Engage Us:

A Guide Written by Families for Residential Providers

April 2012

Acknowledgments

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The Building Bridges Initiative would like to acknowledge the sustaining support of Magellan Health Services, Inc. Their commitment to BBI principles and practices ensures that the voices of families and youth are foremost in providing guidance to the field on how to support successful engagement.

The generous support of SAMHSA and Magellan made the development of the Family Engagement Guide possible.
We are deeply appreciative.

The Building Bridges Initiative (BBI)

Building Bridges is a national initiative focused on supporting positive outcomes for youth and families served in residential programs and their community counterparts. Founded on core principles, an emerging evidence base, and acknowledged best practices, the BBI emphasizes strong collaboration and coordination between providers, families, youth, advocates, and policymakers to achieve its goals. More than 130 organizations have endorsed the Joint Resolution, which articulates the values and principles of BBI. To find out more about the national Building Bridges Initiative (BBI), please visit: http://www.buildingbridges4youth.org

The Youth and Family Partnerships Workgroup

The goal of the Youth and Family Partnerships Workgroup of the Building Bridges Initiative is to ensure that the voices of youth and family members are fully and meaningfully incorporated into all BBI workgroups and activities. The Youth and Family Partnerships Workgroup has created a Youth Advisory Group (YAG) and a Family Advisory Network (FAN) each of which has 10-15 members responsible for initiating and carrying out specific projects and providing feedback to other workgroups. The members also connect with their local communities to deepen and expand the range of youth and family voice in the Initiative.

The Family Advisory Network (FAN)

FAN created this guide based on the experiences of their own and other families whose children have been in residential care. This guide captures the unique family perspective on how to genuinely engage families in the residential experience - including known best practices on family-driven and youth guided care.

Members of the Family Advisory Network:

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Introduction

The Family Engagement Guide recognizes the difficult work that providers, youth and families engage in when coordinating supports and services for youth and families with social, emotional, and behavioral challenges. The Building Bridges Initiative's Family Advisory Network (FAN) developed this Guide as a tool to support providers in their efforts to improve the experiences and outcomes for children and families. The goal of this guide is to deepen family-driven practice and promote better engagement with families.

The recommendations in this guide come from parents who have 'lived' experience. Input was gathered over several months from 16 families in 11 states who were willing to share their experiences in order to support others. Some members of FAN shared hopeful, positive experiences while their children were in residential care, others were not as fortunate. Most of these parents are now employed as family advocates, providing support to other families. They are employed by family organizations, states, counties, and providers and in some instances are founding directors of family-run family support organizations. Because of their work with other families, their observations represent the experience of many. Three contributors had a child in a residential program at the time this paper was developed.

Over months of conversation, family members spoke, often haltingly, of the losses each of their families had experienced as they tried to get help for their child: a loss of self-confidence, a loss of feeling competent, a loss of direction, a loss of connection, and a loss of hope. All expressed a wish that there would have been other resources available earlier in their journey, including preventive services and supports. All felt that they paid a tremendous price for choosing residential even though most felt it was the best choice at the time given the options that they had.

The price these families paid was expressed primarily as time lost with their child and the loss of 'normal' family and youth experiences, such as:

- Feeling a connection with their child
- Relationships with siblings and friends
- Family gatherings
- Educational opportunities
- Team sports and extracurricular activities
- Learning to date and dating
- Bar Mitzvahs and other rites of passage
- Driver education
- Other developmental and social milestones

While obtaining help and keeping their children safe was of utmost importance, families expressed that more could have been done to minimize these losses. The following themes clearly emerged:

1) Most fundamentally, we ask you to lead efforts to create the kinds of services that will help us avoid residential placement and prevent the disruption of an out of home placement. If placement is not avoidable, we need short-term residential options, near our home community.

2) When placement is necessary, acknowledge our family's loss as real and work with us and our child to preserve as much normalcy as possible. Involve us in the day-to-day lives of our children, not as 'visitors' but as parents.

