



Creating a Culture of Proactive, Intentional Support

**The Family Involvement Center,
Phoenix, AZ**



let's practice!

Read the scenario you've been assigned and write a step-by-step response.

Be prepared to share your response during large group discussion.

Intervention stages for peer supports

Reactive:

- Initial phase.
- Intervention responds to behavior/need.
- Staff focus on discovery, engagement and trust building.
- Family focus on developing trust.
- Advocates for environmental change.
- Focus on relationship with the parent.
- Can be problematic if it persists beyond the initial phase.
- **Behavior-focused interventions produce temporary change.**

Proactive:

- Subsequent phases.
- Intervention responds to need/behavior.
- Staff focus on planning, data collection and fostering independence.
- Family focus on creating change.
- Offers context for “big behavior.”
- Focus on relationship with parent and team.
- Can be problematic if rushed.
- **Needs-based interventions produce lasting change.**



**Step one:
Connect with the Family**

let's practice!

- **Practice:**
 - Large group activity.
- **Task(s):**
 - Respond to each statement:
 - *Is it true?*
 - *Is it false?*
 - *Is there sufficient information to draw a conclusion?*

Be prepared to share your answers with the larger group.



“Your interpretation guides your intervention”

The way we see and speak about the families we serve influences how we serve them in subtle and not so subtle ways.

- All interventions are purposeful.
- We see strengths in every need.
- We withhold judgement.
- We always assume positive intent.
- We speak to families as we would want others to speak about us.
- We focus on our role.
- We believe big behavior reveals a lack of skill and not an act of will.
- We model and encourage others to interact with families in the same way.

Setting the stage for help

Immediate needs are urgent conditions which are currently causing, or have the potential to cause, concerns about the health, safety or security of the youth or a member of their family.



What would you do?

Some things to keep in mind:

- Very few needs rise to this level.
- The midst of a “crisis” can often be the worst time to help families:
 - It’s easy to minimize the youth and family’s contribution.
 - Solutions nearly always more about our preferences and less about the youth and family’s.
 - Our interventions establish precedent and shape our ongoing relationships with families and team members.
 - Culture influences practice patterns. What type of intervention does your agency culture promote?

Intervention framework

Helpful:

Efforts on behalf of a youth or family that draw heavily on the skills, expertise, relationships and resources of the helper, and most often results in the resolution of crisis or other difficulty.

Useful:

Efforts on behalf of a youth or family that rely heavily on the skills, expertise, relationships and resources of the family, with the support of the helper, that may or may not result in the resolution of the crisis or other difficulty.

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Strategy	Helpful?	Useful?
Provide mother with the name of the local food pantry and a bus pass.	X	
Ask mother what she's done in the past to resolve this situation.		X
Pick up needed supplies and drive them over to the family home.	X	
Ask mother how many people she called before she called you.		X
Ask mother what ideas she has about solving the problem.		X

Meeting immediate needs is a reactive intervention

There is no one right way to help families.

- A framework is a way of organizing responses in support of a theory. It is not a mandate or a directive.
- Remember that every reactive situation has proactive potential.
- People under stress are often less clear headed, productive and energized than people who are not. Be sure and ask the family what they're able to do.
- Used intentionally, a "helpful" intervention is a legitimate strategy for kickstarting engagement and building trust.

Skill building for peer supports

- Are you a firefighter, a fixer or a facilitator of change?
- Be intentional about the response you choose. Avoid helpful interventions in disguise.
 - *“What can you...”, “What do you...”, “What have you...”* questions draw families back to their own prior successes.
- Train your ears to “hear” immediate needs before they become so immediate.
- If the family has no plan, what does that mean? And what should your contribution be?





**Step two:
Make your Plan**



let's practice!

Why Would Anybody Act that Way?

“Your interpretation guides your intervention”

About behavior:

- Behavior is a reflection of unmet need.
- People do well when they can.
- Behavior is predictable 99.9% of the time.
- All people can learn.



People do well if they want to.

People do well if they can.

Interpretation:

Big behavior is an intentional manipulation designed to coerce others into giving in.

Interpretation:

Big behavior occurs when the demands of an environment or situation exceed the person's ability to cope or adapt.

Intervention goal: Compliance.

*Intervention goal:
Competence.*

Approach: Person-centered.

*Approach:
Systemic.*

Strategies: Rewards and consequences designed to provide incentive for improving behavior.

Strategies: Teach skills to reduce stress and address unmet need.

Emphasis: Reactive focus on management of big behavior after it has occurred.

Emphasis: Proactive focus on resolving and preventing big behavior before it occurs.

Needs

A need is an essential requirement of life, that, when left unmet, can create a gap or void that causes behavior to occur.

Needs:

- Define why the action is necessary.
- Establish context.
- Change infrequently.
- Can be met in a variety of ways.

Meet Josephine.....

