
Family-driven and Youth-guided Care
Austin, Texas
June 9, 2016

Presented by:
Beth Caldwell, Director, BBI/Faculty, National Center for Trauma-informed Care
Family Driven: What’s It All About
What is Family Driven?

Family Driven means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation.

This includes:

- Choosing culturally and linguistically competent supports, services, and providers;
- Setting goals;
- Designing, implementing and evaluating programs;
- Monitoring outcomes; and
- Partnering in funding decisions.

Source: Federation of Families for Children’s Mental Health
Why Is It Important?

• Strongest predictor of post-transition success, after education, is support from family

• Fifty percent (50%) of youth who have aged out will live with some member of their family within a couple of years (about equally divided between parents and other relatives)

  Source: Courtney, M., 2007; Courtney, M., et al, 2004

• “Work with family issues and on facilitating community involvement while adolescents are in residential treatment may have assisted these adolescents to maintain gains for as much as a year after discharge."

Why Is It important?

“The effectiveness of services, no matter what they are, may hinge less on the particular type of service than on how, when, and why families or caregivers are engaged in the delivery of care. While traditional forms of care approached mental health treatment in a hierarchical top down approach (with the clinician maintaining some distance from the recipients of treatment), this approach is not reflected in newer forms of service delivery. It is becoming increasingly clear that family engagement is a key component not only of participation in care, but also in the effective implementation of it."

Source: Burns, B. et al, 1999, p. 238
THINK ABOUT

THE STRENGTHS OF TEXAS RESIDENTIAL PROGRAMS

In the area of family-driven care, what are one or two practice strengths that Texas residential programs currently engage in consistently? Or your community program? Or your system of care? Or your state agency?
What Can Programs Do?
Hire Family Partners/Advocates

1\textsuperscript{st} MOST IMPORTANT STEP:

- Hire multiple family partners/advocates
- Have senior family partner as part of executive team & provide supervision to all family partners
- Have family partners (AND FAMILY MEMBERS) as part of EVERY organizational work group/ committee/task force
- Have family partners share offices with other staff – spread throughout the organization
Hire Family Partners/Advocates

- They serve as co-trainers in staff orientation and ongoing training programs
- They serve as part of hiring groups to hire staff
- They serve as part of evaluation teams to evaluate each individual staff
- “Nothing about us without us!”
Develop A Strategic Plan to Successfully Engage Families and Operationalize Family-driven Care

Go to the BBI website download, review and plan to use the **BBI Self-Assessment Tool** as part of your strategic plan

[www.buildingbridges4youth.org](http://www.buildingbridges4youth.org)
As Part of Strategic Plan

Have all leadership team members read and read and read and read:

- **BBI Family Tip Sheets** (long and short versions) & **BBI Engage Us: A Guide Written by Families for Residential Providers**

- Massachusetts Department of Mental Health Creating Positive Cultures of Care Guide Chapters:
  - Successfully Working with Family Partners
  - Embracing Family-driven Care

- A variety of other materials to support increased understanding and improved knowledge-base (see references at end of this chapter and in the Positive Cultures of Care Guide Chapters referenced above)
TO ENSURE WELCOMING OF & PARTNERING WITH FAMILIES YOU WOULD SEE:
Board/Executives Focusing on Specific Areas

If These Areas are Not Already in Place, Consider Including in a Strategic Plan.
Board/Executive Focus Areas

- Leadership Passionate focus on transformation towards FDC (ala Bill Anthony: walk the walk vs. just talk the talk)

- Agency clear values (e.g., strength-based, trauma-informed, individualized & flexible; family-driven; youth-guided; cultural and linguistic competence; community integrated)

- 100% staff competent in skills which = values (primarily: respect/compassion/empathy/listening/choice/kindness/patience)

- Multiple program practices clearly spelled out for each value

- Sophisticated Supervision Systems – especially Clinical
Raquel Hatter, CEO of large residential program, went back to her agency after the first BBI Summit and implemented multiple improvements, including:

- Primary focus on welcoming families as full partners
- Hired senior executive focused on family
- Rewrote job descriptions to include FDC
- Made supervisors accountable (some eventually asked to leave)
Board/Executive Focus Areas

Fully implementing:

- Family Search & Engage
- Wraparound/Child & Family Teams
- Best Practice Clinical Engagement Skills (i.e. variations of Functional Family Therapy/Multi-systemic Therapy)
- Clear expectations for all disciplines of staff to work interchangeably in residential, home & community
Board/Executive Focus Areas

