

PARTNERING WITH FAMILIES

DESCRIPTION

Partnering with families involves working collaboratively with family members on all levels -- individual, program/school, and policy -- of school mental health services. In addition to involving families meaningfully in a student's treatment plan and progress, families also play a central role in the development, oversight, evaluation, and continuous quality assessment and improvement efforts of the school mental health program. For a more expanded definition of family-driven care, see: http://www.ffcmh.org/systems_whatism.htm.

RATIONALE

Families are essential partners in improving the mental health and well-being of their children. When families are approached in the spirit of true partnership, they are more likely to invite and welcome providers' support in evaluating needs, developing goals, and identifying effective ways to strengthen the family and promote safety and well-being. Family engagement also leads to increased family cohesion, improved family climate, and conflict reduction within the family system.

RECOMMENDATIONS

Shared power in decision-making on all levels is an important aspect underlying family-provider collaboration in school mental health. *The following recommendations offer guidelines to advocacy groups, schools, and school mental health providers on how to collaborate most effectively with families on three levels-- policy, school, and individual.*

Engaging family at the policy level

Families must have a primary decision making role in the policies and procedures governing school mental health services for all children in their community. *The following suggestions on engaging family on a policy level are taken and adapted from the Federation of Families for Children's Mental Health's document [Involving Families in Policy Group Work](http://www.ffcmh.org/pdf/policycorner/involvingfamiliesTIPsheet-1.pdf). For the complete document, go to: <http://www.ffcmh.org/pdf/policycorner/involvingfamiliesTIPsheet-1.pdf>*

1. Recruit family members for policy groups
 - Reach out to existing state and local family mental health agencies, parent support groups, mental health providers, children's mental health advocacy organizations, and schools to establish connections with families who may have an interest in participating in policy level work on issues of school mental health.
2. Train and support family members to work in policy groups
 - Offer family members training on framing personal experiences to illuminate issues related to larger systems (e.g. school district, local or state department of mental health)
3. Select meeting times and locations that support attendance
 - Use flexibility and creativity to find meeting times (e.g., evenings, weekends, conference calls) that accommodate family scheduling needs.
4. Recruit more than one family representative
 - Ensure the range of family voice at the table by having a diverse group of family representatives in a policy group.

5. Supply flexible financial support if possible
 - Be aware that not all families can afford the ancillary expenses of joining a policy group. If possible, reimburse costs incurred, such as transportation or parking, at every meeting.
6. Provide access to communication
 - Be aware that family members, just as other policy group members, may need to communicate with their children, daycare, or work during meeting times.
7. Share information
 - Offer family members background information on topics being discussed at policy meetings and offer opportunities to provide family perspectives during meetings.
8. Provide validation & appreciation
 - Acknowledge the contribution and value of family member input. Publish meeting minutes to create a formal record of group activities.
9. Sustain family involvement on policy groups
 - Ensure that policy groups have the structure, mission, and leadership to sustain family involvement successfully.

Engaging family at the school or program level

According to the Federation of Families for Children's Mental Health, ensuring that families are equal partners in the planning, implementation, and evaluation of services empowers families and children to make decisions about their own lives. *The following recommendations offer ideas on how to engage family members at the mental health program or school level.*

1. Train mental health staff, pertinent school staff, youth, and family members on the concept of shared decision-making.
2. Collaborate with family-run organizations in the community to link families involved with school mental health programs to family support activities in the community in order to reduce isolation, gather and disseminate accurate information, and strengthen family voice.
3. Introduce yourself to all family members, personally inviting their partnership and participation in school mental health programs and services.
4. Host meetings for family members in order to provide information about student mental health concerns (e.g., substance abuse, how to talk to your teenager about depression) and about available school mental health services. Avoid mental health jargon when communicating with families about school mental health.
5. Be aware of literacy, [cultural, and language](#) differences, and establish a plan for accessing interpretation services if needed.
6. Use multiple mechanisms to obtain feedback from families about their needs and concerns related to school mental health services. Inform families how their feedback will be integrated into the program.
 - Attend and provide a brief presentation about available school mental health services at pre-existing meetings such as PTA meetings.

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- Have a table or booth at school open houses and family nights. If possible, ask family members and youth to be at the booth to engage other family members.
7. Encourage family participation on school-based teams (e.g., Student Support Team, School Improvement Team, school mental health advisory board).
 8. Encourage family members to share any applicable resources or skills, help secure financial resources, assist with public relations, advocacy, and marketing, and offer trainings to school and mental health staff.
 9. Help families advocate for a family liaison position at the school or mental health program.
 10. Work with family members to produce a brochure that highlights the main goals and objectives of your program.