Josephine is the mother of 16 year old Travis. Travis can be aggressive and he regularly pushes back against authority. Last week he punched Josephine in the back when she told him he couldn't take the car to school. Josephine has tried all the parenting suggestions she's been given but none have worked. She feels inadequate as a parent and worries all the time that Travis will be aggressive with his siblings.

Josephine needs.....

- To know she has what it takes to parent her son.
- To be heard about what works for her family and what doesn't.
- To know she's not judged.
- To have hope life will improve for herself and her family.
- To feel secure in her own home.
- To know all her children will be safe.

Behavior	Need statement
Johnny yells at his teacher.	Johnny needs to know he won't be ^[L] _[SEP] rushed to make a decision.
Sally skips therapy appointments.	Sally needs to know she's heard.
Frank curses at his ^[L] _[SEP] mother during dinner.	Frank needs to know it's ok to take a break when he's frustrated.
Cindy doesn't show up for a meeting with her parent partner.	Cindy needs to know it's ok to trust that her parent partner will have her back.

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Who <i>(describes the person)</i>	What <i>(describes the behavior)</i>	Why <i>(describes the need -to know, to see, to feel, to have, to be, to experience)</i>
Johnny is a liar.	Johnny can't always be truthful [SEP] with those closest to him.	Johnny needs to know it's safe [SEP] to share his feelings.
Suzy is lazy.	Suzy is able to clean her room [SEP] sometimes.	Suzy needs to be acknowledged for her efforts.
Joey is violent.	Joey can control his behavior around certain people.	Joey needs to see that his family [SEP] can keep him safe.

Strengths

- Strengths are individual characteristics, assets, capabilities, environmental factors or resources of the person and their informal and formal support network.
- Functional strengths are practical skills that make sense within the person's life.
- Strengths are attached to all behavior.
- Descriptive strengths become functional when they can be used to address a need.

Statements that invite discussion

- “It’s always bad, every day, all day. I can’t remember the last time I had a good day.”
- “She’s doing it for attention.”
- “The only predictable thing is that it’s going to happen every day.”
- “He’s doing it to spite me.”
- “We’ve tried this/that/everything and it’s still happening.”
- “My parents don’t understand me.”
- “I treat her the same way I treat my other children.”
- “He’s got (insert diagnosis here.)” OR, “I’ve got (insert diagnosis here.)”

Tips!

- Keep in mind that this may be the youth or family's first time at the planning table.
- Keep bias in check by referring to working assumptions.
- Keep an eye out for language that emphasizes compliance, rather than collaboration and partnership, e.g., “buy in,” “try harder,” “enmeshed,” won't vs can't, willing vs able.
- Help the team and family stay focused on need.
- Remember and remind others that if families and youth could do better, they would do better.

Concern or crisis?

CONCERN:

- Potential threat to health or safety
- Person is still in control
- Can be dealt with using regular interventions

CRISIS:

- Immediate threat to health or safety
- Person is out of control
- Requires individualized intervention to resolve or deescalate



Crisis is rare

- Crisis is rare if we pay attention (and respond) to the information we receive along the way.
- A crisis is not an event, it is a REACTION to an event.
- In crisis, help is needed immediately. If a concern, the right thing to do, more often than not, is to delay or defer.
- When crisis is occurring, the person's primary focus is on RELIEF.
- The worst time to prepare for a crisis is when one is occurring.

Questions for caregivers

- When is the behavior most likely to occur? Least likely?
- Around whom is the behavior most likely to occur? Least likely?
- What events, actions or objects are positive for the child?
- What events, actions or object are stressful?
- What alternative behaviors does the child know and use sometimes?
- How do you generally respond to the behavior? How often does that work?
- What have you tried in the past? What's worked the best?
- What usually happens after the behavior?

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Event	Crisis?	Concern?
Parent has to leave work to pick child up from school.		X
Child refuses to get up for church on Sunday morning.		X
Child locks the parent out of the house, doesn't respond when called.	X	
Child slaps parent across the face.		X
Mother has no food or gas ahead of a long weekend.		X

Putting it all together

Step one: Transition goal	How can we help?
Step two: Primary concern	What's getting in your way?
Step three: Need statement	Why is it happening?
Step four: Objective	What would we like to see instead?
Step five: Options	What are your ideas for how we'll get there?
Step five: Strengths	What do we have to work with?
Step six: Action steps	How will we use our resources to achieve our objective?

Johnny's story:

Johnny's an active but soft spoken nine year old who lives with his mom and seven year old brother, Jimmy. He's a third grader in a city school district. Johnny likes fighter jets, watching TV and playing his Xbox.

It's difficult to get Johnny to speak or respond to questions. He does share that school is hard for him and that sometimes he and his brother "get into it." Johnny's big for his age and his mother says that Jimmy and some of the more popular kids in Johnny's class often tease him because of his size. Johnny also has trouble learning. He has a hard time working with others and tends to handle difficult peer situations by posturing and becoming argumentative. He can be short-tempered in response to questions or redirects.