3) Assure constant two-way communication and collaboration with providers who listen and show respect for us and our children.

4) Invest in highly skilled staff who use best practices to accomplish our shared goal of helping our child successfully return home as soon as possible.

5) Provide access to peer parent support partners.

6) Foster hope and resilience.

We hope you find this guide helpful in your efforts to engage families and we encourage you to implement the ideas and practices we have shared.

To know the road ahead, ask those coming back.

- Chinese Proverb

Why Engage Families?

A family is the most effective way to raise a child. Family is where we learn trust, a sense of ourselves, our culture and traditions, and how to love and live in the world. For many of us, families are a primary source of unconditional love and acceptance. Families will be involved long after service providers are gone.

When families are involved and respected, outcomes improve in schools, in medical care, and in the system of care that serves children with mental health challenges (Obrochta, et al, 2011).

In the book, "Collaborative Therapy with Multi-Stressed Families", William C. Madsen (2007) stresses the crucial nature of engaging families:

> In conversations with families about their experience of helpful services, the consistently emerging themes have revolved around how families felt they were treated by helpers. Clients have repeatedly emphasized the importance of interactions characterized by respect, connection, curiosity, and hope (p.20).

Georgetown University Center for Human Development states the following:

> Family involvement is a critical aspect of work aimed at improving the lives of children. Research and experience in education, mental health and medicine suggests that the level of family engagement and empowerment plays a key role in initiating and sustaining use of services, in increasing family satisfaction with and commitment to services and in improving child outcomes. Families are also more likely to participate in the treatment process and follow through on recommendation if they feel included in the decision-making process. (GUCHD, 2012)

Family engagement is a critical goal for any organization that works with children. The Annie E. Casey Foundation stresses the need to see children in the context of family. Engaging and supporting families is at the core of their *Strengthening Families* approach.

> … children's success is inextricably connected to the strength and resourcefulness of their families. Yet, while families are the most critical support in a child's life, the reality is that as a nation we continue to craft programs, practices, and policies aimed at improving outcomes for children and youth without consideration of family context, family needs, family involvement, and family influence.
>
> This need to think about families when we think about kids—and the importance of helping vulnerable families do better by and for their kids—is at the heart of what we mean by "family strengthening" and why we promote it as one of the most critical principles of our work. We've put a premium on "permanent family connections" in all of our direct services work and in our child welfare reform initiatives. This "family centric" approach is fundamental to how we approach change-making efforts in all of our project areas serving children, youth, families, and communities. (A.E. Casey, 2012)

> *"We are looking for new strategies that have not been tried. We are also willing to go further outside the box than we already have."*
>
> ***Family Member of a child in residential (hereafter noted as: Family Member)***

Engage Us: Families Speak

By the time we reach the door of residential, we are beaten down, often traumatized, and our hearts are broken. You may hear us speak of a sense of shame. We feel guilty that we have been unable to give our children what they need. We feel blamed for our child's behavior by our families, friends, schools, and human services professionals. Our children may have experienced multiple hospitalizations and failed services. Certainly as parents we feel we have exhausted all options and have no choice but to place our child outside of our home.

It is a painful journey for most of us and it doesn't always lead us where we need to go. It is a journey that will exhaust us emotionally, physically and financially. We want a positive future for our children and are invested in doing whatever it takes.

When we are asked to tell our story over and over again, it is difficult. If, during the admission process, the staff focuses on the paperwork and not on us, we lose confidence. Sometimes the therapists seem to not understand the magnitude of what we are doing: leaving our child in the care of strangers. You might say we are hard to engage and you might be right. If you were in our shoes, you might be hard to engage, too. The truth is we need time to catch our breath and allow ourselves to hope…again. We need you to convince us that you value us and that you will do everything you can to work with us to help our child.

As families, we come to residential from many different experiences, including some of us who are mandated by child welfare or juvenile justice. However, we all have in common the desire for the best possible futures for our children and we ask that you treat all of us as partners:

- Ask us what we think.
- Learn what our goals are.
- Ask us what has already been tried and what worked or didn't work - and why.
- Keep us informed and plan for us to be involved.
- Be honest with us, but be hopeful.
- Treat us with dignity and respect.

