

Redefining Residential
Hiring Family Peer Support Specialists:
A Transformational Approach for Implementing Family Driven Care
Adopted May, 2023

This is the seventeenth in a series of papers by the Association of Children's Residential and Community services (ACRC) addressing critical issues facing the residential services field. ACRC is the longest standing association focused on the needs of young people and their families who access therapeutic residential interventions. The purpose of these papers is to stimulate self-examination and dialogue among organizations, stakeholders, and policymakers.

There is increasing emphasis in residential and community programs on the importance of working with young people in the context of their families and community, while putting family (and youth) voice and choice at the forefront in treatment, support planning, and programming. In an evolution from child-centered to family and community-focused practice over the past two to three decades, many programs across all child and family serving systems have experienced transformational impact as a result of implementing family-driven care. Yet many still struggle with the varied challenges involved in a change of this scope. In particular, family peer support, i.e., hiring parents and/or adults in the long-term parental caregiver role who have navigated the system as a parent of a child with functional, behavioral, or mental health challenges, is a powerful practice that programs struggle to undertake and implement successfully.

In response to this challenge, ACRC has come together with the Building Bridges Initiative to help advance the practice in the field of hiring family peer support specialists. In July 2022 thirteen family partners from around the country conducted a half day preconference with a follow up workshop at the ACRC annual conference. They identified practices and strategies for utilizing family peer support specialists as integrated members of the residential workforce, and galvanized momentum toward broader implementation of this transformational approach.

This paper briefly reviews family-driven care and a practice continuum from family involvement to family engagement to full partnership with families. Written in large part by family peer support specialists with lived experience in the role, it discusses strategies for integrating family peer support specialists into the residential team and challenges the field to learn about and embrace this compelling approach for workforce enhancement and development.

CONTEXT/HISTORY

With the introduction of the Child and Adolescent Service System Program and subsequent development of Systems of Care in the 1980's and 90's, the importance of family voice in individual service planning and system capacity development became a theme across child serving systems. Over the decades since, family-driven care has been implemented in community systems of care, supported by hiring parents and/or adults who have had a long-term caregiving role to provide peer support for families of youth in the system. (Nikkel, et.al. 2016)

The practice of hiring people who have had similar experiences as the individuals receiving support- i.e. peers- is not new. It was first introduced in substance use treatment, and then migrated via the consumer recovery movement to mental health and wraparound services. However, these innovations have come slowly to residential programs. Historically, families were sometimes regarded as part of the problem, often experiencing disrespect and practices that

marginalized their role in the lives of their children. ACRC produced position papers about the importance of family voice and early adopters of family-driven care generated significant improvements by hiring family peer support specialists for their residential programs. Nonetheless, the practice is still not widely understood nor widely utilized.

WHY FAMILY-DRIVEN CARE? THE BENEFITS

Although a recent comprehensive literature review found a scarcity of research on family-driven care in residential programs (Herbell, K., et. al), researchers have identified the importance of integral work with families across service systems. For example:

- The effectiveness of services, no matter what they are, may hinge less on the particular type of service than on how, when, and why families or caregivers are engaged in the delivery of care....It is becoming increasingly clear that family engagement is a key component not only of participation in care, but also in the effective implementation of it. (Burns, 1999).
- The effectiveness of parent- or family-mediated interventions is supported by empirical evidence with regard to multiple outcomes. (James, 2020)
- Working directly or primarily with parents has been shown to be an effective way of reducing child behavior problems. (Barth, et. al, 2005)

Family-driven care provides direct benefit to the youth and families served and also leverages change in program culture. Organizations that have implemented family-driven care report:

- improved quality in organizational systems and policies informed by the family perspective and written in language easily understood by families
- greater engagement with youth and families
- better outcomes, shorter length of stay
- greater overall collaboration with everyone involved; and, importantly,
- a transformational mindset that generalizes to other program practices and to local community partners and systems (Caldwell,et.al. 2020).

From a neurobiological perspective, predictably involving the family in all aspects of the residential intervention creates a structure within which the youth and family can feel safe enough to develop new interactive patterns. The process of patterned, repetitive, and relational engagement generates opportunities for new skill development for the whole family and creates a culture of collaboration, as parents and caregiving adults learn about sensory integration strategies and relational co-regulation skills that they can use in their family relationships (Gardner, 2020).

FAMILY-DRIVEN CARE: BEYOND FAMILY INVOLVEMENT AND FAMILY ENGAGEMENT

Family-driven care is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as: “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”. A key aspect of this definition is in the identification of “a primary decision-making role...” The importance of working with families is widely accepted in the field, but this often entails overall practices that do not afford them a **primary** role in decision making, and can have the effect of ignoring or neutralizing their opinions and preferences.

Recent research has identified a continuum of family partnership:

- Family involvement- Occurs at the individual family level, with families being an important and essential source of information in developing treatment goals and plans. They participate in meetings and sessions relating to their child.
- Family engagement- Incorporates family experience and expertise at the programmatic level, with family perspectives integrated into program design, delivery, and evaluation. Parents and other family members are actively involved in conversations about their child as well as about the program.
- Family-driven - Parents and other family members are partners, fully integrated at the organizational level, including representation in executive groups, in paid positions in the

program, and in operational functions including hiring, development, and quality improvement. (FREDLA, 2023)

Family-driven practice thus goes beyond the typical and traditional practices that involve and engage families to create partnerships between staff and family members in which power is shared, mutual expertise is recognized, and plans and goals are strategically co-created.