After a certain point, unless an adult intervenes immediately (and sometimes even if they do,) Johnny's behavior can lead to physical aggression and property damage. Stacey refers to these incidents as "rages" and reports that they occur approximately 8-10 times a month at home, and somewhat less frequently at school. Stacey says that last week Johnny became so angry he threw a desk chair through the family's living room window. She acknowledges that sometimes she and/or Jimmy are injured as the result of one of Johnny's "rages," as Jimmy was last week.

Stacey and her husband separated six months ago, and she reports that the split was “really hard on the boys.” She shares that while there’s been a long history of strain on the marriage - including years of domestic abuse - she and her husband are hoping to reconcile. She describes her husband, Jack, as a loving and involved father. Johnny and Jimmy spend most weekends with their dad.

Stacey’s job as choir director for an area church allows for a maximum of flexibility. She loves her job and is able to work from home most days.

Stacey’s brother Charlie is closely connected to the family in general, but he enjoys a special relationship with Johnny. Johnny and Charlie share a variety of interests, including airplanes, fishing and camping. Johnny has never experienced “rages” while in Uncle Charlie’s company.

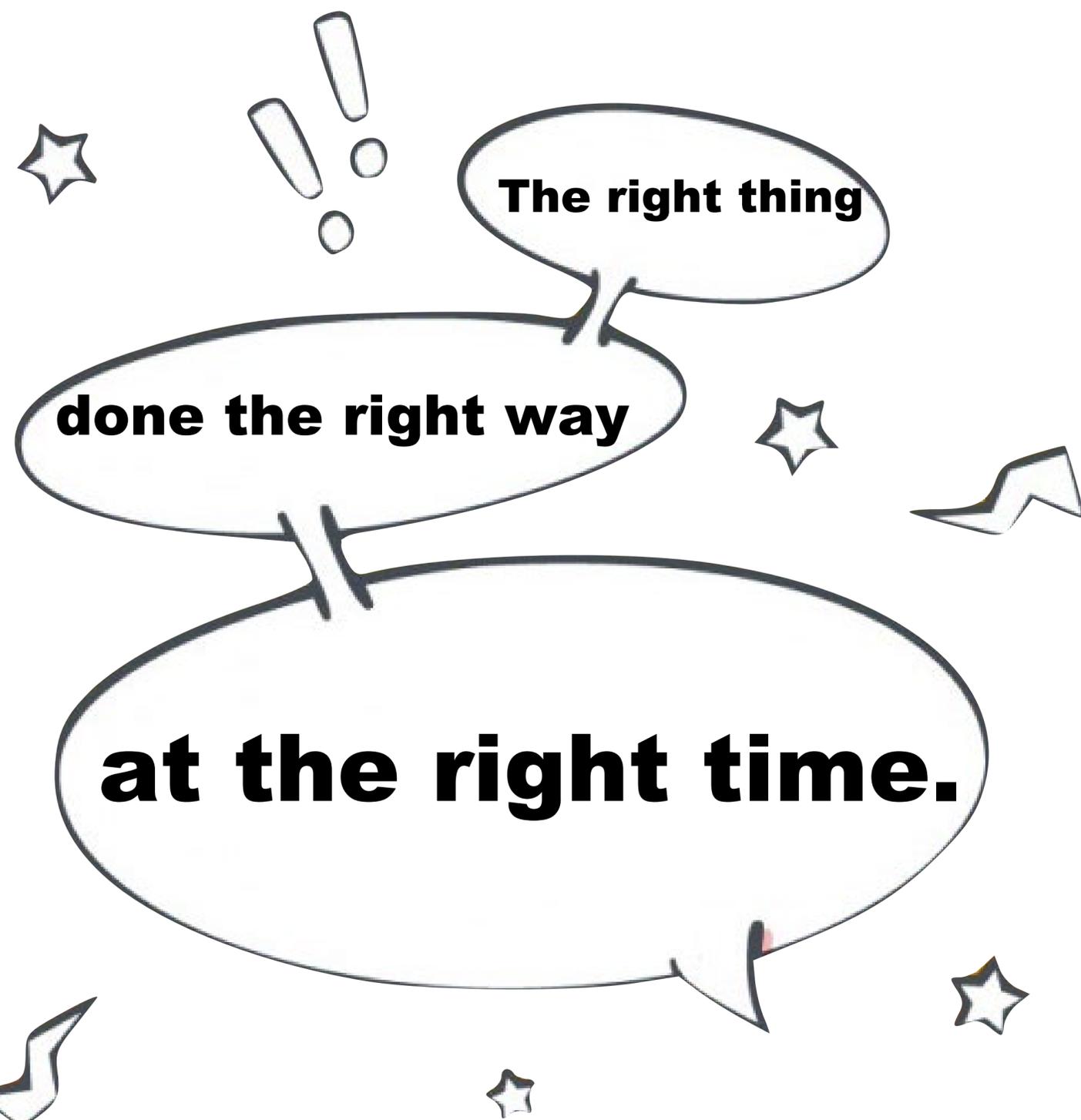
Stacey says Johnny’s struggles have gotten worse over the last several months. Knowing Johnny as she does, she’s not surprised that he’s having trouble expressing his feelings. “He worries about others more than himself. He’s always asking if I’m ok, but won’t ever talk about how he feels. It’s so frustrating.”

