MCI Advanced Training: Supporting Families in Crisis

February, 2011

Meri Viano and Dalene Basden, Parent/Professional Advocacy League

Kappy Madenwald, Madenwald Consulting, LLC
Massachusetts Behavioral Health Partnership
Topics for Discussion and Exploration

- The "lived experience" of wraparound principles and values
- How the stories we tell and the stories we are told lead to a new perspective
- Ages and Stages: Engaging with children and families “where they are now”
- Intervening with families in an individualized way
- Connecting families with resources that are meaningful and real
- Taking care of yourself so you can take care of others
Format for the Day

- Group Coaching/Consultation
- Highly Flexible, Participant-Driven Format
- Fine-Tune Skills
- Peer Review of Challenging Interventions
- Application of skills
- We don’t want anyone to go away with an unanswered question
Thoughts for the Day

- The focus today is on the “family support” component of the MCI service.
- The “family support” component of MCI is a responsibility of ALL team members.
- Two major components of family support are:
  - Understanding the value of ‘lived experience” in providing family support.
  - Understanding how the “10 Wraparounds principles” apply in real life for families.
- Even without “lived experience” MCI team members can develop a good understanding of the journeys families take when a child has mental health needs.
Thoughts for the Day

- None of us, even those in the room who are Family Partners, have lived EVERY experience.
- So today is about all of us:
  - Broadening our world view
  - Apply what we have learned from our own personal and family journeys (which may or may not involve mental health) in being open to the families we work with
  - Remembering that the families we work with are best able to show us—through their voices, choices and priorities—what the journey is for them
18-Month MCI Anniversary

- How are we “responding to families” today compared to pre-MCI?
- What do we understand about “Family Journey” that we didn’t understand then?
- Are we talking to families differently?
- Are parents talking to us differently?
18-Month MCI Anniversary

A personal perspective…
The “Lived Experience” of Wraparound Principles and Values
The Ten Principles of Wraparound

1. Family voice and choice
2. Team-based
3. Use of natural supports
4. Collaboration
5. Community-based
6. Culturally competent
7. Individualized
8. Strengths-based
9. Persistent
10. Outcome-based
The “Lived Experience” of Wraparound

- You have seen the list 100 times—but how is it working in practice?
- What are we doing best in MCI?
- Where are the biggest challenges?
Personal reflections on Wraparound…
One parent’s story
The “Lived Experience” of Wraparound

Connecting the 10 principles to one’s own life experience…

- Begin by understanding the principles
- How do/did the principles apply in your own life or experience?
- Your journey
- Your accomplishments
The “Lived Experience” of Wraparound

“How about when I HAVEN’T had the lived experience of the family I am working with?”

- How have you developed an effective connection?
- How did you do it?
- For persons in the room who do not have “lived experience” how have you developed your family support skills?
The “Lived Experience” of Wraparound

When you have not had the “lived experience”

(See “Lived Experience of Wraparound” Handout)
How the Stories We Tell and the Stories We Are Told Lead to a new Perspective
Telling your story
By Barry Lopez

The stories people tell have a way of taking care of them.
If stories come to you, care for them.
And learn to give them away where they are needed.

Sometimes a person needs a story more than food to stay alive.
That is why we put stories in each other’s memory.

This is how people care for themselves.
Engagement through sharing stories

People who work as Family Partners make the choice to be public with their personal stories.

As Family Partners/Paraprofessionals blend their private lives with their public roles, they use their story when it can be most helpful.

When sharing information with families you create an understanding with them that you have a shared experience.
Experiences, Stories, and being REAL helps everyone.

*When* has telling your story been most helpful?

*How* has being REAL helped everyone?

*Where* has it gotten tricky?

*How* do you tell your story in a supportive way?

*What* questions would you ask parents when talking?
Building Intuition in Story Telling

- How do you know when to tell a story?
  - What are the signals that families send out?
- If you haven’t had the “lived experience” yourself, what could you say?
- Are there times when it is not family-centered to tell your personal story?
- Sometimes “telling your own story” simply means listening
Every good conversation starts with good listening.

2009 Mike Arauz
Ages and Stages: Engaging with Children and Families
“Where They Are Now”
Some families say their life is like a Ferris wheel.

Up and down.

The journey has many paths that are not expected and we believe it will always go back up.

