

More Than Family Therapy – Operationalizing Family Partnership in Residential Care

Millie Sweeney

Family-Run Executive Director Leadership Association

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AGENDA

1 What does partnership mean?

2 Partnership benefits EVERYONE

3 Strategies for partnership

4 Making it happen

WHAT DOES PARTNERSHIP MEAN?



What does partnership mean to YOU?

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WHAT DOES
IT LOOK LIKE
*TO PARTNER
WITH
SOMEONE?*

WHAT DOES
IT LOOK
LIKE
*TO BE
PARTNERED
WITH?*

When your child enters a residential program...

- **So many emotions:** *guilt, fear, relief, worry, inadequacy, embarrassment, loss, anger, disconnection, safety concerns*
- **Complicated logistics:** *how to be involved and maintain employment, geographic distance, financial concerns, using virtual modalities*
- **Effect on other family members**
- **Returning home and aftercare**



Partnership occurs on a continuum – families want to be partnered with at all levels

Family Involvement {individual family level}



Family Engagement {programmatic level}

Family Driven
{organizational level}

Who else says that engaging families is important?



Engaging and partnering with families benefits EVERYONE



Agency
or
Facility

- Earlier access to services
- Improves quality of care
- Improves clinical outcomes
- Increases satisfaction of staff in their careers
- Improves data collection (quantity & quality)
- Improves client satisfaction with care
- More successful involvement in care

Managed Care

- Increases enrollment
- Improves coordination of care
- Strengthens engagement in treatment
- Permits better stewardship of resources
- Produces return on investment
- Provides for reinvestment
- Yields better clinical outcomes
- Improves quality of care

Community

- Improves community tenure
- Citizens exercise participation/voice
- Reduces disconnection from culture
- Increases community awareness of children's mental health issues
- Improves ability to respond to community needs

System

- More effective and efficient use of state and federal resources among systems
- Reduced out of home placements
- Shorter LOS in residential care
- Self efficacy reduces over-reliance on services
- Improves data for decision making
- Permits meaningful procurement

Child/Youth

- Earlier access to care
- Improves child and youth adjustment, functioning and quality of life
- Faster recovery process for mental health & addiction
- Decreased isolation
- Reduces risk of mortality
- Improves skills & functioning
- Reduces rates of relapse, recidivism, and deeper engagement with CW & JJ
- Improved achievement in school
- Better overall social/emotional wellbeing
- Reduces likelihood of maltreatment
- Less likely for teen pregnancy
- Less likely for incarceration as juveniles
- Reduces infant mortality



Family

- Improves stable living situation
- Decreases parenting stress
- Improves parent confidence
- Improves access to social supports
- Increases ability to navigate confusing systems/services
- Facilitates access to insurance
- Reduces parenting stress for partners
- Teen males who live with fathers are less likely to carry guns & deal drugs
- Reduces sibling discord

Value of Family Partnership

Changes

- Institutional culture
- Institutional practice

Builds

- Awareness, understanding, and self-efficacy
- Sense of community
- New practices and policy for better servicing youth and families

Improves

- Individual outcomes
- Organizational outcomes

Informs

- Resource realignment and service development
- Research and evaluation
- Public policy

A collection of colorful wooden blocks in various shapes (L, T, cross) scattered on a wooden surface. The blocks are in shades of purple, blue, orange, green, red, pink, yellow, and brown. The text "STRATEGIES FOR PARTNERSHIP" is overlaid in the center in a bold, purple font.

**STRATEGIES
FOR PARTNERSHIP**

What does family partnership take?



