

MAXIMIZING PROFESSIONAL EFFECTIVENESS IN TURBULENT TIMES

Ontario College of Social Workers and Social Service Workers
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FIRST STEPS: INCREASING ACCESS TO SPECIALIZED SERVICES FOR SEPARATING AND DIVORCING FAMILIES

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GOALS

- Describe an initiative designed to increase access specialized service
- Outline implementation issues
- Discuss evaluation data
- Outline factors influencing applicability of model in other practice areas

HANDOUTS

- Download using link provided:
 - PowerPoint slides
 - Figures 1, 2: Service Process
- Available today: Program brochures -- FIT, CWC

INTRODUCTION:

Best Practices for Divorce-Specific Work

- Early intervention
- Range of interventions focusing on:
 - Reducing parent conflict
 - Creating coparenting relationships
 - Supporting child's grieving process
 - Strengthening child-parent relationships
- Linking intervention to conflict level
- Adopting and teaching language supportive of children and child/parent relationships

INTRODUCTION: Challenges for Service Providers

- Resource limitations
- Policy guidance
 - Working in *the shadow of the law*
 - Conflict of interest
 - Dual relationship
 - Litigation
- Scope of practice
 - Training
 - Experience
 - Potential for complaints

OPTIONS FOR INCREASING ACCESS

- Brief therapy
- Capped service
- Single session interventions
- Walk-in clinics
- Waiting list groups
- Consultation interviews
- Triage meetings
- Distance therapy (in home)
- Shared appointments

FAMILIES IN TRANSITION

- Specialized services for separating, divorcing and remarrying families
 - Focus on supporting child adjustment
- Service requests
 - Single point access
 - Self refer: parents, youth 12+ years
- Intermittent model of service
 - Initial “inoculation”, boosters

STRATEGIES UNDERLYING FIT PRACTICE (1)

- Use of non-adversarial language
- Teaching conflict resolution and communication skills
- Focus on child's needs
- Establish clear boundaries and expectations
- Reframe problems as concerns for parents to resolve cooperatively

STRATEGIES UNDERLYING FIT PRACTICE (2)

- Identifying points of agreement between parents
- Encouraging parents to resolve their personal issues via individual therapy
- Support for the clinician(consultation, co-therapy, supervision)
- Clinical work reflects risk management strategies

FIT SERVICE MODEL

(Figures 1, 2: Service Process)

- Service request from youth (12+ yr) or parent(s)
- Triage
 - Indicators, contra-indicators for shared appt
- First appointment
 - Shared appointment with educational component
 - Individual appointment with educational component
 - Simultaneous participation in FIT seminars
- Additional service or case closes
 - Divorce-specific assessment
 - Intervention
- Service contract completed

INNOVATIVE RESPONSE: SHARED FIRST APPOINTMENT – FIRST STEPS

Designed to increase accessibility by:

- Reducing the wait for service
- Providing parents with an educational opportunity designed to increase knowledge and skills for supporting children
- Developing personalized intervention plans with participants or referral to another resource

FIRST STEPS: FORMAT

- Introduction
- Eliciting parents' concerns
 - Linking to outcome variables
- Educational component:
 - Practical strategies for parents to use in supporting their child
- Determining if additional service required
- Developing plan for additional service

FIRST STEPS: PRACTICAL CONSIDERATIONS

- Up to 8 parents, two trained clinicians
- Former partners or couples do not attend together
- 2.5 hours in length (includes paperwork)
- Opportunity for peer support

IMPLEMENTING THE SHARED APPOINTMENT INITIATIVE

- Triage function critical
- Presentation of concept to service requesters
- Scheduling
- Use of e-confirmations, FAQ for initiative
- Changing shared appointment time
- Registration confirmed with payment of fee

OTHER IMPORTANT STRATEGIES

- Handout package for participants
- Signed consent essential
- Simplified fee structure
- Revised recording format
- Counsellors trained to a standardized protocol
- Staff rotate through program
- Annual plan, appts released/booked 2 mos ahead