Strive to create a program you would be comfortable with and confident in if your own son or daughter needed help.

> *"By the time a child reaches the door to residential care, family members from Mom to the family pet are stressed out, exhausted, financially and emotionally drained. The unknown nature of what will happen to their child in residential care can add to this stress."*
>
> ***Family Member***

Families Perceived as Reluctant to Engage

Have you ever given up on a family? Perhaps because the parent was not able to stay sober or refused to acknowledge his/her own mental illness? Maybe the family was difficult, angry, or demanding. Maybe they just didn't show up.

What is behind the perceived resistance? Many of us have been that parent. We are seen only as the parent of the child in treatment, and yet our child in residential is just one aspect of our life. What is disguised as 'resistance' may be fatigue, or we may need to focus on our other children while this child is in residential. We may need to deal with trauma or our own mental health or substance abuse issues. We need to keep a job, a roof over our heads, and food on the table. We may feel as though we are failing miserably at all of these responsibilities and be at the end of our rope. This is when we are most vulnerable and often the time when child welfare comes knocking on our door. This is the time when we need you to be relentlessly supportive and creative to get us reconnected and reengaged.

The process of getting help for our children has been a humbling experience and we have felt a wide range of emotions. Please don't misunderstand our anger. For some of us, anger has been the only way to advocate for services. We may have been told to give up our rights in order to obtain services. No one should have to endure such a requirement. In some of our cultures, mental health carries a huge stigma and now we are being ridiculed and possibly shunned for accepting help. For many of us, the residential staff are of another race and ethnicity. It is often hard to see beyond 'color.' Never underestimate the importance for families of having staff who look like and speak like them.

Doors may slam, phone calls may go unreturned, and meetings may be cancelled. It is not personal! While some families may be easier to engage, others will present more challenges. Please remember that when families are vulnerable it will take extra effort on your part to see through what providers sometimes call 'resistance.' It is not resistance, it is sadness and shame and feeling as if we are drowning or being overwhelmed and needing help and not knowing how to ask or find it. We are grieving and experiencing trauma and need an approach that is trauma informed and cognizant of our stages of grief and transformation.

Consider what efforts might be needed when families are faced with major life stressors such as homelessness, substance abuse, or major medical issues. Will an issue like this stand in the way of engaging the family? Absolutely! Will you be able to help the child? Probably only minimally, until these issues are addressed. Simply making a referral is seldom effective. Taking the leadership to get others involved in a coordinated effort and following up will yield better results. This approach is fundamental and key to engaging families. It is a precursor to getting your job done.

> *"The first rule of residential, of any program, should be to do no harm."*
>
> ***Family Member***

When families come to you they are in crisis and they need relief, stabilization, and support. Families need you to meet them where they are, validate their experiences and recognize their strengths. They need to be able to be hopeful. Please don't give up and don't judge and don't label us as 'resistant' or 'manipulative' or 'uncaring.'

Engaging Siblings

Families across the country have identified sibling support as crucial. When services are being planned, the focus is on the child with the challenges and not the family as a whole. When families are struggling to secure help for the 'identified' child, the needs of the siblings are sometimes dismissed or go unnoticed.

Even when families are aware of the sibling's stress they struggle to find a way to explain the behavior to siblings when they themselves are still trying to figure it out. Siblings sometimes witness traumatizing events or are the target of incidents themselves. The unspoken needs of the siblings will emerge eventually and often too late to get help. The child and family team should focus on the entire family and include the siblings' needs.

Sometimes connecting with other siblings in the same situation is helpful. Older youth might benefit more from a sibling support group that focuses on them. Others might find engaging in activities that encourage them to discuss their feelings, while doing something productive, is helpful. An activity such as: art, spoken word, dance, playing a game, or doing a volunteer project, versus just talking about their brother's or sister's challenges can be helpful. Sibling support is important and can build empathy and assist in healing the relationship.

