# Part 1

*8:45-9:00/12:45-1:00 Join*

**9:00-10:30/1:00-2:30** High level review of core crisis competencies

Crisis System of Care Framework Iatrogenic harm

Storytelling-changing the deficit narrative Parents as collaborators

*10:30-10:45/2:30-2:45 \*Break\**

**10:45-12:00/2:45-4:00** Rethinking hospitalization

Getting to the essence of the distress Louie—immersive exercise

“State not trait” mental model

*12:00/4:00 End of Day 1*

# Part 2

*8:45-9:00/12:45-1:00 Join*

9:00-10:30/1:00-2:30 Youth and family-centered care (“True North” approach)

Group experience—feeling the difference between expert-centered vs family-centered approaches

Recognizing/joining with “strength” Resolution-focused interventions

*10:30-10:45/2:30-2:45* \*Break\*

10:45-12:00/2:45-4:00 Productive vs counterproductive approaches—large group immersive

exercise

Applications of competencies in safety planning Conversation starters

*12:00/4:00 Training conclusion*

* 1. **total content hours**

**Learning Objectives**

As a result of this training, participants will be able to…

* + - Identify the *essence of the distress* of children in crisis and their families.
    - Articulate the value of interpreting behavior as indicative of ‘state’ rather than ‘trait’
    - Detect when one is operating in an “expert’ stance and reorient to a youth/family-centered stance
    - View and identify strengths in broad terms and use that knowledge to join with youth and parents “where they are”
    - Demonstrate consideration of both potential for health benefit and risk of iatrogenic harm when engaging youth and parents in treatment decision-making
    - Articulate the difference in care experience between treatment approaches that are productive and counterproductive
    - Discuss the value of activating parents as empowered drivers of their children’s healthcare
    - Identify the Iatrogenic effect of using approaches that blame parents
    - Use strength-based story-telling to shift away from deficit ‘expert think’ and towards youth/family centered approaches
    - Identify ways that IHT and ICC teams contribute as part of the Crisis System of Care
    - Identify a broad set of risk factors the mobile team must consider when engaging children in a school-based setting
    - Select questions that can be used to effectively join with a person (i.e. parent, school/residential center personnel) who holds an opposing view to that of the mobile crisis team