

Supporting Parents: Multi-needs and the Need for Multi-institutions' Coordination of Supports

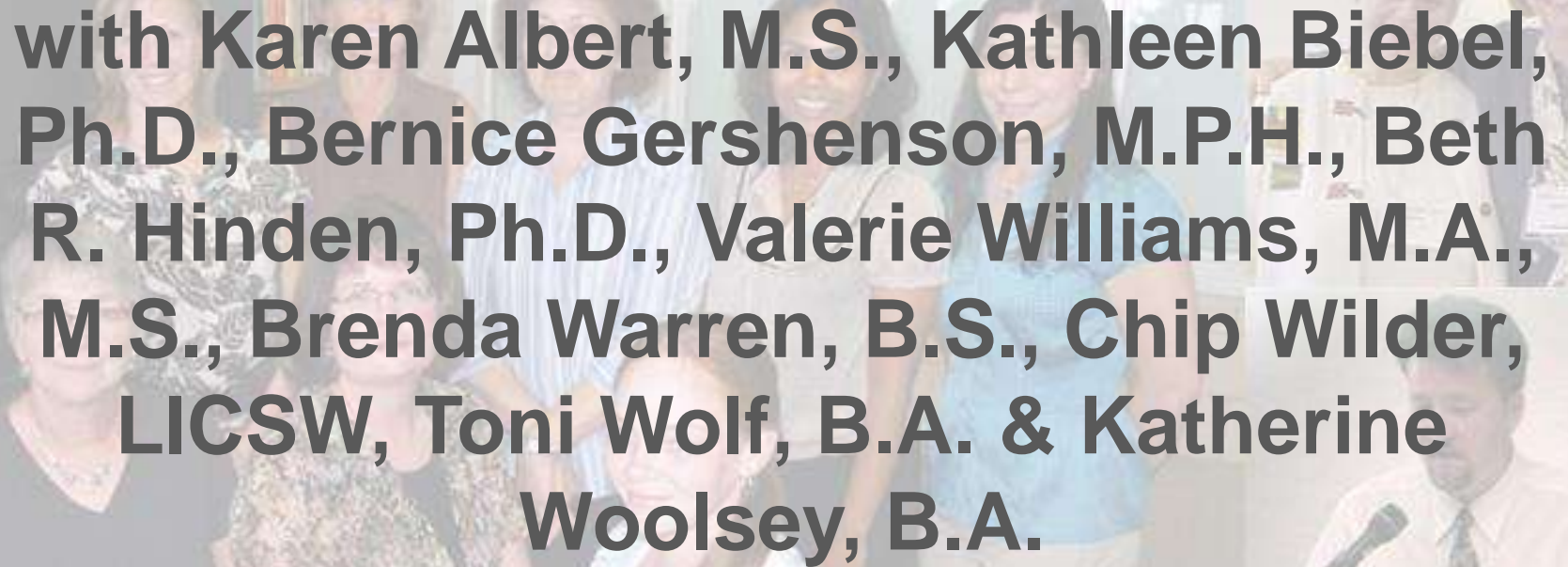
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Disclosures



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Our Work is Informed by Research & Practice

- **Survey & ethnographic studies of individuals & families over time**
- **National surveys & site visit projects**
- **Development & testing of our own interventions**
- **Consultation & training to numerous federal, state & local policy makers, providers, consumers & family members**

Today's Talking Points

A man with glasses and a blue long-sleeved shirt is standing next to a light-colored dog. The background is a plain, light-colored wall. The text is overlaid on the left side of the image.

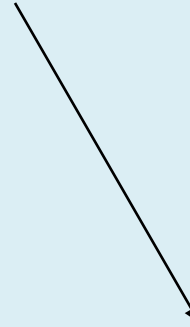
- Family members are likely to have multiple and overlapping needs & roles – individuals with mental illness, carers & siblings.
- There are many opportunities & strategies for intervention.
- The best care requires the engagement of multiple stakeholders working in partnership.

“Trends and technologies may change, but from the Stone Age to the Internet age, two aspects of life remain constant: Family can be the source of great joy and sorrow, and parenthood is a challenge.”