When asked why he does the things he does, Johnny replies, “Because I get mad... I don’t know.” When asked about antecedents, Stacey says that she has no warning when Johnny gets angry. She describes him as going “from zero to sixty in the blink of an eye...”

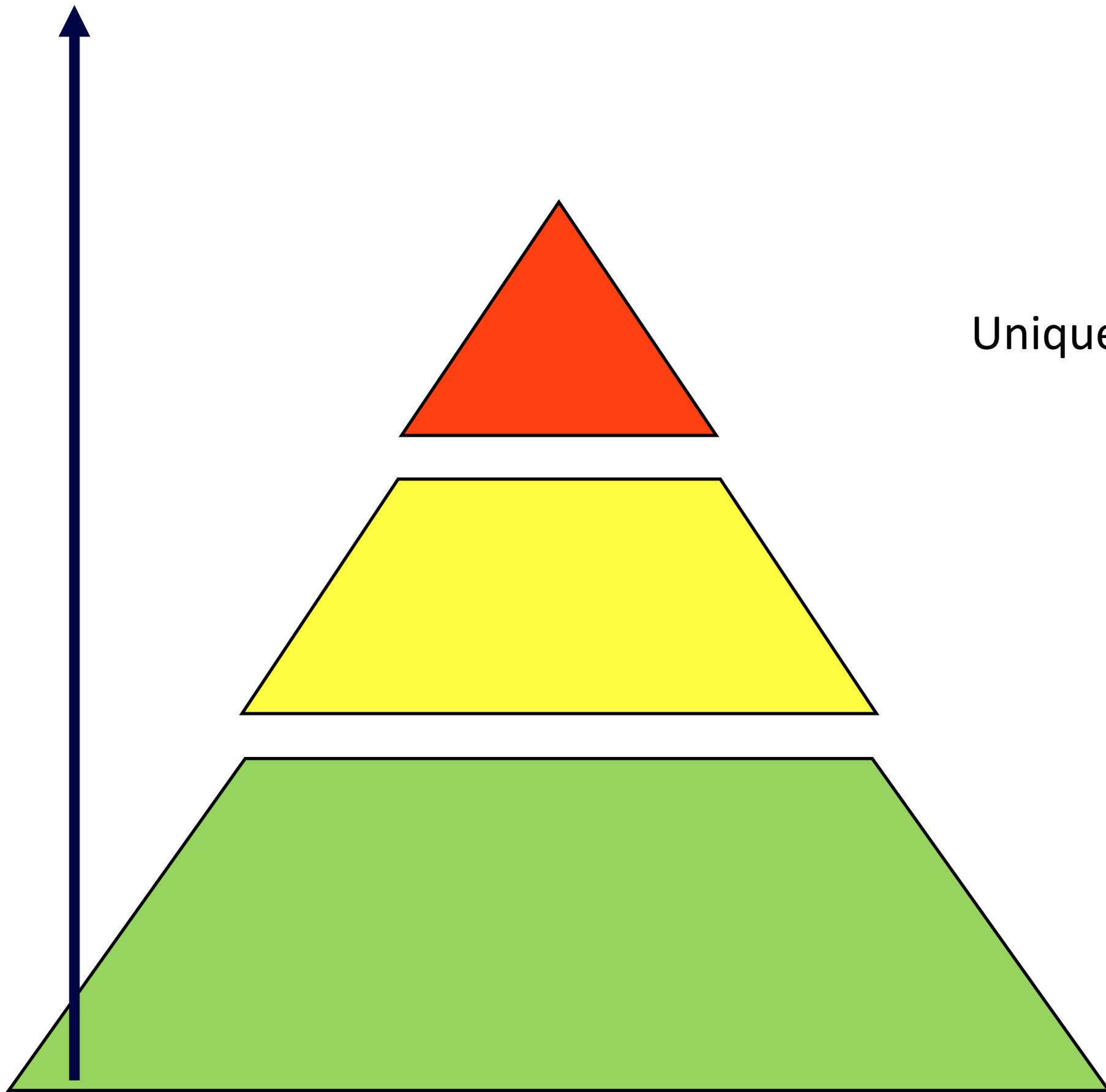


**Step three:
Tweak the “Fit”**

“Precision of fit”



- Data leads to culturally competent practice.
- Data allows people to stay objective about what is working and not working.
- Data (acknowledgement of progress, sense of accomplishment, purpose) builds a sense of hope.
- Data enriches everyone’s knowledge of family strengths, needs and culture.
- Data supports the family in understanding if they’ve made the right hypothesis about need.
- Data facilitates efficiencies, saves time, effort and cost. Conversely, ineffective data collection leads to overutilization and lousy service.



Proactive plans

Unique, creative, individualized interventions that haven't been tried before.

