PROXIMAL (SHORT TERM OUTCOMES)

##### Completion Rates


Does PLL achieve 70% or better parent graduation rates?



Completers = 99, Non-Completers = 18  
 Families In Process = 5  
 Administrative Closures = 7

##### Referral Engagement


Percentage of Eligible Referrals who complete a face-to-face intake interview and come to at least one PLL session.



[Example Calculation](#)

##### Lengths of Stay

Does PLL achieve lower lengths of stay as compared to the current LOS of youth receiving non PLL mental health and/or probation services?



#### INTERNAL PLL MEASURES OF EFFECTIVENESS

- ◆ Does PLL Reduce a Youth's Severe Emotional and Behavioral Problems As Measured by the Child Behavior Checklist (CBCL) Instrument?
- ◆ Does PLL Increase Cohesion and Adaptability in Family Interactions as Measured by the Family Adaptability and Cohesion Scale IV (FACES 4) Instrument?

# PLL Dashboard



Parenting with Love and Limits® - PLL

HELPING ORGANIZATIONS RESTORE FAMILIES®

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[Signoff](#)

[View The PLL Logic Model](#)

Current License Period: 3/20/2013 - 3/26/2013

-- Select Another License Period --

[Change License Period](#)

[Demographics](#)

[Referral Tracking](#)

[Video Fidelity](#)

[Group Fidelity](#)

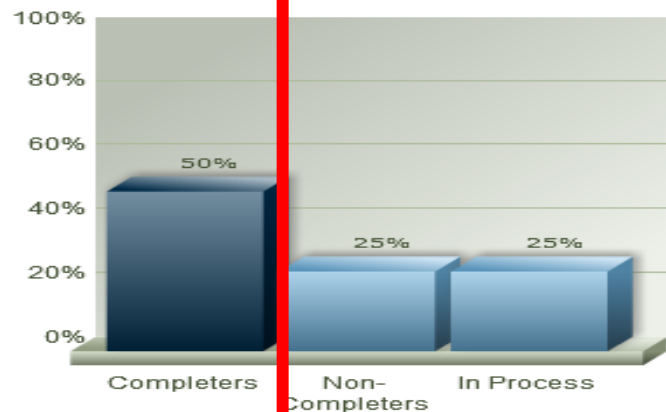
[Coaching Fidelity](#)

[Relapse prevention](#)

## PROXIMAL (SHORT TERM OUTCOMES)

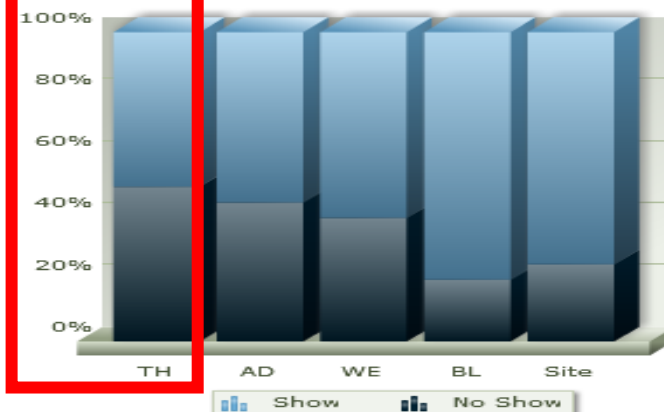
### Completion Rates

Does PLL achieve 70% or better parent graduation rates?



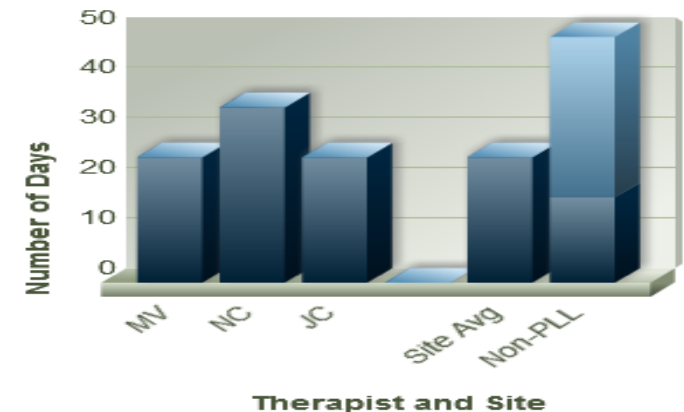
### Referral Attrition

Percentage of PLL Youth referred to program that either (A) showed up for a minimum of two sessions (group and/or family therapy) or (B) no showed or unable to contact.