That is because of HOPE.
My life story is a Family Journey
Families don’t plan to have a child with mental health needs. Families have children and hope they will have a good life, go to school, maybe go to college, work, get married, and have their own children. Instead, families will probably face doctors, medication, therapists, special education, child welfare, and juvenile courts. Everything changes when mental health needs are involved. How does a parent move from acknowledging the child and family needs, to getting those needs met, and feeling competent in negotiating all of this?

We call this the **Journey**.
The Family Journey

Every family’s journey is different, but there are similarities and common feelings and reactions. The family journey is individualized and non-linear and might include stages such as:

- Shock
- Denial
- Disbelief
- Recognition
- Acceptance
- Loss
- Coping
- Adaptation
- Advocacy
The Family Journey as a Guide to Engage Families

- Consider where you think the family is on their journey
  - Ask questions to clarify
  - Be an ally—to where they are right now.

- Ask questions to seek cultural understanding
  - What’s important in their family?
  - How have they come to their understanding?

- Encourage families to describe their experience as they see it – letting them know through our body language “I’m not judging you.”
The Family Journey as a Guide to Engaging Families

- Use your instinct to start with an approach that seems to fit the “stage” of the journey.
- Adjust as you gain more understanding.
- As a parent, what would be useful to you if you were in:
  - “Shock” stage?
  - “Acceptance” stage?
  - “Adaptation” stage?
The “Family Journey” handout in your packet gives additional information about WHAT families may experience and HOW they can be supported during various STAGES of the journey.
The Family Journey as a Guide to Engaging Families

Pay attention to the impact you are having on the family and readjust as indicated.

- Are your actions offering relief?
  - A good sign that you are on the money

- Are your actions building tension?
  - A good sign that you need to adjust your approach.
  - A first step can be to either shift to listening mode or to ask a clarifying question such as: “What don’t I understand? Or, “What did I miss?”
The Family Journey as a Guide to Engaging Families

- Know when to be an ally and when to be an advocate
  - What’s the difference?

(See Advocacy Path/ Ally Path Handout)
Family Journey

- Remember...
  - Each family member experiences his/her own journey, and each family member needs support
  - The family as a whole has its own journey
  - The family journey is not linear. Family members can go back and forth through the stages. They always need support.
Family “Experience” with Crisis Intervention

If you think about the families that are seen by MH crisis teams, you might find that about:

- 40% of families: are NEW to crisis intervention
- 40% of families: have had AT LEAST ONE prior crisis intervention
- 20% of families: are EXPERIENCED users of crisis intervention

How you connect with a person/family will differ based on their crisis “experience”

NOTE: THIS IS NOT MASSACHUSETTS—SPECIFIC DATA, BUT IT OFFERS A WAY TO THINK ABOUT THE VARIETY OF FAMILIES WE SEE IN CRISIS
40% New to crisis Intervention

- Call to crisis might have come from someone else—can be particularly uncomfortable
- First contact with crisis team— Might not know how to explain to you what is needed
- Parent is told to call and might have inaccurate information on what the crisis team can do
- Parent might want you to come pick up the child and place them somewhere else
- Family is in need of help but knows little about the system—might not know where to start
- Won’t know the lingo, their options, their rights, etc
40% have had MORE than ONE Crisis intervention

- Family is a bit more specific about what is going on
- Family wants to know what they can do—they may be more ready for action
- They may be enrolled in services and have the intervention number as a place to call for support
- Professionals may have told them to call again due to increase in challenging behavior
- May be ambivalent about calling—frustrated that the previous intervention “didn’t work”
- Previous experience may influence how they interact, what they are willing to tell you, what they are willing to consider
20% are Experienced with Crisis Intervention

- Maybe frustrated if expected to start from scratch—again!
- More familiar with roles. May ask who they are talking to when they call. May have a preference for a clinician or a family partner.
- May tell you that their family is on ALERT for help or that they have filed a Risk Management Safety Plan.
- This family may ask you just as many questions as you ask them.
- This family may explain exactly what the problem is and what they are looking for—i.e:
  - “I want a diversion from hospitalization”.
  - “I just need some ideas over the phone.”
- Family may ask what time a team will be out and want more than one option.
Stage of Readiness for Change

- We all know from personal experience that having a “problem” and knowing how/being ready to address it are very different things.
- As providers of crisis intervention services, it is easy for us to be in ACTION mode—we are ready for families to solve the problem, and for children to stop the behavior NOW.
- But, families may be ambivalent, have questions about their ability to change, not have an acceptable alternative or have different priorities.
- We will feel the RESISTANCE if we are pushing someone into something they are not ready for—we need to adjust.
Stage of Readiness for Change

If a person/family is not ready for CHANGE, focus could be on:

1. Reducing harm from the behavior
2. Resolving ambivalence
3. Reducing exposure to things that lead to crisis
4. Focusing on self-identified priorities

We must readjust from where “we are” (often in “action” mode) to where the person/family is in order to see real change and promote healthier choices.
Working with Youth of Different Ages

Intervention style and the nature of child and parent involvement differs based on age of child/young adult.