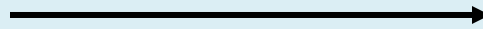
(Sarah Rodman, *Boston Globe*, February 28, 2010, p. N1)



Intervention



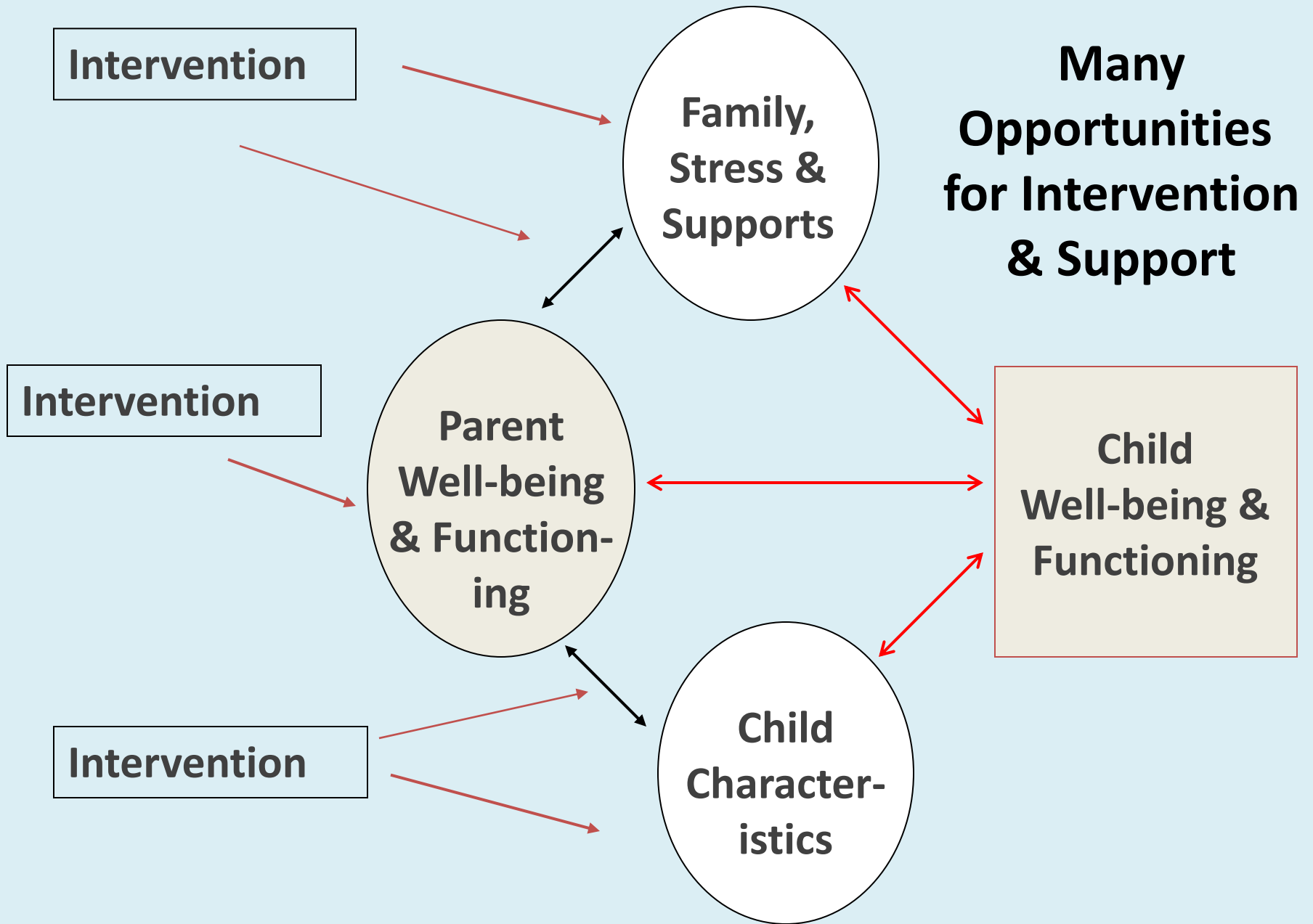
**Parent's
Well-being &
Functioning**



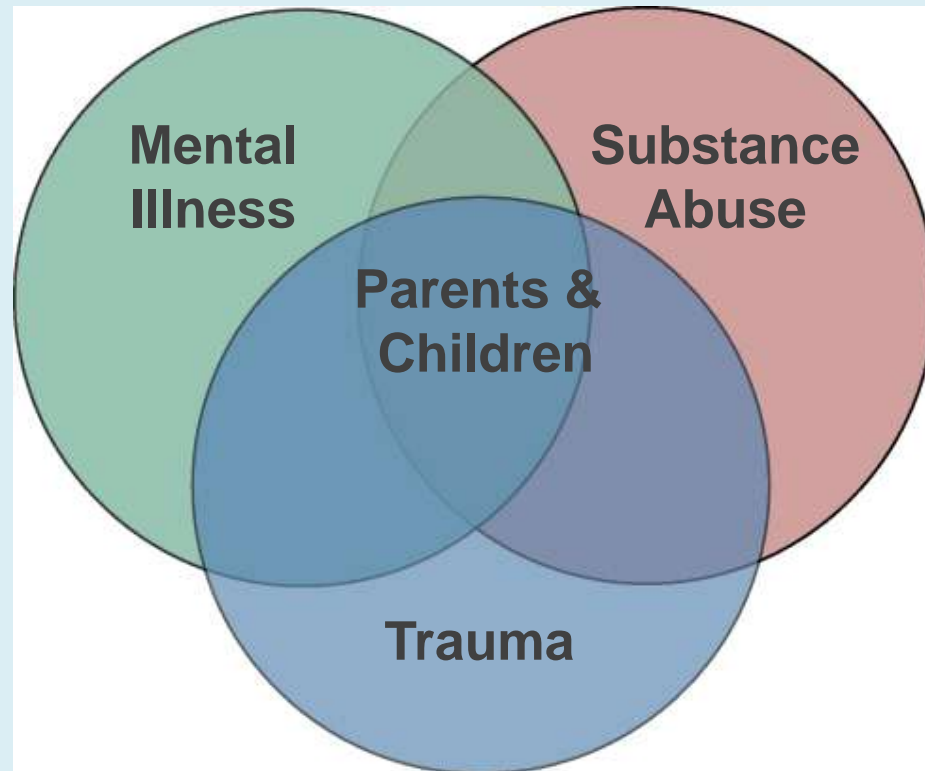
**Child
Outcomes**



“Old Thinking”



A Whole-of-Family Approach: Families are the focus of mental health promotion, mental illness prevention, treatment and rehabilitation



**Families can take many forms.
Children may be living with
birth parents, step-parents,
relatives, foster families,
adoptive families, or in other
“formal” or “informal”
arrangements.**

“...You know, some people think you shouldn't have a baby because you have mental illness and because you're on medication.”



“...How to be a good role model for your kids when you have problems of your own...you want your child to grow up to be a healthy, well-adjusted adult...”



**“You have to go to work. You gotta’
‘come home. You gotta’ deal with the
kids, deal with your own home. Your
own problems, you know, really start
piling up.”**



“...No medication is going to slow me down. I have a 2-1/2 year old daughter. I have to be active for that reason. I have to be right behind her everywhere she goes...”



“...In reality I don’t want to go [to the hospital]. I want to be home. I want to be the mother. I want to be in charge of the house...cooking, cleaning, taking care of everybody, changing diapers.”



“...When you’re doing good, nobody’s there for you...but when they find out the least little bit wrong, they’re there on you, letting you know all the negative... no positive.”



**“And when they come in and they say,
*‘We’re taking what you have left--
that’s keeping you alive’*...What do
you think then?...You’re a failure
completely...”**



**“...trust issues too. How do I know
this person will care for my baby?
What if they don't take proper care?”**



“...How do you establish a loving relationship with your child...when you’re not with them a lot? They don’t see you on a regular basis and you can’t show them your love in the normal ways...”



Working with Individuals in a Family Context/Working with Families

What must be put into place to support the optimal functioning & positive relationships of adults who are parents & their children, family members & carers—in times of stability & in anticipation of times of difficulty?

