



Milestones Model

Treatment for
Women and their Children
Tanya Pritt, CADCI

A special thank you to:

- Diane Lia, LCSW, AMH Oregon
- Diane is committed to bringing the research and training to incorporate best practice trauma informed services in treatment settings.
- Diane was an integral influence in the development of the Trauma Policy which has now become the way we do business.

Oregon's Trauma Policy

Policy

It is the policy of the Office of Mental Health and Addiction Services (OMHAS) of the Oregon Department of Human Services that all state and community providers, and those who oversee public mental health and addiction services are informed about the effects of psychological trauma, assess for the presence of symptoms and problems related to that trauma, and develop and offer services that facilitate recovery in accordance with Oregon Administrative Rules.

*So take a good look at my face
You'll see my smile looks out of
place*

*Just look closer, it's easy to trace
The tracks of my tears*

-Smokey Robinson



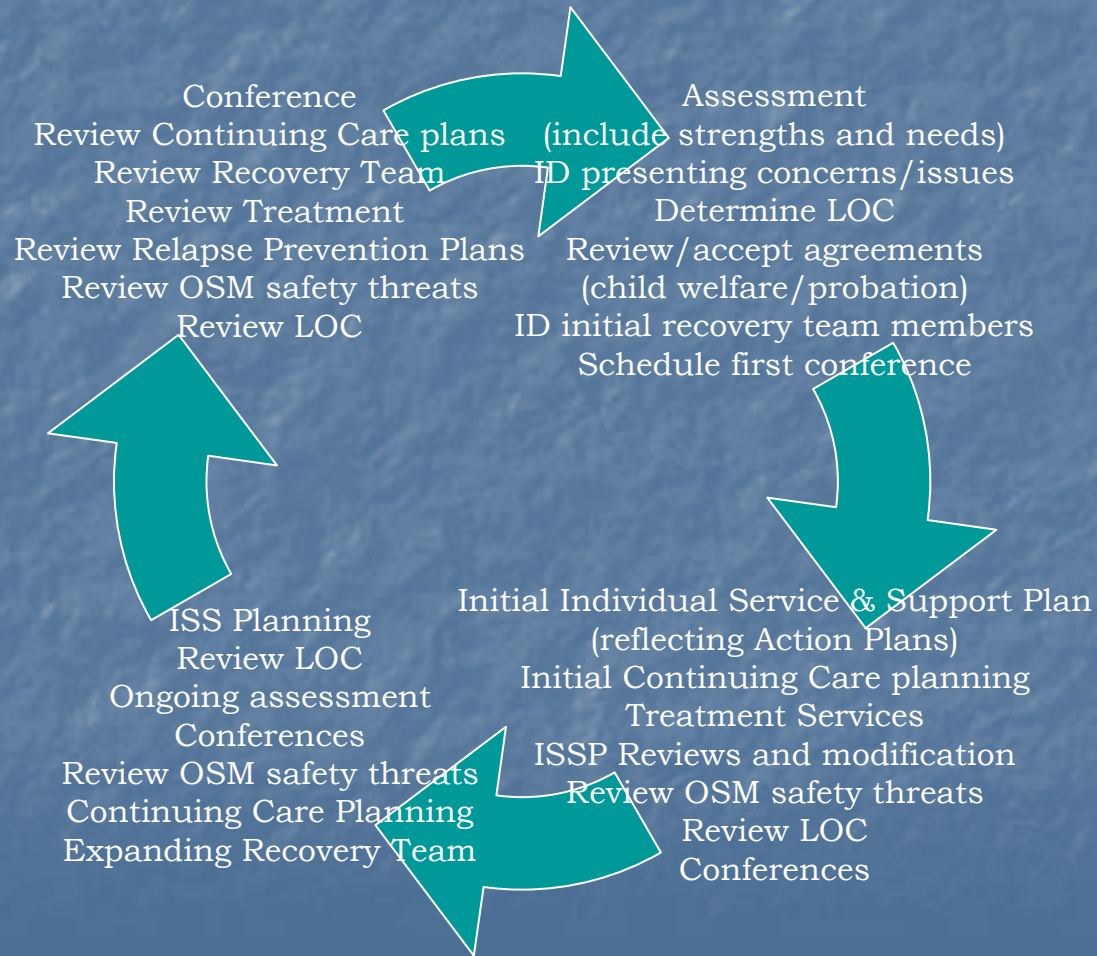
Milestones History

- The woman's program began in 1992.
- It was initially designated for women who were child welfare and parole and probation involved.
- Today, our clients come from a variety of resources: tribal offices, child welfare, and probation, insurance referrals, private providers, & others.

