

STRENGTHENING WELLBEING THROUGH RESPITE



The Core Team supports the idea that everyone needs periodic respite breaks that reduce youth, family, and caregiver fatigue and restore energy. The Core Team orients the family, youth, and Family Team to the impact that regular, planned respite can have on promoting safety and strengthening permanency, wellbeing, resiliency, and recovery from the effects of trauma, mental illness, and physical illness. The Core Team explores parent/caregiver's and youth's access to and need for respite time and resources that reenergize, soothe, and provide relief from the day-to-day stress and exceptional demands of living with and parenting a child with emotional, behavioral, and mental health needs.

The Core Team supports the parent(s)/caregiver(s), youth, natural supports, Family Team members, and others (as appropriate) to develop and make decisions about respite plans. These plans coordinate resources that ensure parent(s)/caregiver(s), family, and youth and have regular reenergizing respite breaks. The respite plan supports parent/child attachment and prioritizes the use of a

family member or natural support's home for respite care whenever possible. Respite care may also include the use and provision of in-home/community-based respite provided by the Continuum as well as out-of-home respite care via the use of a respite bed in a facility.

Please see the following matrices for additional information related to strengthening wellbeing through respite:

- Engaging Youth and Family
- Continuity with Higher Levels of Care
- Incorporating Psychiatry and Occupational Therapy Consultation
- Assessing Risk, Safety Planning, and Supporting Families through Crisis
- Practicing Cultural Relevance
- Collaborative Treatment Planning and Care Coordination
- Supporting Life Transitions
- Conducting a Comprehensive Collaborative Assessment
- Providing Therapeutic Interventions

IDEAL PRACTICE

DEVELOPMENTAL PRACTICE

UNSATISFACTORY PRACTICE

ORIENTING PARENT(S)/CAREGIVER(S) AND YOUTH TO RESPITE

- » Validates the need for parents/caregiver's to have a respite or break from the daily challenges of parenting, especially when parenting children with emotional, behavioral, and/or mental health needs.
- » Explains that respite or caregiving breaks support the primary parent/child attachment, include parent(s) as key decision makers, and occur within the network of family and natural supports whenever possible to promote family stability and prevent separation trauma for the child/youth.
- » Explains that respite is a planned, brief period of time away from caregiving that offers the chance to reduce stress and restore energy by spending time engaged in activities of the caregiver's choice that a caregiver finds restorative. Expresses appreciation that individuals find a wide range of activities to be restorative. Gives a range of examples, such as resting, reading, visiting with a friend, running errands, getting a pedicure, being at work, etc.
- » Explains that in order for caregivers to have this break, respite care for the youth may be provided through a variety of developmentally-appropriate in-home/ community and out-of-home options that can be brainstormed with the family, youth, and Family Team.
- » Explains that youth and other family members can also benefit from this respite time.

- » Limits examples of ways parents/caregivers can take respite. Only describes respite as an out-of-home placement.
- » Describes respite as a break but doesn't explore or explain the concept of self care and how respite time can be spent reenergizing.
- » Only explains how parent/caregiver can benefit from respite time and doesn't explain how both the youth and other family members can "reenergize" during this time too.
- » Doesn't explain the importance of using family and natural supports whenever possible.
- » Explains respite as an activity for the youth.

- » Dismisses the need for respite, uses blaming or shaming language. Doesn't describe respite as a universal need. Insists all parents/caregivers get stressed and questions why the family needs respite, rather than validating that all parents/caregivers need some level of respite.
- » Dismisses parent/caregiver's ideas of what could provide them with respite/restored energy.
- » Only discusses respite when a crisis comes up.
- » Explains respite as an immediate response to crisis rather than a planned event.
- » Only explores respite when the youth's behavior can't be managed.
- » Doesn't explain the importance of respite supporting attachment between parent/caregiver and youth.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****ORIENTING PARENT(S)/CAREGIVER(S) AND YOUTH TO RESPITE**

- » Validates the need for youth (not just adults) to take regular breaks from the day-to-day stress life can bring.
- » Explains to the youth (in developmentally-appropriate manner) that respite is a brief break away from stressful events, people, and things. Describes how using break time to engage in activities they find fun or relaxing can reduce stress (e.g., playing, reading, visiting with friends/extended family, etc.).

- » Describes respite narrowly (e.g., as only facility-based). Limits options/examples of ways youth can take respite.
- » Describes respite as a break but doesn't explore the concept of self care. Only describes respite as an out-of-home placement.
- » Explains respite as an activity for the parent/caregiver only.

