

BUILDING COMPETENCY IN EFFECTIVE CRISIS PLANNING, PREVENTION, SUPPORT AND EARLY INTERVENTION PART 2

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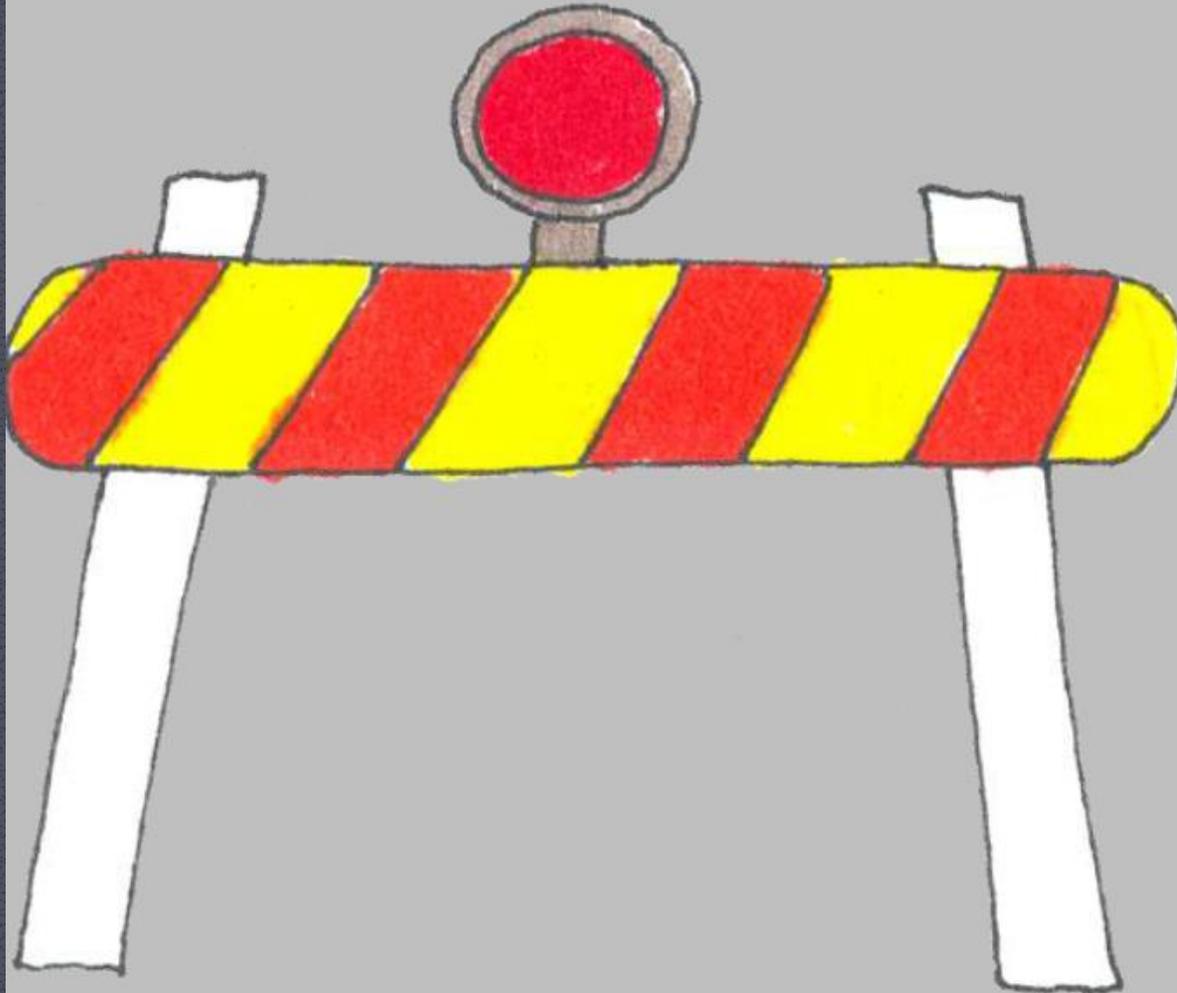


Overview of Training and Coaching Series

- Interactive and introspective
- Some content may feel personal or provocative
- Psychological safety is important...

Note: Coaching sessions will begin in December—what is on your agenda?

First, a quick refresher...