- Commitment of leadership
- Commitment of resources – funds
- Commitment of staff time – training and meaningful engagement
- Strategic recruitment methods and approaches that help retain families as partners
- Not responsibility of one person or one department – ***shared responsibility***
- Written policies and procedures
- **Not an add-on but foundational**

Family Involvement {individual family level}

Examples:

- Family input into the initial and ongoing clinical evaluation and treatment planning processes
- Participating in family therapy
- Parent training events
- RTC covers transportation expenses for families to visit/attend events
- Open door visitation (no set hours/dates)
- Families have opportunities for input through surveys, pre- and post surveys
- Parent support groups run by staff or clinician
- Systems and methods of ongoing contact with family NOT tied to youth behavior

Family Engagement {programmatic level}

Examples:

- Family input into type, frequency, and modality of services offered
- Choosing and/or co-leading parent training events
- Activities and therapies happen at the home with family present, not just at the RTC
- Families evaluate program and its policies
- Families provide recommendations
- RTC provides resources for family chosen trainings and programs
- Parent peer support offered throughout intervention
- Parent support groups run by another parent
- Families as “greeters” and program guides for other families

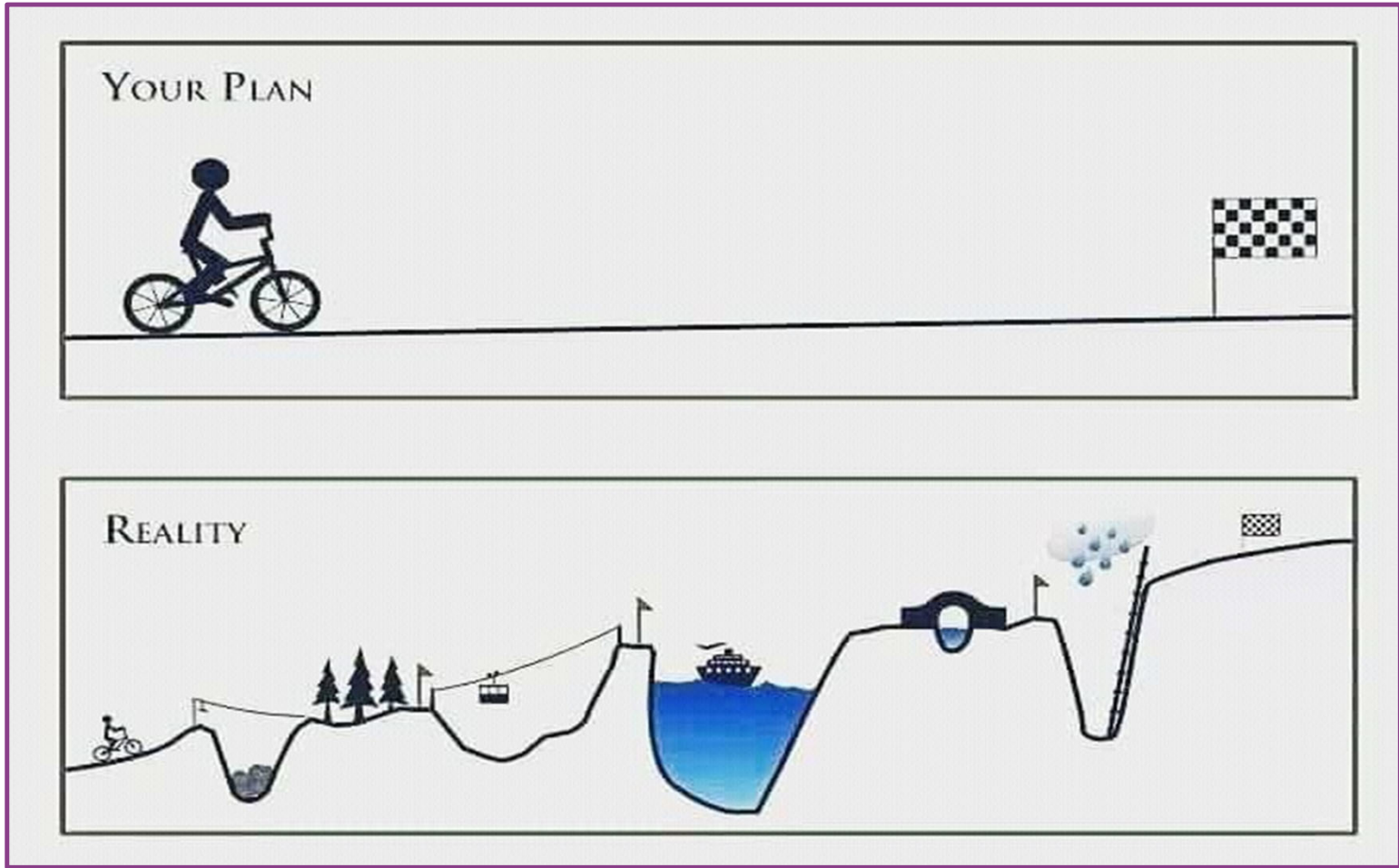
Family Driven {organizational level}

Examples:

- Parent peer support as part of treatment team and decision-making groups
- Supportive services are provided when and where families need them, rather than solely in facilities
- Families facilitating or co-facilitating training events based on input by parents
- Families part of hiring, training, policy development, CQI, and evaluation across entire organization
- Families help design spaces and the facility
- Families have leadership roles with the organization and on the Board
- Families initiate programs
- RTC provides resources for families to be full partners (stipends, childcare, travel, meeting time according to

Safety, Transparency & Trust, Empowerment, Choice, Collaboration, Mutuality, Culturally Responsive, Peer Support

PRF DTA, May 2023, ACRG conference



IT'S ALL ABOUT *YOUR* APPROACH

Organizational culture

- Core belief that children/youth belong in families and the community
- Families must be respected and engaged in all aspects of treatment
- Facility and staff appearance
- Embed foundational concepts of pro-family practice in all staff training, for all staff (clinical, care providers, facility maintenance, etc.)
- Facility terminology
- Families are welcome 24/7
- Policy-making and programming decisions
 - Parent Leadership Council, Family Advisory Board
 - Focus groups as part of CQI and development of new policies/programming
 - Visits and phone calls are a right and not restricted or tied to behavior