Engaging family members in services

In a review of empirically supported approaches to working with families, Hoagwood (2005) presents four key strategies to engage family members in treatment:

1. Engage families by forming a connection with families from the first point of contact.
 - School mental health providers meet families “where they are,” enhance the relationship, and maintain strong connections throughout treatment. Engaging families in the treatment process from the beginning results in better attendance and follow-through with children’s mental health services.
2. Collaborate with families by actively partnering with them in assessment and intervention.
 - School mental health providers turn to families for insight and knowledge to tailor the therapeutic processes to issues at home and in the community. Families can help the school mental health provider by:
 - a. Providing comprehensive information about the student’s health and development, social history, coping style, etc.
 - b. Collaborating with the school mental health provider to develop realistic and effective treatment plans.
 - c. Promoting the student’s well-being by enacting changes in their home environment.
 - d. Monitoring the effectiveness of therapeutic interventions.
3. Serve as a source of resources and support to families, and connect them to viable supports in the school and community.
4. Empower families by promoting family involvement at the highest level.
 - By acknowledging barriers,* mental health providers can equip families with the means to contribute to and guide the treatment process and help to instill hope and self-efficacy in families.

*Potential barriers to family involvement in mental health services:

Students may...

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- a) prefer not to involve family members in their mental health treatment.
- b) attempt to conceal sensitive mental health issues (e.g., substance abuse, sexuality).
- c) fear bringing volatile family members and issues into the school setting (e.g., family violence, abuse, conflict).

Family members may...

- a) have routines/responsibilities that take precedence over mental health services (e.g. work).
- b) lack childcare or transportation.
- c) fear being blamed for child's issues.
- d) fear being spoken to in a condescending manner.
- e) not understand mental health "jargon."
- f) be concerned about [confidentiality](#).
- g) experience stigma associated with seeking mental health care.

School mental health providers may...

- a) fear that family involvement will slow down and/or complicate treatment process.
- b) fear that family involvement will negatively impact the therapeutic relationship (particularly if family relations are strained).
- c) be unaccustomed to sharing control with or recognizing expertise of family members.
- d) have time demands that make it difficult to engage families.

REFERENCES

Blau, G., Osher, D., & Osher, T. W. (2006). *Shifting gears to family-driven care: Ambassadors tool kit*. Rockville, MD: Federation of Families for Children's Mental Health. Retrieved from http://www.ffcmh.org/systems_whatism.htm.

Bourne, T., Olayinka, S., Ortega, A., Rojas, S. & Strnad, C. (2002). Working toward cultural competence through family involvement. *Focal Point A National Bulletin on Family Support and Children's Mental Health*. 16 (2), pp. 18-20. Retrieved from <http://www.rtc.pdx.edu/PDF/fpF0207.pdf>

Federation of Families for Children's Mental Health (n.d.) *Involving Families in Policy Group Work*. Retrieved from http://www.ffcmh.org/publication_pdfs/involvingfamiliesTIPsheet.pdf.

Hoagwood, K.E., (2005). Family-based services in children's mental health: A research review and synthesis. *Journal of Child Psychology and Psychiatry*, 46(7), 690-713.

SAMHSA (n.d.) *Systems of Care*. Definition of Family Driven Care. Retrieved from <http://www.systemsofcare.samhsa.gov/headermenu/deffamilydriven.aspx>.

The University of Maryland's Center for School Mental Health (2008). *School Mental Health Quality Assessment Questionnaire (SMHQAQ) Quality Indicator Power points, Indicators 4, 19*. Retrieved from <http://www.schoolmentalhealth.org/Resources/Clin/QAIRsrc/QAQQP>.

RESOURCES

<http://www.childwelfare.gov/famcentered/casework/engagement.cfm>

Describes strategies for developing a rapport with families from other cultures

www.tapartnership.org/advisors/family/the_family_page.asp

Power point on partnering with families -- follow links under Defining Family Driven Care to "View the PowerPoint slides"

<http://www.phmc.org/pdf/ParInvTK.pdf>

The Parental Involvement Tool Kit is a resource for program planners and program staff interested in incorporating or increasing parental involvement in their youth-serving programs.

<http://familyorgdirectory.fmhi.usf.edu/>

The national directory of family-run and youth-guided organizations for children's mental health lists family-run, youth-guided organizations, and support groups throughout the US.

<http://www.rtc.pdx.edu>

The Research Training Center (RTC) provides research, publications, toolkits, and training information on mental health care that is community and evidence based, as well as family driven.

http://csmh.umaryland.edu/resources.html/resource_packets/download_files/family_involvement_2002.pdf

The Center for School Mental Health's Family Involvement in Expanded School Mental Health Programs Resource Packet

http://www.ideapartnership.org/documents/Shared%20Agenda_final.pdf

A concept paper offering recommendations to family, schools, youth organizations and mental health leaders on moving towards increased collaboration