A Parent

is

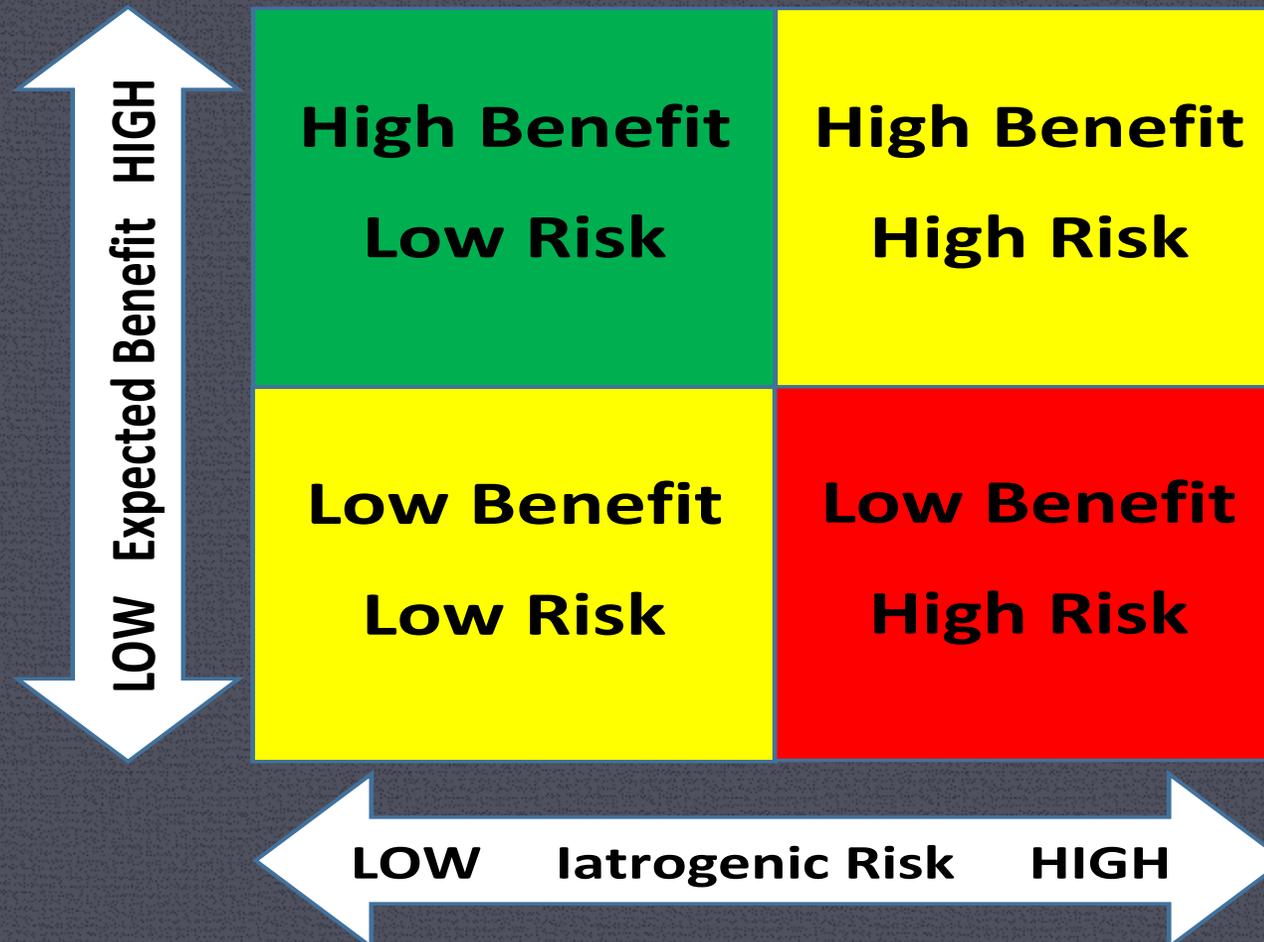
Never a

Barrier

General Rule of Thumb

Think **STATE** not **TRAIT**

Re-thinking hospitalization/residential care





COUNTERPRODUCTIVE APPROACHES

Counterproductive Approaches

When a Service provider...

- Uses communication that indicates blame or criticism of the youth or caregiver
- Uses deficit-based language
- Is directive and makes decisions independent of the youth and caregiver about what is good for the family

...it is generally experienced as COUNTER productive



Family-Centered Care

Family
Nice

Family
Centered

Family
Driven

“True-North” Concept of Family-Centered Care



Family Centered Care

True north alignment includes alignment with...

- Culture
- Preferences
- Worldview
- STRENGTHS

(and STRENGTHS aren't always pretty)



Strength—Defined

- Capacity for exertion or endurance
- Power to resist force—Solid, Tough
- Power of resisting attack—impregnability
- Strong attribute or inherent asset
- Force as measured in numbers
- Person/thing regarded as embodying or affording force or firmness—
(something or someone that gives one strength)
- A concentration, intensity, degree of potency of effect

Source: MERRIAM WEBSTER



Strength—Defined

- The quality or state of being strong; ability to do or to bear; capacity for exertion or endurance, whether physical, intellectual, or moral; force; vigor; power; as, strength of body or of the arm; strength of mind, of memory, or of judgment
- Power to resist force; solidity or toughness; the quality of bodies by which they endure the application of force without breaking or yielding; -- in this sense opposed to frangibility; as, the strength of a bone, of a beam, of a wall, a rope, and the like
- Power of resisting attacks; impregnability

Source: Brainyquote.com



Strength—Defined

- That quality which tends to secure results; effective power in an institution or enactment; security; validity; legal or moral force; logical conclusiveness; as, the strength of social or legal obligations; the strength of law; the strength of public opinion; strength of evidence; strength of argument
- One who, or that which, is regarded as embodying or affording force, strength, or firmness; that on which confidence or reliance is based; support; security.
- Vigor or style; force of expression
- Force as measured by amount, numbers, or power of any body
- A strong place; a stronghold

Source: Brainyquote.com



Strength—Defined

- The state, property, or quality of being strong
- The power to resist attack; impregnability
- The power to resist strain or stress; durability
- The ability to maintain a moral or intellectual position firmly
- Capacity or potential for effective action: a show of strength
- A source of power or force
- One that is regarded as the embodiment of protective or supportive power; a support or mainstay
- An attribute or quality of particular worth or utility; an asset
- Degree of intensity, force, effectiveness, or potency
- Effective or binding force; efficacy: the strength of an argument



Join with...

- The strength of their perspective
- The strength of their beliefs/culture
- Lived strength (endurance, tenacity, survival, ability to withstand discomfort/pain, scrappiness)
- The strength of where they are on their individual journey (youth, parent)
- The strength of their priorities
- The strength of the lines they have drawn in the sand



Aligning with True North

- Perfection isn't possible
- The True North for any individual is continuously shifting.
- Providing services and supports in this fashion means you are operating somewhat in the dark—but at least you know it.