> *"Our other children began to act very strangely and we found out that they were afraid we'd send them away too if they weren't perfect."*
>
> ***Family Member***

Finding Families

Residential care should not be a forever place for children. Unfortunately, many children who are placed in residential stay for one, two or three years and for a few until they turn 18 years old. When they leave residential, they have lost all community connections and have lost or no longer know family. Quite often sad stories about 'bad' outcomes follow.

To increase the chance that all children will return home and thrive, it is important to design the program so that families are always involved. For children whose parental rights have been terminated, family involvement starts with the residential program leading the effort to identify a new family who can help build a life in the community for this child.

Some residential providers are retooling their approach to actively connect youth to their communities and families to increase the chance that they will be able to return to and thrive in a forever home with strong community ties and real-world skills. These programs have a clear goal to support children to find a permanent home. They consider discharge to a step-down placement or a foster home to be a failure.

These programs aggressively work to answer the question: "Who can be this child's family?" If it is not possible to return youth to their biological or adoptive parents, after all efforts have been explored, consider a relative, a family friend or someone else from the community who can make this commitment. It may take someone like you to take on the challenge of finding family for a child.

Family Search and Engagement (FSE) (Loiusell, 2011) is a strategy that many have found helpful. The goal of FSE is permanency, through reunification, guardianship, adoption or another form of permanent commitment. A long term placement in foster care is not a permanent plan.

Guiding Principles to Finding a Family

- Finding a family is a youth-driven process.
- Every youth deserves, and can have, a permanent family.
- Youth have the right to know about their family members; family members have the right to know about their youth.
- Youth should have connections with the biological family, regardless of whether they will live with them, unless there is a compelling reason not to.
- With support, most youth can live in a home rather than in foster care or institutions.
- Family and fictive kin help develop, plan and achieve the youth's permanence.
- The goal of Family Search and Engagement (FSE) is permanency, through reunification, guardianship, adoption or another form of permanent commitment -long term placement in foster care is not a permanent plan.

Mardith J. Louisell: Six Steps to Find a Family: A Practice Guide for Family Search and Engagement
The National Center for Family Centered Practice and Permanency Planning at the Hunter College School of Social Work
http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/SixSteps.pdf

What is Family-Driven Care?

We would like you to really think about what family-driven care means. Does your organization practice family-driven care? How do you know when you are really doing it? How do you continue to deepen your practice of family-driven care? Think about what true shared-decision-making would look like in your program from intake to discharge? Often times, we see family-centered care or family-focused care which is a step in the right direction, but is not the same as family-driven care.

The National Federation of Families for Children's Mental Health defines **Family-driven Care** as:

> Family-driven means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation.
>
> This includes:
>
> - Choosing culturally and linguistically competent supports, services, and providers;
> - Setting goals;
> - Designing, implementing and evaluating programs;
> - Monitoring outcomes; and
> - Partnering in funding decisions.
>
> (Retrieved February 10, 2012 from http://ffcmh.org/r2/publications2/family-driven-defined/)

The Federation also has identified guiding principles for family-driven care. These include but are not limited to: providers sharing decision-making with families and youth; families being provided complete information to make informed decisions and choices; availability of peer support activities; provider leaders allocating staff, training and resources to make Family-driven Care a reality in their organizations; and, a focus on cultural and linguistic competence.

Ongoing Engagement: Partnership and Mutual Respect

Engagement is an ongoing process, not something that simply occurs at the front door. In order to achieve genuine engagement, it is necessary to teach staff how to implement family-driven practices and strategies.

In the paper, "Collaborative Helping: A Practice Framework for Family Centered Services. Four Ideas to Guide Helping Relationships", Madsen (2009) characterizes the attitude or relational stance held with families as the foundation of a professional's effectiveness.