Use Data to Inform Practice:

- Restraint/Seclusion
- Achieving Permanency for Every Child
- Putting into Place for Every Child a Broad Community Support Network
- Precipitous Discharges
- Hospitalizations
- Re-admissions into Out-of-home Care/Hospitals for all Youth at Least 1 to 2 Years Post Discharge
THE NEW BAR IS HOW CHILDREN AND FAMILIES ARE DOING 6 MONTHS TO 3 YEARS POST DISCHARGE

WHATS HAPPENING IN THE COMMUNITY IS WHAT COUNTS
Board/Executive Focus Areas

Quality Improvement:

- % of Youth Spending Time Every Day with Family Members and/or in Community Engaging in Pro-social Activities w/ Pro-social Peers
- % of Family Members Met with Every Week
- % of Families Connected to and Part of Family Support Groups in Community
Board/Executive Focus Areas

- Ensure **Fiscal Strategies** that Support Working with Families in their Homes and Communities during and post residential stays (i.e. 6 months to 2 years post)

- Offer Long Term: Respite/In-home Support

- Set Expectations in Staff Job Descriptions/Contracts for Minimum % of Time Staff Spend in Communities w/ Families

- Rename Positions (i.e. ‘Clinical Staff’ Become ‘Reunification Specialists’) to Emphasize Focus on Permanency/Reunification
Ensure Executive Team Members:

- Have Open Door Policy for Family Members
- **At Least One Team Member** Meets/Greets *Every* New Family
- **At Least One Team Member** Interviews Every Family Individually at Discharge and Again – 6 Months Post Discharge
- **And All Agency Staff** Represent the Cultures/Ethnicities/Races & Speak the Languages of the Youth and Families Served
TO ENSURE WELCOMING OF & PARTNERING WITH FAMILIES YOU WOULD SEE:
Staff of All Disciplines Implementing a Variety of Family-Driven Practices
Examples of Practices You Would See:

- Every Staff is ‘**Director of First Impressions**’
  (Title Used In New Zealand Agency)
- Families Can Come to Program 24/7
- Warm and Comfortable Physical Environments
- Families Can go to Every Part of the Program – Spending Time in Their Child’s Room and Classroom and Activities
WHAT’S YOUR NEXT STEP?
Examples of Practices You Would See:

• Lose The Words ‘Home-Visits’

• Family Focus Groups Decide Education Offerings for Families

• Families Called Everyday to Share Child Strengths – Not Just About Issues & Encouraged to Call Multiple Times Daily

• Youth Call Different Family Members Multiple Times Daily
Examples of Practices You Would See:

- Ensure Families Have Dedicated Time to Talk with Front Line Staff
- Make it a Practice to Consult with Families to Seek Counsel and Engage Them in Decision-making
- Create Opportunities (i.e. Weekend Camping) for Families to be Proud of their Children/to Create Positive Memories
- Support Siblings
Examples of Practices You Would See:

• **NO MORE GROUP REC** – All Recreation Focused on Youth Individual Interests/Talents and any ‘Group’ Activity Involves Siblings/Families/Extended Families- i.e. Cousins

• **Gather Tickets/Freebies** for Families to Use with Children (maybe with a staff for support)

• **Develop Close Collaborations with Clinical Expertise in Community** (e.g., Trauma; Substance Abuse; Domestic Violence) & Supports (e.g., Housing; Community Activities; Peer Mentors; Respite)
Strategies For Dealing with Families From Long Distances
Have Policies/Practices/Staff Training to ENCOURAGE:

• Youth Calling as Many Family Members as Possible **AND** Friends Whenever Want/Need To

• Have Many Phones/No Restrictions on When Can Use  
  *(Except Maybe School/After Certain Time of Night)*

• Allow Cell Phones (w/ Security – i.e. Photos Taking/Video Turned Off)

• Skype/Google Chat DAILY
Have Policies/Practices/Staff Training to ENCOURAGE:

- Do ‘Whatever It Takes’ to Get Youth Home 2x Week Minimum (and When Crisis Comes Up; ALSO- DO NOT ALLOW YOUTH TO MISS ANY IMPORTANT FAMILY EVENTS) – Up to 3 Plus Hours Drive 1-way/Worked on Revising Budget Items i.e. Gas $ 

- Develop/License Community Programs in Communities Youth Come From AND/OR Develop Strong Partnerships (e.g., Joint Values; Joint Training; Formal Sign-offs) 