- » Describes respite in a punitive context or as punishment.
- » Dismisses youth's ideas of what could provide them with respite.
- » Explains respite as a response to crisis or only discusses respite when a crisis comes up or when the youth feels out of control. Doesn't explain the benefits and purpose of using respite proactively.
- » Dismisses the need for respite, uses blaming or shaming language. Doesn't describe respite as a universal need.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****EXPLORING RESPITE NEEDS**

- » Explores parent/caregiver's level of caregiving fatigue as well as the family system's fatigue from the demands of living with the youth's emotional, behavioral, and mental health needs.
- » Explores family member's level of access to time and activities that provide self-care and breaks from caregiving and stress.
- » Asks about specific activities that the parent/caregiver, youth, and family members find most soothing and/or reenergizing and explores the need to (re)connect with or discover new interests, hobbies, classes, activities, time with friends, support groups, quiet time at home, reading, journaling, yoga, exercise, etc.
- » Explores resources (time, money, transportation, child care, etc.) needed for taking respite.

- » Doesn't consider family culture around dealing with fatigue or taking a break from stressors and responsibilities.
- » Neglects to acknowledge or explore different levels of fatigue within the family.
- » Asks some, but not all, family members about the level of access to self-care and breaks from stress.
- » Doesn't inquire about naturally occurring opportunities in the family's life that can provide respite.
- » Considers respite care to be unimportant and doesn't prioritize exploration family's need for resources that will allow them to have respite time.

- » Uses language that is shaming or blaming about a family member's level of fatigue.
- » Uses judgmental language in response to a family member's choice of respite activity.
- » Insists on there being a family respite need when family members deny such a need.
- » Expresses judgment about the appropriateness of activities the parent/caregiver or other family members find restorative.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****SUPPORTING PARENT/CAREGIVER, YOUTH, AND FAMILY TEAM IN PLANNING/COORDINATING RESPITE**

- » Orients Family Team to ways youth and parent/caregiver have/will take respite.
- » Shares how reenergizing, fun and/or soothing respite activities can help build resiliency and support recovery from the impacts of trauma, mental illness, physical illness, etc. as well as promote youth and family living together successfully.
- » Considers purpose and intent of respite as part of treatment planning, family strengthening, and permanency and integrates respite as an intervention on the treatment plan.

- » Collaborates with parent/caregiver and Family Team to identify and develop restorative respite plans that create regularly-scheduled breaks from caregiving.
- » Plans with Family Team around ways to support family taking respite in a manner that is sensitive to youth's clinical needs, age, developmental stage, level of transition/separation anxiety, trauma history and potential for iatrogenic risk, etc. Assists family in selecting and preparing respite providers to support the primary parent/child attachment and the child's primary family membership.

- » Orients some, but not all, Family Team members to the respite plan.
- » Limits description of the impact respite can have for youth and family. Describes potential impact on resiliency, recovery, or successes in living together, but not all.
- » Fails to clarify or discuss the purpose/intent behind planning respite activities.

- » Collaborates with some Family Team members but not all. Doesn't include the youth in the Family Team planning process (e.g., in person, via written statement, or by including someone the youth chooses to speak on their behalf).
- » Develops a plan that can be used one time without consideration for ongoing planning. Doesn't revisit respite plan until respite is needed.
- » Doesn't consider frequency or duration of respite activities or resources to support respite plan. Doesn't help prepare respite provider to support primary parent/child attachment and the child's primary family membership.

- » Fails to tell the Family Team about any approach to respite or hopes the family holds up without formal respite.
- » Fails to explain how respite can help build resiliency, support recovery, and strengthen youth and family's successes in living together.

- » Ignores or disregards the Family Team in the respite-planning process. Tells youth of the respite plan after it is developed.
- » Fails to plan for youth's reintegration home after overnight respite.
- » Fails to engage the Family Team in any brainstorming of how they can support respite. Dictates to Family Team members how they will support the respite plan.
- » Ignores family's request for emergency respite rather than exploring whether the family needs crisis intervention.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****SUPPORTING PARENT/CAREGIVER, YOUTH, AND FAMILY TEAM IN PLANNING/COORDINATING RESPITE**

- » Brainstorms all possible options for respite child care of youth (and siblings). Considers the possible use of family and natural supports, enrolling children in activities out of the home, Continuum provision of in-home/community respite and out-of-home/facility based respite care.
- » Includes a plan for reintegration back into home following out-of-home youth respite care.
- » Brainstorms viable resources (including but not limited to flex funds) to cover logistics such as activity fees, youth and sibling child care, transportation, etc. Validates the need for and brainstorms options for reimbursement of respite services provided by family and natural supports.
- » Explores the sustainability of the respite plan and options for how family can sustain respite.

- » Explores ways Family Team can support respite to a limited extent. Doesn't brainstorm multiple respite options. Only considers individuals/resources that the parent/caregiver identifies.
- » Doesn't consider how natural supports may need to be rebuilt/strengthened in order to use them for respite.
- » Doesn't explore short-term vs. long-term funding for respite.
- » Doesn't explain risks and strengths of different respite options (such as iatrogenic risk or clinical implications of facility-based respite for youth experiencing trauma or Reactive Attachment Disorder). Explains risks but doesn't brainstorm alternative respite options.
- » When family members disagree about the need for respite (e.g., parent wants it and youth doesn't), defers to parent's needs only rather than further exploring the youth's understanding, worries, etc., about respite and/or reframing the importance of respite for the youth.