- Talk to person/family about the role each should play during the intervention
- How involved the CHILD is, changes based on age, maturity, behaviors, willingness, etc
- How involved the PARENT is, changes based on those same “child” factors
- If child has poor insight and low willingness to change, focus may be mostly on what parents can do (and once the clinical assessment has ended it might make most sense for the child to be excused from the conversation)
- Young adults should be asked if/how they want a parent or other family member involved
Intervening with Families in Individualized Ways
“Listening from the heart with the heart…Family Partners don’t have to have all of the answers. Making someone feel heard is a very generous act.”

Family Peer Support, An orientation, PAL
Intervening with Families in Individualized Ways

As a starting point, we want to get a feel for all of the following to aid us in delivering individualized and person/family-driven care. We want to know…

- Where is the person/family on their “Journey” now?
- What experience have they had with “Crisis Intervention”?
- What is the stage of “Readiness for Change”?
- What is the age of the child/young adult and how does that inform the level/type of involvement of the parent/guardian?
Intervening with Families in Individualized Ways

In Addition…

- The FAMILY’S beliefs, values, and practices play a role in decisions they make when a crisis occurs.
- Parents come in having had varying experiences in previous interactions with professionals and agencies.
- Their experiences can often have a significant impact on their beliefs, attitudes, and expectations of other helping professionals and agencies.
Negative experiences with the mental health care system or other helping professionals often leave parents apprehensive or distrustful of those offering help.

Challenges at the system level, including limited services, long wait lists, insurance barriers, and poor-quality care, may further discourage parents from seeking help. Parents often feel like they are judged for not doing enough, not finding the right help, and especially for having caused their child’s problems.
Intervening with Families in Individualized Ways

What are reasons that a family might choose not to call the police?
Intervening with Families in Individualized Ways

What are reasons that a family might choose not to call an MCI Team?
Intervening with Families in Individualized Ways

Can a family solve a serious mental health crisis without us?
Intervening with Families in Individualized Ways

Four Styles of Family Crisis Management:

- Preference for FORMAL services
- Preference for a mix of FORMAL Services and INFORMAL supports
- Preference for a mix of INFORMAL supports and Self-Management
- Preference for Self-Management

Family Styles
Intervening with Families in Individualized Ways

Think about your own preferences...what “style” of crisis management best fits you/your family?
QUESTION:
Can a Risk Management Safety Plan reduce risk if it doesn’t include formal services?
Individualizing the Crisis Plan

How do we help families develop a Risk Management Safety Plan that is a match to their:

- Journey
- Stage
- Age of child
- Style
- Readiness
Individualizing the Safety Plan

- If the family isn’t a part of it, it isn’t a safety plan!
- It should reflect not what the provider necessarily wants, but what the family WILL ACTUALLY DO
- The plan should be a real working tool that is authentic, meaningful, usable and person-family-owned
- The plan should leave the person/family feeling more optimistic that they have a better strategy for “next time” and the ability to find QUICK ideas, supports and numbers
Individualizing the Crisis Plan

- Development a plan that is sensitive to timing and circumstances for the child/family
- Plans that are filled with things that “we” (the provider) would do, give “us” (providers) a false sense of confidence that the risk of harm is reduced
- Depending on the age, maturity level, insight, and vested interest in treatment, the strategies will be different
- It diminishes the authority of the parent and the credibility of the plan to have it filled with actions that a child is unlikely to take
Individualizing the 72-Hour Intervention Period

- Decide with family the amount of support desired
  - Describe the options
  - Allow the family to choose the amount and type of support that is desired

- Some areas of focus might include:
  - Trying out the RMSP and making changes if needed
  - Continued parent support, giving information, system navigation
  - Facilitating referrals to meaningful resources

- Ensure the family perspective continues to be considered
- Advise/collaborate with the clinician in assuring that they understand the parent’s journey
Connecting Families to Resources that are Meaningful and Real
Connecting Families to Resources that are Real