- Have Staff Phone and Email Regularly – ESPECIALLY TO SHARE STRENGTHS; Communicate Often;
Have Policies/Practices/Staff Training to ENCOURAGE:

• Train clinical staff to do family systems work on the phone (just for some meetings – MOST SHOULD HAPPEN IN HOMES)

• Have a clinical staff and a family advocate work in the community most youth/families reside (ala SCO/NYC)

• Get a grant to buy i- Pads/lap tops and rent (i.e. $1) for families (or - if charge more - return $’s when returned)

• Create back and forth art project/binder for families and youth to work on 2 to 3 x weekly or daily and either take each weekend home and/or scan/email back and forth (ala SCO/NYC)
What To Be Cautious Of:

• Events on Residential Campuses (why?)

• Lack of Sophisticated/Committed Clinical Supervisors

• Group Residential Recreation (why?/who to invite? (Build Memories with Families)

• Residential Holiday Traditions ("Is it About the Program or About the Youth/Family?")
What can you do to improve family-driven care in your program or state agency or system of care?
Youth Guided Care: What’s It All About
Interface Between Youth-guided & Trauma-informed Care

- Focus on promoting healing environments
- Understand impact of trauma on brain and body
- Strong focus on youth voice and choice
- Focus on program practices that are strength-based, collaborative and empowering for youth
- Focus on strategies that support self-soothing/ self-regulation (e.g., individual safety/soothing plans; sensory modulation strategies; holistic approaches- i.e. meditation/yoga/tai chi/rhythmic & repetitive activities)
- Focus on normalizing activities, hope/permanency
Youth Guided means that young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives.

This includes giving young people a sustainable voice and the focus should be towards creating a safe environment enabling a young person to gain self-sustainability in accordance with their culture and beliefs.

Through the eyes of a youth guided approach we are aware that there is a continuum of power and choice that young people should have based on their understanding and maturity in this strength based change process.

Youth guided also means that this process should be fun and worthwhile.

Youth MOVE National, Inc. (2008)
Program Philosophies Associated with Positive Transitions

- Treating young people as emerging adults.
- Partnering with youth in developing and implementing their individualized success plan.
- Individualizing planning focused on each young person’s unique needs, strengths, and preferences.
- Believe in recovery – that young people will go on to lead productive lives.
- High expectations – belief that young people can be successful in careers, college, vocational training, and jobs of their choice.

(Jivanjee, P. et. al., 2008)
Youth Engagement/Voice/Choice

- Youth engagement is associated with positive relationships and increased motivation. Youth who actively engage in treatment tend to develop strong relationships with service providers, express a willingness to change, and participate and collaborate with others in the context of treatment - Smith, Duffee, Steinke, Huang, & Larkin (2008).

- Residential settings that limit opportunities for choice and exploration do not promote this normative developmental process, leaving youth ill prepared to re-enter the community. Therefore, it is essential to provide concrete opportunities for youth to express their choices and opinions regarding helpful services. - Mohr & Pumariega; Warner, & Yoder; Joyce & Shuttleworth
THINK ABOUT

THE STRENGTHS OF TEXAS RESIDENTIAL PROGRAMS

In the area of *youth-guided/trauma-informed care*, what are one or two practice strengths that Texas residential programs currently engage in consistently? Or community programs? Or systems of care? Or state agencies?
Strategies for Youth Engagement

• Hire staff with expertise in this process.

• Use peers who are already living in the community to teach/model skills

• Have youth learn and use skills in their daily activities in residential care.

• Normative experiences should not be treated as privileges or withheld to manage behavior.

• Residential providers in remote areas should plan programs and housing to move older youth into the community with support.

Courtney (2007); Davis & Koyanagi (2005)
Strategies for Youth Engagement

• Community schools should be used as much as possible.

• Maintain & build network of support. Youth connection with support system correlates to how youth are doing 10 to 15 years after care.