Preventive interventions

A focus on risk management.

Reactive responses

Evidence based and best known practices.

These questions.....

- What environmental conditions enable the big behavior? What conditions prevent it?
- Who needs to learn what to keep the situation from occurring again?
- Why can't the person take the action that's required to resolve the problem? What are they doing instead?



.....lead to these solutions.

Environmental re-design

- Adapt the environment to reduce or eliminate the need for the behavior.

Skill development

- Provide opportunities to learn and practice behaviors that work better.

Reframed context

- Create interventions that promote a new understanding of the behavior.



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Strategy	Environmental redesign	Skill development	Reframed context
Teacher will create a photo board in the classroom depicting people of all shapes and sizes interacting with one another.	✓		
Stacey will meet Johnny at the bus stop and they'll walk home together. She'll ask him about his day and they'll spend an hour together before Stacey prepares dinner.	✓	✓	
Uncle Charlie will increase his time with Johnny to one visit per week.		✓	
Johnny will help teacher make small group assignments by identifying which students he wants to partner with.			✓
Johnny and Uncle Charlie will create a feelings chart which will be posted on the refrigerator at home and at school.	✓	✓	
Johnny and Stacey will ensure that the doors and windows are locked every night before bedtime.			✓
Johnny will use the chart to practice feelings expression with his mom, dad, Uncle Charlie and the family therapist. Johnny will decide on his own if/when he wants to share his feelings.		✓	

Curiosity:
The path to reframing

Why would anyone act this way?

What might be the positive intent behind this action or behavior?

What are some of the positive outcomes associated with this action?

What's the best way to resolve this situation?



Challenges reframed

Challenge: Family is in perpetual crisis.

- ***strength areas:*** sticks together even when the going gets tough; can survive challenging situations
- ***need areas:*** needs to see that life doesn't have to be chaotic; helpers need to understand how the family defines "normal."

Challenge: Family resists agency intervention.

- ***strength areas:*** believes in taking care of their own; has faith they can get through difficult times.
- ***need areas:*** needs to know that it's safe to trust others; helpers need to understand what "help" means to the family.

Challenge: Youth hangs out with a "tough crowd."

- ***strength areas:*** wants peer connections, can make friends.
- ***need areas:*** needs to be seen as a leader; needs to know that s/he can have fun without getting into trouble.

let's practice!

- Youth has trouble being honest with his parents.
- Parent has not completed assigned tasks.
- Family cancels appointments.



What is a barrier?



A barrier is an obstacle experienced by a helper or helping system that impedes the development or implementation of a plan of care.

Barriers discovery and resolution is a normal and necessary part of any helping process.



Barrier types

- **Process:** Barriers that exist as a result of a breakdown within the wraparound process.
- **Resource:** Barriers resulting from the team's inability to locate or access an essential plan of care resource or service.
- **System:** Barriers arising from formal system processes/protocols that inhibit a necessary action being taken.

**Anything can be a barrier,
except for the family.**

What can the peer partner do to avoid barriers?

- Understand how the system works.
- Work to build team cohesion and unity.
- Empower the perspective of others, but privilege the family's perspective.
- View resistance as an opportunity.
- Deconstruct challenges into their strengths and needs components.
- Use data to quantify and clarify.
- Hold team members accountable to core values.
- Be aware of your own vulnerabilities.
- Remain curious.



Step four: Make a Graceful Exit



let's practice!

Practice:

Small group activity.

Task(s):

Separate into small groups and assign a reporter.