Milestones Continuum

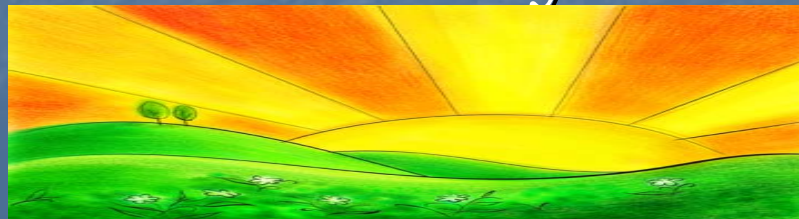
- Same day/next day admission
- Assessment and Referral
- Pre-Treatment
- Outpatient and Intensive Outpatient Services
- Day Treatment
- Residential Treatment
- Supportive, drug-free housing
- Seamless: can intensify or decrease intensity as needed; usually immediately

Assessment, Treatment and Recovery Continuum



In the beginning there were Five Women

- On opening day we met with the five women who would be our first clients..
- We met in the living room, on the floor, with flip charts and markers...
- And we discussed, designed, and agreed to the model that they knew would work for them so early in recovery.



Questions?

- What do you need today to feel comfortable enough to begin a journey into recovery?
- What will keep you safe?
- What do your children need?
- Who supports you (in recovery)?
- How best can you learn?
- What do you need from a staff/agency?
- What do you need from the community?

More Questions?

- What rules could you agree to?
- What rules would you not agree to?
- How do you see yourself today?
- Where do you see yourself in 5 years?
- Can you see yourself going to school and making a life for yourself and your children? Becoming self-sufficient?
- What kind of partner do you want in your life?

And the main question:

Not

What is wrong with you?

But:

What happened to you?



Where to start.....
And what did we already know about our first
women? (and all of the women that have followed.....)

- Trauma histories
- Little trust
- Abandonment issues
- (many) Poverty
- Health (medical/dental) issues
- Lack of occupational skills
- Gender biases
- Victims of stereotypical oppression
- Fear about not being a good parent
- Disheartened / Hopelessness



And yes, there really are strengths as well...

- Resiliency
- Creativity
- Courageous
- Survivors
- Willingness
- Resourceful
- And...they have landed into a place where they have supports and advocacy.....



What helps treatment work?

Qualified staff and a willing participant and invested referral sources!

And it begins with the organization.....

- The philosophy
- The mission
- The commitment to always respect each other, our clients, and the work we do!

...and even with that commitment there are challenges...treatment is scary, uncomfortable, and....

*"I told another lie today
And I got through this day
No one saw through my
games*

I know the right words to say"

-Superchick (band)

Continuous Processes:

Assessment and Discharge Planning:

The assessment is a process, not a task. As more information is gleaned individual treatment plans grow.....As treatment progresses, recovery teams and discharge planning modifies to include changes. (as does relapse prevention planning)

These are processes...not just documents.

We begin by reviewing the

Oregon Safety Model

- Criteria used by child welfare to evaluate the safety of children.
- Was designed to effectively sustain child safety and to develop a case plan designed to achieve lasting change (expected outcomes). Services must be tailored to build on enhanced protective capacities and address diminished protective capacities.

The Milestones Model

Individual Service & Support Plans

- Begin by breaking down the action plan into smaller components
- Tying these components into the issues documented into the assessment
- And setting short term, easily attainable objectives.
- Regular completion of short term objectives increased self-esteem, confidence, and promotes a "can do!" attitude.

The Oregon Safety Model

The Milestones Model utilizes a worksheet we developed...

