

Short Term Respite Provider Training

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5 mins

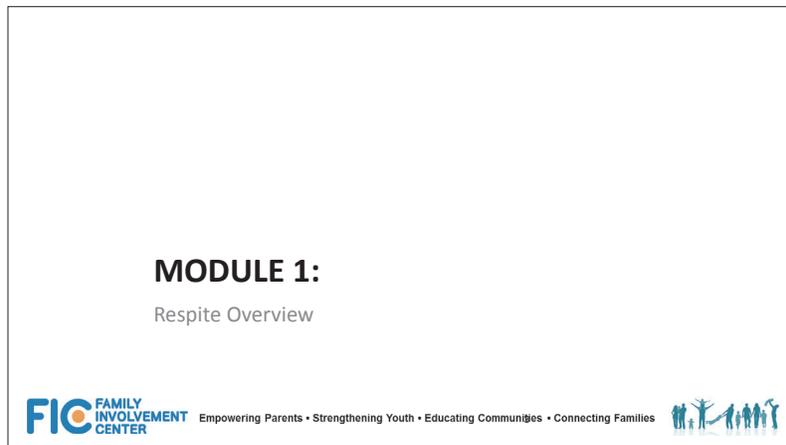
Suggested script: *This training is separated into seven modules. Each module will describe a different aspect of your role as respite providers. As with any training, we won't cover every situation that might occur while you're on the job. We'll talk about how to handle unique situations and when to check in for help later. For now, spend this time thinking about how well this training describes the role you signed up for.*

At this point in the training it will be important to establish some ground rules. What is acceptable to you as far as learner participation is concerned?

Below are some sample ground rules. However keep in mind that the best ground rules are individualized to your learners.

- Everything that's said in training is confidential
- Strengths-focused language is expected from all
- One person talks at a time
- Cell phones should be on mute
- Return from breaks on time

Once you've elicited some rules post them in a conspicuous place and refer to them as needed throughout the training.



Note:

This is the shortest module in the training. Its purpose is to provide the learner with a baseline understanding of what respite is. At the end of this module is a very short practice that will check for learner understanding.

The entire module, including the practice at the end, should take about 20 minutes to complete.

What is respite?

- Short-term respite provides temporary care and supervision for the child/youth in the child's home or in a community setting.
- The purpose is to provide relief for families/caregivers of a child with a Serious Emotional Disturbance (SED).
- Respite helps de-escalate stressful situations and provides a therapeutic outlet for the child/youth.
- Respite helps support the family by creating positive outlets to strengthen them and help them achieve the *wraparound team's Child and Family Team Mission.
- Respite can reduce the stress of the caretaker by allowing them to regroup and respond more effectively to life's challenges.

*Wraparound is a service authorized by the State of Louisiana's Coordinated System of Care (CSOC) and administered by Magellan Health of Louisiana.

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Note:

This definition describes respite as it is understood and delivered in Louisiana. In your delivery you should note that wraparound and Child and Family Team Mission will be described in subsequent slides.

Use discussion questions to get learners talking early and throughout the training. Ask open ended questions and wait until learners respond to establish a precedent that you are willing to wait for an answer. Initial responses to learner's comments should be encouraging, even if they aren't technically correct.

Discussion:

You might try some of these questions, or others that might be better suited to your specific audience.

- *How is the role as it's described here the same or different from what you anticipated?*
- *Why might caregivers need relief from their children?*
- *What if anything stands out to you here?*

Core values of respite

- Family directed.
- Individualized to meet the unique needs of each child and family.
- Based on the strengths of the child and family.

Adapted from:
The Center on Disabilities and Human Development
University of Idaho
The State of Idaho Children's Mental Health Program
The Idaho Federation of Families for Children's Mental Health, Inc.



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Note:

This simple slide uses terminology learners may not have heard yet. If that's the case, help them by using language that they might be more familiar with.

Suggested script:

Respite goals are always determined by the family. Activities will look different from one child to the next. It's important to learn what the child likes to do and what they're good at before planning any activities.

Benefit for families

- Families are able to renew their energies and reduce stress.
- Caregivers can take a break from their daily responsibilities.
- Other children in the family may have an opportunity to interact with their parents.
- The child may have a positive social experience outside the family.
- Out of home placement may be avoided, particularly when respite is used to avoid crisis.
- Families are able to continue caring for their children at home.

Regional Research Institute for Human Services, 2002



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Note:

This straightforward slide might be enhanced by sharing a brief story of a family who's used respite and experienced a positive outcome.

Let's practice!

- The Elevator Pitch
- Drawing from the information we just reviewed, how would you briefly describe the goals and benefits of respite to:
 - A parent or caregiver?
 - A youth?
 - A member of the youth's team, such as their therapist?



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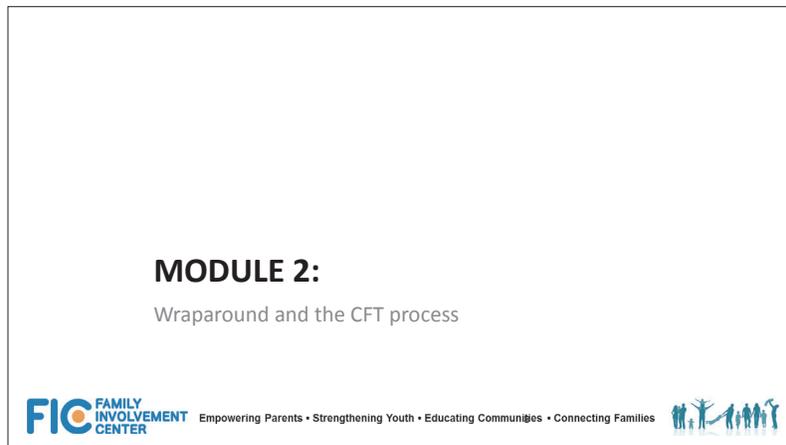
Note:

This is a large group activity. The practice is so named because the descriptions should be brief enough to complete during an elevator ride.

This practice is a check to determine if learners understand the role as you've described it. Ask for separate responses for each of the listed roles then record them on a board or large Post-It. Reframe language as necessary, encouraging learners and reminding them there'll be opportunities for practice at various points throughout the training.

Before moving to the next module, provide the following summary:

- Though time is spent with the youth, the purpose of respite is to provide relief for the **caregiver**.
- Respite is family directed. The caregiver determines which activities are supportive or appropriate for the youth.
- Activities should be based on the youth and family's strengths.
- The youth benefits by experiencing some fun, low stress activities and maybe by learning a thing or two.



Note:

Module 2 is six slides long. Its purpose is to help learners understand wraparound, which is the primary planning tool for Louisiana's high needs population. Learners will learn what their responsibilities are in the context of the wraparound plan developed by the child and family team. It's possible this information will be entirely new for learners. If that's the case, check for understanding frequently as you move through the slides.

Review of these slides should take approximately 20-30 minutes.

What is wraparound?

“Wraparound is a planning process that follows a series of steps to help children and their families realize their hopes and dreams.

The wraparound process also helps make sure children and youth grow up in their homes and communities.

It’s a planning process that brings people together from different parts of the whole family’s life.”

National Wraparound Initiative, www.nwi.com



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Note:

If the trainers are unfamiliar with wraparound, they can review information [Louisiana wraparound](#) and [The National Wraparound Initiative](#).

It'll be important for learners to understand what wraparound is. The following are some additional points you can offer for grounding or clarity:

- ***In Louisiana, wraparound is authorized by the Coordinated System of Care (CSoC) and administered by Magellan Health.***
- *Wraparound has been operating across the country and the world for the last 30+ years.*
- *Wraparound in Louisiana is provided across the state by 9 different agencies, collectively known as WAAs.*
- *Youth in Louisiana receive wraparound services for as briefly as a couple months to as long as a couple years.*
- *The person who manages the planning process is called a facilitator. Every family has one.*

Discussion:

- *How many of you heard of wraparound before?*
- *What has your experience been like?*

More about wraparound

- In Louisiana, wraparound is an initiative within CSoc (Coordinated System of Care).
- The wraparound team (Child and Family Team, or CFT) is formed to help define and refine family strengths, culture, vision and needs; prioritize needs and create the Plan of Care, and then carry out the plan one prioritized need at a time until the formal team is no longer needed.
- **All service providers in the Plan of Care are expected to be a part of the CFT.**

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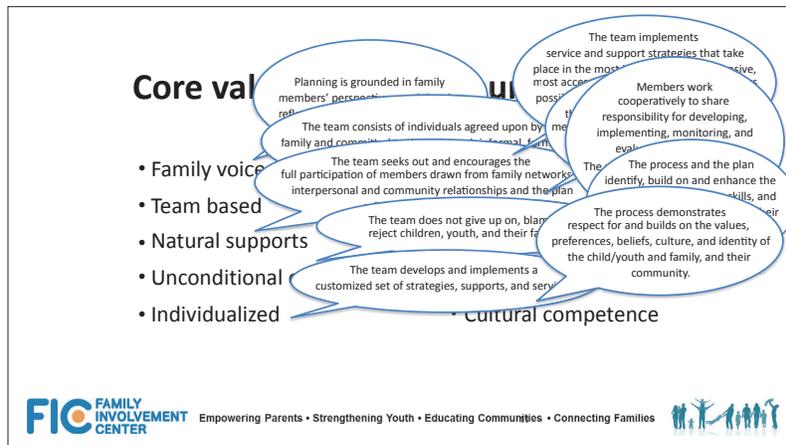


Note:

If none of the learners have experienced a CFT you might consider offering context by sharing a brief story about a family's experience.

