The Families First Screening Tool

A Learning Module

For

Public Health Nurses

May 08

Learning module for Completion of Families First Screening Tool

1. *Goals of the Learning Module*
2. *Introduction of Families First Screen*
3. *Knowledge*
4. *Skill Building a) Gathering Data, b) Guidelines for screening, c) Making referrals*
5. *Practice scenario*
6. *Summary*

1. Goals of the Learning Module:

a) To develop and appreciation for the philosophy of the Families First Program and Services

b) To enhance the knowledge and skills of practitioners completing the Families First Screen

c) To illustrate how the data that is measured by the Families First Screen is embedded in the nursing history.

d) To facilitate referrals based on data gathered during the Families First Screen.

2. Introduction of the Families First Screen

The Families first Screen is a tool that objective3ly measures a wide range of data gathered during the prenatal and/or postpartum nursing assessment. The consideration of their data is important in the light of the evidence that the brains of infants both prenatally and postnatal are positively impacted by such factors a good nutrition, absence of chemicals, e.g. smoking, drugs and alcohol as well as good mental health. The age, educational level of the parents and their ability to get and keep meaningful employment can also affect their propensity for engaging in a life-long commitment to parenting.

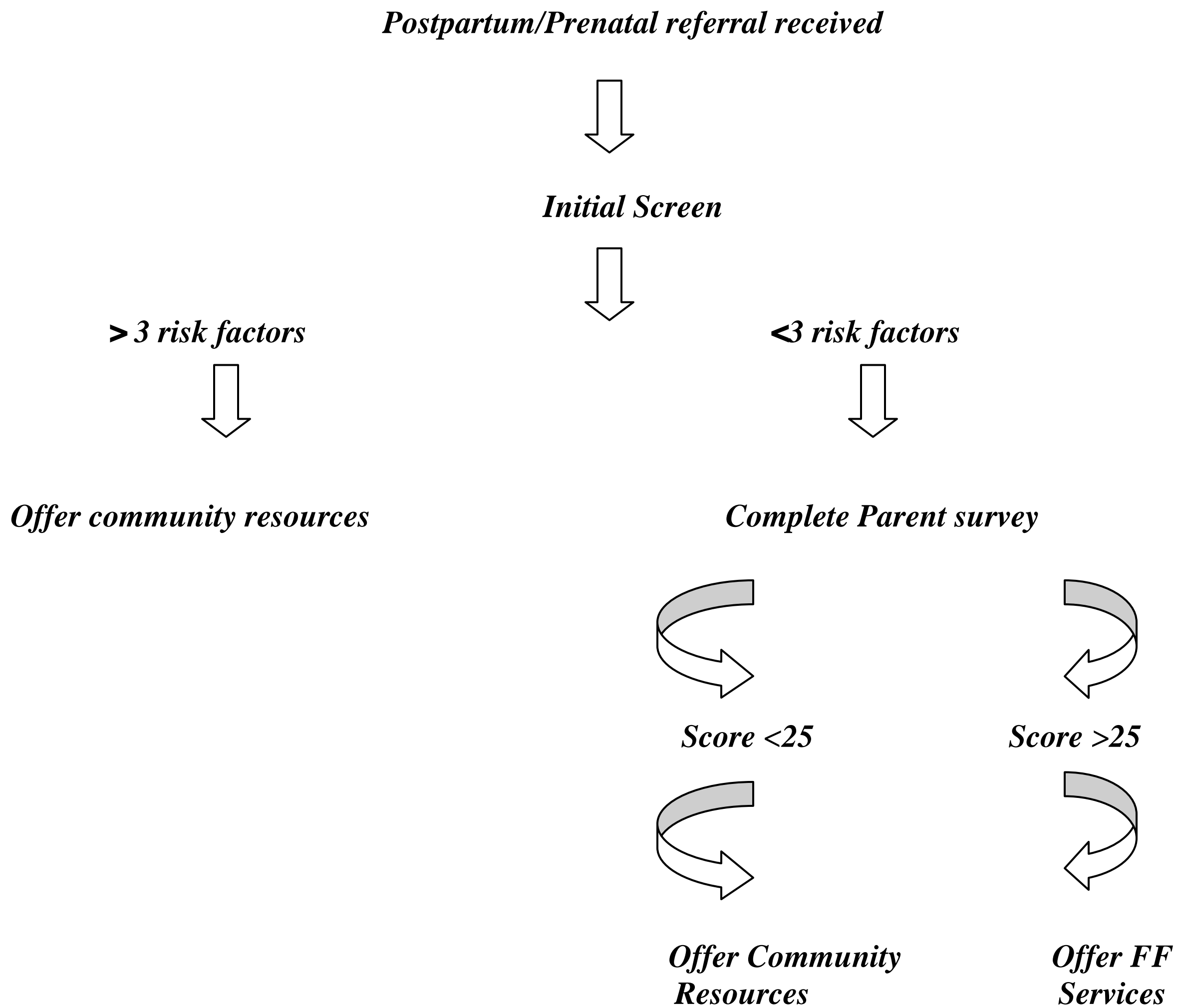
While the screen does not predict outcomes for children, it can call attention to behaviors and lifestyle choices that families may want to address with the hope of becoming more empathetic and effective parents.