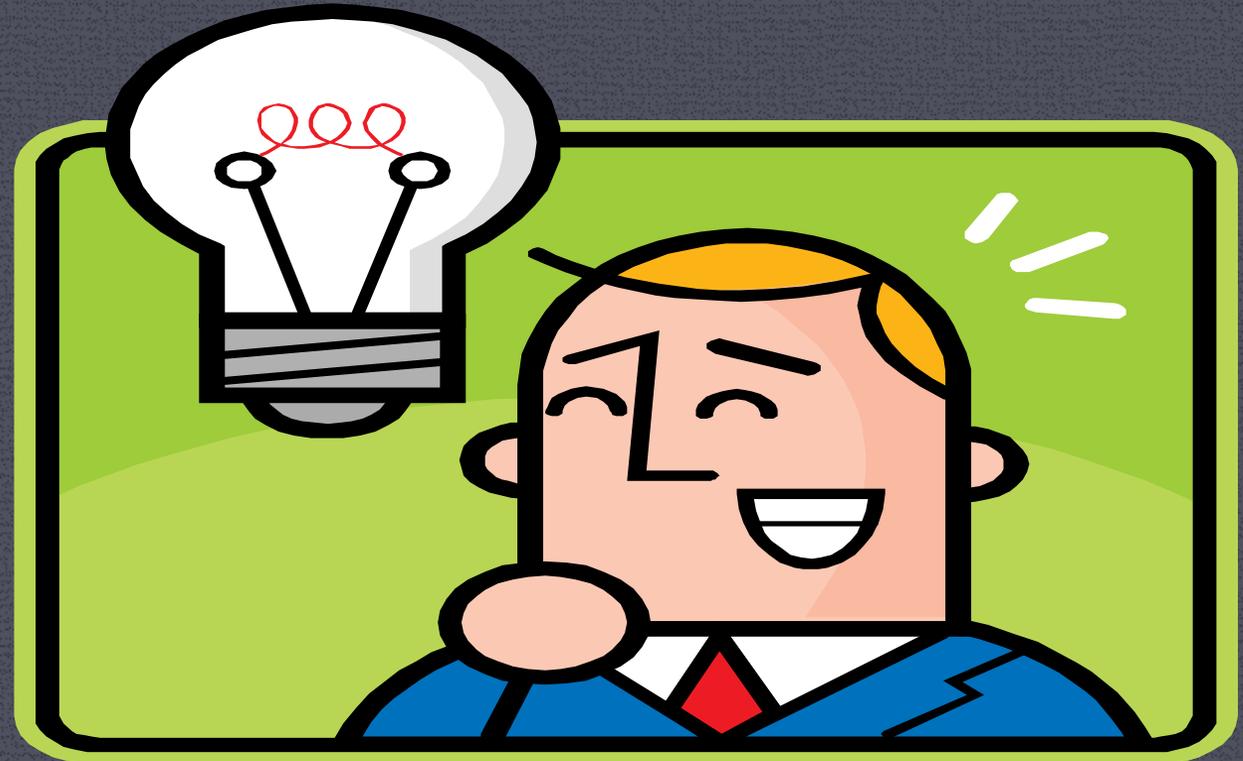
NOTE: For a healthcare provider who has been utilizing a traditional expert-driven care model, this is a huge reorientation

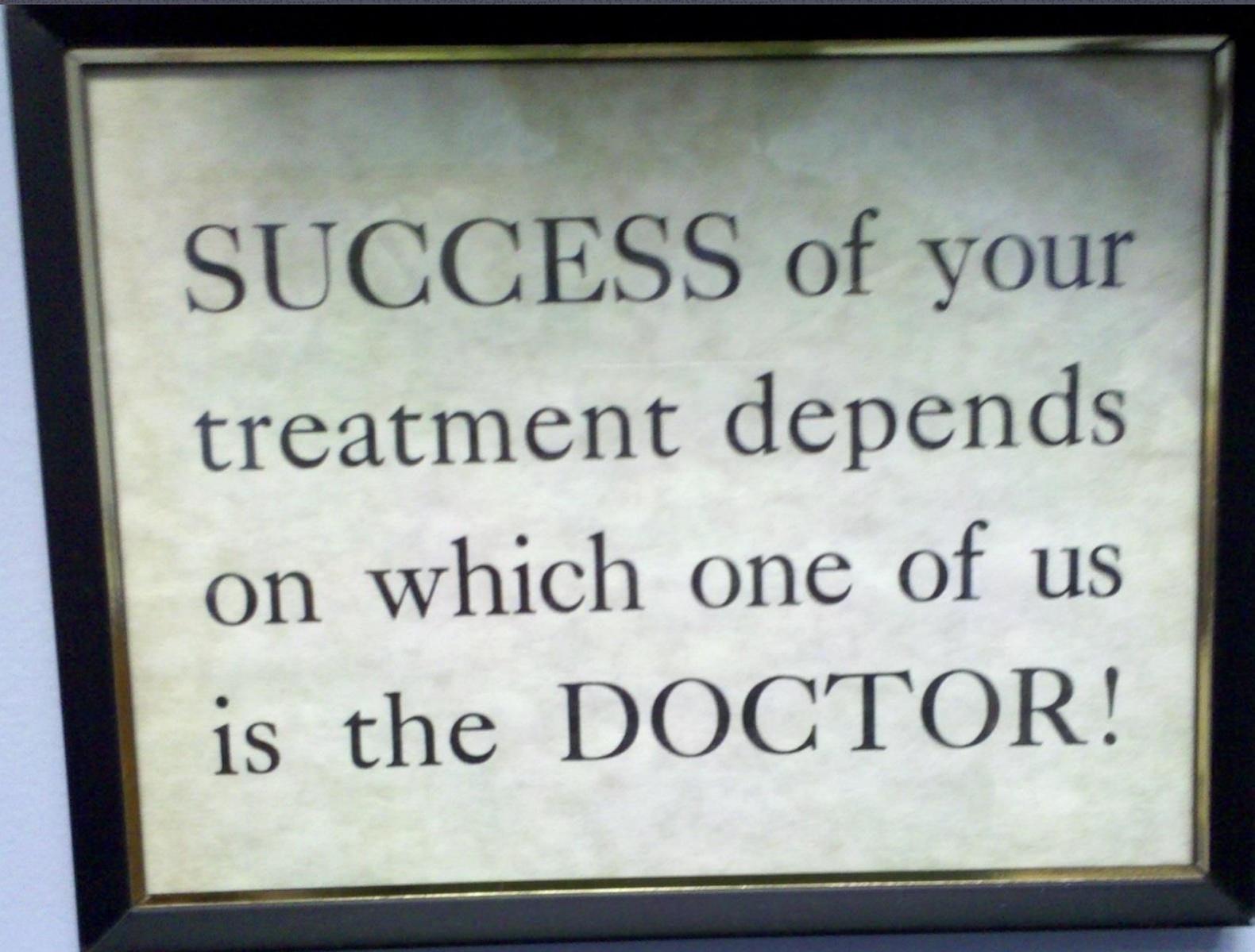


Aligning with True North

“Experts” have it a **WHOLE LOT** easier because when I am the “expert”, and something goes wrong or fails to improve it is not about me.

It is about...?





SUCCESS of your
treatment depends
on which one of us
is the DOCTOR!