> The ways in which we think about clients (our conceptual models) and act with clients (our clinical practices) position us in particular relationships with them and can be evaluated in terms of their potential to support the relational stance we would prefer to hold. My preferred relational stance is one of an "Appreciative Ally" in which we position ourselves in alliance with clients and in which clients experience us as 'in their corner' or 'on their side.' This stance is grounded in a spirit of respect, connection, curiosity, and hope (p. 1).

Engaging families is like engaging anyone. Some of us have had experiences with a medical doctor with a less than stellar bedside manner. He or she may talk down to us, use medical jargon, or appear rushed. It certainly doesn't inspire confidence in their ability to treat us or increase our trust in them. The same is true for families as we interact with the administrators, clinicians and staff of the residential program. Our desire is:

- to feel valued as individuals with strengths
- to be listened to and heard
- to be regarded as experts on our children
- to be at the table when decisions are made
- to have access to information and records
- to be involved in a meaningful way
- to feel less guilt and less blamed
- to be informed and knowledgeable
- to feel accepted, without judgment
- to be in a position to be proactive, not reactive
- to feel hopeful for our children's future

When implementing family-driven practices, it is helpful to think about how help is provided. Are staff members able to develop relationships with families rather than just with individual youth? How are families greeted and engaged on day one? Does your agency encourage families to 'be around' as much as possible and make it easy for youth to make and receive phone calls? Have you taken down your visiting hours sign because families are not 'visitors'?

What Does Family-Driven Care Look Like?

Here are some tips that families identified as helpful when it comes to engagement.

At Referral to Residential

- **Clearly explain the reason for referral and ensure we understand why this is the best choice.** It should not be the only option or a last resort, but an option that is a part of a system of care. There should be clear goals and expectations and reasons for choosing a residential program, and especially this particular residential program.

- **Get to know us by taking time to learn about our interests, likes, dislikes, and cultural identification**. We are so much more than the chart or packet you received.

- **Ask us what has been tried in the past. What was helpful and what was hurtful. Do not assume that eve**rything you have read about us is true. Treat us like you would want to be treated if you were placing a loved one in another's care. Assume positive intent.

- **Examine your intake procedures.** Are they rushed? Is the focus on completing the intake paperwork rather than getting to know us? Balance the process by getting to know us and hearing our story. Too often the process of intake or enrollment focuses on the diagnosis and the deficits. You have a better chance of engaging us if this initial time together is balanced. It also begins the healing process and the benefits are worth the investment of time.

- **Provide peer parent support on day one -- before our child even enters the residential program.** Having a supportive peer (i.e. family partner) and someone who has had the same experience lessens the burden, trauma and shame of the experience.

- **Ask us what obstacles might hinder our involvement with the process.** Often times, transportation, child care, and competing priorities stand in the way of our involvement. Problem solve with us around barriers to our participation. One BBI provider has a mobile home/office he takes out to meet families in their own community. Another provider set up a web portal for families. Technology such as video chat, face time, and text messaging can be extremely helpful at maintaining family involvement. Most obstacles can be overcome with a little out-of-the-box creativity.

- **Be aware that linguistic barriers limit our engagement.** Learn in advance what language the family prefers so you can match them to a staff member who speaks their language or find a licensed interpreter. Again, technology solutions and 'Apps' are also helpful.

> *"Even though I knew she needed help, I felt like I was abandoning my daughter to a system where I did not even know what was going to happen to her."*
>
> ***Family Member***

- **Respect our culture and acknowledge** the ethnic, cultural, linguistic, and socio-economic differences that may exist between us. Use language or statements that do not make us feel we are at fault because of our own individual family culture. Find out what is important to us, what family customs and traditions we have. Ask us directly if we have any concerns about how our family and our child's culture will be treated in the residential program.

- **Talk with us about who we feel we can trust** in our own community and include these people on our child and family team or family network.

- **Focus on strengths and what we (youth and family) do well.** Understand that most of the focus leading up to residential has been based on deficits and weaknesses.

- **Be clear with us about our expected role during residential**. Have high expectations for family involvement and individualize based on the uniqueness of each family.

- **Be transparent**. Open your doors to families, take time to orient us to your program. Show us where our child will sleep, eat, relax, and study.

