

FAMILY MAPPING is an individual level intervention designed to help people first to understand characteristics of their families and then to draw on the identified strengths of the family in order to engage healthcare, including care for HIV infection. The key characteristics of Family Mapping are: the respect paid to the family as it is defined by the client; the creation of a visual account of a family’s relationships, achievements, and resource network; and the non-judgmental, participant-driven nature of the activity.

CURRENT ACTIVITY SETTING

Family-Centered Social Service Agency for People with Criminal Justice Involvement, Family Case Management

- ✓ Directly links the client to medical care
- ✓ Gets the client in a conversation about starting medical care
- Brings the agency closer to where HIV+ people are so that the conversation can begin

I. DESCRIPTION

OBJECTIVES

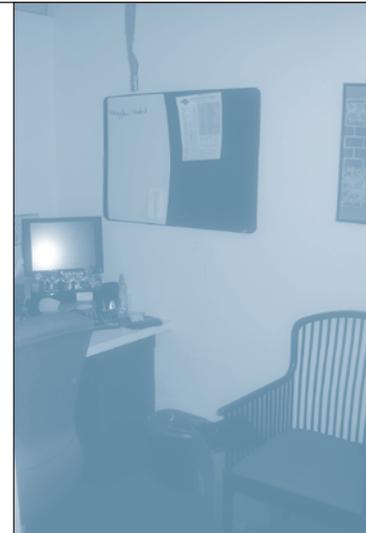
- ▶▶ To enable clients to identify the “negative” and “positive” patterns that exist in their families
- ▶▶ To help clients recognize and draw on the strengths of their family
- ▶▶ To provide a structured mechanism to help formerly incarcerated clients develop a plan to remain in the community, gain access to service providers, and improve their well-being and that of their families

POPULATION SERVED

- ▶▶ Individuals with a history of criminal justice involvement and their families, including:
 - Individuals with low income from African American and Puerto Rican communities
 - Current and former injection drug users
 - Public housing residents

ACTIVITY DESCRIPTION

Family Mapping uses a creative, visual model that allows insight, facilitates problem solving, and supports an overall balanced life for HIV+ individuals newly released from correctional facilities. It is a process that begins during the first meeting, but can take more than one visit to complete.



QUICK NOTES:

- ▶ Clients arrive at the agency through a variety of channels. Parole/probation supervision officers may directly refer to the agency an individual recently released from a correctional facility, or an agency case manager attends a home visit with the officer to meet with the family of a soon to be released inmate. During such a home visit, the case manager talks with the family about the resources the agency can provide.
- ▶ If a family member does not contact the agency after the visit, the case manager follows up with them. S/he may also contact the inmate before discharge to extend an invitation to visit the agency upon release.

First Meeting at Agency

- ▶ A client and a family member arrive at the agency, where a receptionist greets them and asks if they have a scheduled appointment. If they don't, the receptionist offers them an impromptu meeting with a family case manager.
- ▶ The family case manager provides an introduction to the agency and begins to learn about the client's situation. The case manager's interview style is affirmative; it builds rapport and gives positive reinforcement. S/he watches for body language that signals discomfort or nervousness and adjusts the questions accordingly.
- ▶ The discussion addresses the client's needs and how the agency can help meet them.
- ▶ To begin the family mapping process, the case manager inquires about family members who live in the area.
- ▶ The case manager mentally maps the client's family network and verbalizes the strengths of the family. In addition, the case manager encourages the client and family member to talk to each other and work together to identify family dynamics.
- ▶ Before the initial visit ends, the client signs necessary agency forms.
- ▶ The first visit sometimes ends at this point, with a follow-up visit scheduled. Other times, the visit continues with Family Mapping.
- ▶ It is best to begin and complete a family map within the first two weeks of meeting the client.

Identifying the Family

- ▶ The case manager introduces the process of family mapping by observing, "We are all affected by the dynamics of our families and networks," and then asking, "Could we take a minute to put down on paper what I'm hearing from you?"
- ▶ Using the information that the client and family member have already shared, the case manager starts to draw a family tree, placing the client at its center.
- ▶ The case manager then probes for further information to flesh out the map. Possible questions include, "Who is in your household?" and "Do you have any brothers or sisters?"
- ▶ On the sheet of paper, the case manager draws circles around the family members who live together and notes the gender and ages of everyone on the family tree.
- ▶ The case manager asks about other people who are not related by blood but may be a part of the client's family, such as a frequent child care provider or godparents.
- ▶ A discussion about the quality of family relationships begins.