Key to Successful Treatment

- 1. Follow verbal and written instructions to the letter.*
- 2. Be patient regarding healing time.*
- 3. Trust your doctor implicitly.*
- 4. Take the advice of relatives and friends as soon as they show you their medical degree.*

Kappy Madenwald: Recovering Expert

- Recovering:
 - Knower
 - Problem assessor
 - Interpreter
 - Diagnoser
 - Decider
 - Rescuer
 - Solution-maker
- My early workplaces were STEEPED in “expert think” and I jumped in with both feet.
- Key aha for me: Luncheon address by Fred Frese, PhD
- I still battle with it from time to time—I am more honest with myself about it. I more readily able to translate and shift perspective



...Recovering Expert

- Family-centeredness is a second language to me—I am an immigrant to the culture and delivery of it
- My increasing fluency in family-centeredness did not come overnight
- And it came at a personal cost that I had to reconcile
 - Role/Identity
 - Beliefs about self
 - How satisfaction is derived
 - Perception of power
- Now on the other side of the big learning, I have no doubt about the benefit—but I don't forget that it was quite a journey



Aligning with True North

- “Experts” can get stuck on two tracks

- *“I know it all”*

- *“I am supposed to know it all”*



- Neither stance is fundamentally oriented to a service user’s experience, wishes, preferences, readiness, stages...

*“Those who think they know
it all have no way of finding
out they don't...”*

-Leo Buscaglia

*“It's what you learn
after you know it all
that counts.”*

-John Wooden

Aligning with True North

- Expertise is important
- Expert stance is risky
- We don't, won't and can't know it all
- What we know is ever-evolving
- Approaches believed to be best, are not necessarily “best for me”



Aligning with True North

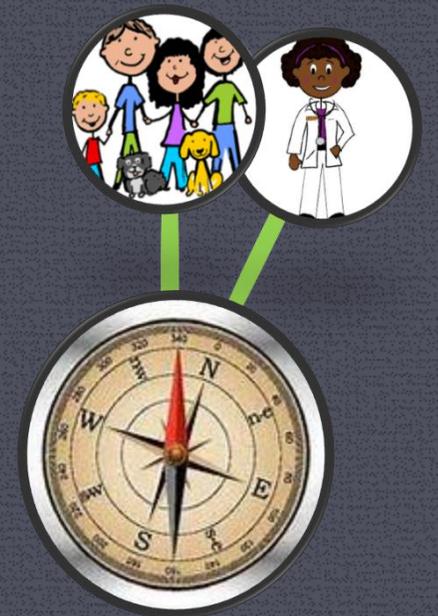
- It is important to remember that there is no perfection in family-centered care.
- We all slip into “expert” role
- The challenge is developing strategies to recognize it early, to adjust, and to minimize any harm that comes from it.
- We have to figure ways to do this...
 - Personally
 - As a team
 - As an agency
 - As a system



Aligning with True North

Four Primary Approaches

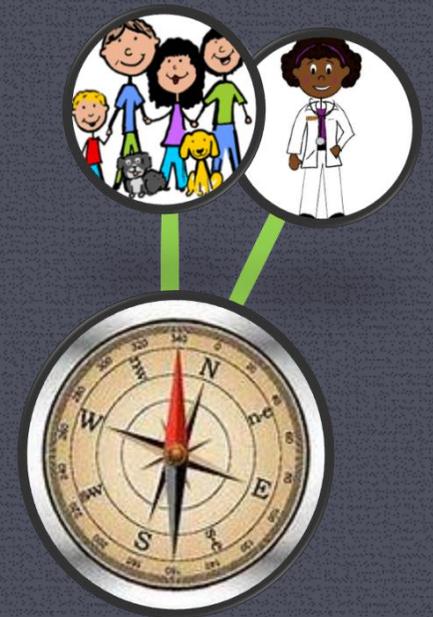
- Listening to and learning from individuals with lived experience
- Immersive Exercises: “Standing in the shoes...”
- Taking a personal look at our services
- Remembering/exploring “when it was me”



When it was me...

- This is lived experience
- We all have it
- We can use it to gain an empathic understanding that allows us to align and see a situation from the other person's view

What lived experience do you have?



TIP: Where there is crisis state, find alignment through understanding the essence...

Fear

Sadness

Anger/rage

Loneliness/isolation

Restlessness/boredom

Hopeless/helpless

Uncertainty/ambivalence

Anxiousness/nervousness

Grief/loss

Pain

Exhaustion

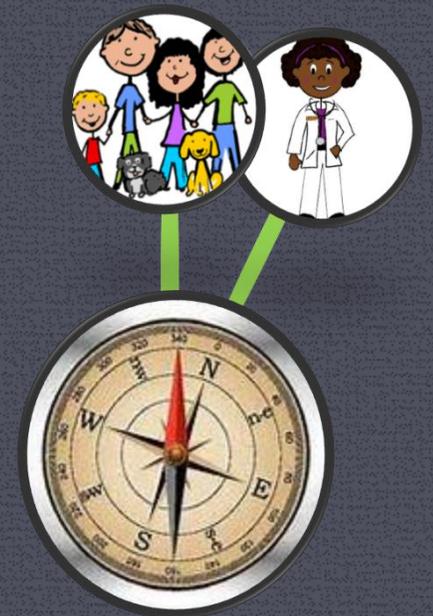
Hunger

Lack

Stuck

Misery

Self-blame/shame





ACHIEVING PRECISION: RESOLUTION-FOCUSED CARE

Resolution-Focused Care

- Family-centeredness is about alignment
- Resolution-focus is about creating the climate for healing/recovery/change
 - Resolution
 - Empowerment/activation
 - Clarity
 - Diminished risk/REAL harm reduction
 - Diminished angst
 - Increased hope
 - Return to higher level functioning



*“We aren’t providing crisis care, we are
handing off crisis care.
And then they hand off and then they hand
off...”*

-Chris Tokarski, Executive Director
Mental Health Resources, Inc.



