Recovery Road: Wraparound
Perspective and Strategies for
Working with Families Struggling with
Substance Abuse

National Wraparound Implementation Academy

Participant Manual

Baltimore Marriott Waterfront Hotel Baltimore, MD



The National Wraparound Implementation Center (NWIC) supports states, communities, and organizations to implement Wraparound effectively. NWIC uses innovative approaches grounded in implementation science and incorporates cutting-edge strategies to support Wraparound implementation. NWIC provides support that

is intensive yet affordable. The work is focused on building sustainable local capacity to provide model-adherent, high fidelity Wraparound, thereby increasing positive outcomes for children, youth, and their families.

NWIC is a partnership among the three leading universities involved with Wraparound implementation: The University of Washington School of Medicine; Portland State University School of Social Work; and the University of Maryland School of Social Work. These three universities collaborate to ensure sites have access to comprehensive support for implementing model-adherent, high quality Wraparound for children and youth with behavioral health needs and their families.

## National Wraparound Implementation Center (NWIC) <u>www.nwic.org</u>

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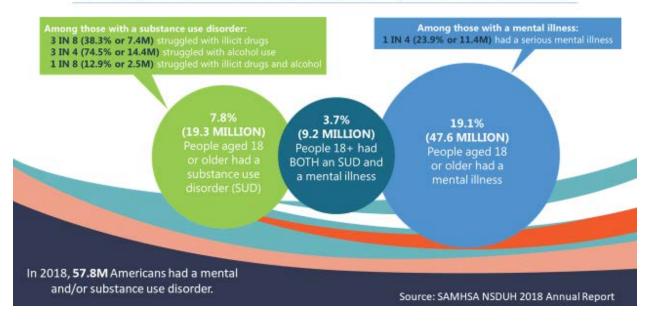
# **Exercise 1: Principles and Values**

Wraparound	Recovery
<ol> <li>Family Voice and Choice</li> </ol>	1. Person-Driven
2. Individualized	2. Many Pathways
3. Strengths-Based	3. Strengths/Responsibility
4. Natural Supports	4. Peer Support
5. Collaboration	5. Holistic
6. Unconditional Care	6. Relational
7. Community-Based	7. Hope
8. Culturally Competent	8. Culture
9. Team-Based	9. Addresses Trauma
10.Outcome-Based	10. Respect



### **SUDs Data:**

### Prevalence of SUD and Other Mental Disorders



#### The Impact of SUDs on Children and Families:

- 50-80% of child welfare (CW) involved families are affected by a SUD
- Driven largely by the opioid epidemic, the number of children who enter foster care due to parental SUD has more than doubled since 2000.
- Children of parents with SUD often remain in state custody longer and experience poorer permanency outcomes than other children.
- Child serving agencies struggle to meet families' needs
  - Inconsistent substance use assessment practices
  - Barriers to collaboration with SUD treatment services
  - Lack of family-friendly SUD treatment options
  - Misunderstanding and mistrust of medication assisted treatment
  - Staff shortages for intensive case management

### **Exercise 2: Needs**

#### Referral

Name: Rose Parker

Race: Caucasian	<b>Age:</b> 14	Medicaid: Yes
<b>SS#</b> : 123-45-6789	<b>DOB:</b> 4/14/2004	Medicaid # 4445675423
Date of Referral: 11/09/2018		

#### Is the youth committed to and/or in the custody or guardianship of Child Welfare OR Juvenile Justice?

Yes <u>X</u>	No	Which Agency?	Child Welfare			
Juvenile	Justice o	or Child Welfare	worker name and Phone:	Andrea Davis	702-983-2098	

Parent(s)/Guardian(s): Carol Mitchell (Foster mom) Phone: 702-983-2019

Address: 223 Tropicana Ave., Las Vegas, NV 88901

Other: Carl Parker (biological father lost custody 5/2/2010) Phone: 702-556-1324

#### **Referral Information**

	Abandonment		Housing		Developmental disability		Other
Х	Diagnosed		Medical	X	Aggression/Assault	Х	Father alcohol
	Mental illness						abuse
	Financial		<b>Emotional Disability</b>		Suicidal		
	Drug Abuse		Neglect		Prostitution		
	Alcohol Abuse	Х	Family conflict		Runaway		
Х	Death of		Legal Issues/	X	School problems		
	Parent(s)		Incarceration				
	Sexual Abuse		Physical abuse	X	Behavior problems		
	Promiscuity		Delinquency		Learning disability		