### Lengths of Stay

Does PLL achieve lower lengths of stay as compared to the current LOS of youth receiving non PLL mental health and/or probation services?



## INTERNAL PLL MEASURES OF EFFECTIVENESS

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- ◆ Does PLL Increase Cohesion and Adaptability in Family Interactions as Measured by the Family Adaptability and Cohesion Scale IV (FACES IV) Instrument?
- ◆ Does PLL Increase Parent and Youth Readiness to Change As Measured by the URICA Readiness to Change Instrument?





Avoids Exploring the Problem in Detail

# VSM (Video Supervision Manual) - BEGINNER MEASURE



Therapist's Name:	Loni M-- Supervisor Michael Coffman
Date of Video Review:	October 24, 2014
Number of VSM Checks for this PLL Coaching Phase:	#1

## KEY COMPONENTS

Legend for Process Domains:	Extremely Poor: Gross neglect/deficit in domain	Poor: Deficit in domain	Average: Domain met with basic competency	Well: Domain met with above average competency	Extremely Well: Domain met with exceptional competency
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### Beginner Level Mastery for Step 1: Social and Strength Section

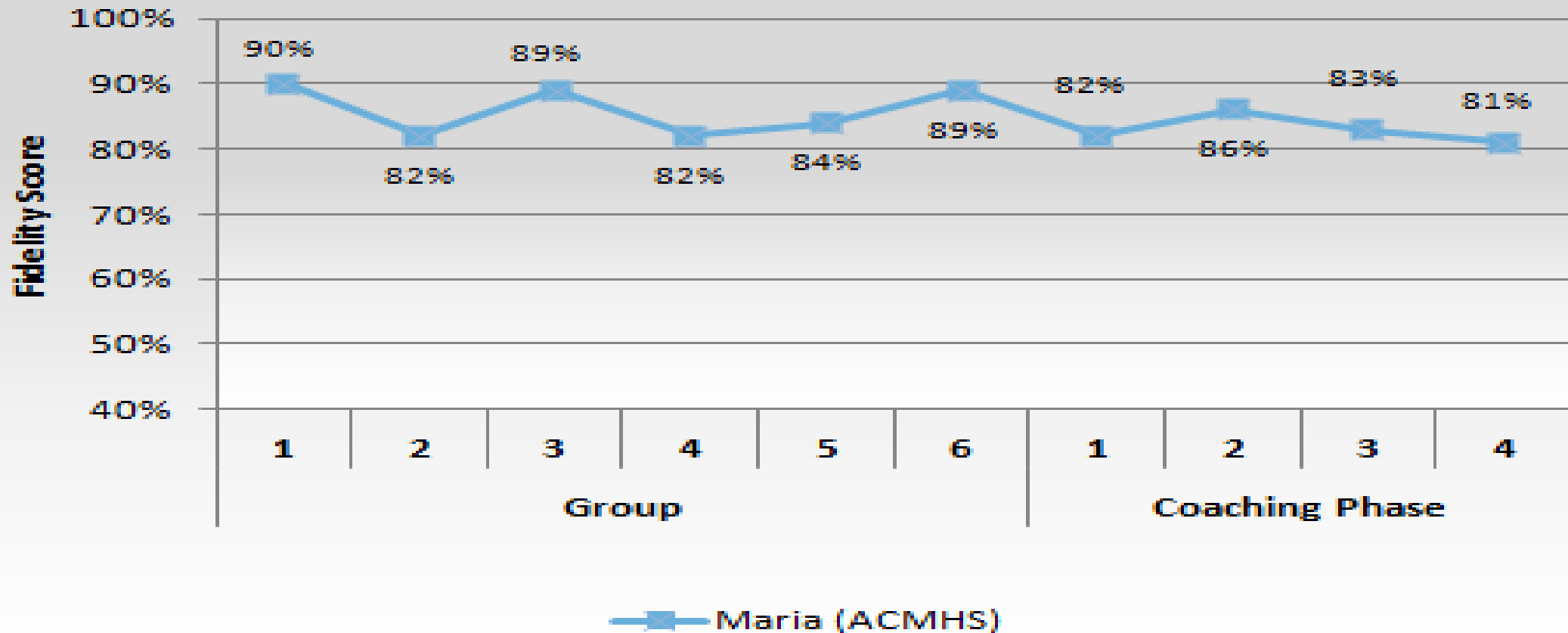
1. <b>Content Measure:</b> Did the therapist engage the family by gathering information on hobbies and interests?	0 No	1 <b>Yes</b>		
2. <b>Content Measure:</b> Did the therapist inquire about the family's strengths/what they are proud of in each other?	0 <b>No</b>	1 Yes		
3. <b>Process Measure:</b> How well did the therapist evidence joining with the family? (e.g. use of Accommodating Techniques, demonstration of Empathic Attunement and Utilization of client strengths)  <i>Joining throughout very high. Missed opportunity here to get at what each person admires about other. (See Areas to Improve On)</i>	Extremely Poor 1	Poor 2	Average 3	Well 4  Extremely Well 5
<b>Homework: Re-watch 3:08-3:29</b>				