- ...worksheet is used in each conference noting progress and challenges.
- Is a process to track when safety threats are no longer present
- Is in the language of the child welfare worker. It is their criteria for intervention.
- Helps to teach mom about safety.
- Serves as a guide in continuing care planning (supports, recovery team)

<p>The family <i>situation</i> is such that no adult in the home is routinely performing parenting duties and responsibilities that assure child safety.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROGRESS</p>	<p>One or both parents' or caregivers' <i>behavior</i> is violent and/or they are acting (<i>behaving</i>) dangerously.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROGRESS</p>	<p>One or both parents' or caregivers' <i>behavior</i> is impulsive or they will not/cannot control their <i>behavior</i>.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROGRESS</p>	<p>Parents' or Caregivers' <i>perceptions</i> of a child are extremely negative.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROGRESS</p>
<p>A family <i>situation</i> or <i>behavior</i> is such that the family does not have or use resources necessary to assure a child's safety.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROGRESS</p>	<p>One or both parents' or caregivers' <i>attitudes, emotions</i> and <i>behavior</i> are such that they are threatening to severely harm a child or are fearful they will abuse or neglect the child and/or request placement.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROGRESS</p>	<p>One or both parents' or caregivers' <i>attitudes</i> or <i>emotions</i> are such that they intend(ed) to seriously hurt the child.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROGRESS</p>	<p>A <i>situation, attitudes</i> and/or <i>behavior</i> is such that one or both parents or caregivers lack parenting knowledge, skills, and motivation necessary to assure a child's safety.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROGRESS</p>
<p>Parents' or Caregivers' <i>attitudes</i> and <i>behavior</i> result in overtly rejecting CPS intervention, refusing access to a child, and/or there is some indication that the caregivers will flee.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROGRESS</p>	<p>Parents' or Caregivers' <i>attitude, behavior, perception</i> result in the refusal and/or failure to meet a child's exceptional needs that affect his/her safety.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROGRESS</p>	<p>The family <i>situation</i> is such that living arrangements seriously endanger the child's physical health.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROGRESS</p>	<p>The <i>situation</i> is such that a child has serious physical injuries or serious physical symptoms from abuse or neglect.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROGRESS</p>
<p>The <i>situation</i> is such that a child shows serious emotional symptoms and/or lacks behavioral control that result in provoking dangerous reactions in parents or caregivers.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROGRESS</p>	<p>The <i>situation</i> is such that a child is fearful of the home situation or people within the home.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROGRESS</p>	<p>Because of <i>perception, attitude</i> or <i>emotion, parents</i> or caregivers cannot, will not or do not explain a child's injuries or threatening family conditions.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROGRESS</p>	<p>One or both parents or caregivers has a child out of his/her care due to child abuse or neglect, or has lost a child due to termination of parental rights.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROGRESS</p>

By incorporating the Action Plan

- We promote partnership rather than a silo approach.



The Milestones Model is committed to never:

- Using models or practices that shame, blame, or put down the clients that we serve!



...and we still make mistakes....

- Lisa: Appeared to be med seeking; visiting ER at least twice a week; multiple, sometimes changing prescriptions and dosages; did not want to follow staff direction.....
- Was she med seeking?

NO!!!!!!!!!!

- She had a traumatic brain injury history.
- She felt different from the other women.
- She has already lost her children.
- She was “separate” from the other women.

She craved attention

And we gave it to her!

One thing we all could agree to was that no matter how busy we were, we each had five minutes we could individually invest in her recovery!

Our clients serve as reminders of our early motivation to enter this field. We truly want to help others and we are continuously challenged by the barriers that sometimes keep us from our clients: time management, chart requirements, insurance authorizations... It's a balancing act!

Our commitment to respect

- Dictated that we research best practice models
- Models that were trauma informed
- That addressed the program structure
- As well as the client services offered
- With this in mind, we adopted.....

Sanctuary Model (developed by Sandra Bloom)

“Creating
Sanctuary
means
Organizing
System
Change”



Sanctuary Model

“The Sanctuary Model represents a trauma-informed method for creating or changing an organizational culture in order to more effectively provide a cohesive context within which healing from psychological and social traumatic experience can be addressed.” (*Respect throughout!*)

Seeking Safety (developed by Lisa M. Najavits)



“Just as violations of safety are life-destroying, the means of establishing safe are life-enhancing: learning to ask for help from safe people, utilizing community resources, exploring “recovery thinking”, taking good care of one’s body, rehearsing honesty and compassion, increasing self-nurturing activities, and so on.”

We also use:

- Dialectical Behavioral Therapy which also supports the coping skills learning....
- And teach Collaborative Problem Solving (to staff, clients, children and families
- And we never discharge women for the same reason we admitted them!

So, that's how we agree to do business.....

