

# Short Term Respite Provider Training

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Empowering Parents • Strengthening Youth • Educating Communities • Connecting Families



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# MODULE 1:

## Respite Overview



# 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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# 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.*





# 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*



# 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?



# MODULE 2:

Wraparound and the CFT process





# 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](http://www.nwi.com)*



# 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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# Core values

- Family voice

- Team based

- Natural supports

- Unconditional

- Individualized

Planning is grounded in family members' perspectives, and the plan reflects their

The team consists of individuals agreed upon by the family and committed to them through information

The team seeks out and encourages the full participation of members drawn from family networks of interpersonal and community relationships and the plan reflects their

The team does not give up on, blame, or reject children, youth, and their families

The team develops and implements a customized set of strategies, supports, and services.

The team implements service and support strategies that take place in the most inclusive setting possible

Members work cooperatively to share responsibility for developing, implementing, monitoring, and evaluating a single plan

The process and the plan identify, build on and enhance the capabilities, knowledge, and skills of

The process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.

- Cultural competence



# 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.





# 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:  
Strengthening the Fabric of Family Through High Quality Respite Care  
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# 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.





# MODULE 3:

Family culture and values









# 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*



# 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**



# 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**



# Six Principles of Partnership

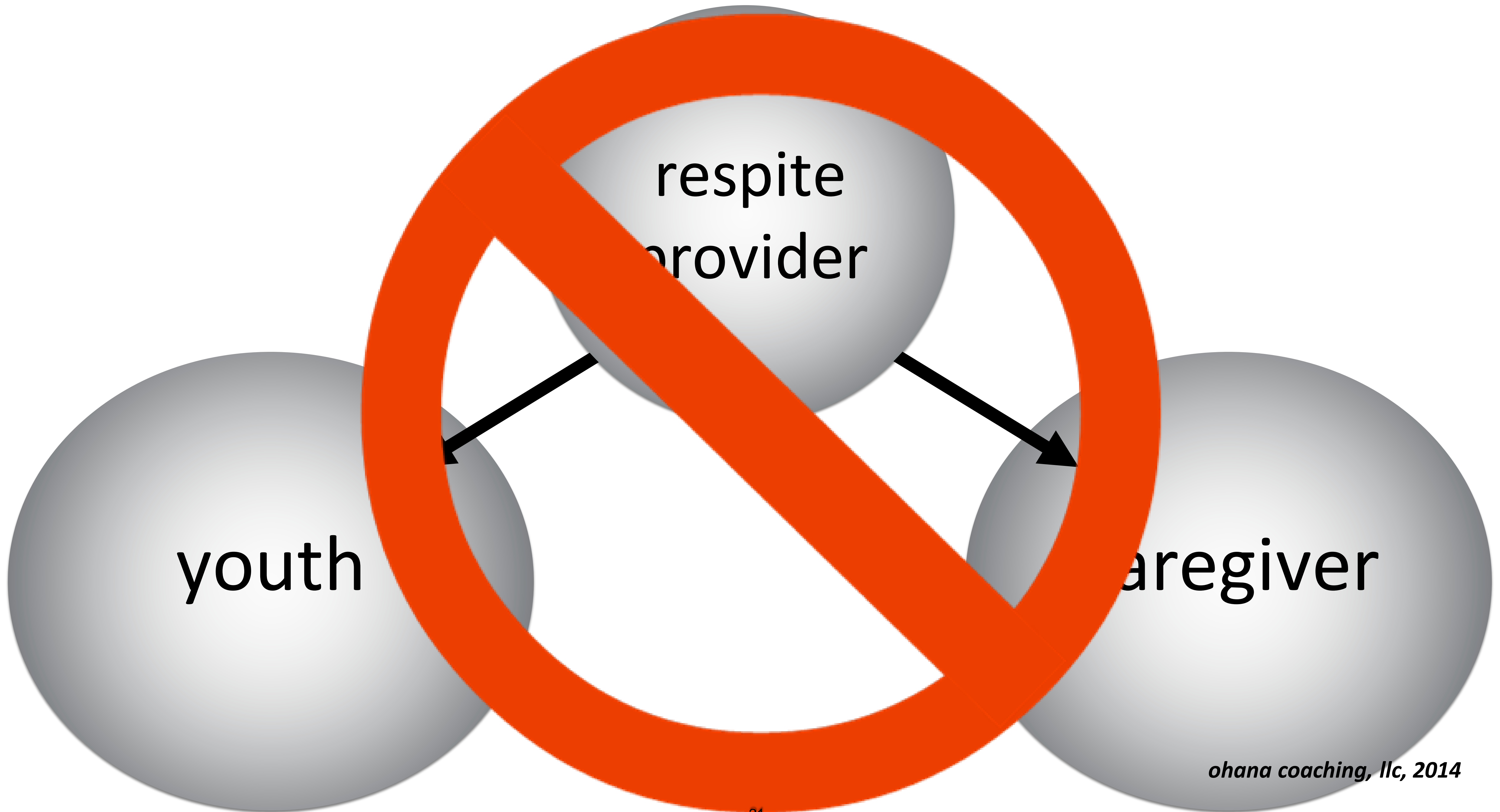
- Everyone desires respect.
- Everyone needs to be heard.
- Everyone has strengths.
- Partners share power.
- Partnership is a process.
- Judgements can wait.