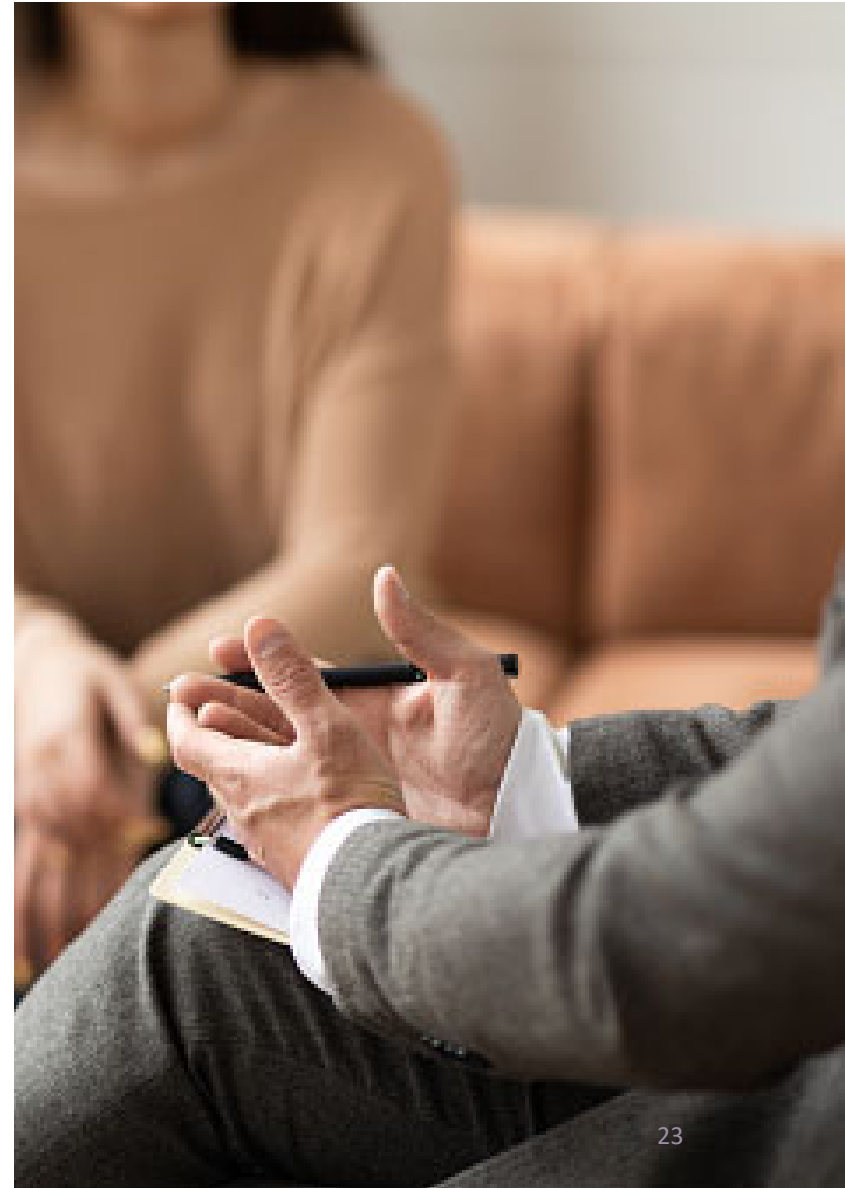


Partnership at the organizational level: Examples

- As part of quality improvement processes
 - Organizational CQI team comprised of former service recipients, peer supporters, clinicians, select stakeholders
 - Member of child welfare quality implementation team
- As staff in peer support roles
 - Intake coordinators
 - Peer support, peer supervisors
 - Trainers – EBP curriculum (Common Sense Parenting, Strengthening Families), community and providers
 - Part of crisis response teams
- As advisors to selecting personnel
- As co-drafters and reviewers of requests for proposals
- As family liaisons or administrators

Program – Referral & Admission

- Intakes held in the home
- Involve parent peer support providers in the intake process (and as liaison throughout stay)
- Tour of program/facility (onsite or virtual)
- Establish best methods of consistent involvement for the family and youth
- Address and respect parental fears, concerns, perspective



“ Directly
from
parents

“ I am grateful as a single mother for the BBI support and level of guidance the Building Bridges Family partner, youth liaison and the BBI family clinical social worker has provided me with.

The BBI staff at St.Marys has made me feel so welcome and has provided my family and I with a great level of support and individualized attention. The BBI family partner has been able to work with me and attend family planning meetings. I feel much motivated and organized. I can also share that I feel much involved in the day to day activities of my child and can better prioritize what I need to get accomplished to work towards understanding my child's individual needs, and being able to communicate her needs to my extended family.” – parent, *St. Mary's, Rhode Island*

Program – During residential stay

- Understand the family's potential need for a “respite” period after admission
- Involve families (and family/youth support persons) in diverse ways in the program – more than phone calls, therapy, visits
- Time with family is not contingent on behavior
- Establish ways for the youth and family to remain connected with community, other providers and supports

FREDLA, May 2023, ACRC conference



Program – During residential stay

- Use the Child & Family Team or teaming approach in individual treatment planning and implementation
- Ask parents their opinions, ideas, and thoughts about treatment *BEFORE* treatment decisions are made, and include them as an equal partner in the decision-making process
- Family and youth need to define “success” and support in taking steps toward those goals
- Work needs to happen at home to prepare for successful transition – more than “practice” during home visits

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“ Directly
from
parents

“I was always included in team meetings, and staff updated me daily regarding C’s mood and progress. Weekly family nights were also very important because we have an opportunity to speak directly with Patrice, staff, and children during dinner, and really bond with other family members during the parent group. The educational power points and other parenting discussions in group were also very helpful in supporting me in working with C. “

– *parent, St. Vincent’s Villa in MD*

“ Directly
from
parents

“While my daughter was at the residential treatment center, we were involved in team meetings. The person who wrote my daughter’s behavior plan sought and appreciated my input and we collaborated together on writing the plan. Also, we were able to see her as much as we wanted and have her home when it worked for us.