Discussion:

- *How many of you have participated in a CFT?*
- *What was that experience like?*
- *What did you notice about the youth and family's participation?*
- *How has the CFT differed from other meetings you may have attended?*



Note:

This slide offers short definitions of each core value using click through animations. First, the slide is shown as a two column list of values. Then a first click reveals the definition of Family voice and choice. A second click conceals it, then a third click reveals the definition for Team based, etc, until all definitions are revealed and concealed.

It's a good idea to use this opportunity to ground learners in some of the more abstract concepts connected to wraparound. For example:

Discussion:

- *Imagine you're at a park with a 12 year old boy. You decide to play basketball. How could you demonstrate wraparound's strengths based value in that interaction?*
- *Imagine you're at a fast food restaurant with a 6 year old girl. She's having a difficult time; unable to sit still, yelling and throwing food. How might you operationalize wraparound's unconditional care value in that intervention?*

OR, you could try to help learners relate these values to their own lives. For example:

- *What does collaboration look like in your family?*
- *In what ways are you or your friends connected to your community?*
- *Who do you rely on when the chips are down? What would life be like if you didn't have that person/those people to rely on?*

Connecting to respite

Louisiana's step by step process of accessing respite:

- Family expresses interest during a CFT meeting.
- Facilitator provides list of agencies.
- Referral is sent.
- Respite is added to the Plan of Care for Service Authorization.
- Referral is approved, worker is assigned.
- Respite worker attends CFT meetings to provide updates.



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Note:

This is a good opportunity to break down the specifics of how respite providers are assigned at your agency. For instance, are staff matched based on location? A specific skill or area of expertise? Provider preference? A particular age group? Take the time to describe your agency's process and share a "typical" scenario as an example.

Respite provider's role and responsibilities

- Understand the impact of trauma and nuances of mental health-related challenges.
- Is able to focus and build on youth strengths.
- Is authentic and engaging.
- Is able to maintain confidentiality about the family.
- Follows guidelines for mandated reporting for abuse and neglect.
- Understands their own personal, emotional and physical boundaries.
- Is able to match the family's needs with an individualized intervention.
- Is relatable, shares some of the youth's interests.

Adapted from:
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Note:

Learners will likely be interested in this slide as it offers a first glimpse of what's expected of them. Be sure to encourage questions and lots of discussion.

Discussion:

- *What do you all know about trauma? What are some examples of traumatic experiences?*
- *Who knows what mandated reporting means? What are some things we are required to report?*
- *What kinds of interests might you have in common with a teenager? How about a younger child?*
- *How creative are you? How many different activities can you imagine for a 12 year old boy who hates sports? Or an 8 year old girl who likes board games?*

Respite Do's and Don'ts

Do's

- Provide honest and encouraging feedback about the child.
- Update the family and team about any concerns.
- Keep safety in mind and be knowledgeable of crisis plan.
- Provide safe and age-appropriate activities.

Don'ts

- Take refusals or challenging behaviors personally.
- Assume that youth have the ability to communicate their feelings or concerns. Watch for non-verbal cues.
- Forget that you are a model for responsible and appropriate behavior.
- Think that you're in this alone. If you need help, ask for it.



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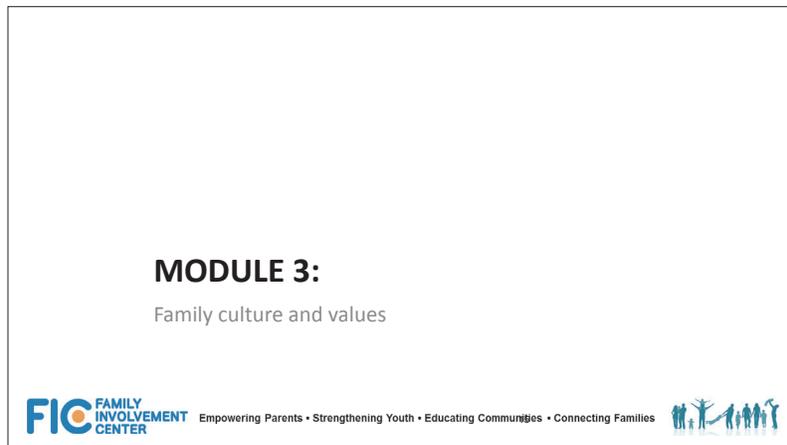


Note:

Let learners know this isn't an exhaustive list.

Discussion:

- *Who do you think creates the crisis plan?*
- *Is it easy or hard to not personalize refusals or challenging behaviors? Why or why not?*
- *What types of behaviors might you have to consider refraining from in front of youth? (Briefly discuss smoking, using cuss words, discussion of religious practice, clothing, etc.)*



Note:

There are 13 slides in this module. It's primary purpose is to discuss culture in a broad sense, including how to learn as much as you can about the family by approaching them with a sense of respectful curiosity.

There are two practice opportunities in this section; one designed to check understanding about how "family-directed services" plays out in practice, and another that introduces the intake forms. These sections should be reviewed carefully, leaving considerable time for questions.

This module should take 60-70 minutes to complete.



Note:

This slide begins the discussion of family culture. It reveals graphics depicting families engaged in various activities, and should be delivered this way:

First, photo of a young girl blowing bubbles: *Now we're going to talk about family culture. What are some ways we can learn more about a particular family's culture? In what ways are culture, values and preferences expressed by individuals and families?* (Responses will likely be varied as there are many ways family culture manifests. One way, perhaps the one most closely related to the respite intervention, is how families spend their time together. Help learners connect what they learn about family preferences around how they spend their free time with the respite provider's role.)

Click through reveals a six photo array: *Here are some photos of families enjoying activities with one another. It's our responsibility to be curious with youth and caregivers about what hobbies they enjoy or how they relate to each other in their everyday lives.*

Click through reveals a single photo that remains: Lead the group in a grounding discussion by asking them about their family's own unique culture. Be prepared to help support the conversation by sharing related personal examples, or examples of families served.

What families want us to understand

- They're afraid that tomorrow will look like yesterday.
- They're tired of trying to do it alone.
- They can't always describe, or understand, what help might look like.
- They don't trust that professionals will actually do what they say they're going to do.
- They're exhausted of hearing the same solutions that have proven not to work.
- They're apprehensive of being blamed for the child's behavior.
- They're irritated that no one will listen without trying to offer a solution.

Adapted from:
ohana coaching, llc, 2015



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Note:

This slide attempts to generate discussion about 1) how their lived experience might affect families' readiness or enthusiasm about engaging with new helpers; 2) the types of emotional challenges common to families who have managed the burden of being ineffectively or improperly served; 3) how an understanding of families' experiences might shift the way learners approach the families they serve.

Discussion:

- *This information is a glimpse into the experience of families like the ones you'll be serving. What stands out for you? Can any of you relate to some of these points?*
- *How might this information influence how you approach a family to get to know more about them?*

**Until proven otherwise, we believe
all parents want to...**

Be proud of their child

Have a positive influence on their child

Hear good news about their child and about what their child does well

Provide their child a good education and a good chance of success in life

See their child's future as better than their own

Have a good relationship with their child

Feel hopeful about their child

Believe they are good parents

Adapted from Insoo Kim Berg, 2002



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Note:

This slide and the next describe how respite providers must approach every family they serve. Oftentimes families who are overburdened or multi-stressed are challenging to engage. These two slides invite learners to remember that facilitating a connection is their responsibility, not the family's, and that good engagement begins with an assumption of positive intent.

**Until proven otherwise, we believe
all children want to...**

- Have their parents be proud of them
- Please their parents and other adults
- Be accepted as a part of a social group
- Be active and involved in activities with others
- Learn new things
- Be surprised and surprise others
- Voice their opinions and choices
- Make choices when given an opportunity

Adapted from Insoo Kim Berg, 2002



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See previous note.