RESPONSE TO FIRST STEPS INVITATION

| | Phase 1 Results (N=105) % | Phase 2 Results (N=205) % | Phase 3 Results (N=203) % |
|--|------------------------------------|------------------------------------|------------------------------------|
| Accepted invitation | 49.0 | 47.7 | 49.0 |
| Declined, preferred individual appt | 4.0 | 0.0 | 0.01 |
| Accepts appt but unable to attend | 9.0 | 1.5 | 2.0 |
| Withdrew request | 32.0 | 41.0 | 40.0 |
| Unable to reach, in process | 6.0 | 9.8 | 3.0 |
| Request changed, no longer eligible for FS | - | - | 5.0 |
| TOTAL | 100.00 | 100.00 | 100.00 |

SHARED APPOINTMENT FEE DATA

- No participant has required a fee waiver
- Phase 1: reductions for 50% of participants
- Phase 2: reductions for 25% of participants
- Phase 3: reductions for 45% of participants

PARTICIPANTS' EVALUATION OF THE INITIATIVE (1)

| Variables | Participants' Ratings of Seminar Goals <small>(Range 1.0 – 4.0; lower scores indicating greater agreement goal reached)</small> |
|---|--|
| FIT FIRST STEPS seminar was a useful way to reduce the wait for service | 1.91 |
| It was easy to explain my concerns to the counsellors | 1.23 |
| Completing the questionnaire before the appointment helped me to identify my concerns | 1.48 |
| The appointment gave me the chance to state my concerns to FIT staff | 1.25 |
| I learned about the four most common issues for children when parents separate and how parents can support children | 1.29 |
| I understand the range of services offered by FIT | 1.15 |
| I understand the plan recommended for myself and/or my family | 1.33 |

PARTICIPANTS' EVALUATION OF THE INITIATIVE (2)

| Variables | Participants' Ratings of Seminar Goals <small>(Range 1.0 – 4.0; lower scores indicating greater agreement goal reached)</small> |
|---|--|
| I had the opportunity for peer support | 1.52 |
| If there will be further service at FIT, I know what will happen next | 1.30 |
| I understand there may be a wait for ongoing appointments with a counsellor | 1.16 |
| As a result of this seminar, I have some tools to help myself and my children while I wait for that appointment | 1.48 |
| It was appropriate to pay for this professional service | 1.52 |
| I am satisfied with the seminar service as provided | 1.31 |

PARTICIPANTS' EVALUATION OF THE SHARED APPOINTMENT

| Variables | Average Score (N=71) <small>(Range 1.0 - 5.0; higher scores indicating greater agreement)</small> |
|--|---|
| Shared appointment format was appropriate | 4.19 |
| Shared appointment content was helpful | 4.24 |
| I learned something about the topics covered | 4.27 |
| The facilitators were prepared | 4.56 |
| Facilitators' style | 4.57 |

FACTORS INFLUENCING SUCCESSFUL IMPLEMENTATION

- Centralized waiting list
- Triage
- Advance preparation for participants
- Initiative goal shared by management/staff
- Clarity of intervention goals
- Outcome evaluation
- Support/supervision for staff
- Recording strategy

WHAT PARENTS SAY...

“The group enabled me to find out what I need to focus on at all times – resolving parental conflict, really listening to kids. I can’t think of anything else. I got a lot out of it. I was afraid of participation as I’m not usually good in groups”.

Liz, mother of a 14 year old

WHAT CHILDREN SAY...

