Challenges in the Development and Implementation of the Plan of Care

A. Key natural support who doesn't want to be part of the team

Owen's grandmother lives nearby and was very supportive and involved in the past, but felt taken advantage of and hasn't been involved in the family's life for the past 3 months.

Grandma (Ruth) and Owen have had a lifelong trusting relationship, and she has provided a safe and positive environment for Owen especially after school. It appears that she would be a key factor in the successful long-term planning for Owen; and her participation on the team would be extremely important. But after an initial call from Jane and the Service Coordinator she is refusing to be part of the team.

What are some possible steps in initial meetings that might help in getting her involved?

B. Natural support who is viewed as a "bad influence" – include on the team or not?

Jane's best friend Sue who she meets at the corner bar at least 3 times per week has been asked by Jane to be on the team. Two of the team members know Sue and are concerned that she is more of a "drinking buddy" than a supportive friend. In particular, the therapist states to the Care Coordinator prior to a team meeting that she is adamant that if Sue is part of the team, it will affect her own participation in the team. Brainstorm ideas that can be used to address this situation before and during the team meetings.

C. Service provider who appears to be supportive, but then throws a wrench in the team's planning process.

The Juvenile Justice (JJ) worker made the original referral to CST. At the last team meeting, the team developed a POC that includes plans for Owen to have more involvement in social and recreational activities with youth his own age. You are currently facilitating the next team meeting in which the JJ worker states that he was initially supportive, but now says that there needs to be more limitations and restrictions and indicates the court order supports this approach. What are some ways that you can address the situation?

D. Unforeseen "crisis" situations not identified during the assessment of needs and strengths

As part of the POC, Mom is providing transportation for Owen to appointments. The plan is finally beginning to work and at the next meeting Mom arrives late, angry and finally shares with the group that she was arrested for drunk driving this past weekend. As a team, what are possible changes to the POC you would make?

E. Lack of specific service providers

The team has identified anxiety and sleep issues as significant needs for Owen. Given his experience of trauma, the family physician is specifically recommending that Owen see a therapist who specializes in Cognitive Behavioral Therapy, as well as a child psychiatrist to prescribe and monitor medication. There is a shortage of both types of providers in the area. You are currently facilitating the meeting in which the team is developing the POC. What can the team do?

F. Strong emphasis/reliance on categorical services

Jane expresses having difficulty with Owen at home, for example, some evenings he leaves the house and doesn't come home until after 9:00; he "doesn't listen to her" and "does whatever he wants" and he often refuses to go to bed. Most recently, Owen has been refusing to take his medication. There happens to be a Parent Partner program where a trained parent mentor goes into the home up to two times per week and is "on call" to help parents with parenting skills and situations as they arise. Unfortunately, there is a long waiting list for the program. Team members are suggesting putting Jane on the waiting list and moving on to the next area of need. As the facilitator, you recognize that putting Jane on the wait list does not meet the immediate need of the family. How do you get the team to not only return the focus to the immediate need, but also how to get them to meet the immediate need when they seemed reluctant to address it?