

Collaborative Contingency Management with Families

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System of Care Efforts Tell Us...

- Families, communities and professionals working together lead to the best results
- Community can be potent environment to deliver services that achieve outcomes
- Families deserve a mix of support, coordination and intervention to raise their children
- Families must be involved if you want to improve the system

Four common factors associated with positive behavior change:

Client Factors 40%

internal and external resources, fortuitous events unrelated to treatment

Hope and Expectancy 15%

those who expect to get better, do get better

Model and Technique 15%

staff procedures, techniques and beliefs

Relationship Factors 30%

the strength of the alliance

- M. J. Lambert, Psychotherapy Outcome Research: Implications for Integrative and Eclectic Therapists,
 HANDBOOK OF PSYCHOTHERAPY INTEGRATION
 (John C. Norcross & Marvin R. Goldfried eds., Basic Books 1992).

Four conceptual shifts in Providing Service

- From emphasizing *problems* to emphasizing *competence*
- From the role of *expert* to the role of *accountable ally*
- From working on *professional turf* to working on *family turf*
- From *teaching to* to *learning with*

Collaborative Therapy with Multi-Stressed Families: From Old Problems to New Futures
 William C. Madsen (© 1999 The Guilford Press).

People With Voice in the Service System...

- Tend to be able to exercise choice
 - Can leave or avoid undesirable services
 - Get access to new services
 - Can choose among services they see as of benefit to them
- Often experience better outcomes
 - Voice contributes to up to 78% of explanatory power for good outcomes
 - Child in community, in their family with the support they need to life a quality life

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CRISIS AND SAFETY: WHAT'S THE DIFFERENCE

Big Ideas

- Crisis and safety are two different things
- Community sets standards & definitions of safety or safe enough
- Families define their own crisis
- Helpers and families have choice when it comes to crisis
 - You can respond or not
 - You can keep doing what you're doing
 - Crisis planning can make people feel better
- Safety is nonnegotiable
 - Helpers must respond if risk is severe & imminent
 - Families will experience intervention if danger is high
 - In safety areas it's about doing more than planning

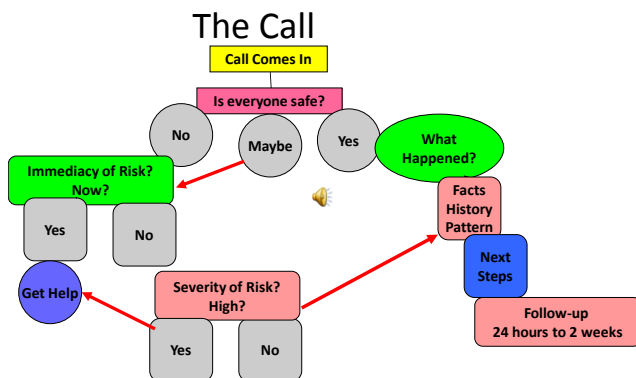
Consider the Difference in Response

Crisis

- Teenager experiments with alcohol and drinks too much
- Mother doesn't get bills paid on time, utilities often shut off for a few days
- Parent & child fight, yell & throw things

Safety

- That teenager has diabetes and is insulin dependent
- Her child is dependent on medicine that has to be refrigerated
- Parent or child throws things at each other



Key Concepts in Telling the Difference

Immediacy of Risk

- How imminent is the risk?
 - Now
 - Under an hour
 - Make the call
 - Soon
 - 60 minutes to 2 hours
 - Intervene: resources or interruption
 - Later
 - 2 hours or more
 - Gather more information, disrupt the distraction

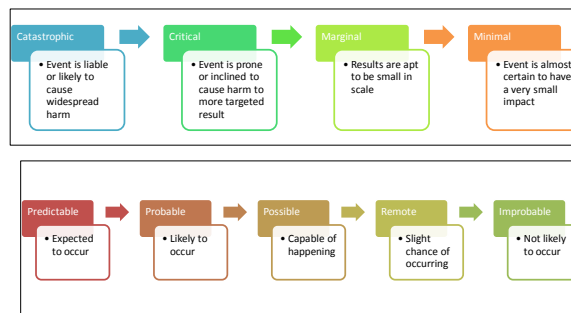
Severity of Risk

- Degree of harm
 - How impactful is the risk to who?
 - How deeply will the impact be felt?
- Degree of impact
 - What is the breadth of the impact?
 - How many will be effected?
- Degree of consequence
 - How lasting a result?
 - How long will the result be experienced?