“Finding people in the same boat as me and learning how to cop [sic] with my feelings. How to let people know about my feelings and expressing myself to others....I am more open to letting grudges go and creating a relationship with my dad”. (Alyssa, 12 years old)

“I learned that crying = bravery”.
(José, 9 years old)

FIGURE 1: FAMILIES IN TRANSITION SERVICE PROCESS

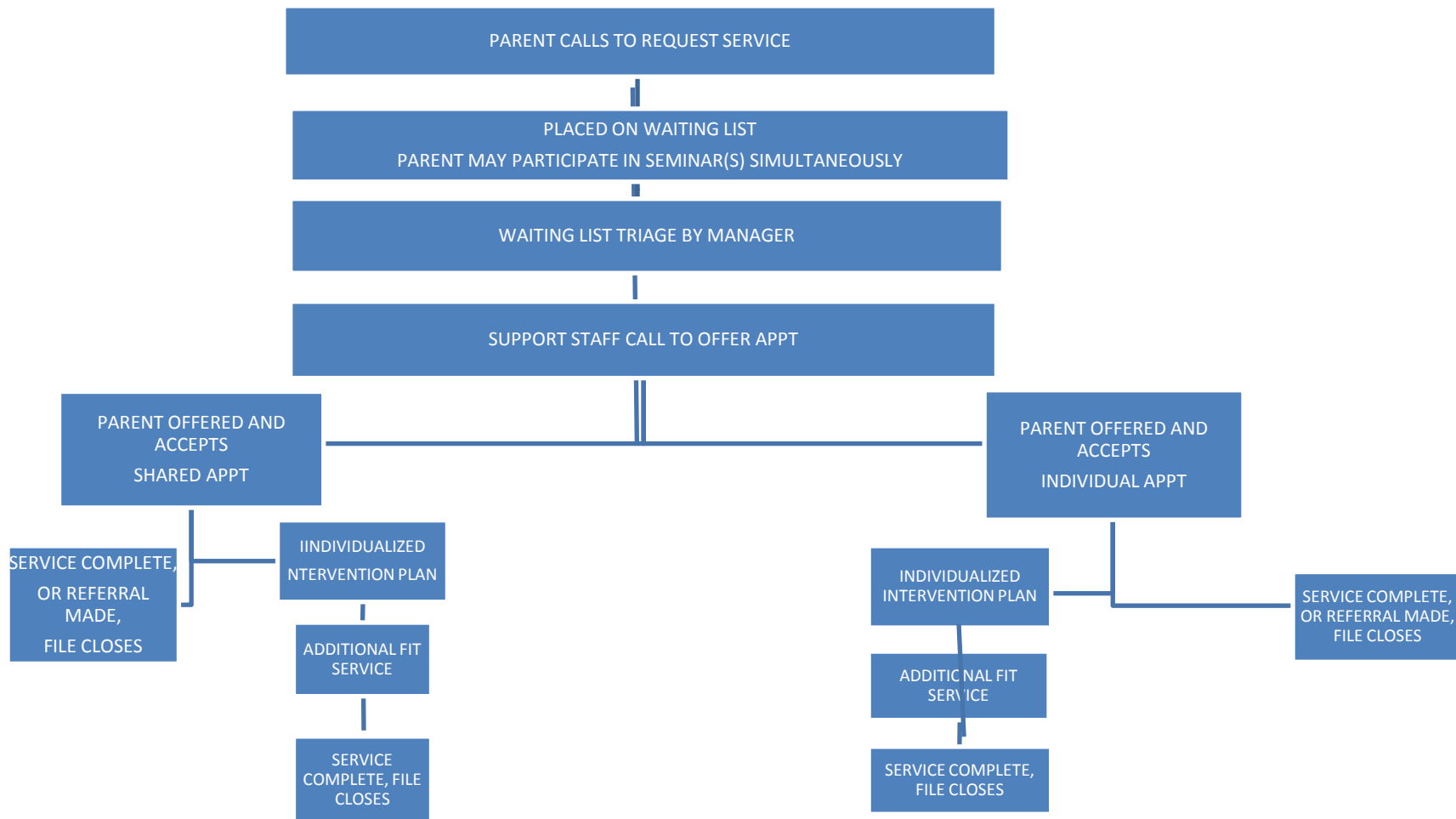


FIGURE 2: FAMILIES IN TRANSITION SECOND TRIAGE