Charting Strengths in the Family

- ▶ Inquiring about these relationships, the case manager might ask, "Who do you feel closest to?" S/he marks these close relationships on the map.
- ▶ During this conversation, the case manager continues to identify and highlight the strengths apparent in the client's family network. S/he may also invite the client to bring in other family members for support: "Can you bring your daughter in with you sometime? I'd love to meet her."
- ▶ The case manager places symbols on the family map to indicate people's strengths and accomplishments, such as graduating from high school, being a nurturing figure in the family, or achieving sobriety.

Charting Tensions in the Family

- ▶ The case manager asks about any tensions or issues the family is dealing with. How, for example, the family responded to the client's incarceration and return home.
- ▶ The case manager places symbols on the family map to indicate conflicts or tension with other family members, and relationships affected by separation, divorce, or death.

Identifying Positive and Negative Patterns in the Family

- ▶▶ When the client's needs and problems surface, the case manager finds out if these issues are part of a larger pattern in the family. For example, s/he may ask if anyone else in the family is HIV+, has used substances, has been incarcerated, or has mental health issues. Together, they will mark the family map with lines and colors to signify the needs and issues discussed.
- ▶▶ Looking at the family map, the case manager asks the client to identify any positive or negative patterns in the family, including those for level of education, criminal justice experience, substance use, etc. The case manager can assist the client in this discovery by asking such questions as, "What do you see in this map?" and "What do you notice about substance use in your family?"
- ▶▶ The observations the client and case manager make while looking at the whole map help them to understand patterns in the family that may have contributed to the client's current life situation. What's more, it can stimulate new thinking and actions that promote the client's health and well-being.
- ▶▶ The case manager also assists the client in discovering positive patterns, such as people helping or supporting each other, that will be helpful to the client in making desired changes in health, housing, and life.
- ▶▶ Important in this discussion is asking how the client helps or supports family members: "Who do you help?" or "What kinds of things do you do for your family?" The case manager reinforces the ways the client is a positive support in the family in order to build the client's self-esteem.

Identifying Needs

- ▶▶ The next step in the discussion is to focus in more detail on the client's life situation and identify needs. The case manager asks specific questions about the client's experience being recently discharged from jail/prison and with substance use, lack of housing or employment, and HIV and other health concerns.
- ▶▶ The case manager explores the family's relationship with the health care system by asking the client and family member specific questions: "When's the last time you've had a good check-up?" "Where do you go for health care? Do you like your doctor?" The case manager may then ask the client, "Do you have any specific health issues you want help with?"
- ▶▶ As the conversation continues, the case manager, who is trained to identify symptoms of HIV disease (i.e., symptoms of opportunistic infections) observes for any physical signs of health concerns.
- ▶▶ When a client volunteers an HIV+ status, the case manager draws the client into further discussion to learn whether s/he received treatment in the correctional facility, is currently on a treatment regimen, and how the client feels about other family members knowing his/her HIV status. The case manager may offer to speak to the client privately, or may ask the client's family member how they feel about the client's HIV infection.
- ▶▶ When a client is not taking medications, the case manager explores the client's difficulties in accessing or adhering to treatment and how the agency can help.
- ▶▶ The health concerns of family members and the medical care they receive are reviewed.
- ▶▶ The family member is encouraged to support the client in obtaining HIV health care (and other services). If a client is not in care, the case manager will offer to connect the client to a health clinic.

Follow-Up Visits

- ▶▶ When the case manager feels that the family network and its positive/negative patterns have been sufficiently documented and immediate client needs have been identified, an appointment for a follow-up meeting is schedule to develop a plan to link the client to needed services.
- ▶▶ Follow-up work includes the development of a Family Action Plan to help family members identify, and be accountable for, any steps necessary for linking to services and care.
- ▶▶ It also includes eco-mapping, which builds on the family map by having clients identify and illustrate the network of health care, social, family, educational, and spiritual resources used by the family. This allows the client to identify relatives who may be able to help with accessing medical care or supportive services.
- ▶▶ The case manager documents the next steps the client and his/her family will take and any referrals or appointments that have been made for the client.

- ▶▶ The family map is filed for continued mapping with the client and family members.
- ▶▶ The case manager follows up with the client on any services that they discussed previously and they continue to meet in the office, over the phone, or on home visits.
- ▶▶ The client or his/her family members can return to the agency to meet with the case manager, either by appointment or on a walk-in basis. As new information surfaces, the agency places it on the family map. If another family member is eligible for and requires agency services, s/he becomes a client and a new version of the family map is created.