# Fidelity Dashboard

## PLL Video Fidelity Adherence Level (ACMHS only)\*

\*No data or incomplete data for PCMHS, PHH, RYC, AYS, and Kodiak



# Dashboard

## INTERNAL PLL MEASURES OF EFFECTIVENESS

- ◆ Does PLL Reduce a Youth's Severe Emotional and Behavioral Problems As Measured by the Child Behavior Checklist (CBCL) Instrument?
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- ◆ Does PLL Increase Parent and Youth Readiness to Change As Measured by the URICA Readiness to Change Instrument?

### Child Behavioral Checklist

[CLICK HERE](#)

for Individual  
Youth Score

[CLICK HERE](#)

for Total Site Score

### FACES Scale

[CLICK HERE](#)

for Individual Youth  
or Parent Score

[CLICK HERE](#)

for Total Site Score

### Readiness to Change Scale

[CLICK HERE](#)

for Individual Youth  
or Parent Score

[CLICK HERE](#)

for Total Site Score

## CBCL Scale

### Purpose

PLL is a Model Designed to Reduce Severe Emotional and Behavioral Problems in Youth.

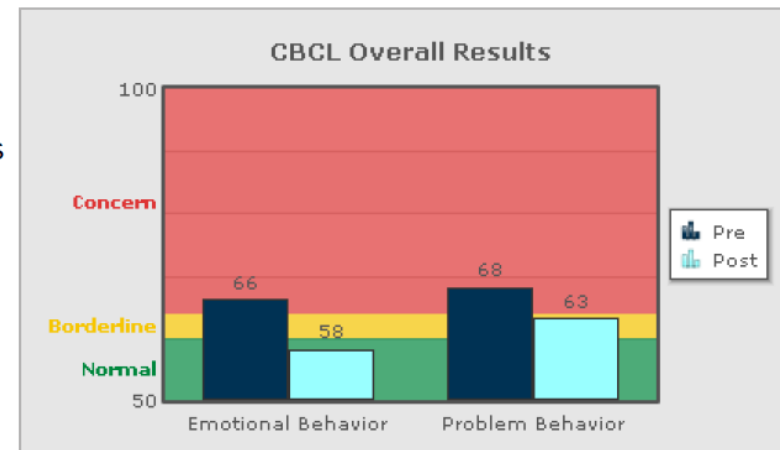
- The Child Behavior Checklist (CBCL) is a validated, standardized assessment instrument that measures changes in emotional or behavioral problems of children as reported by parents/caregivers

### Administration of Scale

- The scale is administered two times: Before PLL Begins and after PLL Graduation.
- Results are divided between Emotional Problems such as depression, anxiety, or somatic/physical problems (headaches, back aches, etc) that have no medical explanation and Behavioral Problems such as aggression and rule breaking.

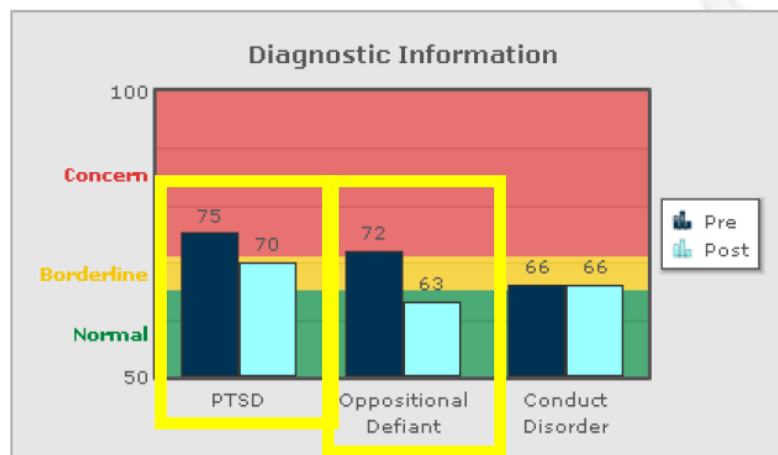
### Outcomes

- Pre-test scores in the concern or borderline range that drop two or more points on the post-test indicate that the parent/caregiver views a significant positive change in their child's emotional and/or behavioral problems as a result of the PLL treatment model.