Families choose from the services available in their communities those that may be helpful in improving their parenting skills. Examples of services are: a family resource centre in the neighborhood, counseling to resolve childhood issues or where substance abuse is a concern, a referral to a program designed to deal with this issue. In some situations they may work with a Families First Home Visitor to build on the strengths inherent in the family.

The Families First Screen may be a jumping off point for the nurse to facilitate a conversation that assists parents to do an inventory of their strengths and opportunities. The family and the nurse may then work together to enhance positive outcomes for children.

It is not a questionnaire - it is a conversation designed to assist us to meet the needs of the families in our community.

<u>Flow chart</u>



3. ***Knowledge:***

The supporting principles of the Families First Services are:

- *Strength-based beliefs*

The data from the Families First Screen is gathered by using a strength-based approach. Some of the beliefs underlying the strength- based approach are

a) *All parents want to be good parents*
b) *Individuals and families want to feel good and proud of themselves.*
c) *All people and their environments possess strengths that can be used to improve the quality of their lives.*
d) *Everyone has the potential to learn and change.*
e) *Motivation is fostered by a consistent emphasis on a family's strengths and values*
f) *People are most apt to grow when they are actively involved in choosing their own direction for parenting and family life.*

NB. The strength-based approach is not fabricating strengths that do not exist,. not simply focusing on the positives and ignoring concerns; it is not addressing concerns within the context of the nurse's value system,. and it is not telling people what to do or giving them advice (Parent Survey Resource Materials, 2004)

- *Family-centered*

To be family-centered, the practitioner is reminded of the following:

a) *The family defines who the child's family is*
b) *The family is the constant in the child's life. ..workers and programs come and go; your family is always your family.*
c) *Parents are their children's first and most influential teachers. Being family-centered means teaching parents how to support and stimulate their child's development. We do not work directly with the child,. We support parents to build their relationship with their child.*
d) *Including all household and family members who are important to a child's development regularly in visits, including family pets.*
e) *Honoring the culture, traditions and values of each family*
f) *Interacting and using materials that appeals to and engages both fathers and mothers.*
g) *Whenever possible include Dad and/or the other most significant adult who will be involved in raising this child, e.g. a new partner, Mom's father and/or mother, a close relative or friend.*

- *Relationship focused*

Why do you think that the Families First Program is built on a foundation of trust?

Trust is an essential component of the relationship between the family and the nurse, the family and the Home Visitor, the nurse and the Home Visitor.

How do we build trust?

To build trust we must:

a) *Be honest*
b) *Be punctual*
c) *Be predictable, dependable*
d) *Attend to boundaries*
e) *Be comfortable and make eye contact*
f) *Refer to parents and baby by name*

Your relationship with parents is the vehicle for change and growth. Everything families accomplish with your support is based on the strong, trusting relationships you develop from your contacts with the family.

To build a strong relationship with families avoid the following words: interview, questions, assessment, problems, help, need, eligible, qualify. These words do not build relationships.

Instead use words such as: ""visit with you about... ", ""talk about some of the experience you have had", ""ask about... ", ""some of the difficulties ", "something I might be able to add... ", "something that you are missing (or hoping for) ", "some ideas for parenting that you may be interested in ".

