

# IN-HOME THERAPY PRACTICE PROFILE

## EXECUTIVE SUMMARY

The In-Home Therapy Practice Profile was developed in a series of work sessions held during several months in 2016. This rigorous process is described in a webinar that can be found on the Children's Behavioral Health Knowledge Center website: <http://www.cbhknowledge.center/overview>.

We are grateful for the expertise, honesty, professionalism, and good humor that IHT practice leaders from across the state devoted to this work. Each one is genuinely committed to improving lives of children, youth, and families through quality in-home therapy services.



**MassHealth**

CHILDREN'S BEHAVIORAL HEALTH INITIATIVE (CBHI)

# I. The Vision, Mission, and Values of the Children's Behavioral Health Initiative

## VISION

Massachusetts places families and children at the center of our state's service delivery system and maintains a coordinated system of behavioral health services to meet their needs. Policies, financing, management, and delivery of publicly funded behavioral health services are integrated so that families can find and use appropriate services. This system is intended to ensure that all families feel welcomed and respected, receiving services that meet their needs as the families themselves define them.

## MISSION

The mission of the Children's Behavioral Health Initiative (CBHI) is to ensure that children with MassHealth who have significant behavioral, emotional, and mental health needs and their families get the services they need for success in home, school, community, and throughout life. This is done by strengthening, expanding, and integrating Massachusetts behavioral health services into a comprehensive, community-based system of care. CBHI partners with child- and family-serving state agencies, providers, and payers to ensure that services

- meet the individual needs of the child and family,
- are easy for families to find and access, and
- make families feel welcomed and respected.

## CBHI VALUES

- Youth-Centered and Family-Driven  
Services are driven by the needs and preferences of the child and family, developed in partnership with families, and accountable to families.
- Strengths-Based  
Services are built on the strengths of the family and their community.
- Collaborative and Integrated  
Services are integrated across child-serving agencies and programs.
- Culturally Responsive  
Services are responsive to the family's values, beliefs, and norms, and to the socioeconomic and cultural context.
- Continuously Improving  
Service improvements reflect a culture of continuous learning, informed by data, family feedback, evidence, and best practice.

## II. The In-Home Therapy Principles of the Children's Behavioral Health Initiative

In-home therapy (IHT) is intended to align with the values that are important to families; support positive outcomes; and manifest the best intentions and expectations of CBHI, which in turn reflect the principles of high-fidelity wraparound as described by the National Wraparound Initiative. CBHI aspires to and expects the highest professional standards of clinical and support work in IHT, including collaboration with other professional and natural supports to assist families in securing integrated, effective care. In-home therapy is flexible, accessible, responsive, and driven by family expertise. It uses the strengths inherent in children, youth, and families as the basis for treatment and responds to both the wider cultural context of families and the individual beliefs and values that distinguish each family from all others.

## III. The Purpose of In-Home Therapy

In-home therapy is a structured, strengths-based, collaborative therapeutic relationship among a clinical team, a youth, and the youth's family, developed with the purpose of treating the youth's behavioral health needs. IHT works to enhance the family's present understanding of the youth's needs and to support changes that promote healthy functioning where the youth lives, learns, works, and plays. Interventions draw on youth and family strengths, astute clinical judgment, evidence-informed practices, and creative change agents to assist each family in moving toward its vision. Work begins with a collaborative effort to set and prioritize goals that build incrementally one upon another. Successful interventions help youth and families attain the developmental, behavioral, relational, and emotional competencies that are the basis for success in family, school, and community life. They strengthen the family's capacity to prevent or reduce the disruptions caused by a youth's admission to an inpatient hospital or other treatment setting outside the youth's home environment. Interventions include intensive family therapy, education, skill-building, identifying and understanding the youth's needs, practical supports, attentive care coordination, and the strengthening of community connections. The impact of working collaboratively for change is a future that is more hopeful than the present.

This Practice Profile defines nine Core Elements that comprise IHT. Each Core Element begins with a definition, followed by a description of how that Element contributes to the CBHI vision for services. A matrix for each Core Element provides detail at the level of what we do and say to practice in-home therapy.

# IN-HOME THERAPY CORE ELEMENTS



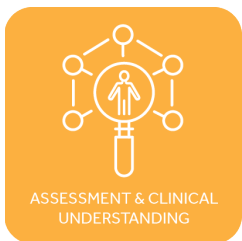
**PRACTICING CULTURAL RELEVANCE:** In the context of in-home therapy, practicing cultural relevance is: 1) the ongoing process of acquiring an understanding of how the values, beliefs, attitudes, and traditions of racial, ethnic, religious, sexual orientation, gender identity, socio-economic, and other groups contribute to our own and other people's cultures; 2) learning about personal circumstances, conditions, nature, and experiences that influence our own and other people's thinking, behavior, and community roles; 3) acknowledging differences and similarities in power and privilege among groups of people; and 4) using this knowledge to work effectively with all people.