Key Ingredients for Success When Adults with Mental Illness are Parents

- Family-centered
- Strengths-based
- Trauma-informed





Key Ingredient: Family-Centered

- **Integration of adult & child services**
- **Interagency collaboration**
- **Funding to meet unique needs identified by families**

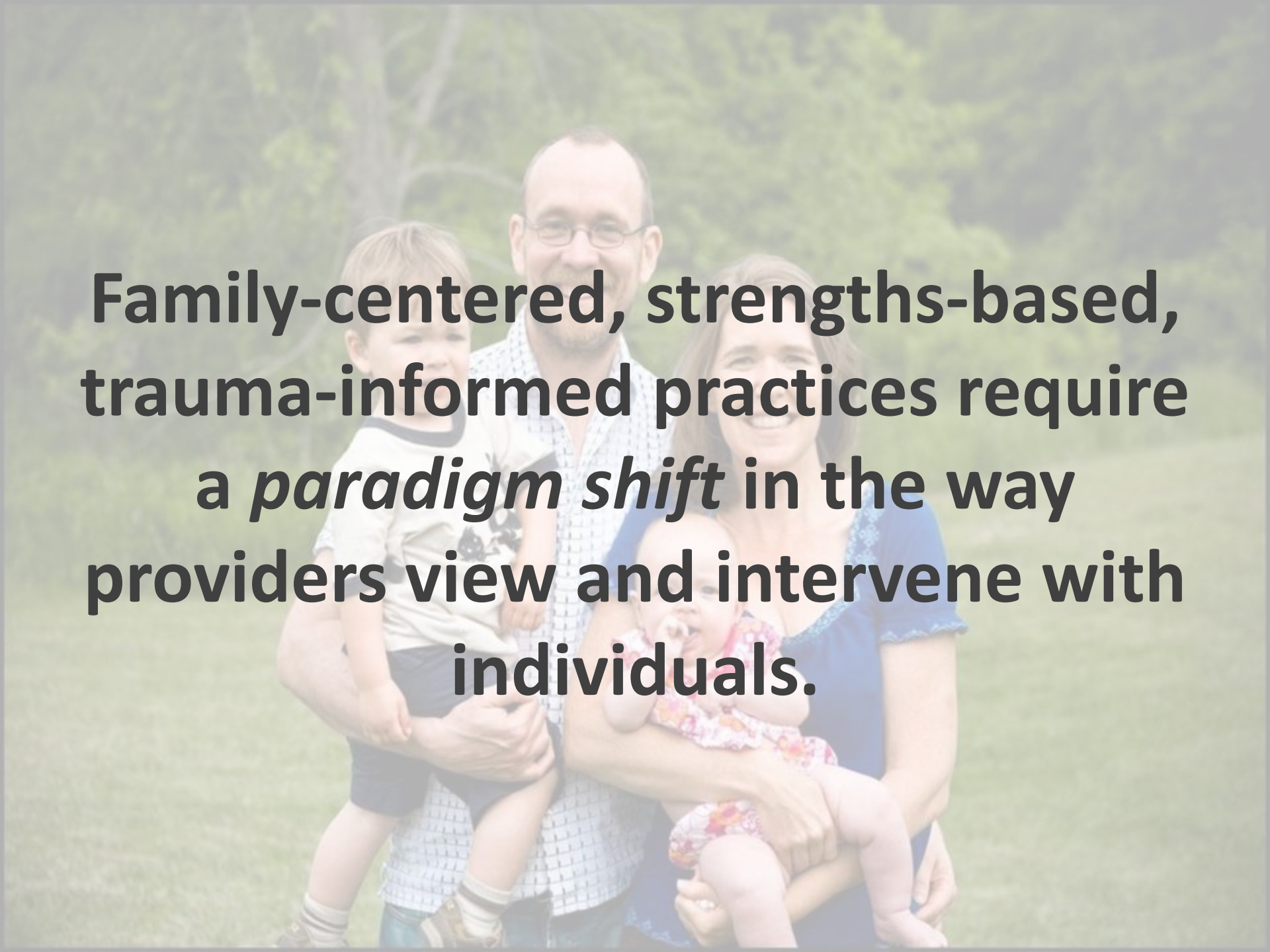
A young child with light brown hair and blue eyes, wearing a grey turtleneck and blue denim overalls, stands in a bathroom. The child is looking directly at the camera. In the background, a white toilet is visible, and several pieces of white toilet paper are scattered on the tiled floor. The text is overlaid on the image.