Six Principles of Partnership

- Everyone desires respect.
- Everyone needs to be heard.
- Everyone has strengths.
- Partners share power.
- Partnership is a process.
- Judgements can wait.



Appalachian Family Innovations, (2003)
Partners in change: A new perspective on child protective services



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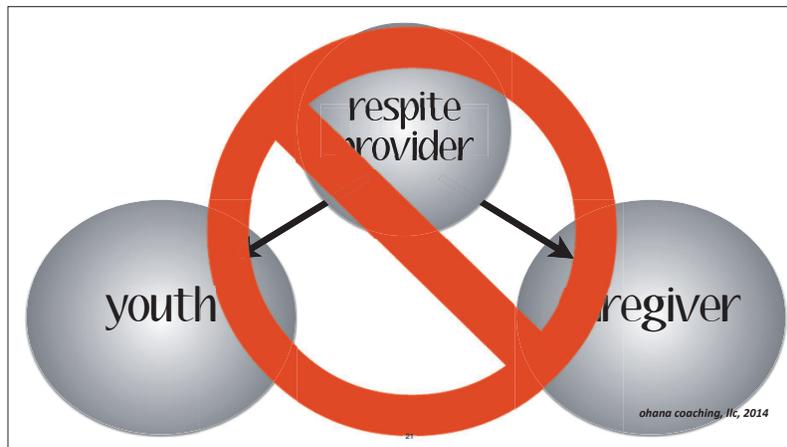


Note:

This slide discusses what considerations are necessary for individuals to forge a successful partnership. It's important to mention that these are requirements for both partners; the family and the respite provider.

Discussion:

- *Think about what you'd require from someone who was assigned to help you? How would someone go about building trust with you?*
- *What does "judgement can wait" mean as it relates to this intervention? (Be clear that judging someone for past behaviors is different from assessing whether the child or family is currently at risk.)*



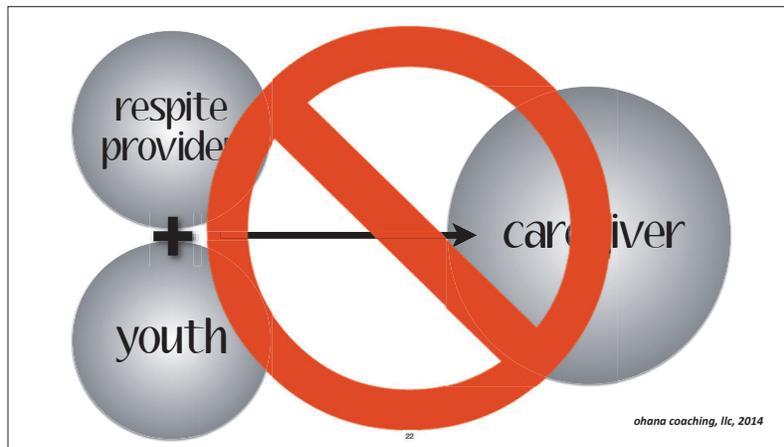
Note:

These next three slides characterize potential relationship dynamics between the respite provider and members of the family. In general, the goal is for the learner to determine which dynamics are problematic or desirable, and why.

It's common for providers in youth support or respite provider roles to align more closely with the youth and their experience as opposed to the parent or caregiver. This discussion is an important reminder of how to establish relationships that are more conducive to a successful outcome.

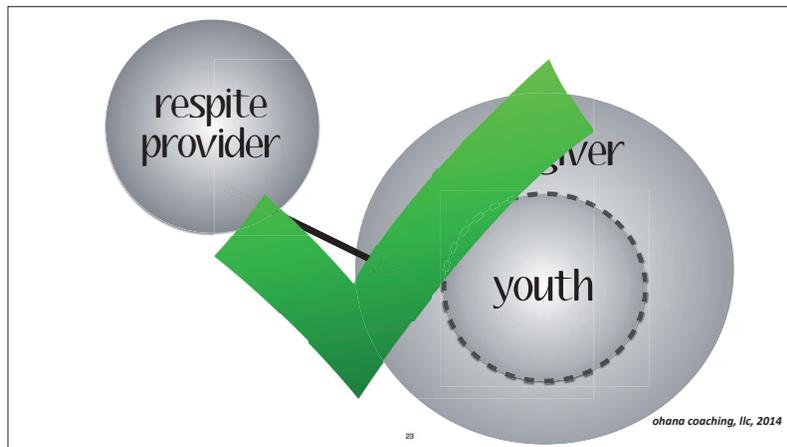
This slide depicts a dynamic in which the respite worker creates two separate relationships - one with the youth and another with the parent or caregiver. The trainer should ask the group: *"Is this your goal when working with a family?"*

A click through reveals a graphic confirming that this is NOT a desirable dynamic. At this point the trainer should ask, *"Why not?"* Ideally learners will notice that there is no connection between parent and youth.



Note:

In this dynamic the graphic suggests that a respite provider might align with the youth as an advisor or advocate. In that case, they would band together and relate to the caregiver as a single unit. Again, the trainer should ask if this is the preferred relationship dynamic between a respite provider and a family. Again, a click through will reveal that this is another undesirable outcome. Respite providers should not function as advocates or advisors for youth, particularly when their advocacy or advice contradicts the parent or caregivers.



Note:

This graphic signifies the respite provider working *directly with the parent or caregiver in service of the youth*. The trainer should clarify that respite is a parent-directed, family-centered intervention. Our role is to support a healthy relationship between parent and child. (*aka Kids are safest when adults are in charge - Ross Greene.*) The trainer should clarify and reiterate that *respite providers serve the youth in their care by strengthening their families*.

It's not uncommon for this slide to raise questions or concerns for learners. Again, many come to this work feeling a stronger kinship with the youth than with the parent or caregiver. If questions arise, the trainer should spend some time responding or addressing unease. An example might help to clarify this point further.

Let's practice!

Roland's story

You're headed on your first outing with 16 year old Roland. You've planned to spend the afternoon at the arcade. While walking to your car you notice that Roland has taken a tin of chewing tobacco out of his pocket and slipped some into his mouth. You ask Roland what he just put into his mouth and he said, "It's cool." During the intake Roland's mother was clear that she doesn't allow him to use any tobacco products. You're not sure it's a battle you want to fight, especially on your first visit.

What would you do?



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Note:

Trainers should review this slide carefully prior to delivering the content.

The practice requires that learners discuss the brief scenario then share some potential responses. The trainer should prompt learners by offering these suggestions:

- Keep in mind that the goal of this intervention is to engage Roland.
- Invite learners to imagine being Roland themselves. What reaction would they hope for? What reaction would keep them coming back?
- **Also, keep in mind that there is no one right answer.**

Discussion:

- *How would you determine which behaviors to respond to in the moment?*
- *How would you balance your responsibility to abide by Roland's mother's wishes while building a relationship with Roland at the same time?*
- *What actions could, or should, you take?*

Note:

It's likely that learners will find this practice difficult, and there is no one correct answer for how one should proceed. This content must be delivered in a way that acknowledges two seemingly conflicting priorities, that 1) Roland should be supported in a way that is focused on earning his trust, and 2) Roland's mother's wishes should absolutely be respected. The most successful responses will somehow reflect both.

Also, perhaps the best answer would be to help learners understand the value of being proactive. Roland's mother would likely have expressed this preference during intake. At that point, the respite provider might have engaged her in conversation to highlight their competing responsibilities. Problem-solving with Roland's mother prior to this incident may have offered additional support to help guide their actions.

Engagement during intake

- Call the family to confirm the appointment.
- Allow sufficient time for an unrushed discussion.
- Check your assumptions at the door.
- Accept something.
- Demonstrate respectful curiosity.
- Be flexible in managing different perspectives or conflicting ideas.
- Ask permission to do what you're going to do anyway.
- Offer your notes to demonstrate transparency and earn trust.
- Thank the family for their time and ask for feedback.

Adapted from:
ohana coaching, llc, 2010



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Note:

This slide presents ideas for connecting with families during intake. Review as many as you like to give learners an idea of the types of behaviors they should demonstrate when first engaging the family.

Discussion:

Ask, “Which ones stand out for you?” and encourage learners to share their own ideas about what successful engagement might look like for parents AND for youth. Other useful questions might include:

- *If someone were trying to connect with you, what kinds of attitudes or behaviors would you like to see?*
- *If you were in the parents' shoes, what would you need to know, see or feel that would help you trust someone who wanted to spend time with your child?*
- *What are some things you might do that would “turn off” a youth or family?*

First meeting with the family

- Introduce yourself and describe your role.
- Walk through and complete the forms one by one, stopping to answer any questions the family may have.
- Request information about upcoming CFTs.
- Double check contact information for the facilitator and other key team members.
- Ask the family to sign appropriate Releases of Information.
- Ask the family for comments and feedback about the meeting and any information you provide.
- Ask yourself what you'll do differently next time.