- » Limits discussion of respite to facilities or out-of-home options only.
- » Tells the family that respite is not an option or not available. Suggests respite planning is not appropriate/needed rather than exploring the need with youth/family and Family Team.
- » Fails to talk to referring agency regarding facility-based respite need. Places youth in facility-based respite without approval of State agency.
- » Makes or pursues respite suggestions that are incongruent with youth's clinical needs.
- » Only plans for and/or engages family in respite to the detriment of other components of service delivery (e.g., ignores the need for outreach interventions, OT consultation, peer mentoring, or other components of the services).
- » Acknowledges a youth's trauma history but doesn't connect this to how the youth might be negatively impacted by a particular respite option. Ignores iatrogenic risk.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****ENSURING PROVISION OF YOUTH RESPITE CARE**

- » As needed and agreed upon, coordinates with youth, parent/caregiver, respite provider, Family Team members, natural supports, group home, and others to provide regular, short-term facility-based, in-home, or community-based respite care to the youth.
- » Identifies and coordinates to address challenges to obtaining/using respite.

- » When providing in-home/community respite care, (as developmentally appropriate), engages youth in activities they find soothing and/or reenergizing and teaches them about potential new ways to sooth, energize, and manage day-to-day stress such as yoga, meditation, physical activity, writing, art, humor, play, friends, etc.
- » Encourages youth's interest in exploring, developing, and practicing old and new ways to have fun, manage stress, "reenergize" and care for them self.

- » Doesn't coordinate/collaborate on all aspects of the respite plan.
- » Coordinates with some Family Team members but not all.

- » Ensures youth participates in respite but doesn't help them fully benefit from it.
- » Doesn't consider/integrate treatment benefit of activities (e.g., social skills, relationship building, etc.).
- » Doesn't consider activities within youth's area of comfort or consider cultural relevance of activities. Engages youth in activities in their "comfort zone" without introducing/exploring new opportunities.
- » Omits exploration of youth's past experiences when exploring and identifying activities.

- » Suggests that there are specific facilities/resources for respite without first researching if they are available/feasible.
- » Doesn't coordinate around challenges with utilizing respite.
- » Coordinates without youth involvement.

- » Engages youth in activities that the youth doesn't enjoy or finds stressful.
- » Restricts the type of activities and/or doesn't consider activities suggested by the youth (e.g., only engages youth in social skills or relationship-building activities even though youth finds drawing to be very calming.)
- » Engages youth in activities based on provider's own interests, not the youth's.
- » Imposes judgment/bias in selecting activities.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****ENSURING PROVISION OF YOUTH RESPITE CARE**

- » Prepares youth and parent/caregiver for youth's overnight respite stay by visiting the facility with them, orienting them to the daily routine and what to expect, describing the time away as an opportunity for reducing stress and reenergizing, and reframing any perceptions of respite being a punishment or the result of bad behavior.
- » Coordinates with parent/caregiver and facility to ensure youth has everything they need with them when they attend facility respite (e.g., medications, book, music, games, etc. for restorative time)
- » Coordinates with family members to be sure they have everything they need to engage in their identified restorative activities while youth is away.
- » Prepares youth and family to reintegrate youth back home after respite.

- » Acknowledges that youth views respite as punitive but doesn't talk with parent/caregiver, respite provider, and Family Team members about ways to reframe this for the youth.
- » Coordinates youth's preparation but not family preparation for respite time or return home.

- » Ignores youth's complaints that respite feels punitive.
- » Doesn't facilitate youth/family visits to respite as part of preparing youth to attend.
- » Tells youth if they refrained from acting out, they wouldn't have to go to the respite program.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****DEBRIEFING RESPITE CARE EXPERIENCE**

- » Inquires with youth, parent/caregiver, respite provider, and Family Team around respite success, challenges, and options to overcome challenges. Facilitates joint conversations between respite providers and parent/caregiver when differing perspectives occur or clarification of respite experience is needed.
- » Specifically explores whether parent/ caregiver and youth found respite time and activities effective in providing each a break.
- » Supports youth's expression of their respite perspective/experiences to parent/caregiver and Family Team.
- » Bridges differing perspectives/experiences of respite. Explores reluctance, worries, and hopes for the use of the same or a new respite intervention.
- » Coordinates with youth, family, respite provider/caregiver, and Family Team to revise respite plan as needed.

- » Doesn't share feedback with Family Team members.
- » Asks about parent/caregiver respite experience but not about youth's, or vice versa.
- » Acknowledges differing perspectives but doesn't explore reluctance, worries, and hopes each had.
- » Explores experiences and asks for feedback but doesn't open up discussion around suggestions for revising respite plan.

- » Doesn't ask or listen to youth feedback.
- » Minimizes/refutes youth feedback.
- » When the current respite plan is not effective, insists on continuing the same respite plan without changes.
- » Misleads youth, suggesting that they can stop their parents/caregivers/family from having respite time.
- » Fails to explore what youth and/or parent/caregiver feel would help make respite more helpful.