Key Ingredient: Strengths-Based

- **Non-judgmental approach**
- **Support of positive role models**

Key Ingredient: Trauma-Informed

- **Safe environment**
- **Trustworthy, dependable relationships**
- **Attend to issues of power & control**

A photograph of a family of four smiling outdoors. The father, wearing glasses and a patterned shirt, holds a young boy in a white t-shirt. The mother, wearing a blue top, holds a baby in a floral dress. They are standing in a grassy area with trees in the background.

Family-centered, strengths-based, trauma-informed practices require a *paradigm shift* in the way providers view and intervene with individuals.

It takes a village...

- Multigenerational & developmental approach
- Multiple sectors working together
- Recovery in adults: achieving goals & reducing adverse outcomes
- Resilience in children: supporting strengths & addressing needs

What does it take to create the village?

Leveraging Partnerships to Coordinate & Create Services for Families

- Changing the way we do business
- Changing the business we do



Provide Family-informed Treatment & Services

- Consider family roles & context.
- Ask about reproductive issues & goals for family life.
- Anticipate impact of treatment recommendations on parent's functioning.





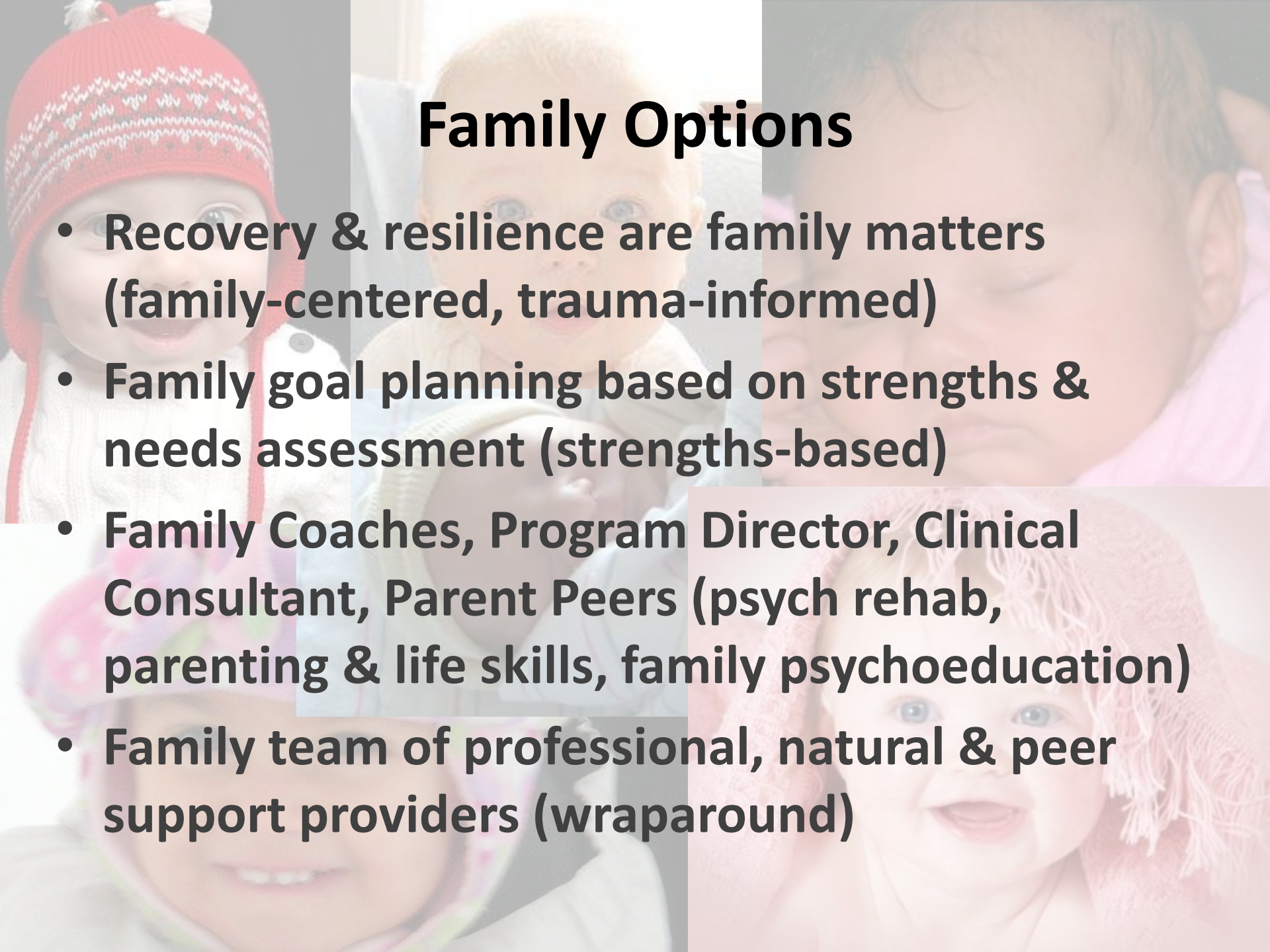
Enhance Existing Strategies: provide *family-informed...*