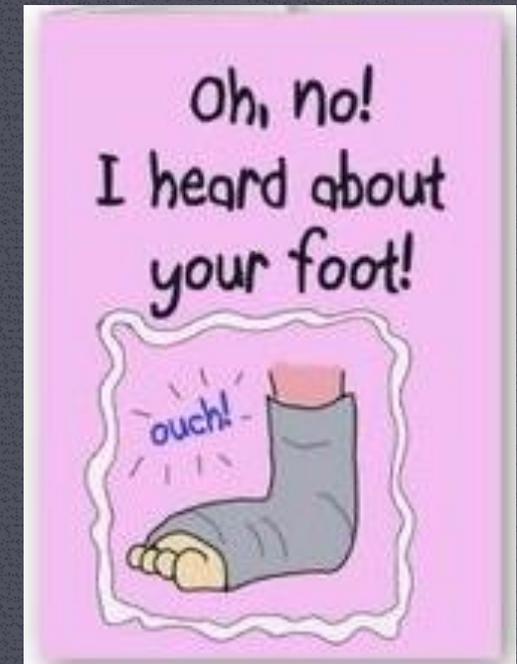


The Mangled Foot

The Mangled Foot

Assessment vs. Treatment

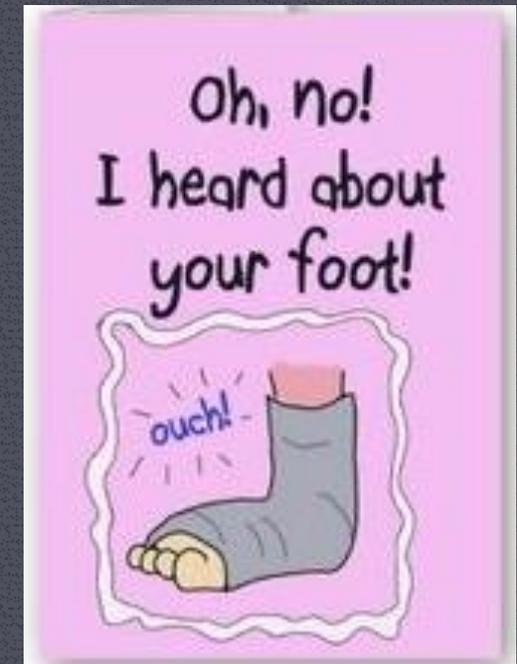
- What is the difference?
- Implications for Continuum crisis planning and support



The Mangled Foot

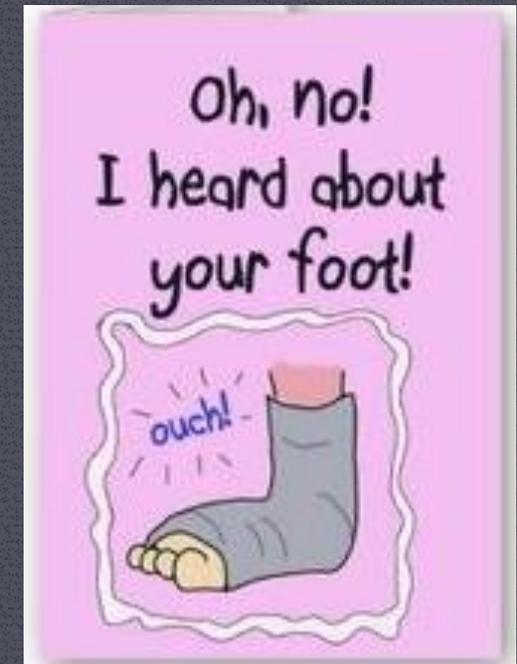
Resolution vs. Disposition

- What is the difference?
- Implications for Continuum crisis planning and support

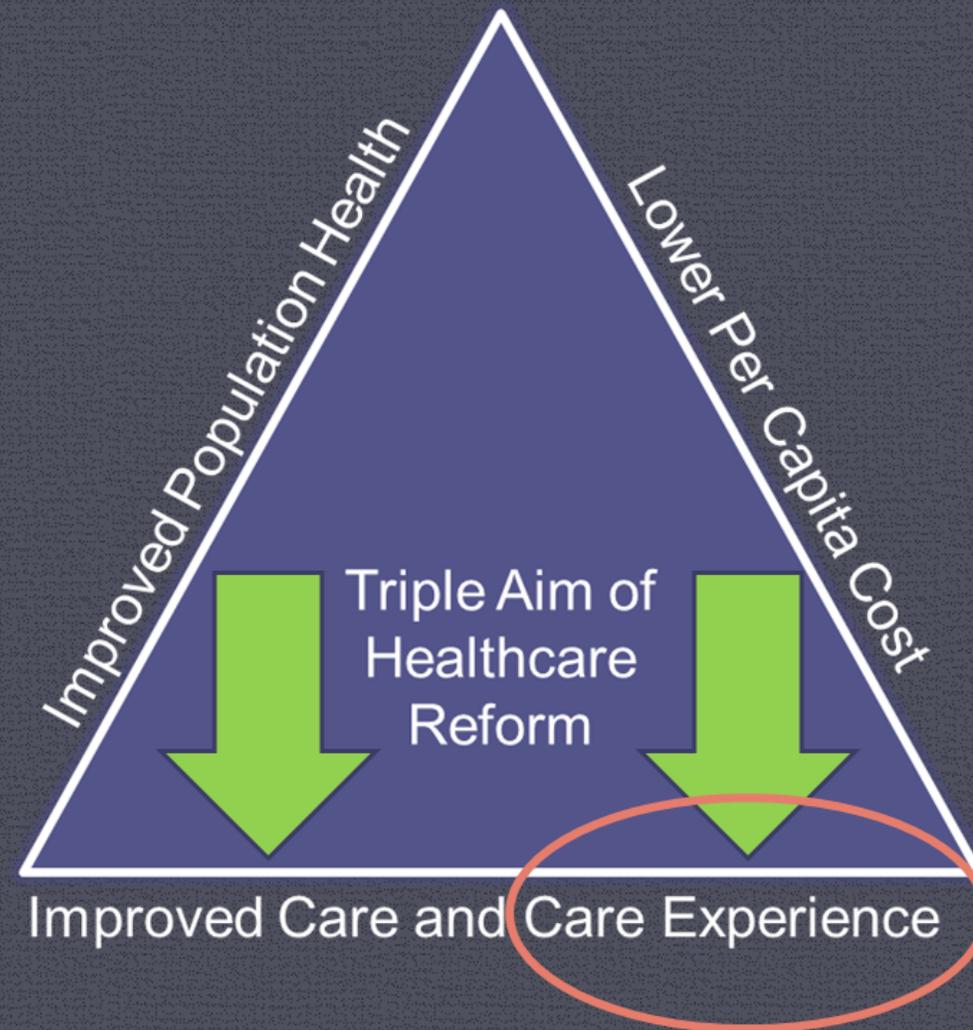


The Mangled Foot

- If you are the person with the mangled foot, what are you in this for???