Rate These Events Crisis or Safety? Why or Why Not?

- Young person engages in prostitution
- Family arguments escalate to hitting
- Young person drinks liquor and has a medical condition that makes this especially risky
- Family with very young children lose their housing
- Parent is driving without insurance or a license
- Young person gets on the roof at school and threatens to jump
- Young person cuts themselves
- Parent uses corporal punishment to discipline the children
- Sexual abuse has happened in the past
- Young person gets mad and hits holes in the wall when told “no”
- Young person is often out late at night
- Parent relapses with alcohol
- Family lives in a violent neighborhood
- There are firearms in the house
- Other:
- Other

Scaling Methods Impact & Likelihood



Sample Risk Assessment Matrix

Define the event in specific behavioral terms				
15 year old oldest of three, single mom, homeless family living in shelter		Mother of three, living in shelter		
1. Threatens family members		A. "Shuts down" in crisis		
2. Hits her mother		B. Takes off with her boyfriend leaving kids in shelter		
3. Takes off with guys		C. Misses appointments		
4. Kicks, slams doors at shelter		D. Frequent job absences, stays in bed		
Likelihood Of Occurrence	Impact/Severity			
	Catastrophic	Critical	Marginal	Minimal
Predictable	2		1	4 A
Probable			B	3 C
Possible		D		
Remote				
Improbable				

Tips for Telling the Difference

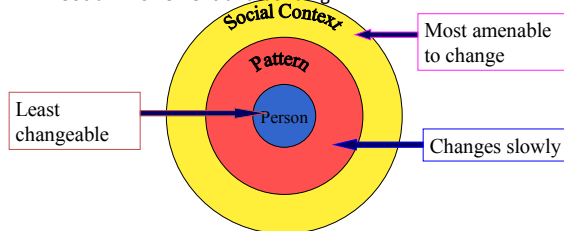
- Pay attention to the history of the family
 - Use immediacy & impact as a way to predict future issue
- Promote choice for families
 - Don't confuse stability with good outcome
 - A quiet situation isn't necessarily the best situation
- Manage your own bias and reaction
 - Some people prefer to live a life filled with crisis
 - Manage your own emotional reaction, avoiding the catastrophe
- Avoid making crisis planning or safety programming a requirement
 - Just because a form is completed doesn't mean people are safe
 - Just because families have been asked doesn't mean the crisis managed
- Beware the collaborative gang-up
 - Build partnerships with families about crisis and safety
 - Identify ways to join with
- Continuously seek information;
 - Safe today may be risky tomorrow

SAFETY PROGRAMMING



The Structure of Protective Factors

- Three inter-related categories
 - Individual characteristics
 - Attitudes, beliefs and patterns of behavior
 - Social involvement and bonding



Increasing Protective Factors

- Look for a social context or individual activity that builds on a functional strength
- Establish a baseline and create a target for the expression of the factor
- Provide necessary support
- Track changes over time

Behaviors

- Define behavior as you understand it in your job
- Define unsafe behavior
- List five unsafe behaviors you have seen within families you get to work with

Reporting the Facts of Behavior Is it really a Safety issue?

