Family Centered Treatment Foundation

Webinar – Considerations for Tele-health sessions for Family Centered Treatment Staff

Presented by: Bill Painter; Clinical Director

Research and Innovations Chair FCTF BOD

Family Centered Treatment Foundation®

Significance of FCT services during this pandemic

Families and children need our behavioral health and family support services more than ever in this time of crisis and change.

The areas of functioning of concern that previously have not worked well for the family or the difficult to handle behaviors of the child will become even more exacerbated in this time when some of the usual supports or escapes for managing family and intrapersonal challenges are not available.

Making sure we are not doing a "virtual" version of "drive-by" therapy

We must not assume that "telling" families or caregivers "what to do and what not to do" is going to sufficiently reduce risk or increase safety.

<u>In fact by just checking in or a directive process alone could in fact increase their anxiety by increasing their sense of blame or shame at not being able to do what you think they should do or are telling them to do.</u>

Family Centered Treatment Foundation®

Family
Centered
Treatment
Foundation®

Strategic use of Anxiety

In this time of high anxiety survival is their focus…… to enable changes to occur then to get to the strategic level we want to assist in “lowering anxiety” – hearing that they are feeling “overwhelmed” is a key indicator to lower anxiety

High

Anxiety

Low

Overwhelming / immobilized - ineffective for change

Strategic Level

Too low = no motivation

Nurturing

Challenging

So, what are we do to do? How might I go about lowering anxiety?

Structure is important – follow the APA guidelines (attached) that enable you to define what they can expect from you.

Do not assume that because they are familiar or have a history with you in the "live" context of services, that the trust is transferred automatically into this new form of service

For FCT families; carefully, thoughtfully and specifically define your FCT guarantees again: "what they can expect from you". Use your own words to make all 6 guarantees understood – check their perception

For FCT families; carefully, thoughtfully and specifically define your FCT guarantees adding in specifics like; being on call, and planned scheduling

Develop immediately with the caregiver an ongoing and proactive schedule of times for daily calls to quickly check in on them; when there is high anxiety or safety factors.

- For some families and individuals a daily short booster of time with them (15-30 minutes) is a clinically appropriate self – regulation process when arousal / and reactivity is their trauma symptomology.
- For the clinical services of FCT, determine a bi-weekly schedule for more lengthy session times of an hour or more to actually work on goals for more effective functioning. If you discover this is not doable due to attention span or IT bandwidth issues, break the session into multiple mini-sessions.

FCT provided during Tele-health Sessions

- When the need is for child specific services and the child has an area or need assessed as a concern from the referral or assessment information (CANS) map out that individualized schedule as well.
- For some children with attention deficit short bursts of activity to practice skills in that area (via a game or role –play) can be the most effective for lowering anxiety as well as addressing the CANS need.

Family Centered Treatment Foundation®

REMEMBER, when previous attempts and efforts to bring family members together for a session or enactment process have been difficult and / or did not produce success for the members in practicing new behaviors, <u>then DO NOT try to do</u> via a telehealth process.

This statement is indirectly related to the APA guideline of "Do not attempt an intervention that has not been successful live".

After the scheduling and structuring process for the tele-health sessions, determine activities that you will practice that relate to the Area of functioning for the family members.

When you know via the FCE process the AFF, then determine activities to specifically provide opportunity for growth in that area. Use supervision, your team, online resources and “toolbox” resources to bring to the members of the family or the child experiential practice activities that are interesting, exciting, hopefully fun and most importantly “relevant” to the AFF.

Family Centered Treatment Foundation®

In FCT this bringing of an activity for them to practice is called a **Diagnostic Enactment.** It is often easier to engage families and members into a diagnostic enactment as you can design them to still be addressing the AFF while avoiding trying to do a traditional family session that they are not ready to handle virtually.

Restructuring

Enactment:
2 distinct types

1

2

Techniques:
Any technique as long as it is aimed at changing the interactions: Solution focused, Art Therapy, Narrative, Play Therapy Etc.