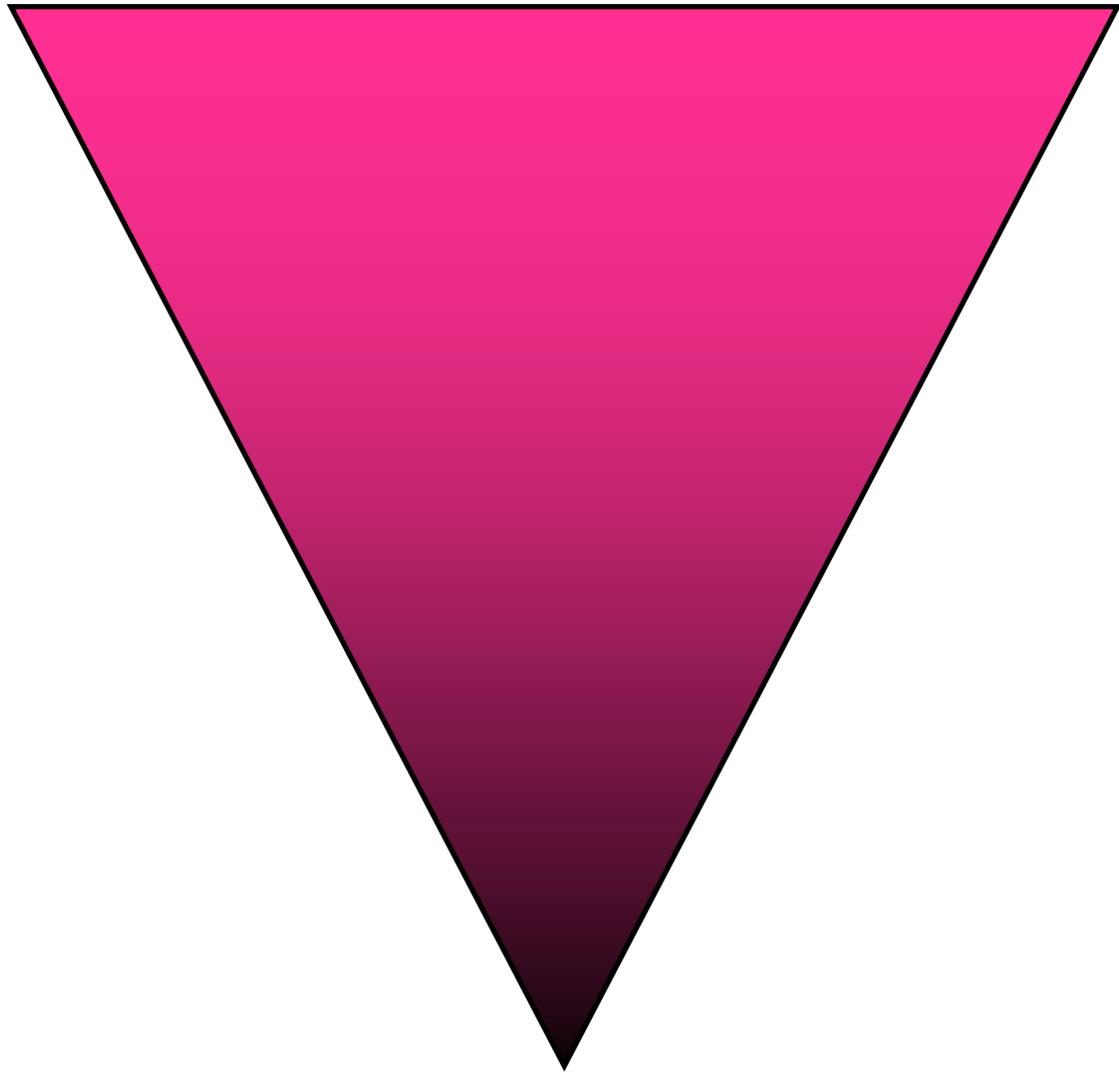
Create a list of items you collectively have or own that you'd bring with you to compete on the TV show Naked and Afraid.

Be prepared to share your list with the larger group.

Tools:

Post-It paper.