**Contribution to the Outcome:** Actively working to understand the broadly defined, overall norms for each family's identified culture, the conditions of the family's local community, and the family's specific beliefs and traditions demonstrates that the IHT team values diversity and can adjust treatment to each family's situation. Discussing cultural considerations with each family highlights differences and similarities with the clinician's own culture that may either enhance or interfere with collaboration. Evidence of cultural considerations throughout the work — from first to last meeting with the family — underlines the strengths-based approach of IHT. Continuous learning about each family's culture shows commitment to reducing health disparities through ongoing learning and improvement.



**ENGAGEMENT:** Engagement is the process of effectively joining with family members to set shared goals for treatment by establishing a relationship of respectful curiosity about individual and family strengths and needs. It involves empathy, careful listening, sensitivity, humor, and compassion. It demonstrates mutual engagement: that you are where you want to be — with this family at this time — and ready to give your full attention. Engagement is not a point in time, but every point in time can contribute to engagement.

**Contribution to the Outcome:** The practitioner's stance with a youth and family is the foundation for effectively joining in a positive, family-centered therapeutic relationship that endures throughout the course of treatment. Engagement contributes to a relationship in which the family, IHT practitioners, and other team members can work together to improve the youth's emotional, social, and behavioral health. Ongoing engagement demonstrates that IHT is flexible and responsive to practical considerations, respectful of family culture, and intentionally seeking and building on family strengths. Engagement reinforces shared hope for the future.



**ASSESSMENT AND CLINICAL UNDERSTANDING:** Assessment is the process of gathering a sufficiency of information about the needs and strengths of a youth and family, evaluating the relevance of that information, and developing a comprehensive narrative of the youth and family in the context of their environment, experiences, culture, and present situation. Clinical understanding results in an interpretive summary and diagnostic formulation that can be understood and supported by family members, professional helpers, and natural supports. Both assessment and clinical understanding change over time as new information emerges and the family situation evolves.

**Contribution to the Outcome:** A successful intervention relies on a thorough, accurate discovery of the history, strengths, and needs of the youth, their family, and the larger community. Youth and family voices in the assessment process help ensure that the prioritization of needs is driven by the family. Arriving at understanding requires knowledge of both past experience and current functioning as well as clinically astute evaluation to determine the relevance of the information gathered. Strengths that are clearly articulated and incorporated into the assessment serve as a basis for building positive change. A quality assessment draws a picture of the family situation as a whole, describes specific clinical concerns, and evolves as the practitioner's understanding deepens. Revising the assessment over time shows a willingness to learn from experience and feedback.

# IN-HOME THERAPY CORE ELEMENTS



**RISK ASSESSMENT AND SAFETY PLANNING:** Risk assessment and safety planning consist of anticipating and preventing risks to a youth's and family's well-being. Safety plans developed with families help them use their current capacities to resolve potential dangers. Safety plans also offer a range of external supports to intervene when preventive measures cannot avert a crisis. Input from all relevant partners results in a single, unified plan to address the assessed risks and to promote effective collaboration in urgent situations.

**Contribution to the Outcome:** Youth and family safety is basic for any successful intervention. Effective safety planning takes account of both risk and protective factors, demonstrating a commitment to finding signs of safety in the family, home, and community. A risk and safety plan that uses the family's own resources and past successes shows commitment to building on strengths. In order to remain sustainable after treatment ends, safety planning relies on family members and natural supports as first safety responders. It backs up their efforts with progressively more intensive supports for emergent situations. Good safety plans are clear and understood by all participants in the plan.



**COLLABORATIVE INTERVENTION PLANNING:** Collaborative intervention planning is a nuanced developmental process that follows from the picture of youth and family that emerges during assessment. The plan starts with the family's vision for a positive future. Working from a shared understanding of youth and family hopes, needs, and strengths, the IHT team joins with family members to develop a plan of intervention that prioritizes needs, sets measurable goals and objectives, identifies the interventions most likely to succeed, and specifies who is responsible for each piece of the work. Collaborative intervention planning takes into account the family's circumstances, culture, and readiness to participate; plans evolve with ongoing assessment of progress. Collaborative intervention planning follows the same process whether IHT is the hub or the youth also has Intensive Care Coordination; in the former case, the IHT team takes the lead role for intervention planning, and in the latter the ICC team leads the process.

**Contribution to the Outcome:** Partnering with families in selecting priority needs, treatment goals, and interventions shows commitment to the CBHI value of family-driven service. Customized planning varies for each family. For all families, intervention planning must be clearly based on the clinical understanding generated in the assessment and on treatment goals that are measurable, observable, and doable. The family and provider use the identified strengths of the youth, family, and community to build specific actions into the plan that apply strengths to meet needs. Because the desired outcome of care is improved functioning across the domains of the youth's life, IHT may focus on therapeutic interventions that enhance problem-solving, limit-setting, risk management/safety planning, communication, skills to strengthen the family, and productive ways to use community resources. Selecting research-informed interventions demonstrates commitment to continuous learning.