Precise, resolution-focused care should align with the “Triple Aim”

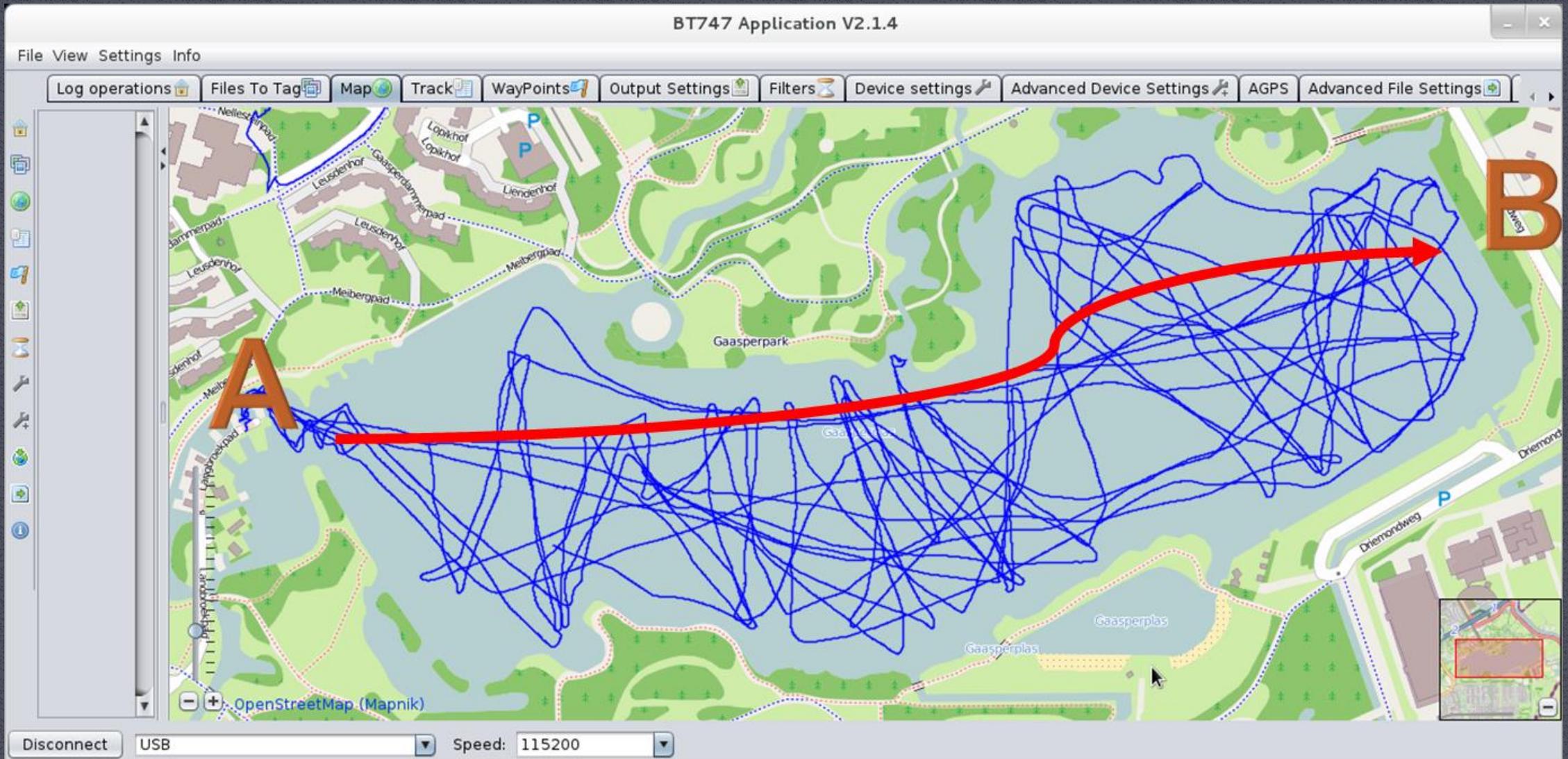


Resolution-Focused Care

- Care quality and care experience are more about precision than about length, quantity or intensity
- Precision includes choosing approaches that are productive and reducing approaches that are counterproductive
- In the context of Continuum services, I think this means precision work with youth, parents, DCF/DMH, providers of respite/residential beds, schools, and other system partners like MCI.
- Precision starts with orientation (True North) and then intention (resolution)
- Then you apply your tools and competencies



The Key is Precision...





THE GIFT OF TRUST

Choosing to believe youth and families

The Gift of Trust

Mistrust may be one of the most important barriers to delivering family-centered and strengths-based services

- It is a bi-directional issue
- It is reinforced by “experience”
- There may be conscious awareness
- But there may also be a subconscious trust bias.

Meaning what??



The Gift of Trust

- This trust bias issue can put teams in a loaded situation
- There are very real issues to explore
 - Safety and safety planning
 - Parent/child judgment
 - Likelihood of follow through
 - Whether pertinent information is being disclosed
- And decisions have to be made that can have significant consequences
 - Involvement of Children's Protective Services
 - Hospitalization



The Gift of Trust

When a team member is thinking through these issues how do they LOOK/ACT in the eyes of the youth/parents?



The Gift of Trust

It can also put families in a loaded situation

- What is that service provider thinking about me?
- Is this safe for my children and for me?
- How honest can I be?
- What will be the consequences of sharing information?
- What kind of power do they have?
- Will I lose rights as a parent?



The Gift of Trust

When a parent is thinking through some of those questions, how do they LOOK/ACT in the eyes of the agency staff?





THE GIFT OF STORY TELLING

Choosing to tell a better one...

A Story from the Road...





Perceptions of Parents in the Mental Health Field

- Since the 1970's there are four major categories that these perceptions fall into:
- **The Cause:** Parents are seen as the primary cause of the child's issue and are therefore seen as the primary target for change. This is the most common view. Family dysfunction is viewed as the cause of the child's problems.
- **Lacking Education:** Parents are seen as incompetent to appropriately address the needs of their child because of deficits in their knowledge and they need to be "taught" how to express themselves.
- **The Client:** Parents are in need of support services themselves. This approach is a shift from the first 2 categories and seeks to support families without blaming them. However, it is problem-focused and dismisses their strengths, abilities and keeps them at the mercy of the "expert".
- **Collaborator:** Parents are viewed as collaborators in the education and treatment of their child. This approach develops a relationship with parents aimed at finding workable solutions to the child's problems. However, one of the difficulties with the collaborative approaches is that neither academic training nor clinical training prepares professionals for this perspective.

