Family Support Provider Training
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MAKE WRAPAROUND WORK

Oklahoma Systems of Care
Family Support Provider
GROUND RULES

- Participate in the entire training (if you can’t, let me know).
- Please let me know if you have any special needs.
- Come back from break on time.
- Place all cell phones to vibrate so the training process is not interrupted if you receive a call.
- Stay Strength-Based at all times.
At the completion of this module, participants will:

- Understand the Roles and Responsibilities of Family Support Providers;
- Describe how FSPs are integral to the Wraparound process;
- Recognize and be able to implement FSP services and supports; and
- Recognize and be able to implement Wraparound Guiding Principles.
FAMILY SUPPORT PROVIDERS (FSP)

- Utilize personal experiences to mentor families in navigating systems and becoming empowered to advocate effectively for themselves and their children.
- Make certain that the family has informed options so families can, in turn, make an informed decision and attain the consequences of those decisions and choices.
FAMILY SUPPORT PROVIDERS (FSP)

• Act as member of the Wraparound Plan / Integrated Care Plan to support the family in completing treatment and services
  • Ensure the family’s voice is heard among the team
  • Help family understand other perspectives on team
• Help families find natural supports
• Help family to connect to resources and people that can help with self-efficacy
“They [FSPs] provide a range of supportive services and their primary function is to model, coach, and empower parents in their journey to cope with, advocate and negotiate the fragmented children’s service systems.”

FAMILY SUPPORT PROVIDERS ARE PEERS

“Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful... It is about understanding another’s situation empathically through the shared experience of emotional and psychological pain.”

(Sherry Mead 2008)
• Relationship between peer provider and recipient

• characterized by trust, acceptance, understanding, and the use of empathy;

• “conditional regard” – otherwise described as a peer provider’s ability to “read” a client based on having been in the same shoes he or she is in now.

DEFINING MOMENTS

1. Name
2. Work – role and level of experience
3. Personal
4. Defining moment(s)

At 2 minutes I’ll help you wrap up.
What is the best way to ease someone's pain and suffering? In this beautifully animated RSA Short, Dr Brené Brown reminds us that we can only create a genuine empathic connection if we are brave enough to really get in touch with our own fragilities.

https://www.youtube.com/watch?v=1Evwgu369Jw
According to the NWI, Family Support Providers

- Must be the biological or adoptive parent – or kin or other “forever” person in the parent role – who has been the primary caregiver of a child with emotional or behavioral challenges.

- Must have lived experience navigating the Mental/Behavioral Health, Child Welfare, or Juvenile Justice system with their child.

- Must be willing to use their own lived experiences to provide hope and peer support to other families experiencing similar challenges.
According to the NWI, Family Support Providers

- Must be committed to ensuring that other parents have a voice in their child’s care and are active participants in the wraparound process.
- Must be able to engage and collaborate with people from diverse backgrounds.
- Must be able to maintain a non-judgmental attitude towards both families and professionals. Experience in wraparound is preferred but not required.
FAMILY SUPPORT PROVIDERS ARE NOT professionals
A common challenge for many FSPs is often the tendency to over-identify with the host agency/provider context. FSPs should be able to:

- **Interrupt bias as it occurs**—FSPs may come face to face with institutional prejudice about parents. This is often unintentional but learned behavior. Professionals may identify bias as a need to vent or as a way to shake off frustration. That can result in perpetuating a bias towards parents. FSPs represent a walking and real contradiction to that bias. FSPs have to be skilled at redirecting biased comments and conversations.

- **Inspire a nonjudgmental attitude towards parents in others**—FSPs can do this through example, storytelling, and working on concrete tasks with systems partners. All of these build mutual trust and respect.

Adapted from “Wraparound Parent Partner Training Workshop”
WHAT DOES THE RESEARCH SAY?

Within children’s mental health, family support services delivered by veteran parents have gained rapid momentum, with a quarter of states making such family support services a billable service through Medicaid or federal block grants (Center for Health Care Strategies, Inc 2012).

These family support specialists (FSS; also known by a variety of other names including family partners, family support workers, parent partners, parent mentors, veteran parents,) are typically caregivers who have “lived experience” of parenting a child with mental health needs and are able to “give back” to other parents.

(Hoagwood 2005; Osher et al. (2008)
WHAT DOES THE RESEARCH SAY?

- Superior outcomes in terms of engagement of “difficult-to-reach” families, reduced rates of hospitalization and days spent as inpatient, and decreased substance use among persons with co-occurring substance use disorders.

- Increased degree to which caregivers felt the care plan was responsive and inclusive of non-treatment issues (such as housing and employment), and increased their sense of control and ability to bring about changes in their lives.

WHAT DOES THE RESEARCH SAY?

- Increased caregivers’ sense of hope and degree of engagement in managing their mental health, degree of satisfaction with family life, positive feelings about themselves and their lives, social support, and sense of community belonging.

- Hope through positive self-disclosure, demonstrating that it is possible to go from being controlled by mental health issues to gaining some control over mental health issues.

WHY FSPS ARE IMPORTANT IN OKSOC

Ensuring families are engaged in their children’s behavioral health services can be challenging and difficult.

Even when families are engaged initially, many issues can interfere with and get in the way of their continued and ongoing engagement.

OKSOC loses about half of our enrolled families before 6 months, which means they do not complete Wraparound or Service Coordination. And we don’t know what kinds of outcomes families might have had.

