

# A Family

- *The family may be imagined as a web, a flower, a tomb, a prison, a castle. 'Family' space and time is akin to mythic space and time, in that it tends to be ordered round a centre and runs on repeating cycles.*

*Who, what, where, is the  
centre of the family?"*

*-R.D. Laing*



Northern Kids Care  
ON TRACK COMMUNITY PROGRAMS

**Work practice issues  
in delivering a family systems approach to case  
management for families, where the parent has a  
mental illness.**

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# Northern Kids Care Integrated Service Model

## Children and adolescent groups

- Smiles program is a three day mental health and emotional management education program for 8-12 year olds
- Pay Attention to Self an eight week program for adolescents 13-18
- Kids Time six week program for 6-12 year olds.

(Children and adolescents need to be prepared for group work – This is included in the FOPMI plan.)

## Parent groups

- Parents group are conducted in Coffs Harbour

## Volunteer mentoring

- A volunteer mentoring system is occurring in all three sites

# Program Pathways



## Case management – Home visiting

- The home visiting program is a 12 month voluntary program that provides intensive case management using a family systems approach.
- Parent's mental health must be managed by a GP or psychiatrist
- If there is no management plan in situ then parent must agree to going to the doctors to develop a management plan



## Definition of Family

Northern Kids Care defines a family as a social unit where carers/parents have daily interactions with one another, and are responsible for children or young people between the ages of 0-18.

This definition includes other people who are residing in the house but are not blood relatives.

# Family System Theory

- The family systems theory is a theory introduced by Dr. Murray Bowen that suggests that individuals cannot be understood in isolation from one another, but rather as a part of their family, as the family is an emotional unit.
- Families are systems of interconnected and interdependent individuals, none of whom can be understood in isolation from the system.

# According to Bowen (1952), a family is a system in which each member had a role to play and rules to respect

- Members of the system are expected to respond to each other in a certain way according to their role, which is determined by relationship agreements.
- Patterns develop as certain family member's behaviour is caused by, and causes other family member's behaviours in predictable ways.
- Maintaining the same pattern of behaviours within a system may lead to balance in the family system, but also to unhealthy systems or dynamics.

<http://www.thebowencenter.org/pages/murraybowen.html>

## Case study example

- Cath is single mother of three children, ages 9-4 years of age. She suffers from depression and anxiety. The oldest child takes on more responsibilities for the younger children.
- The change in roles may maintain the stability in the relationship, but it may also push the family towards a different equilibrium. This new equilibrium may lead to dysfunction as the oldest child may not be able to maintain this overachieving role over a long period of time.

# Why use family system approach to case management?

- Research evidence demonstrates that interventions aimed at the child increases the likelihood of conduct disorders in the child.
- The family systems approach helps facilitate change which is important in time limited case management.
- The family systems approach builds family resilience by identifying dysfunctional responses to stress and emphasising the effective family processes and dynamics.

# Overall Work practice issues

- Workers may not understand what a family system's approach is
- Families need to be educated on what the family system's approach is – This increases effective participation
- Families need to be considered as either health or unhealthy, not dysfunctional or functional. To be unhealthy there must be several components.
- Families with more than three children requires longer case management time
- Domestic violence, child custody issues, or 'secrets' decrease case management effectiveness

# In family system approach, need to identify the following:

- How are the members (elements) interrelated.

This refers to the members and their relationships and how their needs are met. Each relationship can range between health - "highly nurtur-ing" (need-fulfilling) and unhealthy - (need-amplifying or blocking), over time.

Each member is a system within themselves.

# What is the nature of these relationships?

## *Questions to be considered -*

- Are there any physical, verbal or psychological violence by parents, children and between siblings (safety) ?
- Whose needs are prioritised and why?
- What are the perceptions of each other?
- Who over amplifies their needs and who does not/ or is unable to express their needs?
- How do relationships change when the parent is unwell?
- What is the impact of this on the children?

# Patterned interactions

Predictable interactions – Individuals take on roles. These roles can change.

## *Questions to be considered-*

- Who and which siblings have a parenting role?
- How does the child/adolescent adjust back to being a child or adolescent?
- Are the roles individuals have, age appropriate?
- What power do these roles give individuals and how is that used or demonstrated?
- What dynamics occur and how does this shape behaviour ?
- How does anxiety, fear or anger impact on interactions?

# Boundaries are open and closed

- Pairs of family members who are or have weak or no boundaries with each other – 1) sign of negative identity as a parent, 2) over control in another parent or adolescent; 3) sibling boundaries – sibling violence, sibling related fear

Social isolation, is increased in closed boundaries where a person, subsystem, household, or nuclear family enforces rigid boundaries to keep people "out" or "in." ("Jody well not allow her daughter to invite friends into their home.") Or children/young people have closed boundaries to protect themselves.

## *Questions to be considered-*

- How do family members (a) define and (b) *enforce* their personal and social boundaries in calm and conflictual times?
- What is the families' ability to maintain boundaries ?
- What is the impact on members of having closed boundaries and with who are the boundaries closed?

# Shaping of behaviour

- The family system shapes member behaviour – by using messages and rules, norms and values

Subsystems follow the same **rules and consequences**: to promote order (security), all person and groups evolve (a) *rules* (shoulds, have to's, musts, ought to's, can/nots...) and (b) consequences, to regulate their relationships, roles, lives, and environment.

## Questions that need to be considered-

What happens when individuals do not conform to family system – norms and values?

What rules (covert and overt ) exist in the family?

What behaviours are exhibited when there are no rules?

What are the consequences?

# The case management process

- **There are seven stages —**
  1. Engagement
  2. Preparation – Link up to other services
  3. Assessment
  4. Planning - Goal definition
    - Family discussions
    - FOPMI Plan – Initial development
    - Planning for discharge
  5. Implementation
  6. Review - Three times
  7. Discharge from home visiting program

# Engagement

Engagement involves initial contact through referral and a introductory visit usually in the home.

Case management approach is outlined and family members are given a chance to express hopes, concerns or fears. It is an inclusive approach. Workers have the opportunity to observe which members are encouraged to participate, and which are excluded.

For some families and family members engagement is a slow process.

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# Preparation

- Families need to be equipped with an understanding of what do we mean by a family system and what will be discussed.
- They need to be linked into services.
- The worker also needs to engage these services to identify their roles and outline the role of the NKC case manager.

# Assessment

- Assessments have been developed in collaboration with Mental Health, Monash University
- Assessment is both a formal and informal process

# Planning

Planning - FOPMI Plan – Initial development

Case worker needs to facilitate family discussions on the how or strategies that are required in achieving their goals

Goals need to be SMART principles

Case manager need to discuss the importance in planning for discharge from the home visiting program

# Implementation

- Barriers to implementation of strategies

Anxiety

Depression

Bi Polar

Schizophrenia

# REVIEW

- Reviews occur every three months
- Changes in the reviews need to be identified. Time needs to be set apart to do this
- If the goal has only partially be achieved then the nature of those barriers needs to be identified. This the needs to be identified and included in the FOPMI plan