Diagnostic Enactment
Occurs when you assign a task or allow a spontaneous interaction to occur and make a diagnosis and provide an activity for the area of family functioning needing intervention.

Intervention Enactment
Occurs the family or individual brings to your attention a situation or need and you are able to direct the family to practice doing something other than what they typically do.

Highlight and process the alternative outcomes

When the caregiver or family member quickly starts to discuss a troubling event, use the tele-visit time with an individual family member to practice and roleplay how they can try new skills for the difficult to handle times with another family member.

- ❖Specifically determine with the individual member a recent time when their interaction with someone was problematic and / or not successful.
- ❖This could relate to any area of family functioning such as; communication, problem solving, affective involvement, affective responsiveness, behavioral control, or roles. (use the attachment for brief explanations).
- ❖When the individual has identified a family member or person and the difficult to handle event, then you have identified with them the opportunity for **an intervention enactment**.

Family Centered Treatment Foundation®

More about an Intervention Enactment precipitated by their sharing a recent event or situation that occurred prior to the telehealth session

For FCT this ability to engage them in a roleplay assumes that you are in Restructuring Phase of FCT and have gained their trust enough to try this role play process with you.

If they are not willing to go into the roleplay with you about the event, then it will take more time to understand their perspective about what happened by using life space interviewing skills to join (engage) with them. And as always when engagement hasn't occurred go back to the required FCT components of the initial session and the guarantees

When they have engaged and are willing to try you suggestions then they are willing to roleplay the event they just described to you; (it is important to actually engage in "showing" by roleplay rather than "telling"; Ask the individual involved in this tele-visit to roleplay the other family member or individual with whom there was the difficult to handle event.

Step 1: As they roleplay this out with you, ask them to share what or how they responded. Your "role" is to be or roleplay "them".

Once they have "bled" this event and identify for you that you have a good understanding of what happened; both what was done or said by the other person and how they responded, then you are able to ask them if they would they be interested in trying a different approach in an effort to obtain a different outcome.

Step 2: As the intervention enactment continues you now are able to continue to roleplay for the individual involved in the telehealth session how they might respond or handle the situation differently.

In this second part of the roleplay process you still act as if you are "them' but you model or demonstrate effective ways of handling that area of family functioning. If as a clinician, you want to understand how to do this part of the enactment better, reach out for consult if practice is needed in this area.

Step 3; When you have modeled the process to a point of a different outcome, then switch roles in this intervention enactment and ask them to roleplay his or her self and you roleplay the "other" as they practice new skills which you have just modeled.

More about a Diagnostic Enactment

To further their practice opportunities or when the family is in need of activities that permit them to develop skills related to the determined area of functioning, bring to the family specific assigned games or designed tasks that they will practice. Initially this can be with you present via tele-health. This assignment is defined as a "Diagnostic Enactment". Some clinicians are delivering via email links to websites or activities or they leaving boxes of activities for this at the door of families. During the tele-visit, walk them through the activity or game. If you need ideas for games or activities that relate to AFF needs, reach out for supervision or consult.

Throughout the network of agencies providing FCT we have thousands of toolbox resources. Check the FCT website or FCT Digital Library for suggestions.

Family Centered Treatment Foundation®

Areas of Family Functioning

The areas of concern could be the AFF needs as a family system related to:

a. Affective involvement (belonginess),
b. Affective responsiveness (sharing of feelings effectively),
c. Roles (leadership and who does what),
d. Behavioral control (self-regulation and co-regulation),
e. Problem-solving (as a system handling the problems related to daily living skills like food, clothing and shelter etc.)
f. Communication (using direct, clear and meaningful methods of connecting and conflict resolution).