#### Reason for referral:

Youth has had severe violent outbursts both at home and at school, that has put her at risk for a higher level of care outside of the community. Youth has damaged property at her foster home and at school, threatened both her foster mom, social worker, teachers and students and had two fights with other youth at school that she had provoked. Youth has a history of multiple foster placements since parental rights were terminated in 2010. Father is still involved though struggles with alcohol addiction and consistency with his daughter. Biological mom died when youth was still an infant.

## **Needs**

At your tables, in your group, discuss what needs you would identify for the Parker/Mitchell family.

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### Now let's see if we can categorize them....

Service	About behavior	Goal	Other

# **Exercise 3: Family Story**



What information would be helpful to know to build a family story?

# Thoughts and ideas



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## **Exercise 4:** The Parker Family Story

Rose Parker is a 14-year-old youth who lives in Las Vegas with her foster mom Carol Mitchell. Rose's family was referred to Wraparound due to violent outbursts both at home and school. These outbursts have escalated to the point that neither Rose's child welfare worker, Andrea, nor her school counselor, Karen, are sure if she will be able to stay in the community.

Rose was born in 2004 in Sacramento, California. Her father, Carl Parker, and mother, Jess, were both recently out of high school and were thinking about moving together to Nevada for the opportunities they might find in Las Vegas. They agreed to wait until Rose was born before moving.

Carl was born in southern California but was raised in Sacramento by his dad, Jim, and Mom, Anna along with his two older brothers, Dave and Kevin and younger sister Monica. His father and mother both struggled with addiction and he watched his brothers get caught up in a life of crime and despair and wanted nothing to do with them. Carl always felt like Monica understood him. As kids they would talk about their dreams of a better life. Monica was a year younger than Carl and when they got to be teenagers Monica became distant and stopped spending time with Carl. Carl currently does not have a relationship with anyone in his family except Monica. He and Monica just recently reconnected. Carl wonders if he could ever be a part of a real family. His girlfriend Jess was the first person he met who he felt he could spend time with and feel accepted. Jess was his world and they spent most of their high school years in each other's company. Home was their escape and they were together there almost every day. Unfortunately, shortly after they moved to Vegas with Rose, Jess went out with some friends to celebrate and never made it home. Her friends were driving her home when they got into an accident on I15. Jess did not survive the crash and Carl was devastated. Here he was, a new dad, just recently moved to Las Vegas with 3-month-old, Rose, and now his partner was gone.

Carl states that this was when everything fell apart. He was torn because he didn't know anything about being a dad let alone now having to fill Jess's role too. He had been employed at a local casino in the food and beverage business and was making okay money but without any other income or emotional support he felt drained. Every day was the same. Just him and Rose waking up, taking her to day care, working a thankless job for 8-12 hours, getting hassled by the day care workers for always being late to pick Rose up after work, home to feed and take care of her and then she would sleep. This is when he really started drinking. Carl states that this was now his escape, when he knew Rose was safe and sleeping. Carl would often wake up around 3AM after he had drunk himself into a blackout. He would stumble up to his bed and start all over again the next day. This was Carl's life for 4 years. He now could take Rose to pre-school. Unfortunately, the pre-school wasn't as understanding about lateness as the daycare had been, and Carl was reported to Child Welfare for neglecting Rose. There were complaints about how Rose came to school in dirty clothes, often hungry and upset, and Carl didn't seem to be checked in when he dropped her off or was running behind to pick her up. The school was concerned that Rose's needs were not being met and so an investigation started through child welfare.

The child welfare worker, Andrea, reports that child welfare did do their investigation and found that while Carl was trying, he wasn't able to meet all of Rose's needs without support. Child welfare enforced a temporary custody agreement so that Rose had the insurance she needs to get the support required. Andrea explained that while child welfare was first getting to know the family that Carl started to back away from them. He would miss meetings, miss court appointments, and when he did show up, he was thought to be under the influence of something. Child welfare responded for the safety of Rose and removed her from his home at the age of 6. Rose expressed that she knows that Carl loves his daughter but is adamant that he does not have the ability to provide the support and structure needed to meet Rose's need. Rose went through a few different foster placements until finally ending up in the home of Carol at the age of 13. Andrea reported, currently, child welfare is mandating

that Carl complete a parent training class, report to them monthly and attend AA meetings weekly.