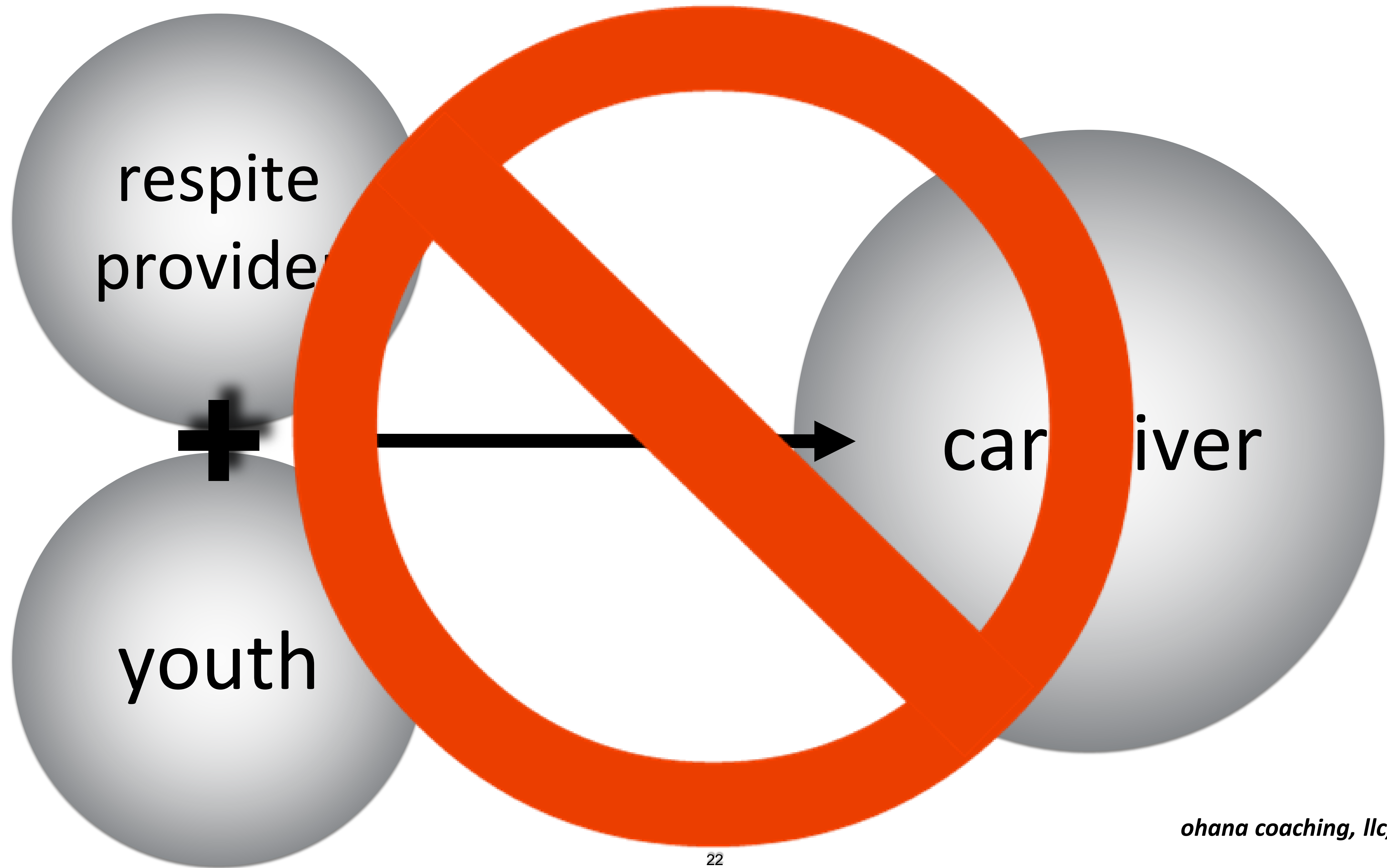


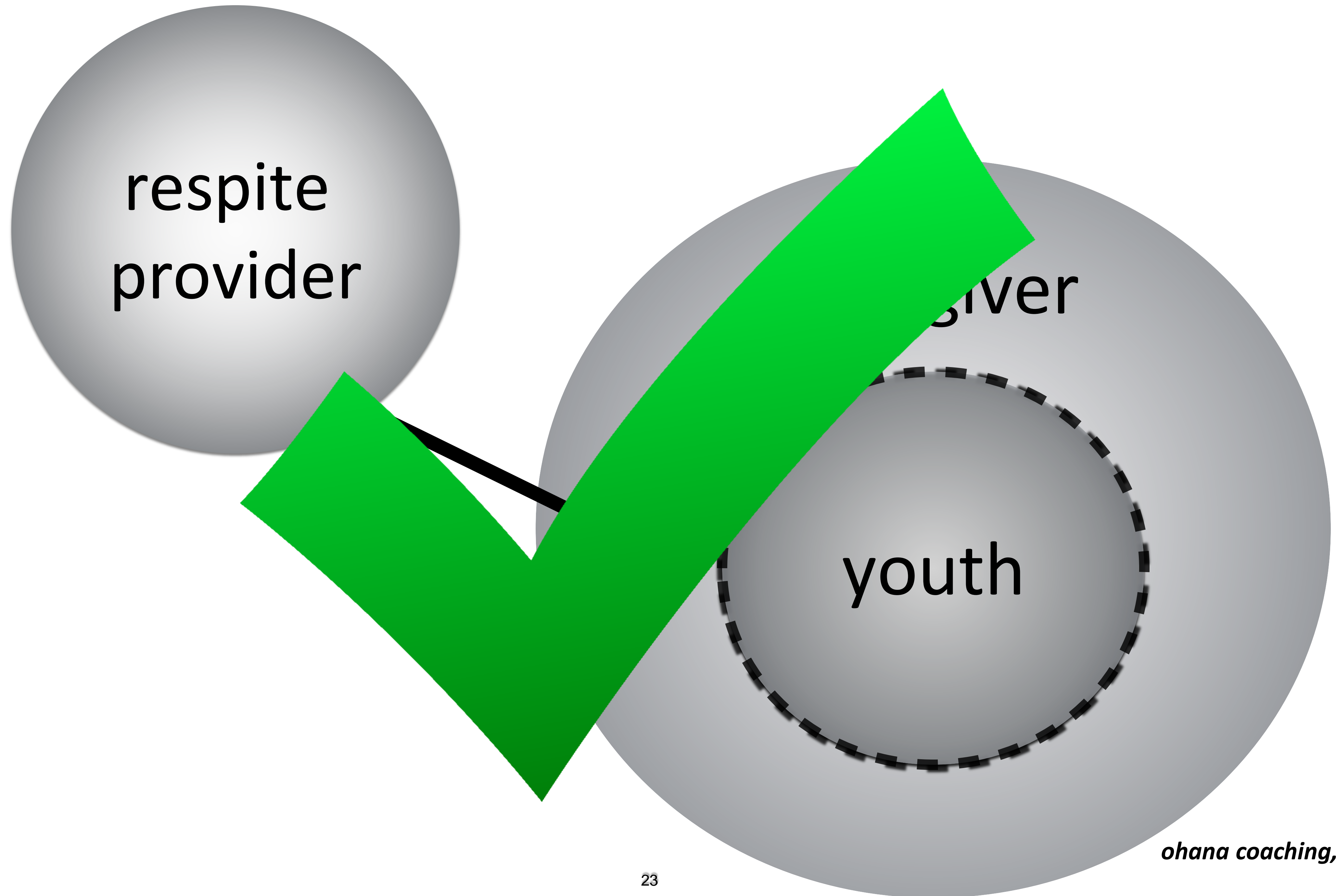
*Appalachian Family Innovations, (2003)*  
*Partners in change: A new perspective on child protective services*











