**Understanding the Challenges of Balancing Parent Education and Crisis Management**

**The Front Line Worker**





**The United Arc   
Positive Parenting Program  
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**The Positive Parenting Program  
How We Started**

* 1980’s – Initial referrals from DMR and DPW primarily to support parents during TPR
* Early 1990’s – Panel discussions at disability conferences in MA regarding unmet needs of parents with ID and DD and their families
* 1995- Urban and rural county surveys of professionals & focus groups with parents to identify service gaps and unmet needs
* 1997 – Initiation of parenting group with CTF PESP funds
* 1998 – Establish Positive Parenting Resource Center with DDS Innovation Grant

**The United Arc Model:  
*Positive Parenting Program Components***

* *Individual parenting support, case management & skills training* - serving 45-50 families each month
* *Parent education & support groups* – typically 3 ongoing groups (contingent on funding) in addition to 2 ongoing Grandparent support groups
* *Transitional Supported Living* - (quasi-residential services) an apartment building housing 6 apartments for families, and supportive neighbor, community space and outside play area
* *Volunteer mentoring* – 15-20 active volunteers that provide program and family support
* Supervised Visitation-provide observation/monitoring or supportive instructional visitation for 12-14 families with out- of home children and their parents

Program provide supports for 152 families representing 505 individuals during the last fiscal year of 2014

**Goals for today…**

* Learn the benefits of teaching about child development and strengthening parent skills
* Gain an understanding of what the challenges are of having to provide Parent Education in alternative settings
* Identify when it is appropriate to forgo Parent Education and do crisis management
* Identify when a crisis is a crisis
* Gain an understanding of the challenges around consequences the parents face for not addressing crisis

**The Front Line Worker**

The Front Line Worker helps families to create healthy environments for children to grow up in.

**The Human Service Front Line Worker provides many services to the family which can include:**

* Home visits to high-risk families
* Working with family to develop individual plans based on family needs and strengths
* Helping parents to gain parenting skills through tailor made curriculum
* Facilitating access to community resources
* Assisting the parent to be an advocate for the family
* Maintaining records of family assessment, plans and outcomes

**Front Line Worker Servicing   
Human Beings**

* By providing families with parenting education training and supporting them in their role as advocate for their family the Front Line Worker facilitates the creation of a healthy home environment.
* For many at risk families, this kind of support and parenting education makes the difference between a healthy home environment and one of dysfunction and difficulty.
* The Front Line Worker plays a crucial role in the lives of at-risk families.

**Impact on Society**

* Helps to stabilize communities by providing

parenting education and training to families

* Increases school readiness of children in at-risk

families

Increases community health through access to medical care for children

**Impact on the Individual**

The Front Line Worker has a massive impact on the

lives of children in high-risk homes.

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**Impact on the Family**

The Front Line Worker gives families all the tools they

need to succeed in raising healthy happy children. It’s

hard to overstate the importance of that for families who

are in the high risk category.

* Parents are given access to parent training and

community services that can make all the difference in

the world as they attempt to raise their families.

* Many families are able to stay together that might

otherwise split up due to the challenges they face.

* The family is able to flourish where it might otherwise

flounder without the help of the Front Line Worker.

**Alternative Settings**

Why would you **not** do a home visit in the family’s home?

* The family resides in a shelter
* The family “couch surfs”
* The family has an unsafe situation at home that you cannot safely do a home visit in the home
* The family is not comfortable with a home visit but is willing to meet in the community

**Examples of Alternative Settings**

* Donut Shop
* Library
* Car ride
* Someone else’s home
* Borrowed office space
* Fast Food restaurant
* Playground
* Park

**Challenges?**

* Lack of privacy
* Parent not being able to focus
* Worried about what the visit looks like to other people
* Having to keep an eye on their children while trying to visit
* Noisy
* Running into someone you know or the parent knows
* No money for food or coffee

**Crisis vs. Predicament**

**Crisis**: a situation that has reached a critical phase

**Predicament**: a difficult, unpleasant, or embarrassing situation.

**Crisis has been Identified**

* If a crisis has been identified you should forgo your parenting education plan for that visit and address the crisis.

**Predicament has been Identified**

If a predicament has been identified you can:

* choose to ignore it and go forward with your parent education plan for the visit.
* Tell the parent you can take the first 15-20 minutes of the visit to address their issue but then you will work on what was originally planned for the meeting.

**How to Prevent a Predicament from becoming a Crisis**

* Encourage parents to use a calendar to write down appointments and due dates so they don’t forget.
* If they need to make an appointment have them do it right then and there so you can be of assistance if needed.
* Help the parents write to do lists.
* If they parent is uncomfortable making phone calls offer to sit with them or if they are very scared you can make the call for them. Just be sure to work them up to making their own calls to community members in the future.
* Offer to look at any mail they may have gotten that they don’t understand.
* Help parents break tasks into small steps so it is more comfortable for them.
* Listen to their concerns so you can identify when a predicament is about to turn into a crisis.

**Follow Up**

* Check in with parents regularly if they have had a crisis to be sure it doesn’t happen again.
* Follow up with parents and ask them how they are doing.
* Ask the parents if they need any help.
* Ask the parents at the end of the visit if anything has come up.
* Provide the parents with assistance by making referrals as needed.

**Know your Area Service Providers**

* Be able to make referrals to other service providers in your area.
* No one agency can provide all services needed to a family.
* Develop a network with other providers.
* Attend community agency meetings to stay on top of who the area players are and what they can offer your families.
* Know how families can access emergency services in your area.

**Parent Education Curriculum and Materials for Home Visiting**

* *Use of Evidence-based Curricula:*
* Health & Wellness – Alexander Tymchuk
* Nurturing Parent – Alexander Tymchuk
* Family Game – Maurice Feldman
* Sunny Side of the Street - Iris Media
* Circles of Security
* *Supplemental Materials:*
* Channing Bete scriptographic booklets
* Activity or Game-based learning, role play, flash cards and
* Bingo (WELLNESS REPRODUCTION & PUBLISHING)