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Note:

This slide should prepare learners for the upcoming activity. Set them up for success by using these prompts to talk about your agency's best practices for engagement, enrollment and intake.

Let's practice!

Intake forms preview



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Note:

There are 5 forms in the provided documentations packet. They are:

Orientation Form, Transportation and Safety Checklist, Child/Youth Information Form, Systems Information Form, Crisis Plan

Combine these forms with any that are required by your agency to be completed during intake.

As relates to the forms in the documentation packet, learners will benefit from a review of each form and a brief description of its function. For example:

The Orientation Form allows the respite provider to share information about him/herself to encourage trust building and help put the family at ease. If learners ask why their information should be shared with the family remind them they are entrusting their children to you, and ask what level of trust would you need with someone who wanted to do the same.

The Transportation and Safety Checklist provides the parent with information about the providers' level of transparency, judgement and fitness for the job. Learners should reassure families that they are fully vetted by your agency.

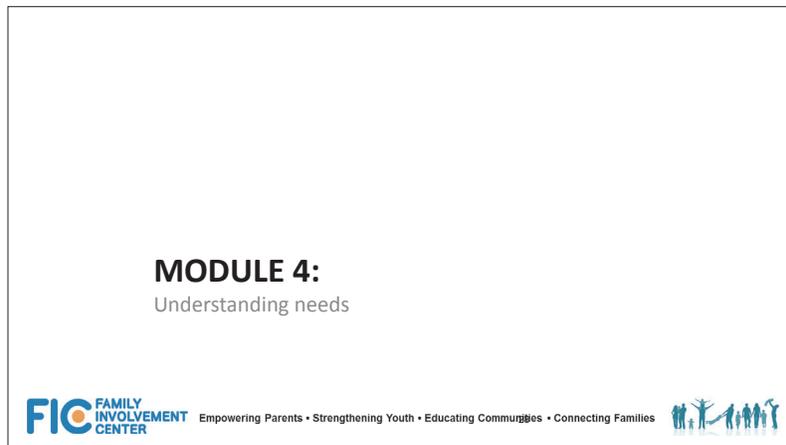
The Child/Youth Information Form provides a template for sharing useful information about the child. Providers should tell families that answers will help providers make good choices when choosing activities.

The Systems Information Form helps the provider understand who else is involved in the child's care. This information is useful because it should alert the provider to other potential restrictions re: community-based activities for a youth. Encourage providers to gather this information from the wraparound facilitator first, and then simply confirm it with the family.

The Crisis Plan will be reviewed at another point in the training.

Discussion:

Consider which training strategies would be most useful in cementing knowledge about the proper use of these forms. For instance, trainers might demonstrate the intake process using the forms as a guide. Or, they might encourage role plan in dyads with a debrief by the larger group. One strategy would be to ask learner what type of activity might help them most.

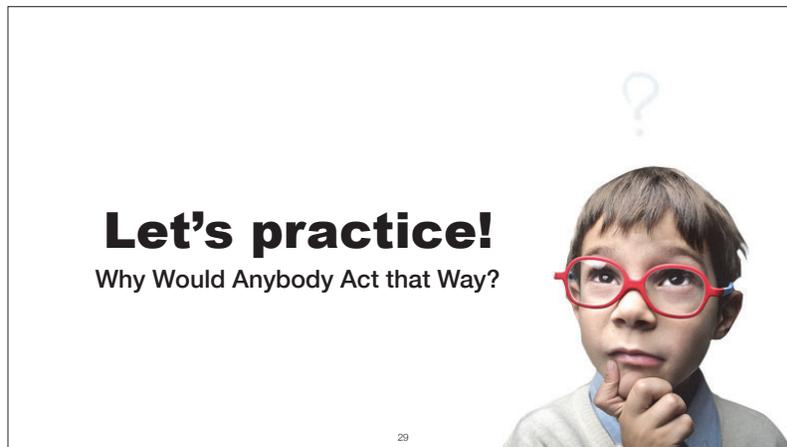


This module is 11 slides long. The purpose of this module is to help learners understand the motivation behind behavior, particularly as it relates to previous life experiences, including trauma.

There are two practice opportunities in this section. The first - called Why Would Anyone Act That Way? - starts the module off. See the following slide for instructions on how to facilitate that practice.

Content in this module is largely derived from the work of Ross Greene, PhD (www.livesinthebalance.org), including his book The Explosive Child, and Stuart Ablon, PhD (www.thinkkids.org).

This content should take 45-50 minutes to deliver.



Note:
Allow approximately 20 mins for this activity for group sizes 15-20.

Supplies:
Pre-printed scenarios included in this training packet (or ones of your own choosing), large Post-It paper, tape (to attach paper to a wall or flat surface), markers, clock or timer.

Instructions:
Separate into groups of 3 or 4, ensuring all groups have equal numbers. Place each group in front of a large Post-It note attached to the wall. Instruct each group to identify a writer and a reader. Ensure the writer has a marker. Allow the reader to choose one scenario (should be folded so content can't be read) and instruct the group not to look at the scenario until you say Go.

Once scenarios have been passed to all groups, let everyone know that you will set a timer for three minutes. When you say Go, each group will read their scenario and brainstorm as many possible answers to the question it raises. The goal is to record as many responses as possible. (In order to inspire competition, tell the groups that the record for highest number of responses is 37 in three minutes.) For expediency, the reader should read the scenario and the writer should capture everyone's brainstormed ideas. The lists should not be numbered.

Tell the group that you will announce when time is up. At that time, all players will return to their seats except for the reader who will, once prompted, read the scenario and all their group's responses.

The trainer will capture the total number of responses on a separate sheet of paper. Label each group with a number, and as each reader is listing their team's responses, the trainer will tally (4 slash marks plus a 5th, diagonally). Once all responses have been tallied, the trainer will declare which group has won.

Discussion:
At this point, the trainer should ask the group *Why would we have chosen this activity to begin our discussion about behavior?*

You'll likely get a variety of responses but, in general, the goal of the activity is to illustrate that there are many reasons why a person might choose a particular behavior. None of us can be certain why a person might choose a behavior simply because we are not that person. Also, while it's true that all behavior has a purpose or function, that purpose or function is not necessarily known to the individual with the behavior.

What is big behavior?

Big behavior is normal behavior gone extreme.

- Behavior that causes stress or frustration for the youth or family.
- Behavior that's distracting, or "noisy."
- Behavior that has yet to be understood.
- Behavior that hasn't been effectively addressed using traditional methods.

ohana coaching, llc, 2010



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Note:

This idea introduces the concept of “big behavior.” The purpose of using this term is to de-emphasize the behavior itself in favor of emphasizing what inspired it.

Here's an excerpt from the book The Explosive Child that describes this concept: ***What if the kids were responding the only way they knew how, given the conditions they found themselves in? Solving problems and responding to life's demands requires thinking skills. If a child doesn't have the skills to handle a problem or expectation adaptively, the result will likely be some form of maladaptive or challenging behavior. The particular form of maladaptive behavior (aggression, screaming, whining, defiance, shutting down, crying etc) is not important. What is important is identifying the the demands that trigger the child (we call these triggers and unsolved problems) and the skills the child lacks that s/he would need to handle those unsolved problems / triggers more adaptively (we call these skill deficits).***

Working assumptions about behavior

- All behavior is communicative.
- Children do well when they can.
- Big behavior is predictable 99.9% of the time.
- All children can learn.
- The intent behind mistakes is positive.
- Kids and families are more invested than we are.
- Everyone wants positive change.



ohana coaching, llc, 2012



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Note:

Modern behavior theory helps us understand that what we have long understood to be intentional misbehavior amongst children with complex and enduring needs is not intentional at all. Instead, the behavior represents a lack of skill vs a lack of will, aka, **Kids do well if they can.** - Ross Greene, PhD

These working assumptions are infused in the wraparound process and supported by CSoC and Magellan Health. As such, respite providers must be aligned with these assumptions in order to work effectively with this population. However, trainers should be mindful that these statements may be perceived as provocative. Learners should be encouraged to follow the content in this module carefully and ask for clarification as needed. Trainers should roll with resistance and encourage learners to remain curious and open-minded.

Discussion:

- *What is your impression of these assumptions?*
- *How are your personal beliefs aligned or in conflict with these assumptions?*

What are needs?

A *need* is an essential requirement of life, that, when left unmet, can create a gap or void that causes behavior to occur.

Needs:

- Define why the action is necessary.
- Establish context.
- Change infrequently.
- Can be met in a variety of ways.