- <u>*Culturally competent:*</u>

What does being culturally competent mean to you?

Culture is much more than race or ethnicity. It encompasses sexual orientation, age, physical capacity, religion, socio-economic and educational background, gender, personality type, and degree of socialization. It is important to develop an appreciation and respect for values, behaviors and traditions inherent in the culture of others.

- <u>*Systematic*</u>

The Families First Screen is:

a) *A standardized and validated system for reaching out to parents and assuring the systematic discovery of family situations and strengths.*
b) *Is used universally, e.g. for every family who is expecting a baby and every family for whom a postpartum referral is received until the infant is three months old. NB. Families who are offered the program as a "late entry" will be offered the Parent Survey as the tool to determine appropriate services.*
c) *An objective measure of the data gathered during the nursing assessment/history.*
d) *Consistent with the practice of perinatal nursing as referenced in the Maternal and Newborn Nursing National Guidelines, 2000*

4. Skill Building:

a) *Gathering the data*

Conversation Techniques

- *Conversational style*
- *Make sure Mom and Dad (if present), is comfortable*
- *Start with less personal information e.g. demographic sheet Open-ended questions -what is an open-ended question? (Caution: A sentence that begins with "Why" often elicits a feeling of blame)*
- *Multiple choice format e.g. "What drugs have you and your partner use to relax? Marijuana? Cocaine? Crystal meth? Any others?"*
- *Reflective listening -do we listen to respond or do we listen to understand?*
- *Ask for what you want, e.g. ask father or grandparent to join you and Mom. (Caution: If there is prior knowledge of domestic violence in the family, DO NOT ask about conflict in the presence of both partners)*
- *No badgering*
- *Spend time on relationship*
- *Make it safe and comfortable for parents to be honest*

b) *Guidelines for screening*

Refer to the copy of the Families First Screen and a copy of the Guidelines for Completion of the Families First Screening Process (December, 2006). Review the form noticing aspects such as:

- *Year*
- *ID#*
- *Teleform- Do not use a cover sheet when faxing*
- *PHIN numbers -Baby's PHIN not available for several weeks*
- *Cultural information*
- *RHA number (WRHA* -10), *Community Area number*
- *Total score*
- *Signature*

NB. The data on a teleform when faxed, is entered directly in to the database of HCM. A teleform is recognized by the black and white squares in the upper left and right hand corner of the form.

c) *Making Referrals*

Refer to the algorithm on page 2 for review of the next steps for offering resources in their community.

Also review "Identifying and Responding To Families Experiencing High Risk Social, Family and/or Mental Health Situation, May 2005. " for high-risk situations. These guidelines will provide the practitioner with direction to assist families who are experiencing crisis related to mental illness, evidence of domestic violence or where a child is in immediate danger, to access safety.

NB. From this point on the practitioner who has engaged the family to gather the data for the Families First Screen (and not the Parent Survey) will refer the family on to a PHN Case Manager who will complete the Parent Survey. It is important to note that the PHN Case Manager who has attended the 4-day Parent Survey Provincial Training will explore many of the areas further in order to do a complete family health history or Parent Survey. It is not a 2-part process

5. Practice scenario:

The following scenario may be used as a read-and-score exercise.

An example of a conversation that may help to engage parents that is respectful and comfortable for both the nurse and the family follows:

The PHN (Brenda) visits Mary and her new baby, a girl, who weighed 4100gm at birth. Mary is 19yrs. Her partner (C/L), John is 21. They have been together less than a year, however have know each other since they were in school. The baby is 3 days old and Brenda has arranged to do a complete assessment and nursing history of the family.

The PHN (Brenda) visits Mary and her new baby, a girl, who weighed 4100gm at birth. Mary is 19 yrs. Her partner (C/L), John is 21. They have been together less than a year, however have know each other since they were in school. The baby is 3 days old and Brenda has arranged to do a complete assessment and nursing history of the family.

Brenda: Hi, Mary and John (shakes hands) I am Brenda the public Health Nurse and I am here to visit with you about wow things are going since you came home from the hospital, how you and the baby are recovering from her birth and a bit about the adjustment you and John have made to being new parents. It will take about an hour if that is OK?