• Many families have shared the experience of receiving referrals to services that no longer exist, have intolerable wait lists, or offer services other than promised
  • We don’t want to waste families’ time.
  • We want families to be welcomed and understood by the agencies/providers to whom we refer
  • We, ourselves, need to be clear about the services offered, areas of expertise, wait lists, treatment expectations, and other caveats that are meaningful to families
Connecting Families to Resources that are Real

“A key part of the Family Partner job is building your resource files and finding opportunities to share this information with families…always be on the lookout for resources and find a way to file and keep track of them. It’s a good idea to ask about these resources and organizations in your travels. If you are making referrals, you should also keep your ear to the ground about whether families are finding your referrals useful. Whenever possible, double-check your information to make sure it is not based on one source. Let families know how strong your information is, so they can make their own decisions.”

The PAL Guide for Family Support Specialists
Connecting Families to Resources that are Real

Remember it is not every family’s style to use Formal Services…so be sure you are aware of and know how to refer to informal resources as well
Connecting Families to Resources that are Real

- Family to Family Connections
  - The benefits of connections to others who share similar experiences
  - The power of support that is honest and real
  - The power of a peer support group to effect change
  - Remember how to connect families to other families
  - Remember how to connect families to the family organization

*It’s all about HOPE*
“I felt as though there was no one else who had the same problems that I did. Nobody talks about their kids wanting to kill themselves. The state sent me to the Federation of Families for Children’s Mental Health Conference. Amazing, there were 500 people just like me.”

M.P., parent 1998
“I felt like I was different. No one like me was around. I was the different kid. Just like me being the different kid, my parent’s were different too. We had hospital’s, school meeting after meeting. Our family had no one that visited us. Finally, I had a youth group, and my parent’s had support groups.”

PAL youth 16yrs old
Who is PPAL?

PPAL is the statewide family organization of the national Federation of Families for Children’s Mental Health. We are a network of over 4000 families working together to improve access to mental health services for children, youth and their families.

We are the **ONLY** family organization that focuses on children with these needs in the state.

We believe systems work better for our families when they support family driven and youth guided care.
Last year, 26,439 families received services from PPAL

- 846 attended training events
- 118 attended conferences
- 1,064 attended support groups
- 19,223 received individual assistance
- 1,316 youth attended youth groups and events
- 1,845 subscribe to monthly e-newsletter and listserv
- 379 families and youth participated on policy groups
PAL Resources for MCI
Family Partners/Paraprofessions

- E-Newsletter
- Statewide Meetings
- Listserv

For more information go to:
www.ppal.net
Taking Care of Yourself so You Can Take Care of Others
“It’s like second hand smoke—other people’s problems can get to you—you have to clear it out each day or it can burn you out.”

Ruthanne Fennelly, Parent Advocate, NY

“It’s important to give yourself the time and space and breathing room so that you can continue to be helpful to families for the long run. Put your own oxygen mask on first.”

The PAL Guide
Taking Care of Yourself…

Whether you are a Family Partner, Paraprofessional or Clinician, the role of Family Support in MCI can be rewarding, but it also can have an impact on our health and wellness.

- What are you noticing about the impact of the work 18-months in?
- What has been most helpful in managing the stressors that are part of this work?
Taking Care of Yourself

- Some situations are more personal than others—it helps to prepare ahead of time and put your “professional shield” in place
- Set healthy boundaries. In MCI, there are new families to work with every day. Be careful to not overextend yourself. Develop referral pathways to other family support services
- For persons with “lived experience”—it’s up to you to decide when and what to share
- Demonstrate compassion but guard against fatigue and burn-out
Taking Care of Yourself

• Separate home from work (Remember they are not all your kids—try not to take them all home with you)
• Maintain balance between professional demands and personal needs
• Allow yourself “down time”
• Connect to other Family Partner’s/Paraprofessionals in the field who are in a family support position
• Expand your “world view” by paying attention to the variety of families—there are a lot of ways of being “normal” and the job gets easier as we increase our understanding of this
Taking Care of Yourself

- Take the time to balance professional demands and personal needs
- Remember the priorities and expectations of the job
- Make a transition ritual to switch from work to home
- Get support, speak with my supervisor
- Embrace change as the MCI team grows
- Join supports to have support for myself
- Not to personalize conflicts
Closing Thoughts...