It would have been helpful if the RTC had been able to offer more parent education or training in behavior management. I would have liked it if the staff were more strength-based during discussions about my child.” - *parent, Arizona*

Program – Discharge and Aftercare

- Start at admission talking about return home
- Begin connecting with aftercare supports before discharge is discussed and maintain contact with community providers working with the family
- Prepare families for discharge and aftercare, esp. the “honeymoon” period
- Maintain contact with youth, family and community providers as part of the transition team



“ Directly
from
parents

“...when C was discharged the first time, the Mercy team stayed involved with C and me for an extensive period of time, helping with behavioral crises and planned and emergency respites that really helped support C’s successful transition home.” – *parent, St. Vincent’s Villa in MD*

“When my son entered New Beginnings he had come from Virtual Residential and I expected my son’s team would follow him and offer additional supports. This did not happen and I was disappointed about that... it would have been helpful for them to visit to keep the relationship going while he was there.” - *parent, New Beginnings*

Authentic family partnership happens when...

- > The voice and expertise of parents are valued.
- > Families are viewed and utilized as a resource in the support and success of their youth.
- > Authentic family voice is present, empowered and interwoven throughout the system and individual organizations.
- > Caregivers are valued for their experience and expertise (not as the problem).
- > Parents and family members are advocates and educators.
- > Parents are actively involved on boards and committees.
- > Families are decision makers and part of policy development.
- > There is equal partnership and shared respect.

Be Prepared

- Understand that there will be things that impact the ability of families to fully participate
- Be strategic in planning partnership activities – include families in development, implementation and evaluation
- Words matter – practice partnership language
- Work with a family-run organization
 - Ongoing training for staff and families
 - Recruitment strategies and training for families to meaningfully participate in policy groups
 - Consultation and TA for parent peer support implementation
 - Collaboration for support services – support groups, parent peer support providers, parent peer training, etc.



**The most effective
strategy?**

***Parent Peer Support
Providers***

PPS Provider defined



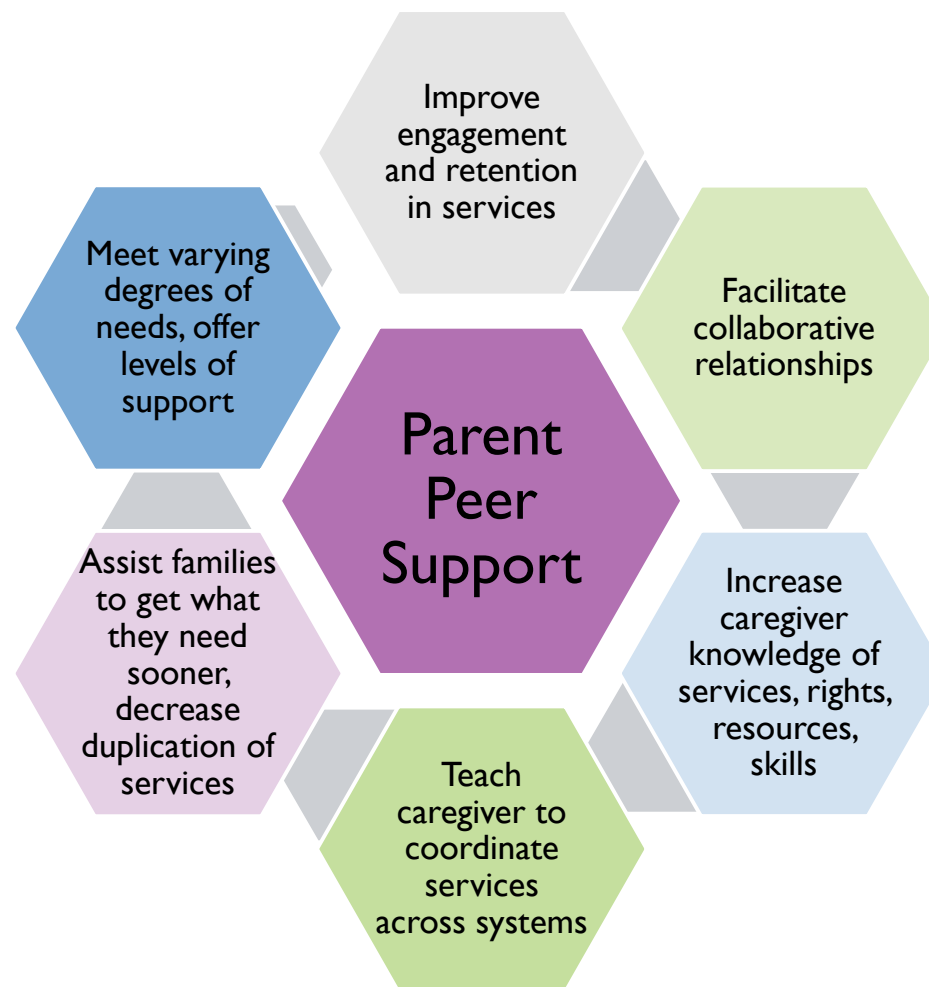
- Caregivers hired to work with other families across systems
- Based on life experience, *not degree*
- Peer to peer support that facilitates effective service connection and delivery
- Modeling of advocacy and collaboration skills
- Fulfilling variety of roles, infusing family voice at all levels of service delivery

