The Case for a Holistic Family Approach
Every Colleague Matters
Nottingham City Council
23/06/2016
Introductions

Sebrina Turner
MST CAN Supervisor

Mark Ball
Edge of Care Hub Manager
Session overview

- To promote the benefits of the a whole family approach
- To increase the awareness of Edge of Care Panel Menu of Service
- To show how a whole family approach reduces the risk of out of home placements
- To show how a whole family approach improves family functioning and increase access to services
What is a whole family approach

- Strength based
- Management of risk rather than being risk averse
- Assessment of the needs of the whole family
- A set of agreed goals and objectives between family and professionals
- Plan to meet the needs of the whole family
- Intensive and structured support focussing on the multiple complex issues in multiple ecologies
- Co-ordination of agencies and services
- A whole systems approach
What issues can a whole family approach support to change?

- Substance abuse
- Abuse and neglect
- Poor parenting
- CSE
- Parental mental health difficulties
- Child mental health difficulties
- Conflicting parenting styles
- DV
- Parental motivation
- ASB
- Low school attendance
- Lack of rules and boundaries
- Housing
- Physical and learning disabilities
Why work this way?

- Families with complex needs often face interrelate issues that cannot be addressed in isolation.
- Capturing the voice of the child without supporting care providers to change is impotent.
- Supporting the child to change without supporting the care provider to parent more effectively is also impotent.
- For change to be sustained the whole family needs to change.
Why we believe it’s beneficial to use a whole family approach

- The Bridge programme
- Salvation Army
- Cardiff
- Within CAMHS
Case example of whole family approach used within CAMHS

- Reasons for referral: 11 year old girl who had experienced sexual abuse by a half-sibling. She had been referred to CAMHS several times over the three years since the abuse. Current behaviours were reported to be anxiety and anger, mum was struggling with behaviours in the home and YP also slept in mums bed and would often not sleep until the early hours.
Treatment Goals

• To support mum in managing challenging behaviour by implementing consistent rewards and consequences for behaviour.
• Increase mum and dad co-working with challenges and presenting a united front.
• Increase X’s attachment to others and reduce dependency upon mum.
• Developing a plan to support X to sleep in her own room.
• Support mum in supporting X in understanding anxiety and reduce use of safety behaviours and increase coping skills.
• Improve mum’s mood by encouraging use of self-help material and behavioural activation.
Treatment goals continued:

- Reduce conflict between family members.
- Increase communication between mum and dad.
- Reduce conflict between Dad and Y.
- Reduce levels of conflict between X and mum.
- Increase awareness of unhelpful alliances which maintained family discord.
Group Exercise

• In your everyday role what would be the benefits of utilising a whole family approach?

• How could you incorporate this into your everyday practice?

• What barriers might you encounter in adopting this practice and how could you overcome them?
What is EOC Hub?

- Edge of care Hub is an intensive and assertive community based outreach support intervention for families on the edge of care proceedings.
- We work with families for between 6-9 months.
- It is an adaptation from the Priority families model.
- We work collaboratively with other agencies, acting as a hub for specialist services to rotate around the family.
Presenting behaviours

- Attachment issues
- Non school attendance
- Criminality and ASB
- Domestic Violence
- Gang association
- Risk of sexual harm and/or exploitation
- Cycles of unemployment
- Parenting capacity
- Safeguarding concerns
- Substance misuse
Referral Criteria

- On, or near the edge of care
- Multiple complex issues
- 0-18
- Meets priority families criteria
- Newly born children at CiN or CP
- Pregnant mum’s with chaotic lifestyles
- Edge of Care Hub’s speciality is new or expecting parents, large sibling groups and families that present with multiple complex issues. The Edge of Care Hub can also provide emergency weekend support.
What is Multisystemic therapy?

- MST uses a combination of different evidenced based therapies to work with the child and family.
- Community-based, time-limited intervention for antisocial behaviour in young people
- Focus is on “Empowering” parents to solve current and future problems
- MST “client” is the entire ecology of the youth - family, peers, school, neighbourhood
- Highly structured clinical supervision and quality assurance processes
Families as the solution

• MST focuses on families as the solution

• Families are full collaborators in treatment planning and delivery, with a focus on family members as the long-term change agents.

• Giving up on families, or labelling them as “resistant” or “unmotivated” is not an option. The MST model stipulates that the team are responsible for engagement and should do whatever it takes.
9 MST PRINCIPLES *

1. Finding the Fit
2. Positive & Strength Focused
3. Increasing Responsibility
4. Present-focused, Action-oriented & Well-defined
5. Targeting Sequences
6. Developmentally Appropriate
7. Continuous Effort
8. Evaluation and Accountability
9. Generalization

* Fidelity is assessed by therapist and supervisor adherence to these principles
Who is MST for?
MST targets young people (aged 11-17 years) who are at risk of coming into care, are involved with the Youth Offending Service and/or are exhibiting a high level of anti-social behaviour. Typical referral behaviours for the young person will include a number of the following:

- Serious disrespect and disobedience
- Truancy and academic problems
- Aggressive behaviour (violence, fighting, property destruction)
- Criminal behaviour
- Drug and alcohol problems
- Running away
- Other high risk behaviours e.g. self harm

Exclusions:
Young people who are living independently
Young people in crisis because of active suicidal or psychotic behaviours. Once stable if criteria are met a referral may be appropriate
Adolescent sexual offenders (where this is the primary issue and other anti-social behaviours are absent)
Young people with pervasive development delay
WHY APPLY MST TO SERIOUS AND COMPLEX CHILD ABUSE CASES

- Children lose their family, school, community when placed out of the home and placement changes may lead to institutional care.
- Failure to treat the complex risk factors increases the risk of re-abuse and a revolving door of social care intervention for families.
- Common treatments are fragmented, often not evidence-based and most often involve multiple providers in uncoordinated services resulting in desired outcomes not being met.
- Costs are in the billions each year.
- Families are often frustrated by the number of professionals involved.
FOLLOWS THE STANDARD MST MODEL

• Theoretical basis is social ecological and family systems
• Follows nine principles
• Views the family as the major agent for changing parent’s and children’s behaviour and views the ecology as the client
• Clinically follows an analytical process

Treatment is tailored to the needs and context of the family – is not one size fits all
Clinician availability 24/7; Sessions at times convenient to families; Treatment is home-based
Physical Abuse and Neglect Is Multidetermined

**CHILD**
- Aggression
- Noncompliance
- Difficult Temperament
- Age
- Delayed Development

**PARENT**
- Depression
- Substance Abuse
- Low Self-Esteem
- Poor Impulse Control
- Antisocial Behavior
- Poor Knowledge of Child Development
- Negative Perception of Child
- Low Involvement With Child
- History of Maltreatment as a Child

**SOCIAL NETWORK**
- Social Isolation
- Dissatisfaction with Social Supports
- Low use of Community Resources
- Limited Involvement in Community Activities

**FAMILY**
- Marital Status-Single
- Unsatisfactory Marital/Partner Relationship
- Spouse/Partner Abuse
MST-CAN: RESEARCH SUPPORTED TREATMENTS TO ADDRESS RISK FACTORS ACROSS MULTIPLE SYSTEMS

All Families Receive:
   Family Safety Planning
   Clarification of the Abuse

Treatments used on an as indicated basis that are common across families:
   Functional Analysis of the Use of Force or Physical Discipline
   Cognitive Behavioral Therapy for Anger Management
   Cognitive Behavioral Therapies for Child and Adult Trauma
   Reinforcement-Based Treatment for Adult Substance Abuse
   Family Communication and Problem Solving Training
Any further questions?
Any further questions?