- **Address safety concerns.** Explain how children are supervised and what procedures are in place to keep them safe while they are in the program.

- **Operate on the assumption that the family will be involved and present.** Be open to our presence at any time. Do not restrict contact or phone calls because of behaviors. Contact should happen frequently both at the program and at home. We should have as much 'family time' as possible; these are not 'visits.'

- **Give us a chance to talk about the non-medical things** such as food, nutrition, exercise, recreation, social activities, and educational needs.

- **Recognize our range of emotions.** Relief, guilt, anger, sorrow, and fear are real and normal considering the circumstances. It is easy to misinterpret our behaviors as 'avoidant', 'resistant', or 'difficult', but if you put yourself in our shoes, it will be easier to imagine how we are feeling.

- **Acknowledge our stress and don't shy away from it**. Practice empathy and adopt a non-judgmental attitude toward the difficult decision we are making.

During Residential

- **A one size fits all approach does not work.** Provide service delivery options rather than assuming the same approach will work for all families.

- **Recognize the value of connecting families to other families** for support and information. Inviting families may not be enough. A call from a peer parent support partner personalizes the invitation. Meeting someone who has had a similar experience with their child and survived

provides hope. Another parent is often the best person to provide resources to other families about programs, supports, and navigating the system.

- **Work with each family's individual culture** and decide, with us, what interventions work best for our family culture. Support us in trying them out and modify them as needed.

- **Involve the siblings.** Over and over again we have heard families express the need to have siblings involved. They often blame themselves for their brother of sister's behavior or worry that they will be next. Keeping a connection with siblings during residential is crucial.

- **Begin communicating with us early and often (i.e. daily).** Your calls are important to us. Help us build a rapport with you. Call us with good news and bad news. Return phone calls promptly and call back when promised.

- **Involve us in decisions large and small** and when a problem needs to be discussed with our child, empower us to lead or at least participate in the conversation. This lets our child know we are still their parent and it keeps us involved at a different level than special occasion gatherings or weekly planned time together.

- **Consider using technology such as Skype, video conferencing, etc. to facilitate daily family interaction.**

- **Be realistic and hopeful for our family.** We know when you don't think life will get better and it weighs on us and keeps us from committing time and effort to your plans.

- **Increase the visibility of parents on your residential campus/program.** It changes staff behavior. There is a common assumption that the "parent is to blame." Family members on campus help staff realize that children do have a family to go home to.

- **Support us to take a leadership role in designing treatment**. Focus the initial sessions on what we (youth and family) need. Help us decide what we hope to get out of this placement, how will we participate, how will we know if it is working or not, and when and how changes will be made to the plan based on progress.

- **Differentiate between 'normal' and concerning adolescent behaviors**. Rebellion and bursts of anger or emotions are not-so-uncommon teen behaviors. The intensity and frequency of the behaviors and the inability to self-regulate and follow the norms of the family, classroom, and community on a regular basis are what should be concerning.

- **Teach our youth how to live in our home and our community.** Relationships, cooking, hygiene, appropriate language and behaviors practiced only within the milieu do not build skills that are transferrable or tested at home or in the community. Point and Level systems are another example of 'milieu systems' that cannot be replicated in the real world.

> *"Sometimes it feels like staff members are being set up as the experts that will 'fix' the child and in times of crisis we want to believe this. But the reality is that it takes effort on everyone's part to move to a better place."*
>
> ***Family Member***

- **Understand how much we value education.** Target education to the learning needs of the youth. Consider what the youth needs to have in his/her tool box to succeed. Are learning disabilities addressed? Are additional classes offered for gifted students? Partner with the youth's home school for classes not offered like languages, math, and sciences. Keep our child on track academically.

- **Tailor the educational programs in all settings to the child's strengths and needs.** Focus on academic success. High school graduation should be a goal and not excused because of mental health challenges.