- **Supported housing**
- **Supported employment**
- **Supported education**
- **Peer support**
- **Services for children & youth**

Create Family-focused Intervention Strategies

- The Family Project
- Parenting Options Project
- Family Legal Support Project
- Homeless Families Project
- Family Options





Family Options

- **Recovery & resilience are family matters (family-centered, trauma-informed)**
- **Family goal planning based on strengths & needs assessment (strengths-based)**
- **Family Coaches, Program Director, Clinical Consultant, Parent Peers (psych rehab, parenting & life skills, family psychoeducation)**
- **Family team of professional, natural & peer support providers (wraparound)**

Preliminary Conclusions: Family Options Outcomes

- **Significant improvements in mothers' functioning & well-being at 6 & 12 mos.**
- **Significant increase in supports & resources at 6 mos.**
- **Families achieved individualized goals.**
- **Families transitioned to less intensive contact at about 12 mos.**

Open-ended Questions

- **What has been most challenging to you as a parent? Most helpful?**
- **How has having a mental illness affected your parenting?**
- **How has having children affected your mental health? Your life?**
- **What would help you succeed as a parent?**

The Family Provides a Context for Recovery

- **Hope**
- **Sense of Agency**
- **Self-determination**
- **Meaning & Purpose**
- **Awareness & Potentiality**

(Onken, Craig, Ridgway, Ralph, & Cook, 2007)

Family Options Implementation Challenges: *Creating...*

- The workforce capacity
- The organizational capacity
- The community capacity



The Workforce Capacity

- **Identify skill sets for working with families**
 - MH/Child welfare, adults and children, strengths-based, family focused services
- **Recruit staff with relevant experience**
 - Balance characteristics with credentials
- **Educate staff to intervention model**
 - Literature, researchers/consultant experts in parental mental illness, site visits
- **Develop targeted trainings to address challenges**
 - Psychosocial rehab specialists address goal planning with families

The Organizational Capacity

- **Develop tools & resources to identify family strengths & goals**
 - Family strengths assessment form
 - Family goal form
- **Operationalize protocols & procedures**
 - Maximize what exists, e.g., petty cash
 - Develop what doesn't exist, e.g., flex funds
- **Facilitate communication pathways among ALL components of agency**
 - Internal marketing
 - Resource sharing, information exchange

The Community Capacity

- **Locate sustainable resources for families**
 - Logistics meetings re: families' needs and strategies to access services
 - **Nurture new relationships with community agencies**
 - Informational events, kick-off, trainings
 - **Reinvigorate existing community relationships**
 - Reintroductions, face-to-face meetings
 - **Leverage partnerships to coordinate services for families**
 - Team meetings with providers to coordinate and maximize services
- 

U.S. Policy: The Key Elements of Inclusive Livable Communities

- **Housing**
- **Employment**

(U.S. National Council on Disability, March 17, 2008)

Housing

**“The ache for home lives in
all of us, the safe place
where we can go as we are
and not be questioned.”**

Maya Angelou

Employment

**“As a cure for worrying, work
is better than whiskey.”**

Ralph Waldo Emerson

However...

“No one on his deathbed ever said, I wish I had spent more time on my business.”