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Note:

An unmet need is sometimes referred to as a “hole in the heart.” An unmet need is a person’s **internal motivation to see, have, feel, know or see something.**

Needs answer the question “why?”, as in, “why would anyone act that way?”

- e.g., needs to feel heard vs needs to stop yelling at his brother

Needs change infrequently (“a need is a need until it’s met”)

- e.g., needs to feel safe at school, needs to know love doesn’t have to hurt, etc

Needs give way to many possible solutions

- e.g., needs to know she has the means to provide for her kids vs needs a car to get to work

Chris' story, part 1:

Chris is a sixteen year old male who runs away from home, screams obscenities at his grandmother, is failing most classes at school, drinks alcohol and smokes marijuana with his friends, isolates himself in his room for days at a time and likes to draw pictures of death.

Chris' story, part 2:

Two years ago Chris found his mother's body after she completed suicide. Chris felt fear and shame and didn't report his mother dead for a week. He was initially placed in a hospital and then two foster homes from which he disrupted. A year later he was sent to live with his elderly grandmother for whom he is a caretaker. Most days Chris feels hopeless and like his life has no value. He continues to grieve the loss of his mother while being angry about the way she died.

What might Chris need?

ohana coaching, llc, 2010, 2018, 2020

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Note:

This slide contains animations and should be presented in the following way:

First, Chris's story, part 1. Chris is a youth that has been served in a wraparound system. At first, this is all Chris's team knew about him.

Click through to reveal What might Chris need and ask learners what some of the holes in Chris's heart might be? Acknowledge and support their perceptions. Then, click through to reveal Chris's story, part 2. Ask learners again what they perceive Chris might need.

Trainers should note that needs discovery is a developmental process. In this case, helpers had to be persistent over a long period of time to learn some very important things about Chris's life.

Chris needs...

- To know that his future will be brighter than his past.
- To see that people around him believe in him.
- To know his grandmother can keep him safe.
- To know that his grandmother accepts him for who he is.
- To know it's ok to move on.

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Note:

This slide contains animations. A click through will reveal each need. These are the needs that informed Chris's wraparound team who, once they understood him more fully, were able to develop a plan to help him.

Common unmet needs

- Connection.
- Achievement.
- Control.
- Fun.
- Mastery, a sense of accomplishment.
- Hope.
- Safety, security.
- A sense of self worth.
- Independence.
- Love.

ohana coaching, llc, 2015



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Discussion:

- *For the average adult, how might these needs manifest behaviorally? (Example, an adult needing safety might carry pepper spray or a person seeking love might place a profile on a dating website.)*
- *How might a child with a history of trauma express his or her need to feel loved? To feel safe?*
- *How might a child who needs to know he/she is valued express that need behaviorally?*

Behavior	Potential need
Johnny yells at his teacher.	Johnny needs to know he's as smart as the other kids in his class.
Sally hits her sister.	Sally needs to know it's ok to talk about feelings.
Frank yells and screams at his mom during dinner.	Frank needs to see that his mom is interested in what he has to say.
Cindy doesn't play with other kids at recess.	Cindy needs to feel like she fits in.

*Adapted from:
ohana coaching, llc, 2010*


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Note:

Here are some examples of the need/behavior connection. Ask learners for more.

About trauma

- Trauma occurs in various ways, including birth events, loss of home and family, death of someone significant, neglect, painful medical procedures, abuse, war, national disasters, etc.
- Early childhood trauma (0-6 years) has an even more profound effect than is experienced by older children and adolescents.
- Trauma has a profound effect on the developing brain. It can shatter a sense of safety, and instill fears or fantasies that their thoughts, wishes and fears may have the power to become real.
- Vulnerabilities of potential developmental disruptions involving learning and memory, attachments, social relatedness and self regulatory control.

*Strengthening the Fabric of Family Through High Quality Respite Care
Magellan Health, Inc*



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Note:

The trainer should review information at the [National Child Traumatic Stress Network](#) for additional context about children and trauma.

Young children (0-6)	School-age children (6-12)	Teens (13-18)
Irritability, fussiness	Difficulty paying attention	Talking about the trauma constantly, or denying it happened
Starting easily or being difficult to calm	Being quiet or withdrawn	Refusal to follow rules or talking back
Frequent tantrums	Frequent tears or sadness	Being tired all the time, sleeping more or less than peers
Clinginess, reluctance to explore the world	Talking often about scary feelings or ideas	Risky behaviors
Activity levels higher or lower than peers	Difficulty transitioning from one activity to the next	Fighting
Repeating traumatic events in dramatic play or conversation	Fighting with peers or adults	Not wanting to spend time with friends
Delays in reaching physical, language or other milestones	Changes in school performance	Using drugs or alcohol, running away or getting into legal trouble

Adapted from: *Strengthening the Fabric of Family Through High Quality Respite Care*
Magellan Health, Inc



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Note:

See previous slide.

Discussion:

Trainers are encouraged to be well prepared emotionally for this section.

Encourage learners to share what they know about trauma. Ask them for examples of traumatic experiences wraparound youth may have experienced. If learners disclose personal traumatic experiences, listen for as long as feels appropriate, then invite the learner to continue processing with you privately.

Let's practice!

Remember Roland?

You're headed on your first outing with 16 year old Roland. You've planned to spend the afternoon at the arcade. While walking to your car you notice that Roland has taken a pack of chewing tobacco out of his pocket and is about to use it. You see him just put into his mouth and he said, "It's cool." During the intake Roland's mother was clear that she doesn't allow him to use any tobacco products. You're not sure it's a battle you want to fight, especially on your first visit.

Let's hear more about Roland...



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Note:

This slide is a placeholder and features an animation. First click removes the Remember Roland? banner. The second click reveals the primary content.

Discussion:

Remind learners about the previous discussion about Roland, including key points. Remind them that it was difficult to determine how to “appropriately” respond to Roland’s behaviors initially, as it typically is when behaviors come out of the blue. The following slide reveals more context about Roland.

Roland, age 16

Roland lives with his mother, Denise, his grandmother Lula and his five younger siblings. Denise supports the family by working two jobs. Roland is a caretaker for his grandmother, who has dementia, and his siblings while Denise is at work.

Roland plays pickup basketball with his friends when he's able. According to his friends, Roland is the best basketball player they've ever seen. Roland isn't eligible for the school team because of tardies and unexcused absences.

When asked about other interests, Roland says he has none. He dislikes school and maintains few close friendships. He is strict with his siblings and is, as Denise points out, the "man of the house" since his father died of lung cancer eighteen months ago.

What does Roland need?



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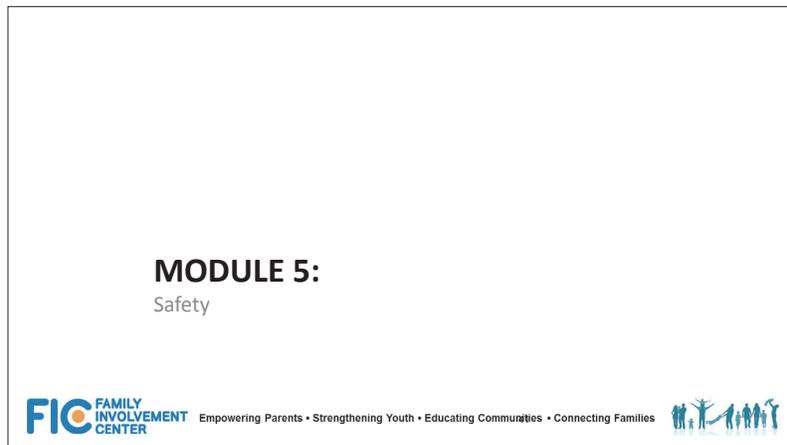
Note:

This slide provides the learner with additional information about Roland's life and family situation. Ask for a volunteer to read the slide aloud.

Discussion:

Ask learners to hypothesize about what inspired the behavior described on the previous slide. Encourage them to frame the needs into needs statements, as illustrated in the Chris example. Be sure to make the following points:

- *We are not experts on the needs of others. Context does help us put ourselves in the person's shoes and guess, but needs are only a guess unless endorsed by the person.*
- *Needs discovery is developmental. As information is shared over time, we become increasingly clear about not only what drives the behavior but also what works to relieve it.*



Module 6 contains 13 slides. Its purpose is to review potential safety concerns and problem-solve how they might be addressed. Prior to training this module, trainers are encouraged to review their agency protocols around managing such safety-related issues such as incident reports, mandated reporting, etc.

In order to cover the content effectively, this module will take 50-60 minutes to train.

“What makes a situation scary is not when a child has behavioral problems, but when the adults don’t know what to do about it.”