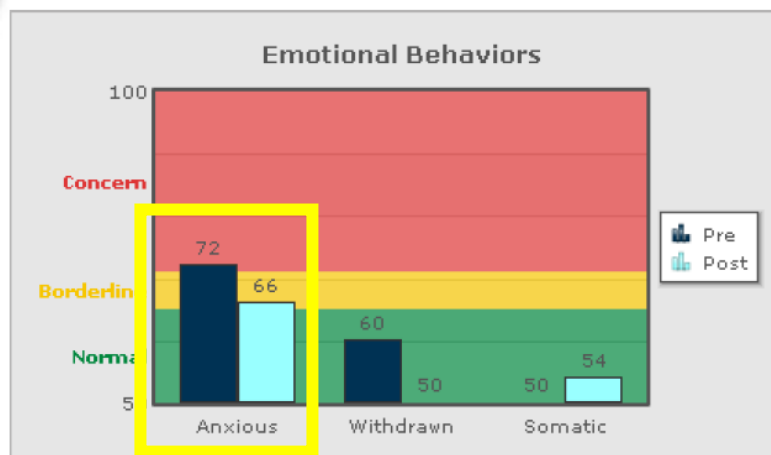


### Subscales of specific changes in emotional & behavioral problems are presented below:

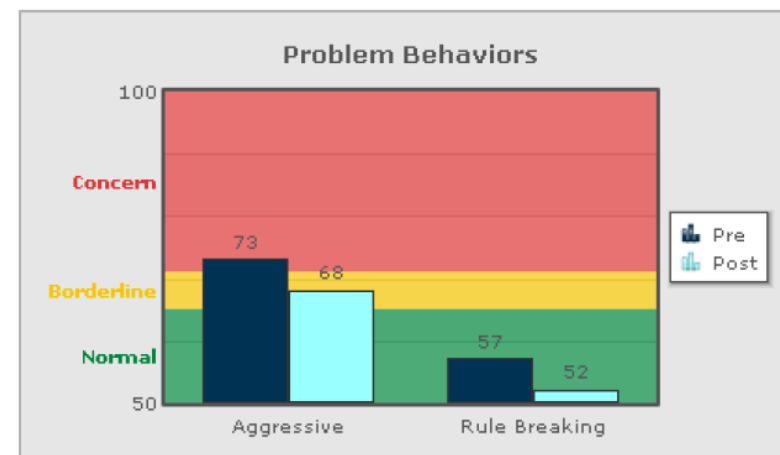
*Improvement is reflected in a decline from pre-test to post-test.*



**Oppositional-Defiant and Conduct Disorder** are prolonged patterns of antisocial behaviors such as serious violation of laws, social norms, and rules.



**Emotional Problems:** consists of severe anxiety, withdrawal problems like depression, or physical problems like migraines.



**Behavioral Problems:** Aggression or violence or chronic rule breaking behaviors associated with Conduct or ODD Disorder.

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**EVIDENCE-BASED  
FAMILY TREATMENT MODEL**

# Goal: Effective Implementation

## Benchmarks to move along COE Stages of Development

Survival	Stable	Success	Significance
Therapist leaves in first 8 months (or new therapist has not yet reached 8 months)	No Therapist attrition in first 8 months	No Therapist attrition in first 10 months	No Therapist attrition in first 12 months <b>Team 12 months</b>
Clinical Minimum not met	Clinical Minimum Met	Clinical Minimum Met	Clinical Maximum Met <b>Team served 42 families</b>
Graduation Rate Below 70%	Graduation Rate 70% or higher	Graduation Rate 70% or higher	Graduation Rate 80% or higher <b>Grad Rate is 100%</b>
Video Supervision Baseline not attained	Video Supervision Baseline Attained	Video Supervision Baseline Attained	Advanced (Video) Model Adherence <b>In the Advanced Level</b>
Administration of Internal Measures Below 80%	Administration of Internal Measures 80% or higher	Administration of Internal Measures 85% or higher	Administration of Internal Measures 90% or higher <b>94% of the pre-post pairs for the 29 Completers</b>
	<b>Must meet 4 of 5</b>	<b>Must meet 4 of 5</b>	<b>Must meet 5 of 5</b>





# PLL Team: NY Westchester



ORIGINAL ARTICLE

# Statewide Implementation of Parenting with Love and Limits Among Youth with Co-Existing Internalizing and Externalizing Functional Impairments Reduces Return to Service Rates and Treatment Costs