John and Mary: Yes, come in.

Brenda: I understand that you have a new daughter in you family. What is her name?

Mary: We called her Sally, after my grandmother.

Brenda: The hospital told me that she weighted 4100 gm at birth. How much does she weigh in pounds and ounces?

Mom: They said she was 8 lb 14 oz.

Brenda: Did you expect to have a big baby?

Mom: No. The doctor was surprised that she was so big

Brenda: How was this pregnancy for you?

Mom: Most of the time I felt really good. Towards the end I had some trouble sleeping in the heat and I had some swelling.

Brenda: How about you Dad?

Dad: I worked night shift most of the last two weeks so I wasn't home at night.

Brenda: Were the two of you planning to have a baby now?

Mom & Dad: No.

Brenda: So, what was your reaction when you heard the news ? *Mom: I was upset. He didn't say too much at first.*

Brenda: Did you consider any options, for example, ending the pregnancy, or having someone else raise your baby?

Mom: Well, I did at first. But John said that would not need to happen - that we could manage. After we told our parents, we kind of got excited.

Brenda: How do you feel now that your daughter is here ?

Dad: We really think she is beautiful. She looks just like my little sister when she was born.

Mom: (is quiet)

Brenda: Mom, did you have any illnesses or infections during your pregnancy?

Mom: Yes, I had an infection "down below" before she was born.

Brenda: How did the doctor treat it?

Mom: Oh, he gave me some pills to take.

Brenda: Did you take them over a few days or all at once ?

Mom: All at once.

Brenda: What did the doctor call the infection that you had?

Mary: I forget. It started with a "c". Something like "clam "?

Brenda: Was it Chlamydia?

Mary: Yes. That's it.

Brenda: Does he want to see you again for a follow-up visit?

Mary: Yes, I will go in two weeks to see him.

Brenda: (Here the nurse ask a series of questions about Mary's physical health) How was your blood pressure? Any swelling? How was your blood? Did you take prenatal vitamins or iron? How was your appetite? How is it now? What have you had to eat today?

Brenda: Was this your first baby?

Mom: Yes

Brenda: Was this also your first John ?

Dad: No. I have 2 other children, 2 and 4 years.

Brenda: Who looks after your children ?

Dad: Their mothers.

Brenda: Do you get to see them?

Dad: I see my 4 year old every week but not my 2 *year old.*

Brenda: Hmm. Why is that?

Dad: Because my ex is with another guy who says they want to raise the boy by themselves.

Brenda: That must be hard for you? What about you Mary? Have you gotten to know the children at all?

Mary: Yes, we have the 4 year old over quite often. She is excited about our new baby.

Brenda: Who would you talk to at CFS about visiting with your 2 year old? Do you have a caseworker there?

What is her name? Phone number?

Dad: (Gives information about caseworker)

Brenda: You said that you were surprised about the pregnancy -how far along were you when you found out?

Mary: I was just about 4 months by the time I saw my doctor.

Brenda: How many of you're appointments were you able to keep?

Mary: I went about 5 times altogether, I guess. I missed a couple.

Brenda: Were you able to get everything you needed for the baby before she arrived?

Mary: No. I still have to get some things for her.

Brenda: So now that baby is here, who is helping you?

Mary: My step-mom lives across town.

Brenda: What will she help you with ?

Mary: I'm not sure. I hope she can do some laundry for me. I have to go to the Laundromat and I don't think I can go by myself with the baby.

Brenda: Who else can help you?

Mary: John, when he is not sleeping. And maybe my neighbour.

Brenda: Has your neighbour helped you before when you needed her?

Mary: Yes, one day I had the flu and she brought me over some soup and got some things that I needed from the store.

Brenda: So if/you suddenly needed to take the baby to the doctor and John wasn't home, would you call her?

Mary: Yes.

Brenda: (While Mary is feeding the baby, Brenda asks) Many people have drinks with alcohol in them before they knew they were pregnant. Did that happen to you?

Mary: Yes. I didn't know I was pregnant until about three months. Brenda: So, how often would you have had drinks with alcohol?

Mary: We went out to the bar quite a bit and I would drink beer.