• Family engagement may play a stronger role in the outcomes than the actual intervention program

• Services accommodate the critical role of peers and friends

Courtney (2007); Davis & Koyanagi (2005)
NFI North – New Hampshire – Progress Made in 4 Months

NFI North - Davenport School takes great pride in the Building Bridges Initiative and decided from the start of this project that the only way to evoke on this journey was to due so through a lens that allowed for *open and honest examination of practices as well as open and honest communication* amongst Family, Youth, and Staff.
Comparison

Prior to NH BBI Kick-off

1. Home Visits
2. Limited phone calls
3. Apply for Community Service
4. Level Systems
5. No PC (Personal Contact)
6. Going home every other weekend
7. Clinician Led Tx Meetings
8. Focus on Transition last 90 days
9. Scheduled bedtimes
10. Pre-arranged community service
11. No Parent Support Groups

4 Months Later

1. “Going Home”
2. Unlimited access to phones
3. Unrestricted access to community
4. No level system
5. High Fives and Fists Bumps
6. Home every opportunity possible
7. Youth Led Tx Meetings
8. Focus on Transition from day 1!
9. Youth decided bedtimes
10. Youth designed community service
11. Parent Groups offered once a month
<table>
<thead>
<tr>
<th>Guidelines</th>
<th>Completed Yes/No</th>
<th>Youth &amp; One Treatment Members Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Remember to write up an agenda of items that you would like to bring to your meeting for discussion. It's a good idea to do this in advance so that you have plenty of time to think about what you would like to discuss.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Make sure you have a copy of your treatment plan available to follow along during the meeting. Ask your advocate for assistance with this if needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Give yourself 15 minutes before your meeting to prepare. During this time, make sure that the tables in the conference room are clean. You could also prepare coffee and/or other drinks for your guests.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Once everyone has arrived and is seated, sign-in sheets will be passed around. This is a good time for you to begin introductions by first introducing yourself and then asking your guests to do the same.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Offer a well balanced interpretation of your current baseline. Identify areas of growth. Be able to identify areas in need of continued growth and a plan to work towards that. Identify resources (address, phone number, agency, specific person) in your home community that can offer support with that continued growth.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Be prepared to use the skills you have learned and demonstrate your ability to effectively manage hearing things that may be of a differing opinion.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. At the end of the meeting, restate in clear terms the decisions made and the action steps to meeting those objectives.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Identify the date of the Conditions of Release.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Identify the next court review date.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Schedule another treatment review date.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form Updated July 2011
NH Contact Information

NFI North Array of Services
Jennifer Altieri
603-586-4328
jenniferAltieri@Nafi.com
Example of one Program’s Focus on YGC and TIC: YDI, Arizona

YDI implemented the EBP, the Six Core Strategies©:

1. Leadership toward organizational change
2. The use of data to inform practice
3. Workforce development
4. **Full inclusion of individuals and families**
5. The use of seclusion and restraint reduction tools, which include the environment of care and use of sensory modulation
6. Rigorous debriefing after events in which seclusion and restraint might have been used
## Process of Changing the Culture

<table>
<thead>
<tr>
<th>Old Thinking</th>
<th>New Thinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restraints are necessary to keep the kids safe</td>
<td>Restraints re-traumatize and CAUSE HARM</td>
</tr>
<tr>
<td>Satisfied with restraint reduction</td>
<td>Intention to ELIMINATE restraints</td>
</tr>
<tr>
<td>Will not Skill</td>
<td>Skill not Will</td>
</tr>
<tr>
<td>Blaming the outliers or “Frequent Flyers”</td>
<td>“Kids do well if they can.”</td>
</tr>
<tr>
<td>Confront and Teach</td>
<td>Calm, Comfort, Connect</td>
</tr>
<tr>
<td>Blaming one or two new admissions</td>
<td>All staff create a therapeutic alliance with the youth</td>
</tr>
<tr>
<td>When restraints decreased, assaults on staff increased</td>
<td>Regulation is contagious</td>
</tr>
</tbody>
</table>
Paradigm Shift: Eliminate Restraints

• Seclusion and restraint are **NOT** treatment interventions
• Seclusion and restraint are demonstrations of power and control
  ▪ Very traumatizing to youth in care and to those who work with them
• Often these interventions are implemented in arbitrary, abusive and violent ways
YDI Physical Restraints
June of 2012 - December 2015

A place of healing and hope
Full Inclusion of Youth and Families

YDI Student Advisory Board

Who are we?

"We are not student council, we don't do bake sales or promote wacky dress days. We do things that make being here easier so we can leave faster. In order to work with us you don't have to be perfect but we need you to work hard and be honest. Everyone trusts us and gives us a lot of responsibility. What you do in here will influence the lives of kids you will never meet and that's pretty cool."