The years between being removed were hard on both Rose and Carl. Carl didn't trust the foster care system and was worried about Rose's safety. He complied with child welfare guidelines just so he could have regular visits with Rose. This included attending AA meetings and connection with a sponsor, Bill. Carl reports that Bill has been a great support and he feels like he can reach out to him when he is feeling "frustrated with life". Carl stated that Bill is willing to listen and help him explore options. Carl says there have been many days that he has talked to Bill and felt much better afterward. Bill uses inspirational quotes and bible verse to encourage Carl along with his own life experiences. Rose and Carl share a love of music and their best times are when they are in the car together riding down a highway with no place to be. They sing a lot together on those drives and while Rose is embarrassed by Carl's ridiculous sense of humor she always will listen to his jokes, laugh and then remind him that was a terrible dad joke. Carl and Rose also like to get out to Red Rocks Canyon and hike. Sometimes they will just look out over the canyon and not even talk. This is what Rose loves about her dad. He doesn't push her to talk. He just lets it happen.

Carol has been a foster mom for the past 3 years. Carol grew up in a home with her parents that was focused on family and she has dedicated herself to raising her children and has a passion for taking care of others. Rose came to Carol last year and while they have had their up and downs, Carol is committed to support Rose and keep her in her home. Carol sees the love Rose has for her dad and so she is willing to work through this process to better support Rose and her goals, however she is having a difficult time with the level of aggression that is occurring in her home and sees a correlation between visits with Carl and violent outburst at home and at school.

Rose is incredibly outspoken and strong willed. She knows that her dad is doing everything he can to be there for her and is angry that other people outside of her family are making decisions for her. Rose does like Carol and for the first

time feels safe in foster care, but she is only there because she is not allowed to live with her dad. Rose sees her dad as a strong guiding force in her life who has always put her first. She is scared that what she wants doesn't even matter. Rose is working hard in therapy with Julie and has built a strong relationship with her over the past 2 years. Rose states that Julie is the only one who has given her dad any credit and has been willing to support her in what she wants as long as she is safe and healthy. Rose was comfortable speaking her mind to this care coordinator stating, "you're just here to keep me away from my dad". She mentioned she has a best friend, Savannah, who has been with her through the past 8 years since she was removed from Carl and how Savannah has been the only one who really knows what she has been through.

Savannah is a spunky, hilarious fourteen-year-old who has known Rose since forever. Savannah is hopeful that Rose and Carl will finally be able to live together and hates when Rose feels attacked by others and let down. Savannah stated that she thinks Carl is really cool and that she has seen how he tries to make Rose laugh by texting silly jokes or memes, or likes to go big on holidays for Rose, especially Rose's birthday and Christmas. Savannah loves Rose as a sister and sees so many things about Rose that nobody else sees. She explains that Rose is the witty friend who makes others laugh, that she is the one who will get in someone's face if that person is bullying someone else. Both Savannah and Rose love dancing and drama and have a special place in their hearts for K-Pop bands. Savannah is willing to be here for Rose in whatever ways she needs and just wants Rose to have a normal childhood for the next three years.

# **Exercise 5: Thoughts and feelings**

Rose:	
Nose.	
Carl:	

## **Exercise 6: Underlying needs**

#### **Guidelines:**

- Can't find it in a CFT, but instead in conversations, reflections, and review of what we know and think about a situation.
- Consider behavior, history, and patterns.
- You WON'T find it without the family story.
- **NOT** goals, services, problems, or requirements.
- Underlying conditions or causes.
- Think about the why why would a person need to act that way instead of why did s/he do that.
- Can you normalize the behavior within the context of the family story?

Rose:		
1.		
2.		
3.		
Carl:		
1.		
2.		
3.		