Paul Tsongas

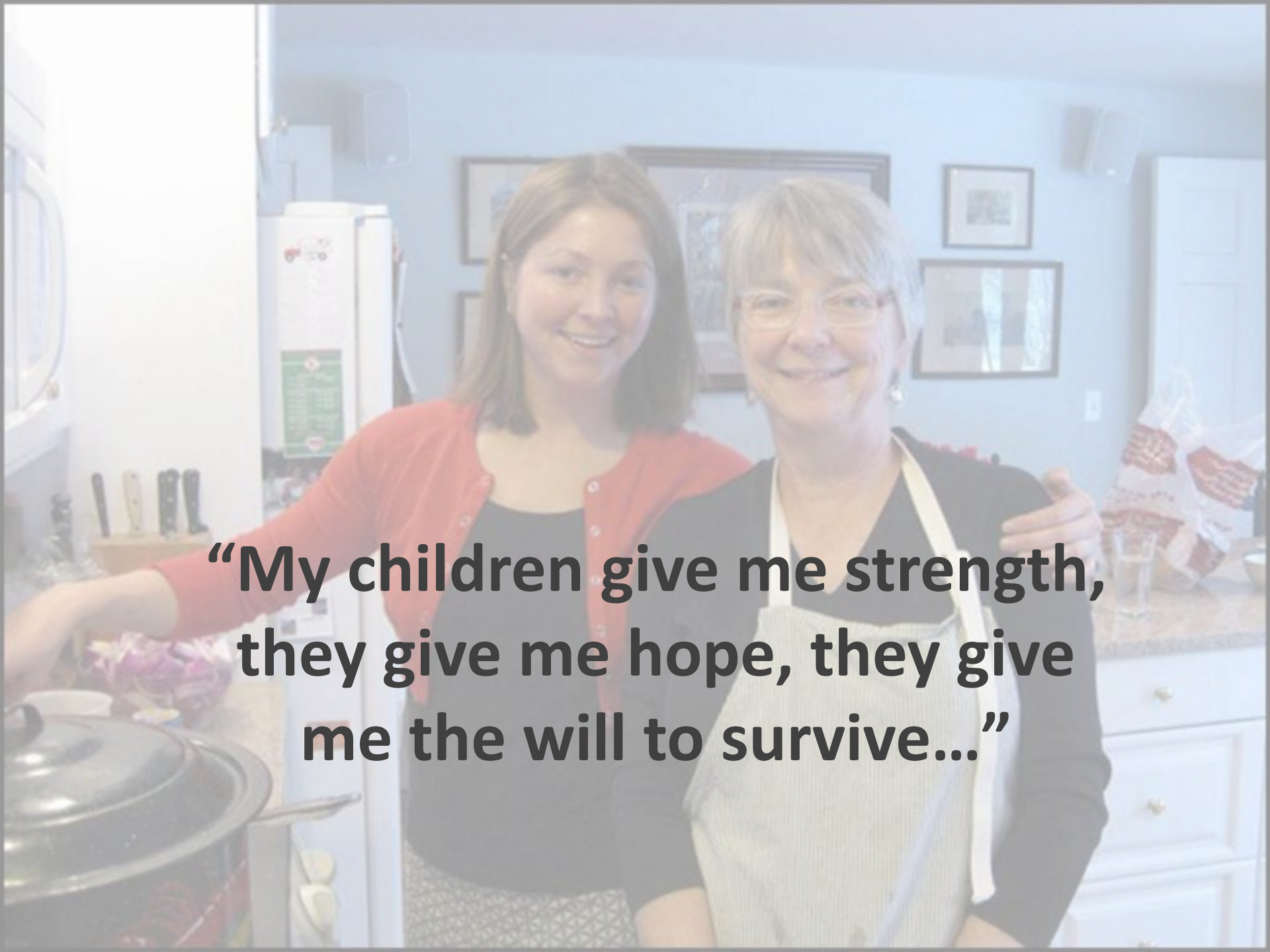
“Fulfilling valued social roles is the key element in the recovery model.”

- **Worker**
- **Student**
- **Family member**
- **Etc.**

(US National Council on Disability, March 17, 2008, p. 17)

Some Final Suggestions:

- Educate - colleagues in other disciplines & fields, e.g., primary care, education.
- Coordinate – help families navigate systems & access services.
- Collaborate – build bridges among services & supports.
- Partner – with families to achieve their goals.



**“My children give me strength,
they give me hope, they give
me the will to survive...”**

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