

FamilySmart™ Practice Tool



PRACTITIONERS | PHYSICIANS | FRONT LINE STAFF

what it is...

“This is a tool about foster youth and youth without caring adults, created by MJ Ziemann, a young adult who grew up in Foster Care. It provides information that may help in creating caring connections between youth and practioners, physicians and front line staff to support their critical role in supporting the mental wellness of youth who are accessing services on their own.”

how to use it...

“Use this tool to enhance your understanding of what it sounds like, looks like and feels like to be a youth struggling with their mental health and having no caring adults in their lives. Consider this information when you connect with these youth, knowing that what you say and do has a big impact on the youth seeking help.”

why it's important...

“It's important because youth in care and without caring adults have unique experiences that impacts their lives which also impacts their needs. Many of these youth have experienced trauma and various forms of instability, and often enter the mental health system with extra challenges.”

Foster Youth and Youth Without Caring Adults

WHO IS FAMILYSMART™?

FamilySmart™ is Together-Centred®, placing importance on families, young people and service providers seeing and treating each other as assets in order to work well together for child and youth mental wellness. FamilySmart™ also recognizes the importance of the experiences of youth in foster care and youth without caring adults in the aims to improve the child and youth mental health system. This is why compassion driven tools, like this one, are essential in understanding and helping us.

RELATIONAL PERMANENCY?

Relational permanency “involves creating strong, long-lasting connections” and this can look different for each of us. Whether that be a mother, father, auntie or uncle figure, a mentor or teacher. We each identify with a different relational need that defines what relational permanency means to us. It's important to understand that many of us lack relational permanency and don't have this vital need met. This leaves us vulnerable in our daily lives, beyond the short interactions we have with practitioners, because we lack this type of ongoing support.

WHY CARE?

We often do not have people who advocate for us like other young people who often have family or caring adults who can advocate for their mental health and services. We are vulnerable because we are young and often on our own.

When we are not treated holistically, we often repeatedly return to emergency rooms, doctor's offices or other clinicians with recurring problems that are never resolved. For example, when we are just treated with medication rather than receiving help with core issues, it is ineffective and serves to disadvantage us as a population.

We believe practitioners genuinely care for the people they see and want the best for them. Showing interest in us, and knowing about our unique needs makes a big difference to us.

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DON'T SAY

When taking a trauma history, don't simply bring up situations of abuse without follow up as I may not have adequate support in my life to cope with going home alone with resurfacing memories.

Don't judge me or diagnose me based on my foster care or family history.

Don't question why I have mental health struggles because I may appear to be high functioning. For example, if I go to school or have a job it doesn't mean I'm not significantly struggling and deserving of help.

Don't think or say I'm just attention seeking or needy.

Don't say that you just don't know how to help me or I'm hopeless.

Don't make promises you can't keep.

Don't dismiss my concerns and focus on what you think the problem(s) is/are.

Don't make statements that reflect societal stigma, like it's our fault we are in care or don't have supportive relationships, or that we are delinquents.

SCENARIO

A foster youth enters the emergency room because they are feeling suicidal. The psychiatrist interviews them and their first questions are: “What was your abuse, what happened to you, why don't you have family etc.”. The young person withdraws from the conversation and has a flat affect. Because the young person is not responding, the interview ends abruptly with a prescription of Seroquel and they are discharged without follow up. — A likely outcome of this interaction is the foster youth is now triggered by questions about trauma and is discharged without support which could either lead to increasing suicidal ideation/attempts, recurring trips back to emergency, or a grave ending for that foster youth.

TAKING A TRAUMA SENSITIVE HISTORY AND ENSURING FOLLOW UP SUPPORT IS IN PLACE IS CRUCIAL FOR A FOSTER YOUTH DUE TO THEIR UNIQUE CIRCUMSTANCES AND LACK OF RELATIONAL PERMANENCY.

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SAY

Empathize with my situation as a foster youth or someone without a caring adult in my life. Even if you can't say you've had the exact same experience as me, connect with me by finding points of commonality in how I may be feeling.

Express your care and concern, as it may be the only place that I receive that. Tell me I matter, that you want to help and I am important.

Tell me what you have the power to do or not do to help in my situation.

Affirm my strength in seeking help and support.

Make validating statements about my experiences and struggles with mental health as it is a crucial determinant in the experience of my care.

Acknowledge that I have my foster care or family experiences while also acknowledging that I'm a unique person separate from them.

Ask me or point out what my strengths are.

Find ways to go deeper into the core causes of my mental health struggles by asking me more open questions about my life and experiences. For example, what does that look like for you in your life?

SCENARIO

A foster youth enters the emergency room because they are feeling suicidal. The psychiatrist interviews them and first asks about where the suicidal inclinations are coming from and what their life looks like on a daily basis. The psychiatrist validates the difficulty and pain that comes with being a foster youth and the experience of having suicidal thoughts. When taking a history, the psychiatrist is careful with phrasing and how questions are asked and ensures follow up if the conversation triggers the young person negatively. For example, if asking about abuse, they are not pushing the young person to answer but rather allowing them to feel in control of their story telling. The psychiatrist also tells the young person what they can and will do to advocate for and help them. A likely outcome is that the youth will feel heard, validated and cared for.

SHOWING COMPASSION AND EMPATHY CAN ITSELF DICTATE AND CHANGE OUR ENTIRE EXPERIENCE OF CARE BECAUSE WE DON'T FEEL TURNED AWAY AND INVALIDATED..