**Covered Services/Interventions
(FORMAL)**

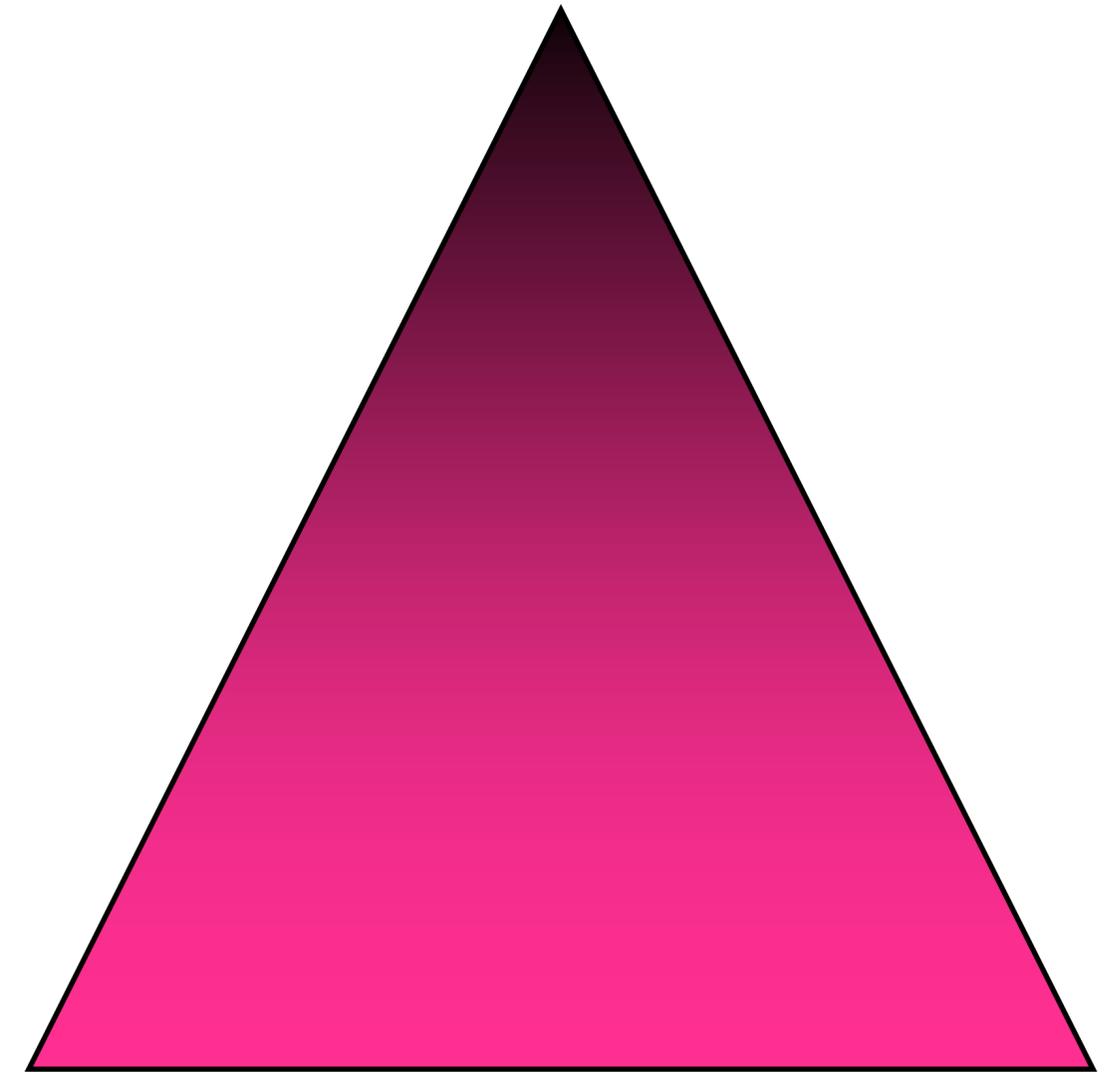


**Generic Services/Interventions
(INFORMAL)**

Beginning

Midpoint

End



**Adapted from Robert Bohanske, PhD,
Southwest Behavioral Health,
Phoenix, AZ, 2002**

Involving natural supports: tips and strategies

- Assume the family either has, or needs, connection.
- Adjust your mindset: involving natural supports isn't a choice, is a necessity.
- Families will choose who they choose, and it's your job to figure out how to manage it.
- Don't let conflict scare you. Intervention may have to precede natural support involvement for some families.
- Do some legwork yourself. Create partnerships with community benefactors.
- Elicit help from colleagues and team members.
- Keep the big picture in mind:
"Do I have to come to the CFT?"

Involving natural supports: tips for working with families

- Make sure the family understands how involving natural supports affects outcome.
 - Use graphics and other tools to help them see the benefit of a “useful” intervention.
- Encourage the family to share as many names as possible; you can pare the list down later.
- Look to the past for lost or broken connections.
 - *“Who was in your life when things were going well?”*
- Develop a list of questions and use them if they produce good outcomes.
 - *“Who do you like?” “Who likes you?”*
 - *“Do you know anyone else in foster care? ...who’s looking for a job?”*
 - *“Can I invite people I think like you?”*
 - *“Under what conditions would you be willing to invite...?”*
 - *“Can I invite someone I know who has lived a life similar to yours?”*

let's practice!

F.R.A.N.K.



Common transition challenges

Youth's behavior never stabilizes

Professional services never decrease, end

Stakeholder disagrees with plan to transition

Family doesn't want to end system involvement



Challenges revisited

Challenge: Family is isolated.

- **strengths:** strong connections between family members; family knows they can rely on one another.
- **needs:** to feel connected to community; to know there are others who want to help; to have more options for support.

Challenge: Family wants to “go it alone.”

- **strengths:** family has a strong sense of independence, is self-reliant, self-sufficient.
- **needs:** to be reassured they’ll be accepted by others.

Challenge: Family is cautious about involving others at first, but open to considering it at a later date.

- **strengths:** family is open minded, flexible, open to new things.
- **needs:** to be reassured the CFT is a safe place; to know they can trust their team.



Questions?

About Toni

Toni Donnelly is the Director of Training and Innovation at the Family Involvement Center in Phoenix, AZ. Toni develops curriculum and educational supports for families whose children have emotional, behavioral and mental health challenges. She is responsible for workforce development training and coaching for the Parent Peer Supports both locally and nationally.

Toni started her career in Arizona as a trainer. In 2005, she was hired by Value Options as their Children's Division Network Development Manager. In conjunction with a community collaborative, she was responsible for the creation and implementation of a QM system for the evaluation of Child and Family Teams. This landmark effort, which continues to this day, paired family members with other behavioral health professionals as evaluation partners.

Toni's most important role has been raising three sons. She and her family have had personal life experience navigating public and private sector behavioral health. Toni and her son Michael became involved in the family movement in Burlington County, NJ, and Michael was one of the first 180 youth that received services through Partners for Kids and Families.

Toni can be reached at (602) 412-4074, or at toni@familyinvolvementcenter.org.