# IN-HOME THERAPY CORE ELEMENTS



**INTENSIVE THERAPEUTIC INTERVENTION:** The heart of in-home therapy is the intensive therapeutic intervention that enhances both the well-being of the youth and the capacity of caregivers to provide a safe and supportive environment for the youth and family. The therapeutic intervention consists of the strategies and actions most likely to promote healing, strength, and lasting change. High-quality interventions make every meeting count with specific purposes for each session, plans for conducting sessions, a clear correlation between the session plan and treatment plan goals, and actions to practice between sessions. They use strengths in real and tangible ways to address needs. Family reports of both improvements and setbacks directly inform next steps, as do collateral perspectives and direct observation by the IHT team. Therapeutic intervention is a live process of discovering what works with a specific youth and family in their own context.

**Contribution to the Outcome:** Intensive therapeutic intervention serves the overall purpose of in-home therapy: to enhance the family's capacity to understand its own and the youth's needs and to make changes that promote healthy functioning. Interventions embody CBHI's values of child-centered and family-driven services when they respond to the priorities of the youth and family, and are developed in partnership with families. Effective interventions build on the strengths of the family and its community; they are responsive to the family's values, beliefs, and norms, and to socioeconomic and cultural context. By integrating services across agencies and programs, interventions support collaboration. Both the IHT practitioners and the system as a whole strive to improve continuously as interventions unfold and adapt.



**CARE COORDINATION AND COLLABORATION:** Care coordination and collaboration engages family members, treatment providers, community resources, and natural supports as a cohesive group with shared goals for working with a youth and family. Care coordination includes forming and meeting face-to-face with a treatment team, developing teamwork among participants, sharing relevant information on a regular basis, planning together, measuring treatment progress together, and working collaboratively to add, change, or end services. Care coordination and collaboration follows the same process whether IHT is the hub or the youth also has Intensive Care Coordination; in the former case, the IHT team takes the lead role for care coordination; in the latter, the ICC team leads the process with IHT as an active participant.

**Contribution to the Outcome:** The foundation for child-centered, family-driven treatment is a team that *always* includes family. Collaborative care strives to join all stakeholders in a youth's life to ensure effective work across domains. Different perspectives on a team create opportunities to find and use strengths. Consistent collaboration between the IHT team and the range of natural supports and service providers working with the family results in cohesive efforts to achieve desired outcomes, foster the family's community connectedness, and promote sustainability of treatment gains. Ideal communication takes a variety of forms that are organized, timely, culturally responsive, and inclusive.

# IN-HOME THERAPY CORE ELEMENTS



**ENGAGING NATURAL SUPPORTS AND COMMUNITY RESOURCES:** Engaging natural supports is the process of discovering and connecting with the enduring supports in a family’s environment who celebrate with the family in good times, comfort it through difficult times, contribute to a sense of belonging, and may provide tangible assistance. They may be extended family, friends, a faith community, neighbors, mentors at school or work, or acquaintances who play a small but important encouraging role in a family’s life. Engaging community resources offers opportunities for families to join in volunteer, play, learning, worship, and social activities that build resiliency. Informal resources are the naturally occurring, healthy forces that carry families beyond the reach of formal services.

**Contribution to the Outcome:** Natural supports and community resources — or “informal supports” — focus on building and maintaining family, friends, and community connections. These connections can help to carry out interventions and sustain improved functioning after the IHT service ends. Informal supports that are included in teamwork, treatment planning, and ongoing collaboration strengthen healthy community bonds. Engaging informal supports, guided by the cultural context of each family, demonstrates shared hope in the youth’s and family’s ability to resolve treatment needs and move toward a positive future.



**PREPARING TO EXIT:** Preparing to exit from IHT begins with the family vision for a preferred future and flows through all stages of the intervention. With regular checks on progress, the IHT team and the family move toward this vision. Specific actions as the family approaches the planned discharge include validating youth and family progress, planning for setbacks and sustainability, and learning about family members’ experience of the service. Unplanned exits from interventions, or a severe increase in youth needs, require efforts to ease difficult transitions, re-engage family members, and learn what we can in order to prevent abrupt discharges in the future.

**Contribution to the Outcome:** Planning for exit from the point of intake emphasizes the hope that changes will endure over time with less professional intervention. Planning attends proactively to safety, community connections, changes in life circumstances, and other variables that may affect the end of treatment and after-care. Careful collaboration is essential to guide when and how to complete an episode of care. Ending treatment may be an occasion for celebrating a family’s strength in improving its situation. Unplanned exits are an opportunity to learn about how practitioners, collaborating partners, and the system of care can better support positive outcomes.

This document provides a brief overview. The full Practice Profile includes detailed descriptions of each of the nine matrices organized by ideal, developmental, and unacceptable practice. These documents can be viewed and downloaded via the Children’s Behavioral Health Knowledge Center’s website: <http://www.cbhknowledge.center/overview>.