Parent Peer Support is not the same as Adult Peer Support

- Kids are not little adults
 - Developmental stages
 - Building resiliency rather than addressing recovery
- Focus on the caregiver to benefit the child
- Work with the whole family
- Navigate child-serving systems (and sometimes the adult system)
- Different training, support and supervision needs



PPSPs are a vital part of the service array and add value to EVERY system



Operationalizing parent peer support

- **Organizational readiness**

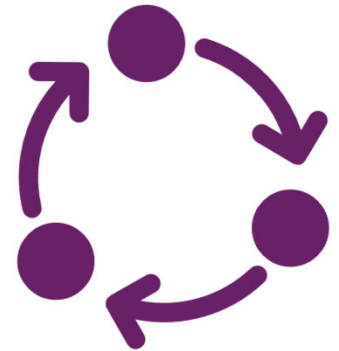
- Establish policies and procedures that support lived experience staff
- Clarity in roles and responsibilities
- Ensure an organizational culture that respects the role of parents/family
- Identify where PPS fits in the organizational structure

- **Program development**

- Clarity in program structure
- Hiring, training, and retention of lived experience staff

- **Promotion of and sustaining PPS**

- Collect and share data on impact
- Explore funding across settings and systems



Avoid tokenism!

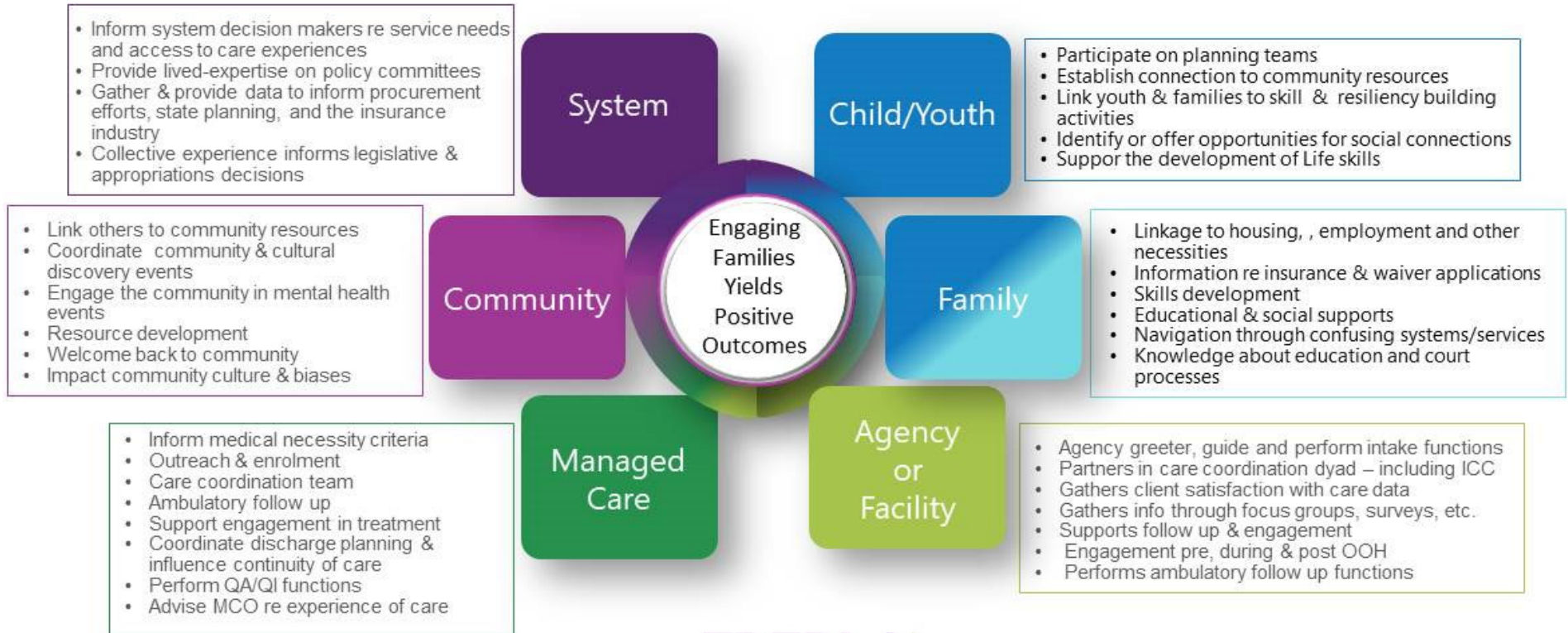
- Peer support specialists have the ability to improve organization practices, outcomes, and policies by using their lived experience to drive decision-making and change efforts.
- Tokenism occurs when lived experience is utilized solely a symbol of effort to include voices of experience even though there are not policies and practices in place for full inclusion and representation.
- Tokenism acts as a form of oppression which may discourage meaningful contribution and result in organization performing rather than reforming.

Examples include:

- Having only one peer support specialist on staff
- Expecting peers to be the only voice of lived experience on decision-making bodies
- Expecting peers to be the only role that is responsible for engagement and inclusion of persons with lived experience.

Translating the Outcomes to Functions

~ parent peers ~



A network diagram composed of several colorful pushpins (red, blue, green, yellow) connected by a dense web of black lines. The lines are straight and form a complex, interconnected structure. On the right side, a single blue pushpin is shown with its lines forming a loose, tangled pattern. The background is a plain, light gray surface.

MAKING IT HAPPEN

Strategizing and Planning

- Using the *Making It Happen* worksheet, identify where and how you can begin to increase partnerships with families in your organization at the service, program, or organizational level
 - > *Within the next month*
 - > *Within 3 months*
 - > *Within 6 months*
- Consider:
 - > *Where's the best place to start? Is there something to build on?*
 - > *It is good to have parallel efforts on more than one level – timelines for implementation may be different*

A final word from Emma, Words Matter episode



**This is challenging,
but *worthwhile* work
You are not alone!**

**FREDLA
Youth MOVE National
Youth ERA
ACRC
Building Bridges
And more!**



Contact Information

Millie Sweeney, M.S.

*Director of Learning and
Workforce Development*

msweeney@fredla.org

If you would like to learn more
about upcoming events or
have training or technical
assistance needs, please
contact us at info@fredla.org



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