*James Kling,
Alternative Teaching, 2018*



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Discussion:

Invite learners to discuss this quote and answer the question, *“Why would we begin our discussion about safety with this quote?”*

Johnny, age 8

You're spending your first afternoon with Johnny. The two of you been playing handheld video games at the library for a couple of hours and now it's time for Johnny to go home. When you remind him that it's time to leave, Johnny yells, "No!" and continues to play.

A few minutes later you tell Johnny again that it's time to go home. He ignores you and continues to play. When you attempt to retrieve the game, he pushes your hand away.

What should you do?



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Note:

This slide is designed to 1) give respite providers a sense of the situations they might encounter, 2) give them space to problem solve and receive feedback, 3) allow them to learn from their peers and 4) understand there isn't always a single, correct response to any particular challenge.

Discussion:

Invite learners to talk through how they might handle the situation described on the slide. As they problem-solve, ask the question: *"Do you think this situation represents a crisis?"* Learners who answer yes to that questions should be encouraged to describe why. Invite learners to share feedback with each other during this section.

Brea, age 14

You and Brea decide to take in a movie. You find seats and then Brea notices that some of her friends are in the audience. She asks if she can go over to speak to them and you say ok. You can see her laughing with her friends but can't hear their conversation.

The movie is starting and Brea hasn't returned to her seat. You approach the group and ask Brea to come with you to her original seat. She refuses, telling you she'd rather stay with her friends.

What should you do?



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Note:

Again, this slide is designed to 1) give respite providers a sense of the situations they might encounter, 2) give them space to problem solve and receive feedback, 3) allow them to learn from their peers and 4) understand there isn't always a single, correct response.

Discussion:

This time, ask learners more pointed questions about how they might respond. Introduce new discussion by asking, *“What are some things you could do that would definitely make the situation worse?”*

Andrew, age 16

You arrive to pick Andrew up for your scheduled visit and find him home alone. You both leave the house and drive away. As the two of you discuss plans for the visit, you notice that Andrew is slurring his speech and smells faintly of alcohol. While still in the car, you ask Andrew if he's been drinking. He becomes angry, raises his voice and begins cursing. You notice he has his hand on the door handle.

What should you do?



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Note:

This slide serves the same purpose as the others. During this section the trainer should invite comments and even disagreement.

Discussion:

The trainer's should evolve from slide to slide. Spark discussion about this scenario by asking, *"What makes this scenario different from the other two?"* Encourage out-of-the-box thinking and the free exchange of ideas among learners.

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Working assumptions about behavior

- All behavior is communicative.
- Children (and others!) do well when they can.
- Big behavior is predictable 99.9% of the time.
- All children can learn.
- The intent behind mistakes is positive.
- Kids and families are more invested than we are.
- Everyone wants positive change.

The common denominator?



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Note:

Again, this slide serves as a reminder of information shared during the previous module. It features an animation; on first click the common denominator content slides in.

Discussion:

Now that they've experienced more of the training, ask learners what they thinking about these statements - look for shifting ideas and perspectives. Ask learners to talk about stress and its relationship to big behavior.

- *“What is the correlation between stress and behavior?”*
- *“ How would behavior change in response to stress increasing or decreasing?”*
- *“What types of interventions, in general, might increase stress?”*

How do you manage your own stressful situations?

- Do you ask a stranger to come up with solutions for you?
- Do you think of all the things you hate to do and make sure you do more of that?
- Do you come up with strategies that make sense based on your strengths or culture or someone else's?
- Do you take things away from yourself or hope others will for your own good?
- Do you feel more powerful and in control?
- Do you feel like you have the right answer or solutions?
- Do you feel secure, smart and hopeful?

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Note:

Use this slide to help learners relate to the youth's experience during big behaviors.

Discussion:

Invite learners to share their reflections with the larger group.

When confronted with behavior you didn't predict or don't understand,

the first step is:

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Note:

This slide introduces several important pieces of information which should mirror your agency's policies regarding crisis response. Review those policies prior to training the content on this slide.

Discussion:

Learners should be actively engaged by this point in the training. Spend time on this slide and leave space for them to ask questions. Ask for examples of points 1, 2 and 3 on the right, e.g.,

- *Have you ever worked with a youth and did something you know made the situation worse?*
- *Have you ever taken someone else's behavior personally?*
- *Does anyone have a guess about what the difference might be between a concern and a crisis?*

What exactly am I dealing with?

CONCERN:

- Potential threat to health or safety.
- Person is still in control.
- Can be dealt with using regular interventions.

CRISIS:

- Immediate threat to health or safety.
- Person is out of control.
- Requires individualized intervention to deescalate or resolve.

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Note:

The information is key to understanding whether or not a respite provider should immediately respond to challenges or big behaviors. The next slide provides examples, but it will be important to check for understanding before the discussion proceeds.

Let's practice!

Event	Crisis?	Concern?
Child arrives for visit with soiled clothing.		X
Youth discloses that they are being bullied at school.		X
Youth locks provider out of car, refuses to open door.	X	
Child slaps respite provider across the face.		X
Provider notices drug paraphernalia in youth's backpack.		X

50

Note:

This slide contains animations. One click will reveal the answer to each statement.

Discussion:

Complete this practice as a large group so learners can hear and learn from each others' responses. Work through any disagreements by asking the following questions:

- *In that situation, is the child in control or out of control?*
- *In that situation, is the child's health or safety an immediate threat?*
- *What action would you take if the child were yours or someone you love?*

Invite learners to talk through any feelings of discomfort. It may help to share an example from the trainer's experience. It's important that this information is thoroughly understood before the group moves on.

Crisis is rare

- Crisis is rare if we pay attention (and respond) to the information we receive along the way.
- A crisis is not an event, it is a REACTION to an event.
- In crisis, help is needed immediately. If the behavior is a concern, the right thing to do, more often than not, is to delay or defer.
- When crisis is occurring, the person's primary focus is on RELIEF.
- The worst time to prepare for a crisis is when one is occurring.

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Note:

Wraparound intentionally de-emphasizes behavior in order to emphasize need. The theory is that if we focus on the message, we may never understand why the message is being sent. This can be a difficult concept for some to grasp, so working through questions or feelings of discomfort might be necessary.

Discussion:

Spend time on this slide highlighting each of the points. Use questions like the following to inspire discussion:

- *If crisis is a reaction to an event, who's the person who can change or resolve the situation?*
- *Why relief? What is the person seeking relief from? Then, reiterate: how would you or do relieve yourself of stress?*
- *If our goal is to prepare for a crisis BEFORE it occurs, what do we need to know? What types of questions should we be asking, and when?*

Look for these potential warning signs:

- Emotional - fear, anger, hopelessness, helplessness, overwhelm.
- Cognitive - inattentiveness, perception challenges, short-term memory loss, learning difficulties, problems with word finding.
- Physiological - Heart beats faster, muscles tighten, blood pressure rises, breath quickens, senses become sharper.

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Note:

This straightforward slide might benefit from an example or two.

Discussion:

- *“What are some ways you know you're under stress?”*
- *“What kinds of things exacerbate stress?”*
- *“What relieves it?”*

Safety...

- The best predictor of future behavior is past behavior.
- It's not reasonable to expect that children will keep themselves safe. Safety is YOUR responsibility.
- Take a proactive approach to ensuring safety by anticipating safety concerns during crisis planning.



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Discussion:

Emphasize the last point, as the following practice will be a role play on crisis planning.

Let's practice!

Crisis Plan for Roland

Work in triads to complete a crisis plan for Roland using the information already known to you. It will be necessary to make assumptions and extrapolate. Member of the groups will play one of three roles: the Respite Provider, Roland's mother Denice, and Roland.

Be prepared to share your plan with the larger group.

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Note:

This slide contains an animation. Once click will reveal the instructions.

The Crisis Plan should be completed with the parent/guardian at the intake. The youth should be included with 1) caregiver consent, and 2) if all parties believe that being included in the activity will feel supportive to the child. Under no circumstances should the development of a crisis plan inspire friction or harm to the parent/youth relationship.

Discussion:

Review the plan template and the example with the large group. Answer any questions. Then, split the group into triads and assign roles for each. Give the group instructions to use information already provided and extrapolate when necessary - the goal is to practice the method. Check in with group members frequently to ensure that they're practicing as instructed. Allow 15 minutes for the discussion and development of the plan. Consider asking the triads to switch roles halfway through.

Once plans are complete, require each smaller group to read their plans out loud. Ensure that each triad gets feedback on their plan from the larger group, and from the trainer on the process of creating the plan. Invite questions and discussion.

MODULE 6:

Responding to challenging behavior



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This module contains 16 slides. There is no practice at the end so the trainer should ensure that learners are fully engaged in the discussion.

The purpose of this module is to help learners understand how to respond to big behavior.