- **When**
 - Describe the last incident of the behavior
 - Time of day, day of week, etc.
- **What**
 - Describe what happened
 - Behaviorally specific
 - The last incident not a string of incidents
 - Stick with the facts
- **Who**
 - Describe who was involved
 - Prior to the behavior, immediately before the behavior, during the behavior, when the behavior was over
- **Where**
 - Where did it start
 - Where did it continue
 - Where did it end

Joining with the Family

- **What** is the family's perception:
 - Of the risk?
 - Of a legal or service agency's perception of the risk?
 - Of a bystander's perception of the risk?
 - Of your perception of the risk?
- **What** are the limits:
 - What is the family willing to do?
 - What aren't they willing to do?
 - Has anyone spoken about the consequences of those stands?
- **How** do you balance:
 - Danger & Safety Factors
 - Agency & Family Goals
 - Family & Professional Knowledge

Risk Scaling

Person's Perspective

- Define the event or risk
 - What, Who, When, Where
- Ask the person to rate on a scale:
 - What the likelihood of it happening again, *from their perspective?*
 - *What is the impact/ result from their perspective?*

Community Perspective

- Define the event or risk
- Ask the person to rate on a scale:
 - What the likelihood of it happening again, from another perspective (police, child welfare, probation)?
 - What is the impact from the victim's perspective?

Risk Scaling Samples

Event	Persons Rating	Persons Rating of System Perspective	Persons Rating of victim's perspective
Parent has been sober for three months following a several year drug addiction	3: "I'm committed to recovery"	8: "I can see why my child welfare worker would be cautious"	2: "My child knows they come first"
Young person calls many people & says if you don't get me out of here something will happen: "I'll kill myself" or "I'll kill someone at the school". Has a history of "cat scratches" on arm but no stitches. Three hospital stays in last year	1: "I really don't mean it when I say that"	9: "My Child Welfare worker could get upset"	8: "My mom cries and curses when this happens"
Young person has returned home from placement. Placed because of hurting little siblings.	2: "I've learned my lesson in treatment"	4: "My probation officer knows how hard I've worked"	7: "I can see how my little sister would be scared."

Review these situations. Identify an opportunity to reach agreement about moving forward using these ratings. Next, think about a situation you are currently working and imagine doing this with that person. What would the ratings be?

Tips for Reaching Agreement with Families about Safety concerns

- Define the facts of the event in a respectful manner
 - Avoid describing your reaction to the event
- Identify the underlying concern while assuming positive intent
 - What do you think is driving the risk and can you make the assumption that people are doing the best they can?
 - Identify that risk looks different from other views
 - The person at risk, the person who is initiating the event, the bystander
- Acknowledge the concern verbally & behaviorally
 - Reinforce your role in promoting safety
- Identify your stated alternative
 - Take a risk to make the first suggestion but remember because it's safety you will act
- Prepare to negotiate
 - Be open to options but reiterate the need for action
- Generate who will do what, when and the next steps
 - Share the responsibility for action

Another Big Idea

- Higher risk equals a greater the need for multi-dimensional, high frequency practice.

Five “R”s of Safety Programming



Rehabilitation Dimension Building Capacity and Enhancing Protective Skills

- Define the baseline & target
- High Priorities
 - Interfere in daily life
 - Keep people from getting what they want
 - Represent a threat and risk
- Pick your battles by starting with the highest risk while choosing greatest reward
 - Increased confidence will lead to increased capacities
- Create a lifestyle plan, not a behavior plan
- Use a strength based approach in building skills
- Talk less and do more

Activity

- Identify the risky situation in all three environments of care (home, school/work, community)
- Identify the targets or alternative behaviors
- Define the skill development strategies to achieve the target

Confidence Building Constructing Restoration Strategies

- Steps for Earned Redemption
- The person who set the risk events in motion has an explicit pathway to assure
 - **ACTION:** Ways to work toward repairing the harm
 - **INSIGHT:** The person has support, intervention and clear steps to gain an understanding of the impact of their behavior on others
 - **IMPACT:** Those at risk are restored to the greatest extent possible to a confident state, satisfied with the process and have increased sense of control

