

Work Group on Parents with Mental Illness and Substance Abuse  
National Wraparound Initiative  
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Working from practice experience and in consideration of model comparisons, (see accompanying attachment “Principles and Models”), the following logic process was used to develop an area of focus for work group consideration.

Logic Process

1. Families are dynamic systems in which members needs and strengths both have mutual impact and are of mutual concern.
2. Families are comprised of two primary foci of mental health/substance use intervention: adult and child. The role of parent/care giver is the critical functional and linking intersect for adult and child needs.
3. Practice experience and research (Nicholson, Hinden to be supplied) reveals that a significant number of children with mental health and substance use conditions have parents with mental health and/or substance use conditions. In addition, these children have poorer outcomes in systems of care interventions than those whose parents/care givers without mental health and/or substance use conditions.
4. Achieving positive, desired outcomes for these families requires:
  - a. The adoption a *growth toward wellness process*, (often called ‘recovery’ in adult substance use and mental health care) to focus interventions and teach sustaining skills.
  - b. The use of simultaneous and interrelated processes that address the needs of adults and children and supports their growth toward wellness.

Areas of Focus for Workgroup Consideration

Wraparound’s value, principles, and process are best suited to address the complex needs of the specific families being considered by this work group. As the practice of wraparound has become more widely implemented, it is being applied to other populations such as the elderly, medical needs, and correctional probation. For this population, working from the universal set of standards as articulated by the NWI may not be adequate due to their varying but determinant specialized social, physical, and community dynamics.

We believe that the wraparound process needs to be articulated with EXPLICIT reference as to how it must be differentially applied for these specific population, in this case parents/care givers with mental health and substance use conditions. The application is not a variance from the process but a need-driven focusing that remains consistent with fundamental values and principles.

Proposed areas of focus:

1. **Family Team Process:** The team process for this population is conceived of as a “family team process” in that both adults and children are family members and that the needs of any member can be addressed and prioritized.
2. **Growth toward wellness/recovery-informed** – the team facilitator must have the knowledge and skills to ensure that needs discovery, strength planning, and interventions for parents and children are informed by a growth/recovery perspective essential for individuals and family members living with mental illness and addictions.
3. **Team facilitator engagement** - The critical component of engagement for successful wraparound requires that the team facilitator also have the capacity to utilize recovery-informed, relationship-based care management in the creation and implementation of family team planning.
4. **Focal Team Sessions** – While the family team process is a holistic process that creates one plan, the team facilitator differentially convenes and facilitates teams that either focus on the parent or care givers growth toward wellness/recovery needs or the child/youth needs. The size and composition in these meetings should be in consideration both of the youth’s needs and the parent/care givers recovery process.
5. **Recovery/growth toward wellness informed planning** - The facilitator and peer support/parent support provider have the responsibility to ensure that the plan is recovery-informed meaning that the plan for the youth considers the impact and recovery needs related to his/her parent’s illness and, in turn, the planning for the adult is informed by the impact of the parenting experience and needs of the child.
6. **Peer Supports and Parent Supports:** Both peer supports for adult recovery and parental supports for children with mental health and substance use conditions must be concurrently engaged. Each of these adult and child supports overlap at the junctions of parenting but have different but complimentary goals and process.
7. **Natural Resources** – Natural resources are very important for parents/care givers with mental health and substance use conditions. These individuals may have greater difficulty identifying available resources due to having ‘burned bridges’ or not having the emotional/social skills to engage or sustain these resources. At the same time, mental illness and addictions recovery is not a linear process, has episodic relapses, and is, consequently, more in need of natural resources to support and sustain growth to wellness.

#### Next Steps

We propose that the work group consider and respond to both logic process and the related proposed need for population specific and explicit focusing of the wraparound process as described above. Please review this document and return comments on its structure and/or the specific content and email your ideas and reactions to: [cwilder@employmentoptions.org](mailto:cwilder@employmentoptions.org). We intend to schedule a conference call in August to consider the above approach to understanding and responding to parents and care- givers with mental health conditions. We will be sending out an email to schedule this call soon. The discussion on this call and the feedback from emailed responses will be used to revise a document that will be sent out again to the work group. At a point where the group determines that we have developed a consensus, we hope to bring this consensus to the NWI broader membership for consideration.