Understanding the stories of children, youth and families:

Principles of effective assessment

John S. Lyons, PhD • Senior Policy Fellow, Chapin Hall at the University of Chicago
Understanding the Business of Helping: The Hierarchy of Offerings

I. Commodities
II. Products
III. Services
IV. Experiences
V. Transformations

- Gilmore & Pine, 1997
The Experience Economy

• Mass customization rather than mass production

• Personalized engagement is the foundation of the experience economy

• The initial assessment process is the opportunity to create a memorable personal experience (or not)

• Experiences might be necessary to potentiate transformations
Things happen in peoples lives…

Sometimes, these events lead someone to believe that receiving care from a mental health professional might be helpful.

Possible referral sources for adults:

- Internal recognition of value
- Family and Friends
- Other Medical Professional

Possible referral sources for children:

- Parents/Guardian
- School staff or Teacher
- Other Medical Professional

Adults recognize that care might help. Individuals with limited means must rely on public systems for support.

This is where story in the system begins…
Upon referral, a person or family must go through an initial interview process. Sometimes this is called an ‘intake,’ ‘discovery,’ or ‘welcome’ process.
The Initial Interview

**STEP 1** The person shares their story.

**STEP 2** The interviewer listens to the story.

**STEP 3** Often there are multiple story tellers. These stories can differ.

**STEP 4** These multiple stories must be combined into a single narrative. The best narratives are when everyone agrees on the story.

*This process is called completing the assessment*

Sometimes the person doing the initial interview is also the clinician(s) providing treatment. However, often the person or family’s story is then shared with the program or clinician who will provide treatment. This sharing of the story is critical so that people and families are not expected to retell their stories multiple times just to get help.
Multiple story tellers can take multiple forms

- Different people involved with the child and family
- Prior educational testing
- Prior medical history
- Prior psychological or neuropsychological testing

- All of these sources can contribute to the child and family’s story
Keys to getting the story

• Do your homework and let the youth and family know that you have done so.

• Have a mental model in your head of what you need to know and use that to guide the story—try not to actively structure the story telling by commandeering the agenda—but you need to identify common themes.

• Make reasonable eye contact and be aware of your body language.

• Do not be judgmental—avoid words that imply judgments—good/bad, right/wrong, and so forth to the extent possible.

• Give everyone the opportunity to speak—make a clinical determination of whether it is necessary to have separate conversations.

• Treat everyone as equals from a human perspective but respect family hierarchies.
Combining multiple, different stories

• Child Family Team
• Present other stories to family in accurate and concrete ways giving equal respect to all perspectives. Focus on specific behaviors or examples when possible.
• Allow agreeing to disagree
• Focus on the ‘what’ not the ‘why’. Shame and stigma is in the why
• Focus on the fact that getting the story as accurate as possible is in the long term best interests of the family
• Virtual and sequential processes for consensus also possible
Assessment is not an event

• It is a process NOT an event
• Remember the fundamental corruption of the service system—assessments should not be used to ‘Justify Service Receipt’
• Any form of helping requires constant assessment
• Therefore the very nature of helping is understanding. Understanding is often call assessment
• Try not to make a family retell their story every time they meet someone new AND they of course should not have to repeat their story each time a re-assessment is done.
• Therefore you need a efficient means of recording and communicating the youth and family’s story
Throughout treatment, the story of the youth and family continues to unfold.

Stories are dynamic and will change over time. In some cases, the individual or family may not have shared their full story with the helpers in the system. Or, with help peoples lives improve, which also changes their story.
The Early Phases of Helping

At the initial phases of treatment, people and their providers work together to elaborate, correct, and share a common understanding of the story. Based on the trust and shared understanding built during that process, together they develop a common understanding of their plan for change.

The plan should have…

clearly linked actions and identifiable relationships to the specific struggles and strengths identified in the person or family’s story.
As helping progresses, decisions must be made.

There are always 2 key questions throughout treatment:

- When is treatment sufficient?
- When is treatment not working and must be modified?

These questions should be answered based on the changing status of the individual and family, as reflected in their evolving story.
Since treatment is individualized, changes in
treatment must be tailored to the continued
evolution of the person or family’s story. Thus,
treatment plans should be adjusted ONLY after
reviewing changes in the CANS/ANSA.

In this way, the CANS and ANSA are used to
monitor treatment progress, determine when the
person/family’s story has changed, and decide a
plan for the person/family after treatment is
complete.
The Helper’s story is also important

There are always 2 key questions throughout treatment:

1. Is everything going well?
2. Are there new skills for the clinician to develop?

These questions should be answered based on the changes to the stories of the people that the clinician serves.
Over the course of treatment, a clinician’s supervisor is able to help

Supervisors should track the status of all cases on a supervisee’s caseload and provide input when they are stuck or struggling and praise when they are successful.

Supervision should be about teaching people how to be effective

In our service system, supervision has devolved into a compliance activity
Program managers

• Should base program policy on understanding the stories of the people served in the program

• Staff training needs should be based on understanding which common themes the program staff struggle with addressing effectively

• Program entry and exit should be designed to optimize the impact of the program

• Program components should be designed based on the common themes of the stories of youth and family’s served.
System Administrators

• The goal should not be the creation of systems OF care, the goal should be systems THAT care
• No one cares about things they don’t know about
• System administrators need to know the stories of the youth and families served just like direct care staff
• This requires a rapid and efficient means of communicating people’s stories to the system level
The end of care should be...

...marked by a review of any progress

• Celebrate the changes made
• Develop a plan to address any ongoing needs
• Record the impact of the investment in treatment
• Set the stage for communicating the story should the youth and family need to return