Brenda: So, would you say that you drank every day? Every week? Once a month ?

Mary: A couple of times a week.

Brenda: When you would drink, how many beers would you say that you usually drank? A dozen? 7 or 8? 1-2?

Mary: I don't know. Maybe 5-6.

Brenda: Did how much or how often you drank beer or other alcohol stay the same after you discovered your pregnancy ?

Mary: I still went the bar quite a bit until I was about five months, then I stopped drinking altogether. My baby looks fine though -Should I be worried?

Brenda: Your baby looks very healthy. Have you shared anything about your alcohol use with your doctor?

Mary: No he never asked.

Brenda: Alcohol will affect babies differently. A mother's health, age and baby's own genetics will all play a role in how alcohol can affect a baby. You have used an amount of alcohol that has been known to have an affect on some children. I would encourage you to talk to your doctor

about your use of alcohol during pregnancy. This information may be important as your doctor watches your child grow.

Brenda: Now that the baby is here, how many drinks do you have?

Mary: Well, I haven't had any since she was born, but I have heard that you can drink when you are breastfeeding if you do it at the right time. Is that true?

Brenda: Well, the alcohol does get in to the breast milk when you drink and if the baby swallows it her liver will need to work at de-toxifying it so most doctors and nurses say not to drink alcohol when you are breastfeeding. We can talk more about that before I leave today.

Brenda: How about you Dad? Do you like to drink beer or liquor?

Dad: I only drink beer. I get sick when I drink liquor.

Brenda: So, how many beers would you drink when the two of you go out to the bar or a party?

Dad: I can pack them away!

Brenda: How does he get, Mary when he has 'packed them away"?

Mary: Sometimes he gets really mad. I don't like it when he drinks too much.

Brenda: How does Mary get when she drinks?

Dad: Oh, she gets giddy and then sleepy.

Brenda: Who will look after the baby when the two of you go out now ?

Mary: I don't know. I am hoping that we can find a baby sitter.

Brenda: Do either of you use drugs to relax? Like marijuana, cocaine, crystal meth? Or any other drugs?

Dad: Cocaine is too expensive. Sometimes if I have some extra money I will buy some marijuana from my friend. On a Friday night Mary and I will rent a movie and smoke a joint or two to relax.

Brenda: Did you experiment with drugs when you were younger?

Mary: Yes, we both did a lot of drugs when we were teenagers. Everyone we hung out with did back then. But we don't very often now and now that the baby is here we will have to do it less.

Brenda: You said that when you were growing up you used lots of drugs, how about getting in to trouble with the police?

Mary: I got in to a fight one night with some girls outside the bar and the police charged me with assault.

Brenda: How long ago was that?

Mary: About a year and a half ago, or maybe 2 years.

Brenda: How about you John?

John: I was always in scraps when I was growing up.

Brenda: Scraps ?

John: Yes, I have punched out quite a few guys in my time.

Brenda: Did anyone ever need to go to the hospital? Or were the police ever involved?

John: Yes. One time. I was charged but I got off on a technicality.

Brenda: Do either of you smoke?

Mary: I haven't smoked since I found out I was pregnant, but John smokes.

Brenda: Have you thought about how you will keep the smoke away from the baby?

John: I will smoke outside, I guess.

Brenda: John, you said that you work night shift. How long have you had to work at night?

John: Since I started this job at the warehouse. About 5 years ago.

Brenda: Do you have difficulty sleeping during the day ?

John: No, not really.

Brenda: Mary were you working outside your home before the baby was born?

Mary: Yes, I worked at the Grill downtown as a waitress.

Brenda: Are you getting Maternity benefits?

Mary: No. I wasn't there long enough.

Brenda: Will you have enough money to pay for rent, food, baby expenses and other things that you need each month?

John: I am worried about being able to make enough money to look after all of us? I told Mary that she should apply for unemployment insurance just so we would have a little extra.

Brenda: Well, we can talk a little later about some of the resources in the community that will be helpful for you to stretch your money.

Brenda: When the two of you left school, how far did you get?

John and Mary: We both finished Grade 11, or at least Mary did. I actually needed two more credits to get Grade 10.

Brenda: Is that something that either of you have thought about? Finishing High School?