# 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?





# 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*



# 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.





# Let's practice!

Intake forms preview



# MODULE 4:

## Understanding needs



# Let's practice!

Why Would Anybody Act that Way?



# 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*





# 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*



# 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.



*ohana coaching, llc, 2010*





## 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*



# 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.

*ohana coaching, llc, 2010, 2020*



# 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*



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. <i>Adapted from: ohana coaching, llc, 2010</i>



# 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.

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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
Startling easily or being difficult to calm or soothe	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*



# 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 tin of chewing tobacco out of his pocket and is putting some in 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.

## Let's hear more about Roland...



# Roland, age 16

Roland lives with his mother, Denice, his grandmother Lula and his five younger siblings. Denice supports the family by working two jobs. Roland is a caretaker for his grandmother, who has dementia, and his siblings while Denice 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 Denice points out, the "man of the house" since his father died of lung cancer eighteen months ago.

## What does Roland need?



# MODULE 5:

## Safety



**“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*





# 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?



# 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?



# 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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# 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?**



*ohana coaching, llc, 2010*





# 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?

*ohana coaching, llc, 2010*





**When confronted with behavior  
you didn't predict  
or don't understand,  
the first step is:**



# 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.

*ohana coaching, llc, 2016*



# 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

# 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.

*ohana coaching, llc, 2015*





# 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.

*ohana coaching, llc, 2015*



# 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.



# 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.

# MODULE 6:

Responding to challenging behavior





# 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



# 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.

*ohana coaching, llc, 2010*



# 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.

*ohana coaching, llc, 2010*



# 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...





# 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.



# 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:

Ignore the bystanders and bend down to speak softly and slowly to Tana.

Escalating?

Deescalating?

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



## 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.



# 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.





# 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.



# What's the stress?

Jose needs to...