Emma M. Sterrett-Hong<sup>1</sup> · Eli Karam<sup>1</sup> · Lynn Kiaer<sup>2</sup>

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**Abstract** Many community mental health (CMH) systems contain inefficiencies, contributing to unmet need for services among youth. Using a quasi-experimental research design, we examined the implementation of an adapted

health difficulty (CDC 2013; Merikangas et al. 2010). On average, 40–75% of children in the United States with mental health disorders do not receive the services they need (Mental Health America 2015; NIMH 2001). Due to

# 1 year after completing PLL treatment: Do kids return?

**Table 4** Intent-to-treat comparison of return-to-service rates between PLL youth and youth in the comparison group

Outcomes within 1 year of completion	Percentages		t test for statistical significance			Effect size
	PLL (n=296) (%)	Control (n=296) (%)	t	DF	p	Relative risk (%)
<b>PLL Length of Service 78 days (2.6 months)</b>						<b>TAU Length of Service 365 days (12 months)</b>
Out-patient treatment	35.14	89.53	16.50	502	<0.001	39.25
Crisis services	8.45	26.35	5.91	497	<0.001	32.05
In-patient hospitalization	2.70	8.78	3.21	469	<0.001	30.77
Residential/alternate care placement	2.70	8.45	3.07	474	0.001	32.00
Overall return to services	39.19	94.93	17.92	409	<0.001	41.28

**83%**

**Family Engagement & Completion Rate**

**Treat the Entire Traumatized Family and IT**

**Group + Family Coaching Together**

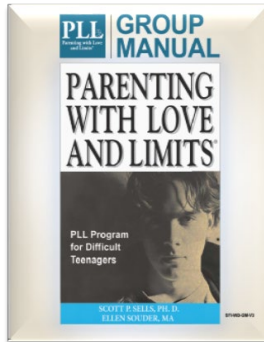
**Implementation with Dashboard, Video  
Supervision, Task Force, and Staff Awards**

**Good Things Can Happen**

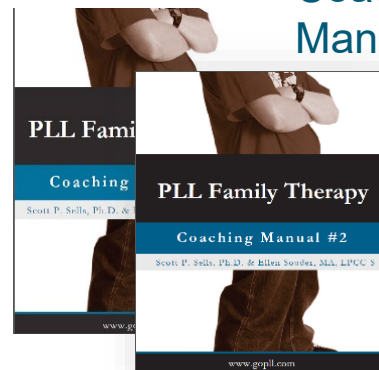
# PLL MATERIALS

All Materials Available in Spanish

## MANUALS

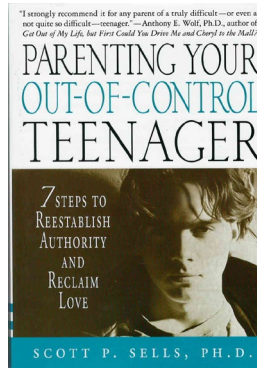


Group Manual

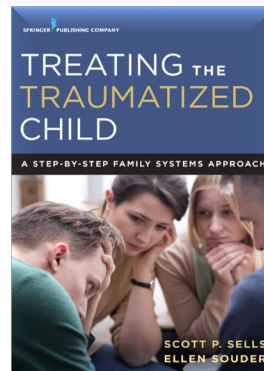


Coaching Manuals

## REFERENCES



Parent Reference Book

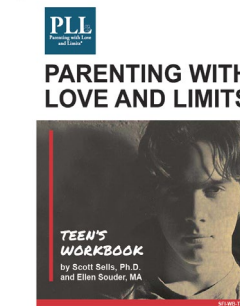


Therapist Reference Book

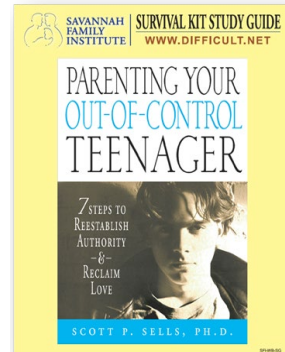
## WORKBOOKS



Parent Workbook (Blue)



Teen Workbook (Red)



Parent Survival Guide



## Experiential- Inside Out

What is it like to experience the *PLL Model* on each of these perspectives?

- ✓ Parent, Foster Parent, or Extended Family Member
- ✓ A Case Manager
- ✓ A Therapist
- ✓ A Lead or Provider Agency
- ✓ A CEO or Clinical Director

# **You Had Me at Hello-** **The PLL Motivational Technique**





**For More Information**

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**Questions or  
Comments**