- **Create interventions than can be taught to families and transition home.** Providing interventions in an institutional environment does not predict success once the child leaves the program and returns home. One of the biggest issues raised by families is the focus on the 'residential milieu' rather than a home setting. Make a commitment to really teach us what we need to know to support our child to do well at home. Take into consideration our families unique strengths and challenges and our child's individual learning style.

- **Focus on supporting our children to learn to self-regulate through strategies we can use at home.** Current best and promising practices emphasize the benefits of focus on sensory modulation approaches, internal self-regulation strategies and positive behavioral and emotional supports. Families can replicate these approaches at home. Restraints and seclusion and points/ level systems are ineffective and difficult to implement at home. Programs that have stopped using these approaches are seeing better outcomes.

- **Report the good news.** We are accustomed to cringing when someone wants to discuss our child with us. Share everyday positives (e.g., kind acts he/she engages in; his/her sense of humor), share his/her progress, and frequently share examples when our child does well in normal activities (e.g., art; basketball; chess).

> *"Sometimes providers are so focused on helping our child while in residential they forget the goal of treatment…to help him/her live in our family in our community. This can't be accomplished in the vacuum of a residential campus. It takes engaging and involving our family and community on a daily basis."*
>
> ***Family Member***

After Residential

- **Assure the family that a member of team will be available to call upon** when the youth or family feels a need to connect, has a concern, or wishes to share a success.

- **Help the youth and family develop a narrative for the youth re-entering their community**. Families tell of uncomfortable and embarrassing moments when their child is asked about their absence. Prepare youth for the eventual questions and have them practice until they are comfortable.

- **Realize that the goal is not for the family's home to become like the residential setting**. Residential interventions should be transferable home and practice runs should be implemented providing coaching to the family to ensure success.

- **Be clear about the criteria for discharge.** In advance, everyone should know the criteria for discharge and what the transition process will involve. Often, even though the initial reason for referral has been met, new problems become the focus and the child lingers in care. Give the child and family a chance to try out their new skills.

- **Offer respite beds when everyone needs a break.**

- **Address the youth and family's fear of transition home.** The youth and their families are frequently very frightened about what will happen when everyone is back home. These fears need to be addressed and strategies developed as a team.

- **A Transition Portfolio is a helpful tool to give to families to document their journey.** It would include:
    - The initial reason for referral and the progress that has been made including the youth and family's strengths.
    - The interventions tried and which ones were helpful and not helpful.
    - An ongoing safety and support plan that includes natural and informal supports
    - Possible challenges and where the family can access support when needed
    - A list of resources in the community, including peer parent support
    - Cumulative educational records and credits earned
    - Medical records including vaccinations.
    - Recognition of the youth and family's efforts and results

Peer Parent Support

There are many different titles for peer parent support partners: Parent Partners, Family Partners, Parent Support Providers and more. They are parents of a child with emotional or behavioral challenges who have navigated the system. Because of their lived experience, they have a unique ability to engage with families receiving services and support them with empathy and understanding.

In the handbook, "Collaborating With Families: How to Enhance Engagement, Discover Strengths, and Talk About Problems" (2009), DuBrino and Irsfeld describe their belief in the effectiveness of peer parent support.

> In our programs, the single most important advantage we had was the work of parents and caregivers providing parent-to-parent support for those families with which we worked. What 9 years ago was thought of as a "nice little addition" to our programs turned out to be a powerful and key component to our work. Over time, we have come to realize how quickly and efficiently our Family Partners can engage families in our process, thus helping to overcome many of the challenges discussed in this Handbook. In our view, the role of Family Partners represents an enormous advantage in helping to establish effective engagement with families.

Many families describe:

- Feeling less isolated after meeting a peer parent support partner
- Feeling heard by someone who has walked in their shoes
- Feeling better informed and able to engage with providers
- Feeling more positive about their skills and abilities in caring for their children
- Feeling supported and hopeful again

Peer parent support is a key element of both engagement and family-driven care. Most families say it is crucial in their ability to practice self-care. Families also report that having a peer parent support partner on the staff of a provider gives the program credibility.