SOURCE: *Child Study Center at New York University (New York, NY)*

SCENARIO

The Continuum Team has just received a call because 12 year-old Donovan is acting out at home and his parents are having a difficult time managing his behavior. He is aggressive towards his two younger siblings and does not respond to his parent's disciplinary actions. Donovan has been exhibiting aggressive behavior towards his father. Today he chased his sister with a baseball bat, threatening to hit her with it.

Disagreement about how to manage Donovan's behavior has caused problems in his parent's marriage. His Mom feels this hostility stems from her husband's abrasive personality. She feels he is too hard on Donovan. Donovan's Dad feels his wife is oblivious to how serious Donovan's problems are and that she takes little responsibility in managing Donovan's behavior.

Household tension is very high and neither parent feels like they can get through to Donovan.

Perspective is Everything

If the treatment team holds this perspective about the parent...	What might their interaction with Michael and Jean look like? How do you think this type of interaction impacts the outcome of the crisis? How will Michael and Jean experience the intervention?
"The Cause"	
"Lacking in Education"	
"The Client"	
"A Collaborator"	

Aligning with True North

- When we engage parents as parents, and as collaborators, we stay away from approaches that are patronizing or blaming and get to real, solutions.
- When a trusting, collaborative climate is established, parents may very well (and often on their own) examine their own behavior and parenting approaches as a potential area for change.



The storytelling goes both ways...

What stories are kids and parents
telling about us??



The Gift of Story Telling

- Our understanding of a youth or parent creates a (usually subconscious) lens through which we see and form stories
- Forming stories is simply human nature. We tell stories based on limited information
- Our stories are influenced by our beliefs, experiences, training, climate, and personal journey
- It is easy to then believe the story we have made up is factual—or is the only interpretation—and we start acting accordingly



The Gift of Story Telling

- When thoughts are habituated (the “stories” are all around us, repeated often) they become ingrained in our thinking and feel very factual
- Habits of thought that tell an unhealthy/pathological story about a parent make it impossible to do family-centered work
- So, we have to figure out how to tell a better story, every time, and then...
- Act as if the better story is true (and watch as the parent becomes more likeable and compelling in your eyes)



The Gift of Story Telling

- If our habituated perception is parent as:
 - Cause
 - Lacking in education
 - Client
- Then the shift to family-centeredness
 - Can be very difficult
 - Might feel dangerous—WHY?
 - Must be intentional
 - Must be practiced



The Gift of Story Telling

- When you find yourself in the very common situation of feeling negatively about the youth or parent you are interacting with
 - Stand in their shoes
 - Tell a more compelling story that helps you to like them
 - Respect where they are. You do not have to agree—but you do have to figure out a way to accept where they are—to join with them in order to promote change
- This can feel counterintuitive—particularly when it hits a hot button for you personally



SCENARIO

11 year old Esperanza has been referred to your Continuum Team and you are meeting the family for the first time. Esperanza is sitting quietly and peacefully in the next room, playing a video game while her mother talks to the team and says the following:

“Esperanza assaulted her 6 year old sister this afternoon and needs to be removed from the home immediately and put in residential treatment. Esperanza was adopted 7 years ago and we told her if she hurt her sister again that would be it. We have called FCCS to let them know that we are terminating the adoption. We just don’t think we can keep doing this. We were told that Esperanza was a normal, healthy child, but we were lied to. She has been dangerous to our younger daughter for years. She was jealous when we had a biological child and we have always had to keep a close watch on her. Lucy is our miracle baby. We were told we could not conceive. It isn’t fair that Lucy is the victim. She loves her older sister, but Esperanza is cold and mean in return.”

The Gift of Story-Telling

- When you are imagining from someone's shoes:
 - Feel the life they have lived
 - See them as their best self
 - See them—at their core—as strong, resourceful and healthy
- Tell a story of STATE not TRAIT
- Tell a story of STRENGTH not PATHOLOGY



The Gift of Story-Telling

- This is not about being nice
- It does not mean ignoring signs of illness or dangerous behavior
- This is about:
 - Tapping into strength
 - Neutralizing our bias
 - Authentic engagement
 - Exploration of REAL risk*



The Gift of Story-Telling

- The more we gain an empathic understanding and respect for the story and the journey of each parent, the more effectively we can join with them, where they are, at this moment
- Joining is not the same as agreeing with them—but it is aligning with strength
 - The strength of their perspective
 - The strength of their beliefs
 - The strength of where they are on their journey
 - The strength of their priorities
 - The strength of the lines they have drawn in the sand
- It is about creating an environment where change is possible