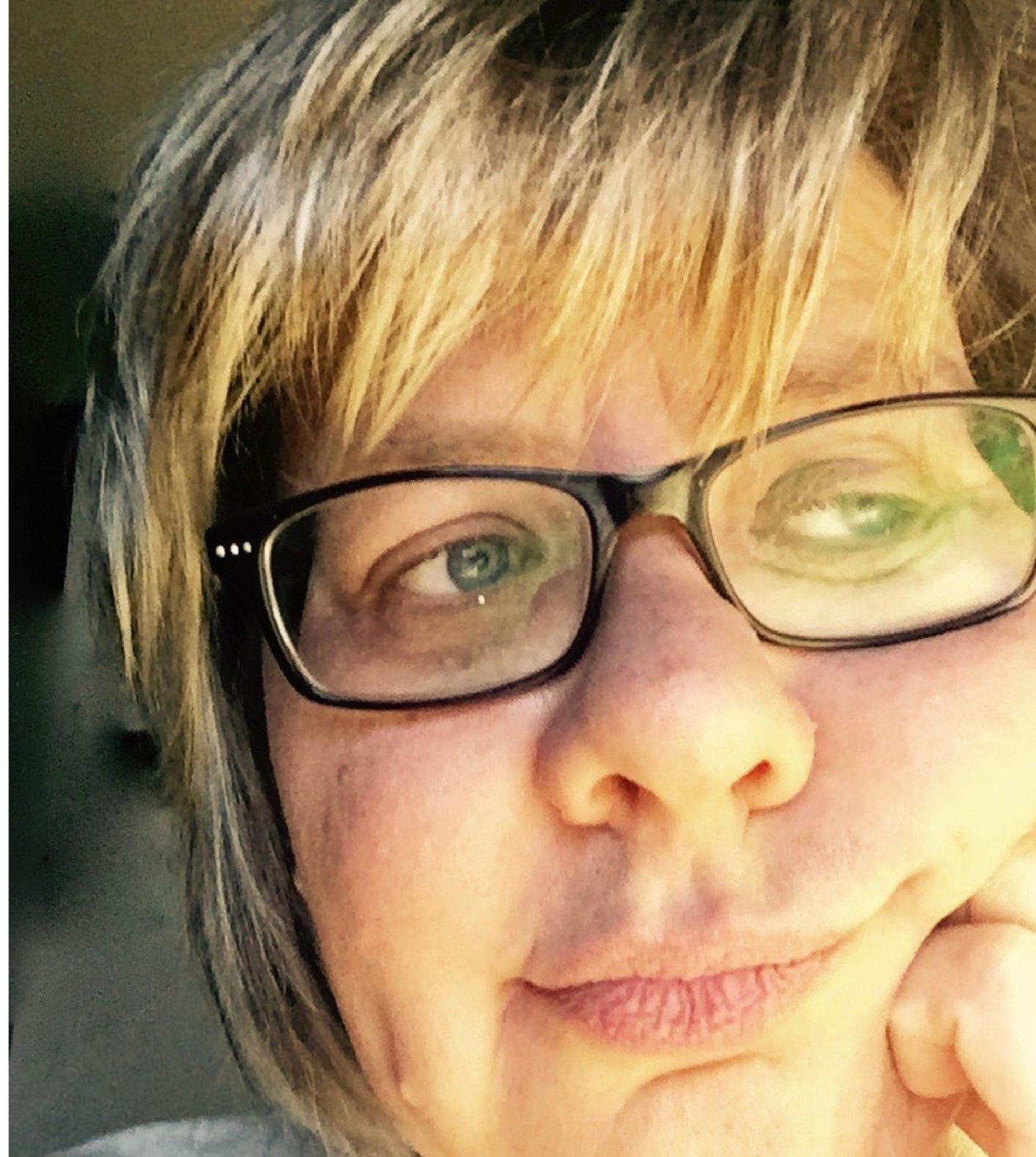


About Laura

Laura Burger Lucas is a non-profit leader, consultant, facilitator and coach with experience in behavioral health, child welfare, juvenile justice, and education. She is the creator of over 200 curricula and training materials on wraparound and other empowerment models, and has been an invited speaker and workshop presenter at regional and national conferences for the last 25 years.

Laura has experienced helping systems as both a provider and a consumer. She draws on lived experience to inform her work as a consultant, and as the Senior Director of Family Support and Education at Arizona's largest family-run organization, the Family Involvement Center, in Phoenix. In her free time, Laura enjoys spending time with her son, Ted, quilting, gardening, travel and her dogs Clarence and Bella.

Laura can be reached at (602) 412-4096, or at laura@familyinvolvementcenter.org.



Contact Information

National Wraparound Implementation Center (NWIC)

www.nwic.org

Email: nwic@ssw.umaryland.edu

Shannon Robshaw: srobshaw@ssw.umaryland.edu

Eric Bruns: ebruns@uw.edu

Kim Estep: kestep@ssw.umaryland.edu

The Institute for Innovation and Implementation

University of Maryland, School of Social Work

525 W. Redwood St

Baltimore, MD 21201-1023

Email: theinstitute@ssw.umaryland.edu

Website: www.ssw.umaryland.edu/theinstitute