Community Building Creating Reconnection

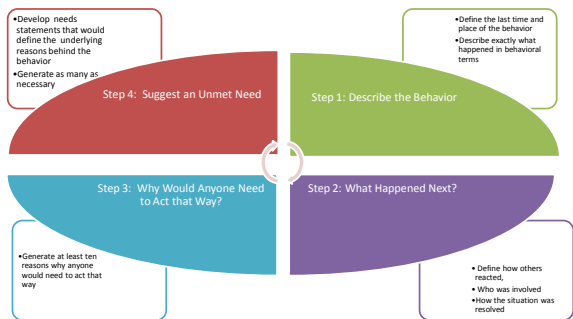
- Social support is a feeling that other people care about us
- And will stand by us when times are tough
- One of the strongest protective factors
- Especially when we're part of a reciprocal support network



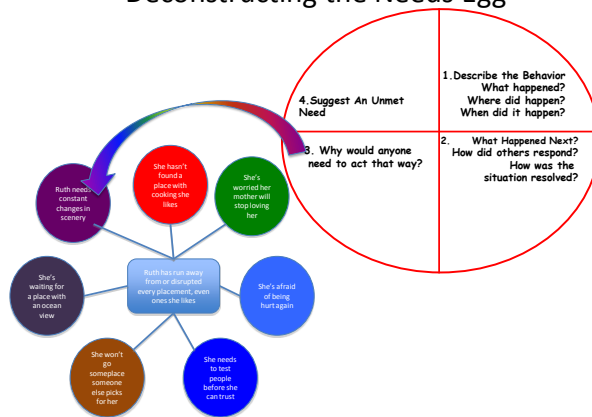
Context Building Managing Regret to Drive the Story

- Meaning making is a step between intervention and change. Families construct shared meaning on three levels;
 - First level: their characterization of the current situation
 - Second level: their sense of who they are
 - Third level: their view of the world and their relationship with it
- Resiliency-based practice doesn't ignore problems
- But it addresses them in a different way
- Once a foundation of what has worked in the past has been identified, then the current issues can be deconstructed and addressed
- Sometimes it is hard for families to put their finger on the needs and driving forces that underlie the challenges they are facing
- Transformational change requires cognitive redefinition at all three levels

Unmet Need and Unsafe Behaviors



Deconstructing the Needs Egg



Activity

Helping Families Tell New Stories

- Review what you have done in the first dimensions
 - Rehabilitation
 - Restoration
 - Reconnection
- Regret
 - Identify how the family talks about the risky event
 - What conclusions would a “reasonable person” draw from this story
 - About the family
 - About the world
 - Create an alternative yet authentic alternative to the story that would build resiliency, change meaning and promote safety

A Sample Safety Plan



Elements of Good Safety Responses



- Promote skills & capacities to avoid harm
- Assure family voice (negotiated before the event)
- Binding for all parties (family & system)
- Outer limits are established (when aren't you safe enough)
- “Right Sized” responses
- Establishes “representatives” to speak for the family or person when things aren't safe
- Individualized about who does what and when
- Clarifies when the risk is managed and danger has passed
- Inclusive: Shared burden for implementation
- Makes immediate decisions & follow through
- Reviewed & Updated as new skills are learned as new stories are told
- Action oriented, more than talking

Final Thoughts on Connecting with Families

- About Crisis
 - Normalize the experience
 - “We all have times when we don't know what to do”
 - Define a crisis as a time when things are worrisome or unsure
 - Provide examples that are relevant to the family's experience
 - Ask the family to define times when it has happened to them
 - Seek feedback about the family's experience
- About Safety
 - Talk about harm & risk
 - Define severity & immediacy of the risk
 - Use legal mandates & concerns
 - As a way to define risk issues
 - Ask the family what their (Child Welfare Worker, Probation Officer, Police officer) would say
 - Find a way to talk about initial conditions
 - That brought the family to the first system response
 - Explain that this will result in response
 - Not because of “mandates” but because of a belief system