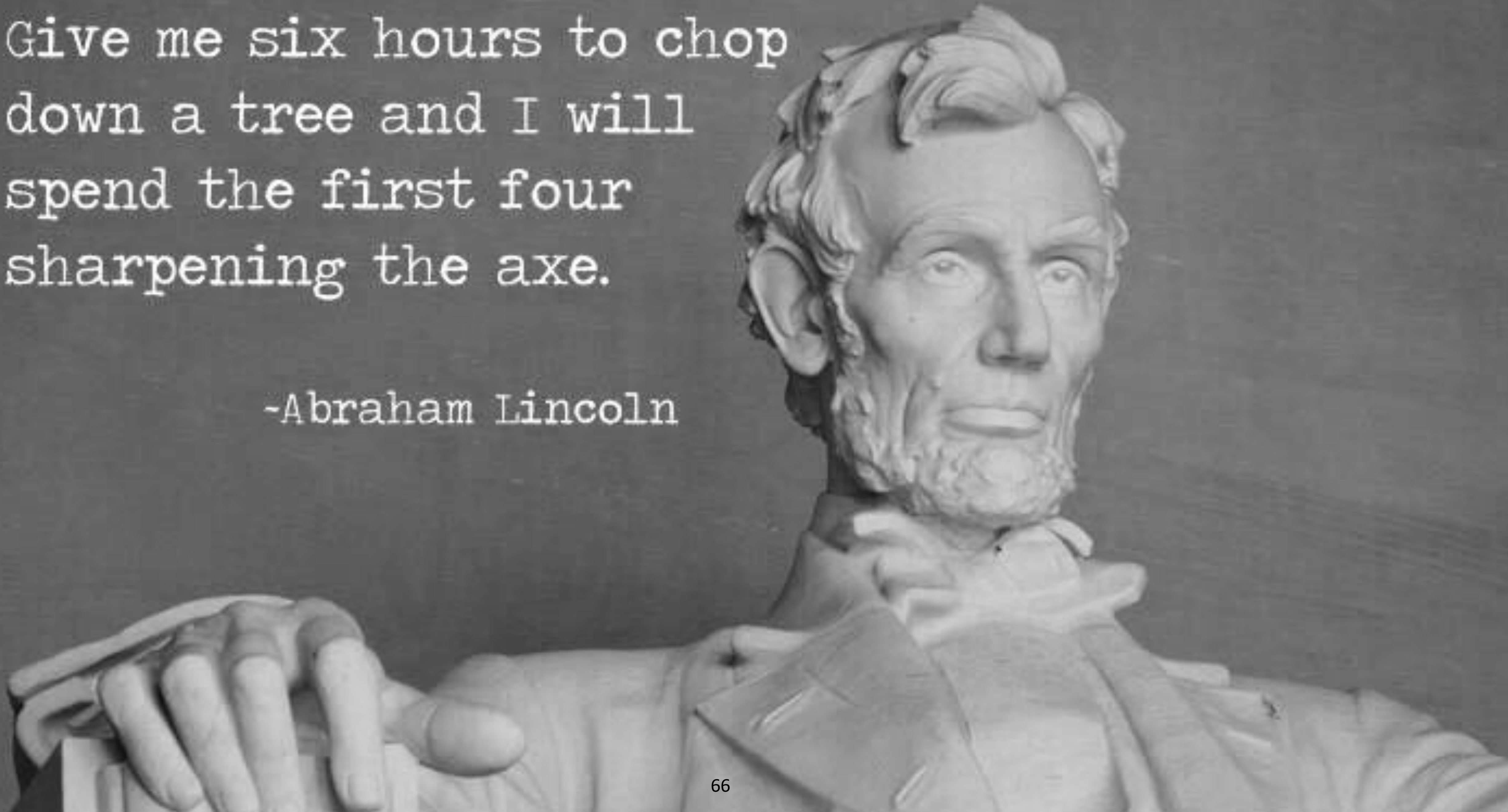
# How do you address the need and relieve the stress?

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



Give me six hours to chop  
down a tree and I will  
spend the first four  
sharpening the axe.

-Abraham Lincoln



# 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**.





# BEFORE 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?

*ohana coaching, llc, 2010*



# B E F O R E Questions for youth

- What sets you off?
- What do you do when it happens?
- What would you rather do instead?
- What helps?
  - What can you do for yourself?
  - What can others do for you?
- How do you know when the hard stuff is over?

*ohana coaching, llc, 2010*



A

# Reflect and report

F

T

E

R

- 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.

*ohana coaching, llc, 2010*



A

# Reflect and revise

F

- 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?

T

E

R

*ohana coaching, llc, 2010*





# MODULE 7:

Are you ready to be a respite provider?



# 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.



## 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](http://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](mailto:laura@familyinvolvementcenter.org).