This content should take 45-50 minutes to train.

Factors that may influence behavior

- Medications
- Medical complications
- Sleep patterns
- Eating routine/diet
- Schedule
- Predictability factor
- Choice-making opportunities
- Number of people/interactions
- Motivational value of rewards or tasks
- Time of day
- Setting
- With whom



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Discussion: Share a story from past experience (or from your own life) to illustrate this point. Ask learners to add to this list, based on their own experiences or their own lives.

Also, cue learners by asking what the most important factor is that's not on this list? Hope that they respond = UNMET NEED. :)

Remind learners that the team's understanding of the child's unmet needs will be found on the Plan of Care and confirmed by the caregiver and/or the youth.

Keys to success overall

- Be attentive to warning signs and adjust course when they're present.
- Remember that the only behavior you can control is your own.
- Create opportunities that help the youth view themselves as capable, respected and strong.
- Keep in mind that sustainable behavior change results from good teaching and not from rewards and consequences.
- Acknowledge and own your mistakes. The goal is partnership, not perfection.
- Once the situation is resolved, move on. Consequences aren't appropriate when the problem is a lack of skill.

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Note:

Invite discussion on this and other slides in this module.

Discussion:

- *What stands out for you here, and why?* Highlight the last bullet and ensure understanding before moving on.

Tips for when trouble strikes

- Immediately adjust your expectations. Winning is NOT the goal.
- Speak clearly and calmly.
- Avoid situations that empower you and disempower the youth.
- Talk less, listen more.
- Don't force the child to do what they're not ready for.
- Ask yourself and, if appropriate, the youth: what's the win/win here?
- Don't try to fix - just be with.
- Keep in mind that inflexibility + inflexibility = meltdown. Be careful not to make the situation worse.

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Discussion:

Again, ask learners, “*What stands out for you here?*” to encourage reflection.

Using a problem-solving framework

- A framework is a conceptual tool that helps organize responses in support of a theory.
- Under stressful circumstances, a framework allows us to focus on key factors to ensure reliable decision-making aligned with the purpose and goals of the intervention.
- Using a framework to organize and “systematize” your responses helps produce a sense of predictability which feels safer to both provider and youth.
- Recommended problem solving framework for respite providers:
 - *What are the important things to remember about this person and their history?*
 - *What happened when the situation went wrong?*
 - *What caused the stress and what does the youth need to resolve it?*
 - *What actions could I take to address the need and reduce stress?*
 - Check out some examples...



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Note:

This slide contains an animation. One click reveals the first bullet point, which introduces the content.

This slide sets up the primary tool respite providers should use to determine what action to take when confronted with big behavior. Three opportunities to use this framework will follow.

Discussion:

Ensure that learners understand the framework, below.

What are the important things to remember about this person and their history?

What happened when the situation went wrong?

What caused the stress and what does the youth need to resolve it?

What actions could I take to address the need and reduce stress?

About Tana:

Tana is nine years old and lives in a foster home. She was sexually abused by her brother when she was six. She melts down at bedtime if she isn't allowed to sleep with her favorite toy.

The scenario:

You and Tana are grabbing a bite at the food court in the mall. It's clear that Tana's tired as she keeps nodding off during your conversations. You ask her if she'd like to take a short catnap in the car. She initially agrees, but then the closer you get to the car the more her behaviors escalate; she begins to scream and squirm, forcing you to grab her hand and hold it tighter. As you continue to make your way to your car, a group of concerned adults begin to gather around you in the parking lot. Some ask how they can help, while at the same time appearing suspicious of your actions.



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Note:

This slide introduces an example of how to use the framework. **Trainers are strongly encouraged to practice these slides in advance.**

Discussion:

Ask a learner to read the content.

What's the stress?

Tana needs to know you can keep her safe.

How do you address the need and relieve the stress?

Potential action:	Escalating?	Deescalating?
Ignore the bystanders and bend down to speak softly and slowly to Tana.		X
Tell the bystanders to mind their own business and continue to the car.	X	
Invite Tana to come with you back into the mall so you can both take a breather.		X
Ask a bystander to call your supervisor for you.	X	

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Note:

This slide contains multiple animations. Single clicks will reveal information in order. For example, the first click will reveal the needs statement. Note that the handouts version of this training does not include the content.

Discussion:

Work with learners to “fill out” the information on this slide. First, “What's the stress?” invites the learners to share their guesses about what Tana’s unmet need might be. Invite them to hypothesize aloud by asking,

- *Why would Tana act the way that's described on the last slide? Make sure that learners understand that you're looking for their guesses about what Tana's internal motivation might be.*

Once that information is revealed, the next three clicks will reveal the headings “Potential action,” “Escalating?” and “Deescalating?” The goal is to reveal to learners what information you're looking for. Tell learners you’re going to reveal some actions a respite provider might take to respond to the situation. As you reveal each action, invite learners to say out loud whether they believe the action will escalate or deescalate the situation.

Pause after revealing each action to ask learners whether they think the action will make the situation better or worse. Work through the content this way through the four potential actions. Afterwards, ask learners to process the information with you.

- *What do the actions that work have in common? What about the ones that don't work - what do they have in common?*
- *Choose one escalating potential action and ask, “How could this be changed into something that might work better?”*

About LaRon:

LaRon is 12 years old and lives with his family. He has trouble focusing, including completing simple tasks, like cleaning his room, or finishing homework before dinner. When his mother tries to cue him to complete a task, he tells her to shut the hell up.

The scenario:

After picking LaRon up from school, you and he are walking back to your car. You ask LaRon what activities he'd enjoy this afternoon; would he like to go and grab something to eat? Or, maybe go to a movie? Or, maybe you could help him get a jump on his homework? Or... Before you can complete your sentence, LaRon tells you to, "Get the hell out of my face!" He yells that doesn't want to spend time with you and wants to go home instead. Surprised, you offer to drive him home and he agrees.



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Note:

This slide provides a second opportunity to learn and practice the framework.

Discussion:

Again, ask a learner to read the content.

What's the stress?

LaRon needs to...

How do you address the need and relieve the stress?

Potential action:	Escalating?	Deescalating?
Drive LaRon home in silence and call your supervisor once you drop him off.		
Try to engage LaRon into telling you what's wrong with him.		
Apologize in case your earlier approach was frustrating or overwhelming. Ask LaRon if it'd be ok for the two of you to try again to make some plans.		
Tell LaRon you were looking forward to spending time together. Ask if he has any ideas about how you two might salvage the day.		

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Note:

Again, this slide contains multiple animations. Single clicks will reveal information in order. Note that the handouts version of this training does not include the content.

Discussion:

The first click would normally reveal the needs statement. However, in this example, the trainer should guide learners in hypothesizing what LaRon's need might be. Lead learners in that discussion by asking "Why would any person act the way LaRon is acting?" Encourage brainstorming and authorize all responses that describe internal motivation. If necessary, frame responses into needs statements, which begin with LaRon needs to see, feel, have or know. Here are some examples:

- LaRon needs to feel understood.
- LaRon needs to see that others can be patient with him.
- LaRon needs to have choices, no matter how long it takes him to make them.
- LaRon needs to feel a sense of control.

In the next section, information reveals as it did on the previous slide. However, this time the answers are not provided. Lead learners in a discussion about what the answers might be based on their understanding of LaRon's needs. In general, the answers you're looking for are:

Drive LaRon home... likely deescalating, but why? Does it lead to an outcome that furthers the relationship?

Try to engage... likely escalating. Ask learners to tell you why.

Apologize in case... likely deescalating, and a good approach. Ask learners to explain why.

Tell LaRon you... again, likely deescalating, theoretically the best response. Encourage discussion about this response and the slide in general.

About Jose:

Jose is 16 years old and lives in a group home. His mother is in prison, confined for several years for aggravated DUI. Jose would like nothing more than to have what he's never had before - a girlfriend. He has a history of pursuing females and touching them inappropriately.

The scenario:

You and Jose are headed out to spend a day at a local beach. On the way there you stop at a convenience store to grab some snacks. The clerk is a young woman about Jose's age. With Jose standing behind you waiting his turn, you pay for your items first, intentionally modeling an appropriate interaction with the clerk. When it's Jose's turn, he addresses the clerk disrespectfully and continues, despite her obvious discomfort, making sexualized remarks until the transaction concludes. Walking back to your car you tell Jose that his remarks to the clerk were out of line. He throws his bag of snacks at you and angrily walks away.



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**Note:**

This slide provides learners a third and final opportunity to learn and practice the framework.

Discussion:

Again, invite a learner to read the content.

What's the stress?

Jose needs to...

How do you address the need and relieve the stress?