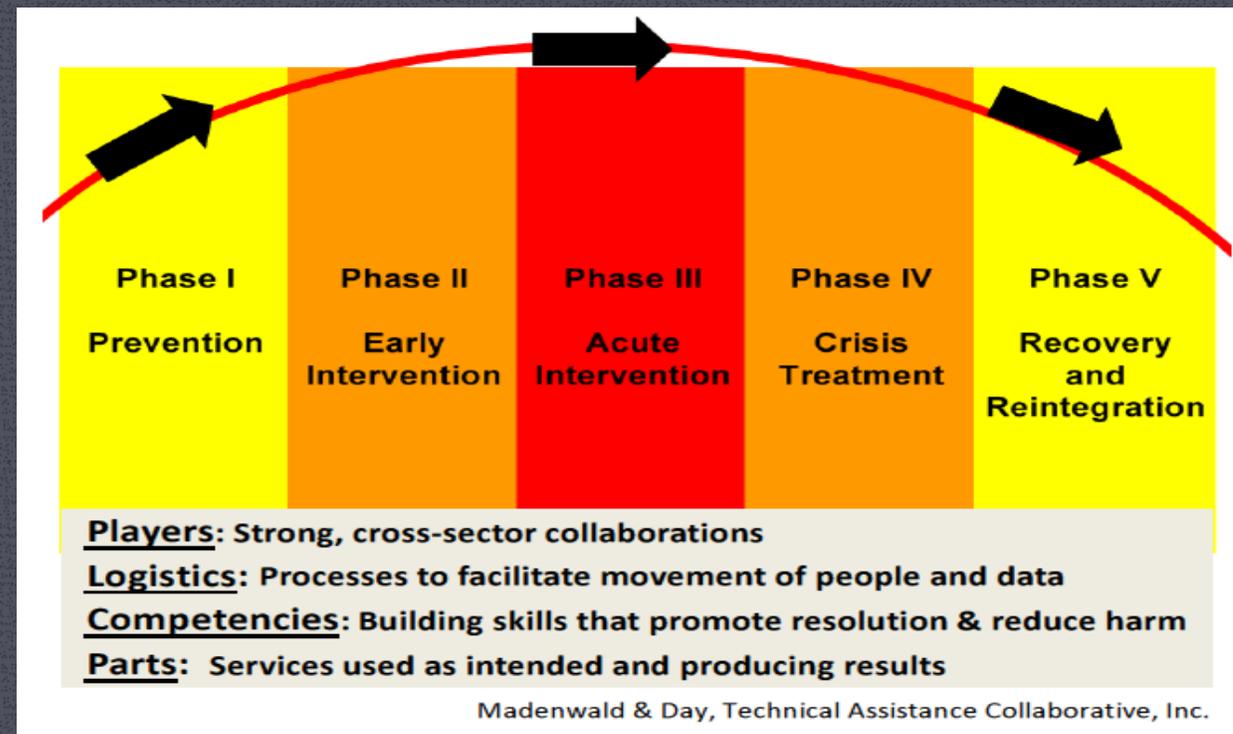
Don't believe
everything you think

Source: Bumper Sticker



Crisis System of Care Model

This is an organizing and planning framework that offers nine points of opportunity for building depth and breadth into a crisis system: within five “phases” and four “key components”.



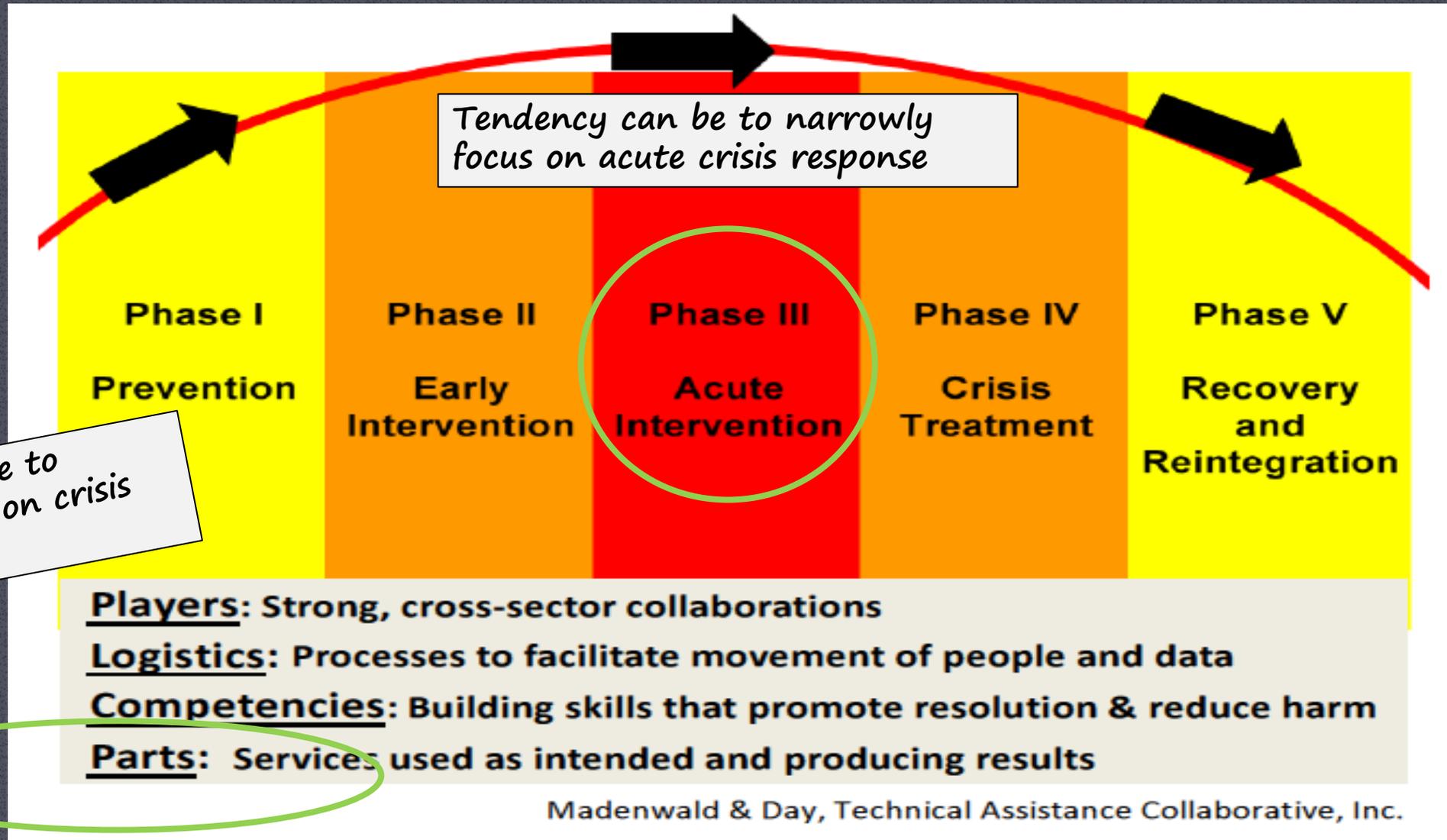
Crisis System of Care Model

- Unlike other traditional mental health treatment services, the delivery and effectiveness of crisis services is heavily influenced by longstanding beliefs, decisions, practices and actions within the broader behavioral health system, other community sectors and the general public.
- Developing effective collaborations across sectors is essential to maximizing health outcomes and getting the most out of a community's investment in acute crisis services.
- This is work that is necessarily systemic.
- It permeates the work of every youth-serving system and public safety, health and business sector and crosses socio-economic and payer categories.

Crisis System of Care Model

- A Crisis System of Care is defined as the organized whole of a behavioral health crisis system.
- This is quite different from how the system “works” in many communities where you might find:
 - Systems and services operating in silo from each other
 - Default, and often early use, of safety net providers such as law enforcement, hospital emergency departments and crisis teams
 - Under-defined mission, standards and measures
 - Under-assigned roles and responsibilities and systemic expectations
 - Underdeveloped crisis competency within the system.
 - Narrow focus on assessment, not enough focus on intervention/treatment
 - Narrow focus on disposition, not enough focus on resolution

Crisis System of Care Model



ROUND TABLE