Family Centered Treatment Foundation®

Family Centered Treatment Foundation

Linking the Trauma need and the AFF

Complex Trauma Treatment Components Within FCT Phases and Corresponding PTSD RI Scales		
FCT Phases 1-3: Joining and Assessment, Restructuring & Valuing our Changes		
Complex Trauma Treatment Components	**PTSD-RI Scales**	**AFF relevance to meeting the CCTC need**
Safety (within the individual, with family members, and the environment in which family members live)	Primary: Exposure[1] Secondary: Arousal/Reactivity, Dissociation	Effective Trauma Healing will not occur without Safety; both Physical and Emotional. This is a Roles related process regardless of Phase. When multiple members have behaviors affecting safety then secondarily select Behavioral Control as the AFF.
Self- & Co-regulation (with parents/caregivers for affect, cognition, behavior, physiology, interpersonal relations and capacity to restore stability after dissociation)	Primary: Arousal/Reactivity	Indicative that Affective Involvement work is needed. Potentially Roles is the AFF if the development of an Effective Parental Alliance for multiple caregivers is a need; secondarily Communication is the AFF when Roles is not.
Self-reflective information Processing (capacity to focus attention, anticipate consequences, and plan action with reference to oneself and one's family)	Primary: Intrusion Secondary: Negative Cognitions/Mood	Indicative that Problem Solving is of primary significance. There is the potential that Affective Involvement is the AFF if members are not aware of nor responding to each other's needs.
Relational Engagement (including strengthening or building attachments, prevention of disruption of primary relationships, building therapeutic alliances, and interpersonal skill-building including assertiveness, cooperation, perspective-taking, boundaries, limit-setting, reciprocity, empathy, and emotional and physical intimacy)	Primary: Avoidance	Often Affective Involvement and Affective Responsiveness are major functioning needs when this is the trauma symptomology but the other areas of Roles, Behavioral Control, or Communication may take priority if family leadership is the reason behind the relational dysfunction.
Positive Affect Enhancement (developing feelings and beliefs of self-worth and appreciation for primary relationships including family and cultural heritage including development of creativity/imagination, future orientation, achievement, competence, mastery-seeking, community-building, and capacity to experience pleasure)	Primary: Negative Cognitions/Mood	Problem Solving is frequently the area of concern for the family unable to define themselves with any hope and who see themselves defined by the trauma events. Additionally Affective Responsiveness and Affective Involvement may be the underlying AFF.
FCT Phase IV: Life Story Integration		
Trauma Memory Integration (matched to child and parent/caregiver capacity including affect tolerance and including meaning-making, remembering, mourning losses, developing coping skills, capacity for using a present-focus)	Primary: PTSD RI Total Score Secondary: Dissociation	As the caregivers are identified as the leaders for family healing of trauma then Roles is the primary AFF to make this happen; Problem Solving and Communication are involved as well.

Finally you can lower anxiety by giving hope

REMEMEBER the evaluation component including the note writing with them is the clincher to hope building and progress making. In order for them to "own" the progress an evaluation component of the tele-visit is a MUST. It also provides a time for confirming the planning for next session, and provides the method for you to develop the emotional safety component for trauma treatment.

- Asking an open ended question such as "what did we do or work on today?" permits you to assess the effectiveness of your ability to clearly define with them the area of functioning they have determined for improvement or if your intervention is for a child specific need to gain their perspective.

- This can be followed with a question such as "and how did we work on that?" The response of the person involved is indicative of how useful, fun, and participative the activity was for them. Asking this question is a backdoor engagement and joining at end of the session. This is not a judgment that you should take personally but as a gift to help you improve your skills.

- Finally some form of the question: "how would you like to work on this area of your life (or family life) to be different next time we meet?" permits them to take control of the treatment process, clearly identifies and recaptures the purpose of our involvement in their life and allows you to plan with them for the next session.

- When (not if) trauma related symptoms or sharing about exposure show up, be sure to use the 5 step process of response and reach out for consults for next steps of treatment.

REMEMBER – your own anxiety checking is critical as well - This is NEW for everyone – no one is highly skilled in doing FCT via tele-health sessions

- ask your supervisor to do field supervision by joining your tele-health session and observing so their feedback is based on what they observe – not your perception of what happened
- When meeting resistance or frustration from individuals or families go back to the guarantees – using them in your own words to connect and engage their trust
- Specific webinars on the "how to" of components of FCT via tele-health are forthcoming – share your best practice experiences so that all of our families have access to the best we have to offer as we all learn from each other