- Student Advisory Board member Justin when interviewing an applicant for Student Advisory Board
YDI Student Advisory Board

• Give tours to kids new to YDI
  ▫ Give BBI Youth Tip Sheet & reinforce that YDI is a “hands off” program and that their treatment is based upon their choices.
• Review and write policy and procedures
• Receive training/support to help resolve youth-to-youth grievances
• Identify and solve problems specific to milieu
• Report to their units what is going on with YDI as a whole community.
• Tour visiting agency staff.
• Interview every employee
• Part of Orientation Training and ongoing staff training programs
• Part of staff evaluation
“Just because you work here, don't think we will trust you. I have had adults come into my life, promise they will be there for me and leave time and again. Kids here will cuss at you and call you names because we don't trust you. You have to prove to us with your actions what you are about.”

-Student Advisory Member when talking to new staff in training
Full Inclusion of Youth and Families

Student Advisory Board

- Outcomes as a result of YDI Student Advisory Board:
  - 94% successful discharge rate for Student Advisory members; YDI successful discharge rate is currently 77%

- What youths’ exit surveys tell us
  - Sense of empowerment, purpose, and value as a member of a community
Contact Information

- David Cocoros, MA and Trish Cocoros, BS
  Co-Executive Directors
  Youth Development Institute
  1830 E. Roosevelt St.
  Phoenix, AZ 85006
  david.cocoros@ydi.org
  trish.cocoros@ydi.org
  (602) 256-5310 and -5311
  Fax (602) 256-5312
Examples of Youth Guided Care

- Youth provided training/support to lead own treatment team meetings
- Hiring of youth advocates (meaningful roles throughout the organization)
- Youth/youth advocates are on EVERY program committee/workgroup
- Providing youth mentors (home community)
- Youth advisory group – meaningful
- Providing leadership training for all youth
- Skill training imbedded everywhere
Examples of Youth Guided Care

• Staff interactions are respectful, inquisitive and empowering – not directive/authoritarian (i.e. more “How do you feel about that?” VS praise)

• Individualized approaches – not level or point systems (Mohr & Pumariega, 2004)

• Interests/Activities occur in the community – not in program

• Former youth on Boards of Directors
### Youth Guided Care: Basics to Advanced

#### Basic:
- More phones available/ expand phone times
- More flexibility w/ bedtimes
- Do away w/ points; design a revised/ ‘looser’ level system
- Program expands amount of time youth go into community for normalizing activities (w/ other residential youth)

#### Moving beyond Basics:
- Cell phones (w/ filters)/no real phone restrictions
- Youth choose wake-up, bed & shower times
- No levels- all privileges and amends are individualized
- Time in community alone or w/ pro-social peers engaged in activities that highlight individual talents/ strengths
Examples of Youth Guided Care

Program Reviews All Practices and Rules Against TIC & YGC.

Examples include:

- After school quiet time or study time so youth quiet during change of shift
- Any practices that delay or limit time spent at home
- Strong focus on behavioral approaches (even PBIS) which focuses on earning activities (e.g., dinners out; stay up late; student of the week; special time with a staff - top level more individualized)

ALL PROGRAM PRACTICES/RULES
Youth Recommendations

• “Every staff wants to talk to me about my problems. It gets so old. Why don’t we just talk about what interests me?”

• “We can help each other as well, if not better, than staff can help us. They should promote ways of doing this.”

• “Just listen, truly listen – staff need to not be so obvious that they are waiting to say something.”

• “Make me smile and laugh; be there for me – not just there to remind me of rules.”

• “Nobody asks me about my dreams. They ask me about my behaviors.”
Quotes/Recommendations from Liz Murray

Homeless to Harvard

“I had never had anyone look at me with possibilities.”

“You need someone to ask you questions... to be interested... to really give you voice.”

“What is the relevance of what you are saying to me? Is it important to me”

“Give choice often.”

“Provide mentors.”

“Listen; be there; show up and make an impression; give hope; empower; show me that I can reach my goals.”
Authentic Youth Engagement

Happens when...

• The voice and actions of youth are valued.

• Youth are utilized as a resource in the development of themselves and their community.

• Authentic youth voice is present, empowered and interwoven throughout your system and your organization.

• Youth are valued for their experience and expertise (not as the problem).

• Youth consumers are advocates and educators.

• Youth members are on boards and committees.

• Youth are decision makers.

• There is equal partnership and shared respect.
So.. What Can You Do To Improve Youth-guided/Trauma-informed Practices in Texas?
In residential?
In community?
In systems of care?
In state agencies?
BBI Contact Information

- Dr. Gary Blau
  Gary.Blau@samhsa.hhs.gov
  240-276-1921

- Beth Caldwell
  bethcaldwell@roadrunner.com
  413-644-9319

www.buildingbridges4youth.org