Family and Care Coordinator Story

This piece reflects the experiences of a family who were supported by Care Coordination. It addresses the hurdles they faced, and the positive outcomes Care Coordination can deliver, even during very challenging times. The family has given permission to share this interview. Names and some identifying details have been changed to protect the privacy of individuals.

My name is Gina and I am a Care Coordinator. I had the pleasure of working with John who came to Care Coordination with trauma which had an impact on the way he viewed himself and others. John was self-referred to Care Coordination by his mother as a 9-year-old boy with a huge love of soccer. John was always a leader on his soccer teams, and also enjoys reading non-fiction and going to the gym with his mother. At the time of his Care Coordination intake, his parents were going through a divorce and John was residing with his mother, younger brother and their dog. John came to Care Coordination with difficulty regulating his emotions and had witnessed some traumatic events between his parents. John's brother was also beginning to mimic some of the negative behaviors his older brother was presenting with. At the time of the Care Coordination referral, John's mother was looking for clarity as to whether or not he had autism in addition to ADHD, Adjustment disorder, sensory processing disorder and anxiety. John struggled with perseverating on certain things to the point where it took over his mind. He also struggled with anger management to the point of becoming physically aggressive toward his family. In addition, he would be destructive to property both at home and in school. It got to the point where he became unsafe in the car. There were times when his mother would have to pull over and stop the car in order to calm him down.
John had been attending outpatient therapy for about a year prior to enrolling in care coordination. In an attempt to learn coping skills when disappointed, he also saw a psychiatrist for medication.

John was struggling with reading at school, and also with his behavior, which was becoming increasingly worse and more disruptive over time. John had an Individual Education Plan (IEP), but not quite enough supports to manage his challenges in the classroom. John also struggled with making friends. His mother had noticed some behavioral challenges with John when he was in nursery school, and he saw a few providers from there. It got to the point where the family felt like they were walking on eggshells around him. When his behaviors became increasingly worse, disruptive and unsafe over time, the family reached out to Care Coordination for support. The family wanted John to be able to tolerate small life changes, transitions, and to express emotions appropriately. Care Coordination connected with one of the family's close friends who gave Care Coordination a better perspective outside of the family's lens as to what was going on. As a result, it became clear to the parents and the team that John needed to feel in control in all areas of his life. It wasn't until he was able to speak about the different things that were bothering him that the team would be able to help him. He identified both home and school as places where he felt like no one was listening to him.

It was then that the team began planning around with ways of addressing his need to be able to communicate his fears and anxieties. The team obtained additional support from the school and utilized the family's strengths to find creative ways to make progress. The team used the family's love of soccer, along with dad's artistic abilities and mom's organizational skills to create and utilize a soccer chart in order for John and his brother to see their progress with behaviors and chores that could be used in both households. A big part of addressing these challenges at the family level, was having supports willing to do work at both mother and father's separate households so everyone was on the same page. The supports that were utilized for this family during Care Coordination involvement were: Multidimensional Family Therapy (MDFT), medication management, FAVOR, school, a family friend and multiple soccer leagues.

Within about a month of Care Coordination being involved, John began to initiate playdates. Within about 3 months, the team helped John obtain enough supports to be more successful in the classroom and the number of negative communications to the parents from the school significantly decreased. John had learned coping skills, from kicking a ball in the yard, to using a fidget, or reading quietly in order to manage his anger. At around the 5-month mark, John's parents were reporting a much lower stress level in the home due to him being able to better regulate his emotions and express his anger in a meaningful way, without having outbursts of violence and aggression. By the time Care Coordination discharged this family, the team had a plan in place for when MDFT ended for John to step down to a lower level of care, while MDFT would continue to work with the family, opening a case for John's brother.

The family valued the Wraparound process so much and voiced how very helpful it was in getting their family on track and creating hope for a better future. John's mother made sure to tell other parents whom she knew were struggling with their child, about care coordination whenever she had the chance. The family found utilizing a team extremely helpful, and by the time of discharge, felt comfortable enough to entertain the thought of calling their own team meetings if necessary in the future, once Care Coordination was no longer involved.