When families collaborate in their care, their level of investment and engagement increases.*

*(Hanson, Deere, Lee, Lewin, and Seval, 2001)
PURPOSE AND INTENT

- All shared experiences must have clear “Purpose and Intent” that ties to the foundational components of Wraparound and more specifically to that particular family.
- FSPs may share their own personal experience or a collective experience compiled of other family experiences.
- All FSP work must be accurately reflected in progress notes.
THE FAMILY’S STORY

- Listen to the family’s story
- Build insight on the family’s concepts and language
- Acknowledge and validate emotions
- Ask questions versus providing answers
- Share information in a clear, timely and sensitive manner
- Co-create solutions with the family
- Advocate for external changes to support families
Active listening is the first step in building a helping alliance. It incorporates:

- Communication
- Understanding
- Reflection

It is effective in fostering engagement when families feel a sense of sharing three elements with helpers:

- Goal
- Task
- Bond

Know that we have more in common than we have different.
Wraparound is **family driven**. Family members are integral parts of the team and must have ownership of the Wraparound Plan. No planning sessions occur without the presence of the family.

Wraparound is **youth & young adult guided**. Youth and young adults are engaged as equal partners in creating systems change in policies and procedures at the individual, community, state, and national levels.

Wraparound is **team based**. The Wraparound Plan is developed by a Child and Family Team (CFT) which consists of the family, natural supports, and formal supports who care about and best know the child, youth, or young adult and their family. The CFT is selected by the family, and no more than half of the team is made up of professionals.
WRAPAROUND GUIDING PRINCIPLES

- Wraparound is reinforced by the family’s **natural supports**. Wraparound is designed to enhance natural supports available to the family through their network of personal, family, and community relationships. Natural supports can include extended family members, friends, neighbors, and other community members.

- Wraparound is **collaborative**. All parties involved work as a team with the family to design and implement one Wraparound Plan. Planning, services, and supports cut across traditional agency boundaries through multi-agency involvement and funding.

- Wraparound is **community based**. Residential treatment and inpatient hospitalization are used as stabilization resources and not as placements that operate outside the Wraparound Plan.
WRAPAROUND GUIDING PRINCIPLES

- Wraparound is **culturally & linguistically competent**. Services and supports must be tailored to the unique culture of the child, youth, or young adult and their family. Family culture refers to family race and ethnicity, as well as family habits, preferences, beliefs, languages, rituals, and dress. Wraparound facilitators discover the unique cultural aspects of the family and ensure that those aspects are embedded in the Wraparound Plan.

- Wraparound is **individualized**. Each child, youth, and young adult and their family has an individualized, comprehensive Wraparound Plan. The Wraparound Plan may include services such as therapy or day treatment, but the CFT always evaluates how the service is a good match for the family’s unique needs.
WRAPAROUND GUIDING PRINCIPLES

- Wraparound is **strengths based**. The Wraparound Plan is based on the unique strengths, needs, values, norms, preferences, culture, and vision of the child/youth/young adult, family, and community.

- Wraparound is **unconditional**. The Wraparound facilitators will never give up on, blame, or reject a child, youth, young adult, or their family. When faced with challenges, the team will continue to work toward meeting the family’s goals and needs.

- Wraparound is **outcome based** and **cost responsible**. Governments at both regional and local levels work together with providers to improve services. Both Systems of Care issues and issues of individual Wraparound Plans are considered. Outcome measures are identified and individual Wraparound Plans are frequently evaluated.
Just as nine-tenths of an iceberg is below the waterline and out of sight, nine-tenths of culture is below conscious awareness.
CULTURAL COMPETENCY

Cultural Competence is the integration of knowledge about individuals, families and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes. To begin to become culturally competent, you should have an understanding of these qualities:

• I acknowledge my personal values, biases, assumptions, and stereotypes in the workplace and private life.

• I am aware of my own cultural identities and recognize how culture has impacted my personal interactions.

• I can appreciate how diversity has benefited and enriched my life’s experiences.
CULTURAL COMPETENCY

- I recognize my own privileges and am able to articulate areas of disadvantages.
- I am aware of my own developmental stage and am constantly working towards improvement.
- I have knowledge of my personal diversity issues and am able to resist “getting hooked” by inflammatory statements or behavior. I am comfortable being with members of groups different from my own.
- I am able to recognize different points of view, behaviors, values, and goals both with consumers and co-workers.
- I am comfortable communicating about diversity.
- I am able to be flexible, nonjudgmental, and tolerant of ambiguity, both with consumers and co-workers.
CHECK YOUR BIASES
Your Iceberg

- Behaviour
- Feelings
- Thinking (self-talk)
  - Positive Attitudes
  - Negative Attitudes
STAGES OF CHANGE

- Pre-contemplation
  - “I really don’t want to change.”
- Contemplation
  - “I’ll consider it.”
- Preparation
  - “I’m making a plan for it.”
- Action
  - “I’m doing it, but not regularly.”
- Maintenance
  - “I’m doing it.”
- Termination
  - “I have no desire to go back to my own ways.”
STEPS TO SELF-EFFICACY

1. Do for
2. Do with
3. Cheer on
WRAPAROUND IMPLEMENTATION

Engagement Phase

- FSPs get to know the child, youth, or young adult and their family and ensure they understand and are ready to commit to the Wraparound process.

Planning Phase

- FSPs work with the child, youth, or young adult and their family to plan and establish a direction for treatment.

Implementation Phase

- FSPs provide ongoing support, interventions, and assistance to the child, youth, or young adult and their family.

Transition Phase

- FSPs work with the child, youth, or young adult and their family to prepare for transitioning out of Wraparound.
FSPs hold a unique role in Oklahoma Systems of Care.

• Our strength comes from our experience as family members of those with behavioral health issues.

• We are not professionals (the horses)!

• We are peers (the unicorn)!

• And families need us to help them navigate through the maze of services and field of helpful horses.
QUESTIONS