## **Wraparound Facts not fiction**

- Wraparound is a facilitated planning process not treatment.
- Wraparound responds to the whole family not just the youth.
- Wraparound requires all relevant team members to work together (collaboration).
- Wraparound supports and plans for mandates that are in place for the youth/family.
- Wraparound encourages the use of Evidenced based practices
- Wraparound works to create a creative, collaborative team process that develops strategies that are formal, informal, community based, individualized and culturally competent.



## **Exercise 7: Evidenced Based Practices**

## Youth:

EBP	Available in your community		•
(A-CRA) Adolescent Community Reinforcement Approach	Y	N	?
(CBT) Cognitive-Behavioral Therapy	Υ	N	?
(CM) Contingency Management	Υ	N	?
(MET) Motivational Enhancement Therapy	Υ	N	?
Twelve-Step Facilitation Therapy	Υ	N	?

## Family:

EBP	Available in your community		•
(BSFT) Brief Strategic Family Therapy	Υ	N	?
(FBT) Family Behavior Therapy	Υ	N	?
(MDFT) Multidimensional Family Therapy	Υ	N	?
(FFT) Functional Family Therapy	Υ	N	?
(MST) Multi-systemic Therapy	Υ	N	?

# Research Clearinghouses to Help Identify Evidence-Based Programs

- California Evidence-Based Clearinghouse <a href="http://www.cebc4cw.org/">http://www.cebc4cw.org/</a>
- Blueprints for Healthy Youth Development http://www.blueprintsprograms.com/
- Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Model Programs Guide https://www.ojjdp.gov/mpg/
- Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices <a href="https://nrepp.samhsa.gov/landing.aspx">https://nrepp.samhsa.gov/landing.aspx</a>
- Teen Pregnancy Prevention <a href="http://www.hhs.gov/ash/oah/oah">http://www.hhs.gov/ash/oah/oah</a> initiatives/teen\_pregnancy/index.html
- Child Trends' What Works https://www.childtrends.org/what-works/

## **Exercise 8: Brainstorming**

In your groups go back to the family story and select one underlying need you developed. Brainstorm for 2 minutes all your ideas to meet that underlying need. Make sure that you have mandates addressed, formal supports, EBP's, and creative informal ideas.

Underlying need:		
Brainstorm options:		

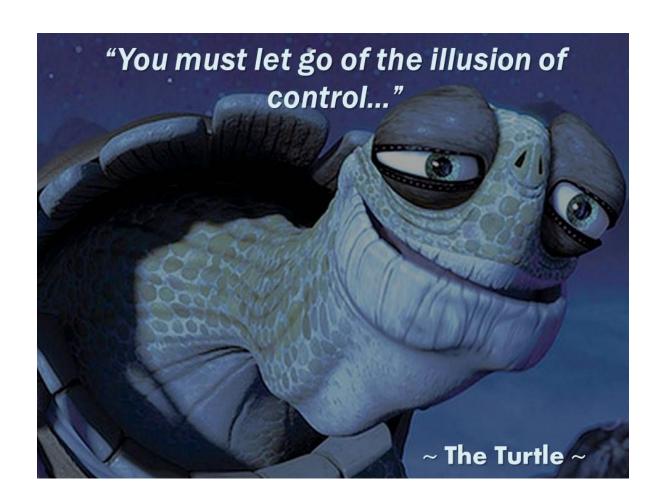
#### **Completing the process:**

After brainstorming;

- The family chooses the strategies that best fit for them
- Mandates would be reviewed if not chosen and inserted in the plan
- Action steps would be developed to include each member of the team
- Barriers need to be addressed
- Finally, everyone knows what to do and when to do it to meet the action steps.

## Action Steps: Who does what, when and where?

2.	
3.	
4.	
5.	
Example of POC for underlying needs:	
Underlying need:	
Example: Rose needs to know that it is okay to grieve for her mom.	
, , ,	
Outcome statement (always tied to the reason for referral):	
Example: Rose will decrease fights at school baseline 3X's per week	
,	
Brainstorming (no less than 10 ideas):	
Action steps (who does what, when and where):	
1.	
2.	
3.	
4.	
5.	



# **Next Steps**

What are your takeaways from today's workshops?

- 1.
- 2.
- 3.

What would be helpful next steps when you return to work?

- 1.
- 2.
- 3.

