Family Navigator Training Manual

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Objectives

• Discuss the unique training needs of parents who provide peer support
• Present examples of training modules focused on trauma-informed engagement
• Introduce interactive training activities to provide ongoing support to parents who provide peer support

Family-Centered Care

Respect: diversity, cultural traditions, care preferences
Partnership: medically appropriate decisions that fit needs, strengths, values, and abilities of all involved
Information sharing: open, objective, unbiased
Negotiation: desired outcomes/plans are flexible - not absolute
Family/Community context: care and decision making reflect child in context of family, home, school, activities, and quality of life within community

Kuo et al., 2012; Principles developed by Family Voices, Maternal and Child Health Bureau, the American Academy of Pediatrics, and Institute for Patient and Family-Centered Care
Family VOICE Study

- PCORI-funded study
- Value of Information, Community support, and Experience
- Peer support: Parents with lived experience raising a child with special mental health needs
- Participants: Parents of youth approved for antipsychotic medication

Parent peer support

Benefits of parent peer support

- Credibility; trusted advisor
- Practical knowledge
- Resource expertise
- Emotional support
- Advocacy
- Hope
- Support workforce
Challenges of parent peer support

- Defining relationship boundaries
- Burn-out/stress
- Disclosures, privacy
- Need for flexibility in work
- Ongoing training needs

Training principles

Learning should address needs of:

- Adults – interactive, utilize experience
- Teams – group sessions, feedback and shared problem solving
- Systems – achieve goals, support workforce retention
- Consumers – focus goals, determine outcomes

Training challenges

- **Culture**: bi-directional learning process with other experts on the team
- **Goal setting**: ongoing structure to support case based learning
- **Growth**: opportunities for new skills and credentialing
- **Time**: utilize technology to support ongoing contact
Workforce Principles

• Budget
• Scope of Work
• Expectations
• Professional development
• Feedback
• Coverage issues

Training Programs

• Parent Empowerment Program
• MD Coalition of Families

Reeves et al., 2015 / Nervous Mental Disease

Our Training Approach

• Orientation
• Weekly group case supervision
• “Players-only” meeting
• Ad-hoc availability
• Dissemination opportunities
Training Manual - approach

- Key topics for process and content issues
- Case-based learning
- Role playing and interactive activities
- Decision-making thought process

Topics

- Parent empowerment
- Communication
- Peer Contact
- Family Navigation
- Trauma-informed approach
- Family-Centered principles
- Childhood illness
- School Systems
- Tips and tools

Modules

- Powerpoint presentation
- Case examples with discussion questions
- Follow up information on cases
- Interactive activities
What is Navigation?

Destination

Points of Interest

Rerouting

Favorites

Arrival

Example: Trauma-informed approach

Objectives

1. What is trauma?: Learn about trauma, its prevalence and impact on children and families
2. How does trauma impact children and families seeking mental health services?: Learn about trauma informed and resiliency based approaches to connecting families with trauma care.
3. How can Family Navigators Help Families Affected by Trauma?: Practice collaborative, trauma informed strategies to help families address potential practical and psychological barriers to engaging in trauma informed psychosocial treatments.
### Types of Traumas

- Accidents or injuries
- Animal attacks
- Serious illness
- House fires
- Disasters
- Homelessness
- Crimes
- Neighborhood/Community violence
- School violence or shootings
- Bullying
- Death of a loved one
- Sudden separation from a family member
- Violence within the family
- Sexual Abuse or Assault
- Neglect
- Acts of terrorism
- Living in or escaping from a war zone
- Military related injuries or death of a family member

### How do children and adolescent impacted by trauma behave?

**During or Shortly After:**
- Avoid doing things
- Withdrawn
- Not interested in new experiences
- Clingy
- Increased talking about event or
- Not talking about the event

**If Ongoing:**
- Separation anxiety
- Difficulty ongoing to sleep and staying asleep
- Angry, irritable or grumpy
- Regressed
- Replaying the traumatic experience

### How Can Navigators Help Families Engage in Services?

- Listen carefully to “what happened” to the family
- Understand that their previous experience with “helpers” may have been traumatic or re-traumatizing
- Help them feel like they are “in the driver seat” of their family plan
What Can Parents Say to their Children When Bad Things Happen?

• Let your children know they are safe.
• Allow children to talk about their feelings and worries if they want to.
• Let them know that being a scared and upset is normal.
• Address concerns about guilt or blaming themselves.
• Let them draw, listen to music, or use other creative ways to express their thoughts and ideas.
• Teach them some relaxation practices and use them together.
• Help them solve problems so they feel competent.
• Help them have fun and play.

Story of what is getting in the way of you helping your child

• Thinking: I am interested in learning about what you think would helpful to you and your child
• Feeling: Tell me how it feels to be_______ parent
• Doing: What are the next steps you think would be helpful to you and your child.

How can Family Navigators Help Families Affected by Trauma?

• Change what we ask families from “what is wrong” to “what happened?”
• Help families tell their story: What happened to your child and family?
• Help families visualize their future: If I were to meet you in five years what would you like to tell me about how you got your family through these tough times?
• Offer hope by sharing your lived experience
What to Say When to Parents
Bad Things Happen?

- Encourage family to seek safety.
- Allow them to talk about their feelings and worries if they want to.
- Let them know that being scared and upset is normal.
- Help them get back to everyday routines.
- Let parents know that it is important to take time to deal with your own feelings. It will be harder to help your child if you are worried or upset.
- Keep in mind that people in the same family can react in different ways.
- Seek support by increasing time with family and friends.

Case example

- A parent of a 9 year old child confides in the Family Navigator that she experienced domestic violence by the father of the child until he left the home five years ago.
- Parent described that she has seen 4 different therapists for her child but has not “found a good fit.”

Discussion questions

- How do you think the parent feels about telling the Family navigator about the prior domestic violence?
- How might the prior trauma impact how the mother seeks mental health care for her child?
- What questions would you ask to better understand the challenges the mother has experienced when she has tried to engage in care?
- How does the “informed consent” process address issues of suspected abuse/neglect.
Role playing activities

• The mother tells you that the family has never had contact with social services. What questions might you ask to screen for prior history of violence towards the child?
• The mother informs you that the father used to hit and kick the child when the child cried. How would you talk to the mother about making a report of suspected abuse.
• What worries do you think the mother would have about making a report to social services?

Case resolution

• “I am so impressed by how hard you have worked to keep your child and your family safe. What do you feel good about what you have done so far to make your child feel safe?”
• “One thing that is hard about opening up about past unsafe experiences is that parents can be uncomfortable about reporting possible abuse to social services, like we talked about when you enrolled in the study. What do you worry about with making a report”
• “I want to talk you through the process before we make the call. I want you to give you a chance to ask any questions before the call is made, and how I can be available after the call to offer support.”

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