Potential action: Idea?	Escalating?	Deescalating?
Idea?	X	
Idea?		X
Idea?		X
Idea?	X	

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Note:

Again, this slide contains multiple animations. Single clicks will reveal information in order. Note that the handouts version of this training does not include the content.

Discussion:

The first click would normally reveal the needs statement. Again, the trainer should guide learners in hypothesizing what Jose's need might be. Again, lead learners in that discussion by asking "Why would any person act the way Jose is acting?" Encourage brainstorming and authorize all responses that describe internal motivation. Again, if necessary, frame responses into needs statements, which begin with Jose needs to see, feel, have or know. Ideally, learners should become more proficient in needs hypothesis at this stage.

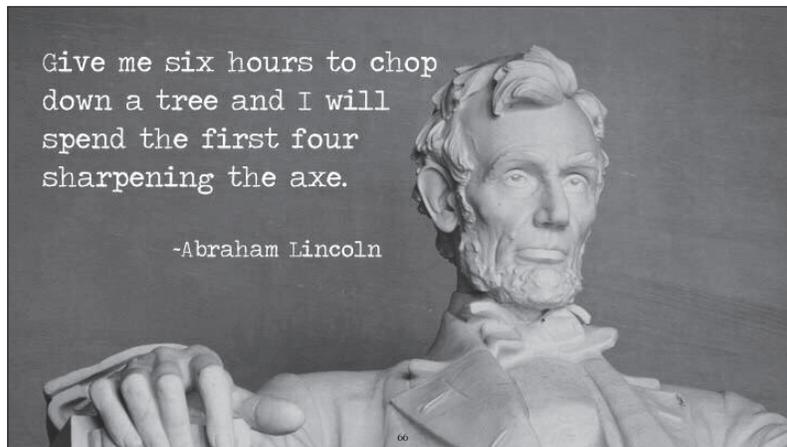
Here are some examples for Jose:

- Jose needs to feel loved.
- Jose needs to know he's worthy of love.
- Jose needs to feel accepted.
- Jose needs to see it's ok to trust those who want to help him.

In the next section, information reveals as it did on the previous slide. Again, no answers are provided. Lead learners in a discussion about potential actions a respite provider might take.

As you move to the next section, challenge learners to provide specific examples of actions that would escalate the situation, then two more that would likely deescalate, then a fourth that would escalate **based on their hypothesis of Jose's needs**. The goal here is to help learners:

- Practice identifying unmet needs.
- Practice thinking about what the motivation for the behavior might be **before** they decide how to respond.
- Practice thinking about how their own actions meet/not meet the need the youth is expressing through his/her behavior.
- Practice thinking critically about what they can do to help the youth feel safe and supported throughout the visit.



Discussion:

Ask learners why this quote would have been selected to illustrate the discussion. How might it apply to our choices about how to respond to behavior and to our work in general?

Common reactions after big behavior

- “I don’t know,” or “I don’t remember.”
- Shows little or no remorse.
- Is frustrated.
- Is embarrassed.
- Is worn out, needs a nap.
- Is hungry, wants a snack.
- Acts like nothing happened.

 **Note:**
The youth can’t tell you why, so data collection is **up to you.**

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Note:

This straightforward slide intends to forewarn learners that youth react differently after big behavior. However, one commonality is that youth typically don't want to process afterwards.

Discussion:

The trainer should make the following points:

- Requiring a youth to answer questions during or immediately following big behavior will likely escalate the situation.
- Big behavior is a result of the youth not being able to respond to the situation they find themselves in. They can't speak their frustration/fear/anger/loss so the behavior sends the message. As such, they aren't likely to know why they did something in or immediately after the moment.
- Given that reality, it's up to the respite provider to try and figure it how and why the behavior happened. Once the stress has been reduced, brainstorming is encouraged. A respite provider's perception of unmet need is not valid until the youth and/or caregiver endorses it.

B **E** **F** **O** **R** **E** Questions for caregivers

- When is the behavior most likely to occur? Least likely?
- Around whom is the behavior most likely to occur? Least likely?
- What events, actions or objects are positive for the child?
- What events, actions or object are stressful?
- What alternative behaviors does the child know and use sometimes?
- How do you generally respond to the behavior? How often does that work?
- What have you tried in the past? What's worked the best?
- What usually happens after the behavior?

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Note:

This slide offers suggestions for how respite providers might learn more about big behavior. These useful questions should be posed to the caregiver during intake, perhaps during the development of the crisis plan.

B Questions for youth

E

- What sets you off?

F

- What do you do when it happens?
- What would you rather do instead?

O

- What helps?

R

- What can you do for yourself?

E

- What can others do for you?
- How do you know when the hard stuff is over?

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Note:

These questions might be useful if posed to the youth once trust is established and while the youth is in a calm and relaxed state.

**A
F
T
E
R**

Reflect and report

- Acknowledge everyone's effort.
- With the youth, summarize what you accomplished.
- Express gratitude for the opportunity.
- Debrief with the parent/guardian:
 - What you did.
 - Why you did it.
 - Lessons learned.
 - Next steps.

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Note:

Incidents of big behavior are typically stressful for the youth and caregiver. Debrief may help facilitate further engagement and trust building.

**A
F
T
E
R**

Reflect and revise

- What went well?
- What might have gone better?
- How would I rate my performance in the following areas:
 - Ability to implement the game plan.
 - Energy throughout the time spent.
 - Teaching skills in a creative manner.
 - Efforts to partner and support.
- What will I do differently the next time?

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Note:

The respite provider should engage in self reflection following any incident of uncontrolled behavior.

Discussion:

Trainer should remind learners that they cannot control anyone's behavior but their own. That being the case, the success of future interventions with the youth will require the respite provider to change their perception and behavior to accommodate youth. Learners should be encouraged to seek guidance from their supervisors and/or the wraparound team should they get stuck.

MODULE 7:

Are you ready to be a respite provider?



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Note:

The training concludes with a short quiz which does not appear in the training handouts. The quiz should take about 5-10 minutes to work through.

Let's take a quiz!

1. Describe two benefits a family is likely to experience from respite.
2. Name three of the core values of wraparound.
3. True or false: The respite provider is considered a member of the child and family team.
4. When working with a youth/family, the respite provider must align with:
 - a. the youth
 - b. the parent/caregiver
 - c. the wraparound facilitator
5. Describe the difference between a need and a behavior.
6. Finish the sentence: Youth do well when they _____.
7. Which is true: Behavior is predictable ____% of the time.
 - a. 10%
 - b. 50%
 - c. 99%
8. Describe the difference between a crisis and a concern.
9. Identify at least one calming technique designed to reduce stress.



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Note:

This slide contains animations. Clicks through to reveal the questions but no answers are provided. Require learners to put their handouts and notebooks away. Complete the quiz as a large group activity and use any incorrect answers to encourage further study or consultation with a supervisor.

Discussion:

Responses as follows:

1. See slide 6 of the trainer's guide.
2. See slide 11 of the trainer's guide.
3. True.
4. b, the parent/caregiver
5. A need is the internal motivation, the reason a behavior occurs. See slides 30-34 for additional information.
6. can.
7. c, 99%.
8. See slide 49 or the trainer's guide.
9. Responses are best when individualized, nevertheless, trainers should encourage specific responses. Trainers and learners should agree on the strategies chosen. Some examples might include:
 - Taking a break, Listening to music, Exercise, "blowing off steam," Eating or drinking, Sitting in silence, etc.

About the Family Involvement Center

The Family Involvement Center is a not-for-profit family run organization headquartered in Phoenix, Arizona and with offices across the state. The Family Involvement Center was established in 2002 by Jane Kallal and a group of community parents who felt unheard and unrepresented in Arizona's children's behavior health system. The Family Involvement Center was founded on the premise that parents know what they need, know their children best and are effective advocates for themselves and their children when systems make a place for them at the table. In the 18 years since our inception, FIC has developed a full array of services in addition to parent peer support, including youth programming - skills groups and home and community-based respite care, counseling, and adult care coordination. For further information, visit our website at www.familyinvolvementcenter.org.



About the author

Laura Burger Lucas is the Family Involvement Center's Senior Director of Family Support and Education. A recognized expert in the wraparound process, Laura has extensive experience as a consultant, trainer and coach across multiple helping systems. She has published over 200 customized training and supervision materials including an outcome focused, evidence-informed coaching framework. She has been an invited speaker and workshop presenter at regional and national conferences for the last 25 years.

Laura is the parent of a young adult who's been involved in multiple systems throughout his life. She has drawn on her lived experience to inform her consulting work in Arizona and other states. Laura has worked with the Louisiana Department of Health, Magellan Health and with wraparound agencies across the state since 2015 as a consultant, coach and supporter of Louisiana's Children's System of Care. She can be reached at laura@familyinvolvementcenter.org.