Mary: I have. But now that the baby is here I won't be able to do that. Brenda: Well Mary, there are a lot of young women who do finish grade 12 either by studying and writing GED exams or who go to school for adults here in the community where they have child care so later when you are feeling better maybe we can talk about that more.

(Pause)

Brenda: Can we talk about your family history for a bit? I would like to know if there is any history of mental illness in your families.

Mary: Not in mine.

John: My brother has schizophrenia.

Brenda: How about you John? Has there ever been a time when you had any symptoms, like depression, or hearing voices or seeing things or just being very anxious or worried about yourself?

John: No, not really.

Brenda: How about you Mary?

Mary: I was depressed when I was in school.

Brenda: Did you speak to anyone about your feelings of depression ? Like a counselor?

Brenda: How do you feel now?

Mary: I used to see the school psychologist

Brenda: How long ago was that?

Mary: About 2 years.

Brenda: How do you feel now?

Mary: I feel a little depressed, but I am so embarrassed about it because everyone tells me that I should be so happy with this baby. I really am happy with my daughter but I feel so tired that it is hard to be really happy.

Brenda: Yes, new parents are often very tired and we can talk about how you might be able to get more rest, but it is also important for you to know that if you continue to feel depressed, that your doctor or PHN need to know about it so that they can help with that. . I will make sure that the nurse contacts you about how you are feeling in a few days. Is that OK?

Mary: Yes.

Brenda: Most new parents who have just had a baby think about what it was like when they were growing up. Some think 'when I have children, I will never do that to my child', and some think

that' when they have children they will do exactly what their parents did to raise them '. Can I ask the two of you, what it was like for you when you were growing up ?

Mary: Well, when my Mom was alive she and I got along really well. I really miss her. But my Dad, on the other hand was a scary guy. When he came home and especially when he was drinking, we all ran for cover.

Brenda: Did he ever hit you or your brothers and sisters?

Mary: Yes, he used to hit my brother a lot and I got it quite a few times too.

Brenda: When you "got it" from your dad, what did he use? A stick? A belt? Or something else?

Mary: Whatever he could get his hands on.

Brenda: And how about you John?

John: My dad just used a belt on us kids to get his point across.

Brenda: And when the two of you get angry at each other or have disagreements how do you handle it? Mary, you said earlier that you didn't like when John came home after drinking. Has there ever been a time when either of you hit each other when you were angry ?

Mary: Yes. I have hit John a couple of times. But he has hit me more than that so I didn't feel too bad.

John: Well, I didn't mean to hurt her. (Looks sheepish)

Brenda: So it sounds like maybe the two of you might be interested in knowing about ways to settle your differences other than hitting at each other?

Mary: Yes, because I don't want my daughter to see us fighting. I don't think that it would be good for her to see her Mom and Dad hitting on each other.

Brenda: You are right Mary, children who grow up in homes where their parents are fighting are very frightened and often do not feel very secure. When they grow up they have a harder time at school and making friends. So I am impressed that you understand how your not fighting with John would be good for your daughter. We can talk about some ideas that I have for the two of you to learn different ways to be with each other that would be different from hitting.

Brenda: Thank-you for sharing this information with me. I appreciate it and it will help me to help you be the very best parents you can be.

Brenda: Now I would like to have a good look over your baby and check your blood pressure and temperature Mary. Would that be OK? It's important that we see that you are all recovering from the birth.

The End

What score would you assign this data?
What community resources and/or referrals would the nurse offer after gathering this data?

6. Summary:

A conversation that facilitates gathering of the data on the Families First Screening form is an art. Inviting parents to talk about their childhood history is not only important for us to understand the personal challenges that parents will experience but also an opportunity for them to begin their development as a parent. If they are lost in their childhood due to abuse, they will have significant challenges to their growth as parents. If they are experiencing symptoms of a mental illness, they may be unable to provide appropriate care to this child. . If one of the parents is living in fear of the other, they may be unable to provide the security that a baby needs to develop trust in this caretaker.

The Families first Screen will give us objective data about one or more members of the family so that a move may be made to offer services in the community from something as simple a Healthy Baby site, all the way to an instensice home visitation service to the family.