PROMOTION OF ACTIVITY

- ▶▶ Word of mouth
- ▶▶ Crisis referral
- ▶▶ Referrals from service agencies, probation or parole officers, police, needle exchange centers, and child welfare offices

II. LOGISTICS

STAFF REQUIRED

- ▶▶ Family case manager
- ▶▶ Receptionist to welcome clients and connect them with a family case manager

TRAINING & SKILLS

- ▶▶ Staff members must share common values with respect to criminal justice and substance use.
- ▶▶ They must have the capacity to listen carefully to clients and support them in a way that is empathetic, non-judgmental, and non-controlling.
- ▶▶ The staff should know and have connections to the community and its health and social resources.
- ▶▶ The family case manager must be skilled in motivational interviewing.
- ▶▶ The staff should have basic training in understanding and recognizing symptoms of HIV disease.

PLACE OF ACTIVITY

- ▶▶ A private office at the agency
- ▶▶ Client homes

FREQUENCY OF ACTIVITY

- ▶▶ For a given client, the activity takes place during the first two weeks of a relationship with the agency. The agency makes adjustments for families, as needed.
- ▶▶ A family case manager will usually focus up to a year on a client and family.

OUTSIDE CONSULTANTS

- ▶▶ Outside consultants provide clinical support to, and supervision of, staff

SUPPORT SERVICES

- ▶▶ The agency accepts collect-call charges from correctional facilities and provides food vouchers, public transportation cards, and escorts to court for clients.

CONDITIONS NECESSARY FOR IMPLEMENTATION

- ▶ The agency must be located in the area where the clients reside.

III. STRENGTHS AND DIFFICULTIES

STRENGTHS

- ▶ The participatory nature of the family mapping exercise
- ▶ Its ability to render in a single image cross-generational family patterns in behavior, relationships, and health
- ▶ Its empowerment of clients to see the range of support available to them in their family network and to develop an action plan that uses them well

WEAKNESSES

- ▶ The difficulty in storing and accessing the hand drawn maps on a computer
- ▶ The difficulty this process has interfacing to other health systems' intake processes
- ▶ The general population's lack of familiarity with genograms (i.e., the "family map")

DIFFICULTIES FOR CLIENTS

- ▶ Family Mapping is unlike other case management tools and is new to most clients.
- ▶ Creating a family map is time intensive.
- ▶ The client-driven nature of the activity takes some adjustment for formerly incarcerated clients, who are used to "being told what to do and how to do it."

DIFFICULTIES FOR STAFF

Some clients may not cooperate in creating the family map because they do not initially appreciate its value.

OBSTACLES FOR IMPLEMENTATION

There can be resistance from law enforcement professionals to services for formerly incarcerated individuals.

ACTIVITY NOT SUITED FOR

N/A

IV. OUTCOMES

EVALUATION

- ▶ Participant charts are reviewed as a quality assurance measure.
- ▶ Client cases, including family maps, are presented and reviewed by staff on a weekly basis.
- ▶ The case manager monitors outcomes through client self-reporting and tracking of medical appointments attended.

EVIDENCE OF SUCCESS

- ▶▶ Case reviews indicate improvements in the physical health of clients after six months of agency services.
- ▶▶ Increases in client use of neighborhood HIV resources
- ▶▶ Increase in the development of HIV related family action plans
- ▶▶ Increases in clients' health care referral follow-through

UNANTICIPATED BENEFITS

- ▶▶ The agency is able to provide government agencies with a model that gives people insight into the resources within their own family network and empowers them to take the steps necessary to improve their own lives as well as the lives of their families.

“CONNECTING TO CARE” ELEMENTS OF ACTIVITY

- ▶▶ Family Mapping demonstrates respect for the family as it is defined by a client.
- ▶▶ It helps clients to see positive and negative family patterns and to understand the health needs within the family. This, in turn, leads them to create an action plan, which builds on the family's strengths and supportive relationships, to access necessary services including HIV health care.
- ▶▶ It's a non-judgmental, participant-driven tool of engagement that enables people “to own” their experience. Family mapping reveals the health needs and behavioral patterns in a family and, because it's visual, enables people to expose truths without having to state them.
- ▶▶ The activity helps people to see “the quality of their lives.” The family case manager asks clients what they need, rather than telling them, and gives all clients respect: something that formerly incarcerated clients don't receive in the corrections system, but need to function to their full potential in society.

KEEP IN MIND...

- ▶▶ The focus should be on the strengths and positive patterns of the family, not on its deficits.
- ▶▶ It is important for supervisors to treat staff members as professionals, to listen to what they have to say, and to support them in their work.
- ▶▶ Staff members can use questions they have about their own families as a guide for their inquiry work with clients.
- ▶▶ Family Mapping works best when done in conjunction with eco-mapping because the two diagrams together show the internal relationships within the family and the relationships between family members and external systems of service and care.