What do we offer our clients?

- There are things we never say.....
- There are things we never do.....
- And, if we make a mistake.....we always make amends!
- We also offer trauma informed services in the practices that are incorporated into our schedule!

The price of a 49 cent notebook...



- Changed the culture of a staff
- Changed the focus in monitoring daily activities
- Empowered the staff to be helpful
- Empowered the clients to be successful

Our focus is to catch them doing something good! The entries (not the authors) are shared with our clients.

...and we recently

Threw
out
the
rules!



And adopted
The Four Agreements
by Don Miguel Ruiz



Agreements #1 and #2



- Be impeccable with your word. Speak with integrity. Say only what you mean. Avoid using the word to speak against yourself or to gossip about others. Use the power of your word in the direction of truth and love.
- Don't take anything personally. Nothing others do is because of you. What others say and do is a projection of their own reality; their own dream. When you are immune to the opinions and actions of others, you won't be victim of needless suffering.

Agreements #3 and #4



- Don't make assumptions. Find the courage to ask questions and to express what you really want. Communicate with others as clearly as you can to avoid misunderstandings, sadness, and drama. With this one agreement, you can completely transform your life.
- Always do your best! Your best is going to change moment to moment; it will be different when you are healthy as opposed to sick. Under any circumstance, simply do your best and you will avoid self-judgment, self-abuse, and regret.

Family Assistants

Our Milieu Staff

- Are with the women modeling the change we want to see.
- Reading to children; cooking with parents; helping with homework; interacting and intervening.
- Engaging in conversation.
- Creating safety.
- Catching them doing something good.

We build recovery teams!

Identify cultural strengths and needs.

How is it put together?

Who is invited?

What is treatment's relationship with that person/role?

What training is needed for team members?

Who can we call on to help?



We build in individual recovery services through area resources!

In our community alone there are over 50 resources that can be accessed. Each client engages with at least 10 and education is always one of those resources.

Initial Individual Service and Support Plans begin with the action agreement from child welfare and/or the probation/parole order. This helps to decrease the anxiety of entering into one more agreement and establishes the advocacy and partnership with the team.

Initial Continuing Care Planning also starts at the beginning. What better place to begin goal setting and planning.

This is no “spin-dry”. We are committed to working with the whole family: client, her children, and other family.
(that takes time...)



We put the client in charge!

It is, after all, their life!

- Remember when you were an elementary school student?.....
- Remember when you went to your children's elementary school conference?.....
- Remember the pride your child had in showing off his/her accomplishments?
- Remember the magic that young teacher had in recognizing the good in that student!
- There is magic in empowerment!

The Conference



- Client invites the team members.
- Is ready early to “host” the team members as they arrive.
- Dials the phone for any members attending in that manner.
- Introduces each member of the team to the rest.
- Thanks everyone for their participation.

Strength-Based



- The client shares her successes!
- Then shares her challenges.
- And then asks for what she needs.
- Each team member offers what they can and participates in a brainstorm of ideas when a simple solution is not readily available.

Plan B

(Before it may become clear that reunification may not be in the best interest of mother/child(ren))

- The time to discuss alternative placements is at the beginning
- When the mother can be a part of the planning process
- Empowers the mother rather than “victimizes” (mother’s perception)
- Is respectful of process and all parties involved.

Potential Barriers or Pitfalls

- When the professional team doesn't have the same agenda.
- When the family portion of the team is too hurt, angry, etc.
- There are times we must slow down the process in order to help everyone to the same place (individual team member training.....)

One great tool is:

- A SAMHSA publication: (free)

Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers (there is also a companion piece for substance abuse counselors working with child welfare workers: on-line mandatory training for our staff)

We give one to every child welfare worker we have contact with!

It takes more time.....



Self-directed recovery and service work!

Empower and engage in community resources

Teach coping skills

Identify and invite (and train) the team

Begin with addressing basic needs (safety)

What we have learned about evidence-based best practices:
It's about the relationship!

12 Step Values	Evidence Based Practices
The most important person is the newcomer!	Access and inclusion.
Attraction rather than promotion!	Role model the change.
Acceptance!	Meet the client where they are at.
Principles before personalities!	Client/family driven treatment.
A 12-Step recovering lifestyle!	Researched curriculum. Evidence-based best practices.
Use a sponsor!	Recovery Mentors.
Service work!	Engagement in the community.