Many residential programs now have peer parent support partners on their staff or they contract for this service through a nearby family support organization. When implemented well, the addition of a peer parent support partner to your team can lead to profound and important changes in the ability of staff and families to work in true partnership with one another with improved satisfaction and improved outcomes.

"I thought that I was the only one with a child like mine until I met another parent. What helped me the most was a peer parent support partner."

Family Member

The National Federation of Families is creating a certification process for the professionalization of Peer Parent Support Providers. More information is available at http://ffcmh.org/certification-2/contact-us/

Embracing Change

Becoming Family-Driven

The providers involved in the Building Bridges Initiative (BBI) that adopt the BBI Joint Resolution and embrace change speak of the importance of infusing family-driven values and practices at every level of their organization (e.g., leadership, policies, practices, and programs). They say it must be a way of doing business – a change in culture.

Developing agency systems to support the values requires a sustained leadership commitment and, for many organizations, broad organizational culture change. Such change includes:

- Evaluating how prospective employees are interviewed and hired, including adding families and youth on the interview team
- Retooling staff training and supervision to infuse practices consistent with family-driven and youth-guided care
- Modeling partnership by engaging parents as co-trainers, as board members, and by co-leading groups
- Hiring and supporting peer parent support providers
- Revising every job description to support family-driven, youth-guided care practices
- Evaluating every aspect of every phase of the program for opportunities to modify practice

New Practice Approaches that Support Engagement

By really listening to families and searching for better outcomes for children, many providers, communities, and states are re-thinking how they provide this level of care.

There is a realization by many BBI providers that children in residential are not so different than children in intensive community-based programs such as wraparound. Efforts are being made to increase access to intensive community-based services to help avoid the need for out-of-home care. Some residential providers are re-directing their expertise to become providers of these community-based alternatives.

When residential treatment cannot be avoided, the trend is to use out-of-home care for a much shorter period of time with specific goals and discharge criteria and a plan to help young people return home quickly with seamless, high quality supports in the community. Ensuring very strong partnerships between residential and community programs and supports is essential for supporting long-term positive outcomes.

If residential services are necessary, smaller, de-centralized programs offered in the youth's home community make it possible for the youth to maintain stronger connections to family, friends, school, services, and supports. When this is possible, much deeper involvement of families is possible. In some programs, parents are 'around' on a daily basis which makes it that much easier to keep them integrally involved in all aspects of their child's life. Continuity of service providers can also be maintained as appropriate.

If the residential program is further away from the child's home, then creative approaches will be needed to maintain daily, personal connections between the youth and his/her family. Some of these approaches are 'low tech' and simply involve a commitment to involving the parent (typically by phone) in daily conversations about and with the child with an eye toward maintaining their role as the primary caregiver even while the child is in residential. Technology, such as Skype or videoconferencing can also be beneficial. Support for travel and a structure for early, frequent (at a minimum, weekly), well-planned and supportive time at home is very important. Ideally, from a parent's perspective, large residential programs should engage in the planning necessary to close large campuses and become more community-based – serving families within a short drive from the program (i.e. 1 ½ hours).

When distance from home is still an issue, some residential providers are actively outreaching to community and educational organizations near the residential program to create opportunities for 'real world' and normalizing community connections. This community collaboration creates the possibility for a child to be involved in community-based education, clinical services, recreation, job-training, and skills development. This 'real world' normalizing connection, while in residential, combined with outreach to the family and providers in the child's home community, increase the likelihood of a successful transition home.

In Closing

If nothing else, this document is really about providers actively facilitating contact with families, not just for treatment and as 'visitors', but in ways that actively and meaningfully involve family members in all decisions, plans, and communication to maintain the parent-child relationship in all aspects of the child's life. This is the ultimate take-home message.

Thank you for the opportunity to share our thoughts on family engagement with you.

I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

-Maya Angelou

Visit the Building Bridges Initiative (BBI) Website for more information on BBI, the Family and Youth Tip Sheets and other helpful tools or to join one of our workgroups!

www.buildingbridges4youth.org

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