Hiring Family Peer Support Specialists (FPSS) as part of the team is a high leverage strategy for implementing family-driven care and generating transformational change in the organization. Organizations use variable titles for this role (e.g. Parent Partner; Parent Peer Support Provider; Family Peer Advocate). Regardless of title, parents and long term caregiving adults who have had the experience of having their child, and sometimes their family, served by a residential program bring a perspective and expertise not otherwise available from residential staff. Because of their lived experience, FPSS's have a unique ability to relate as peers of families receiving services, supporting them with empathy and understanding in being involved, engaged, and co-leaders in the treatment and support experience. They fulfill many roles, including:

- providing information and training for families;
- helping staff understand and connect effectively with families;
- offering unique input on program decisions;
- participating in wraparound, treatment planning, and staff meetings;
- facilitating parent advisory councils;
- serving on Boards of Directors, in leadership positions, and on agency committees;
- bridging families with the agency and the community, especially during crisis;
- influencing change in organizational and community/system policies: and
- supporting permanency and aftercare planning and processes (Heine, et. al., 2016).

Some also bring specific expertise in residential interventions, substance abuse, or navigating the child-welfare and/or juvenile-justice systems. They help create the culture that can support building collaborative partnerships between families and staff and sustain family-driven care as a key practice yielding positive outcomes.

THE “HOW”: HIRING FAMILY PEER SUPPORT SPECIALISTS

Increasing numbers of residential programs are entering this arena and contributing to the knowledge base about how best to go about this complicated endeavor. There are increasing training and technical assistance opportunities available (Herbell,2023; www.fredla.org; www.buildingbridges4youth.org). But better to hear from people with the lived experience of BEING family peer support specialists. Here are thoughts and strategies from two of them.

Nancy Craig Pierce- Thirty years experience as a Family Peer Partner (FPP) and FPP Director with Families Together in New York State and Senior BBI consultant.

So, you want to hire family peer support specialists ... congratulations!

After the excitement of finally making the decision to employ FPSS's settles in, the reality of exactly what that means might seem like a daunting task; it isn't, really! It is HARD work with a multitude of challenges along the way, but the reward far outweighs the work. Some thoughts about how to ensure the organization is ready to accept FPSS's as equal members of the staff.

First, there is not a manual or an A to B to C to Z process on how to prepare and fully integrate a family partner within an organization. While there are some tools that can help gauge organizational and staff readiness that can be helpful, organizational transformation is more of a fluid process - two steps forward and one step back. The process starts with leadership gaining

understanding of what family partners bring to the table as change agents for the organization, the staff and the families served:

- Authentic lived experience voice
- Unique perspective on policy and program development
- Accountability and transparency that increases fidelity to the organization's mission, vision and values
- Purposeful engagement with families to improve participation and partnership
- Challenging of old habits, perceptions, and beliefs
- Reducing blame and shame of families as the "problem"

Key starting points:

Bring together a leadership team comprised of board members and staff from all disciplines and services in the organization, being sure to have a balance of clinical and non-clinical roles and positions. Leadership support is crucial as FPSS's are initially added to staff. Why a cross section of staff? Culture change doesn't happen from the top down or bottom up; it happens one person at a time acknowledging the value of the change. Having a cross representation of likeminded champions can create a ground swell to carry the vision and excitement to all areas of the organization and gather more champions along the way.

Gather data on agency readiness- where the organization falls on a scale or continuum of acceptance and respect of the role of the FPSS as part of the team.

Consider funding and technical assistance resources needed to support the journey. BBI and FREDLA both offer a wealth of information.

Provide organization-wide, deep-dive training on Family-driven Care; focus on the benefits of "lived experience" and going beyond engagement to a more intense meaningful partnership.

Support staff in regarding families as partners and valuing the support they can bring to other families. FPSS's as staff will teach, coach, and mentor families to find hope again and be heard; develop skills to support themselves and their youth; and collaborate to find solutions.

Integrate, don't segregate. House FPSS's with other residential staff leadership, supervisors, and clinicians. Have them report to upper management; ensure regular contact with the CEO. Hire more than one at the start or as soon as feasible.

As shared above, there is no right or wrong way to bring about cultural transformation, understanding, and acceptance of FPSS's. Make the commitment to hire them and work each day towards full integration of the role.

Organizational transformation is like jumping into the deep end of a pool, feeling confident because you know how to swim, you're wearing a life vest and good swimmers will surround you as support! What are you waiting for...jump on in with those who have done this before you!

Sandy Heine, 10 years experience as a Family Peer Support Specialist and Peer Delivered Services Manager, BBI Family Consultant

This is a meaningful and extremely important place to be in your journey. There are steps that can be taken to assist you with preparing, hiring, integrating and retaining FPSS's. Hiring a FPSS may be easy enough to do but to utilize that person to the full potential takes thoughtful consideration of key issues and the involvement of the entire staff.

It is important to engage staff in the process of creating a safe destigmatized culture and space to facilitate readiness for an FPSS, through training, that includes family members, in Family Driven Care and the FPSS role. Specific steps to consider:

Define the role. The FPSS:

- Works in partnership with families, staff, and other child-serving organizations.
- Provides intentional support through strategic self-disclosure related to their own lived experience, advocacy, and education; supports a vision of the future.
- Models navigation strategies and empowers families from referral, screening, and admission processes through the transition home and into the community post-discharge.
- Normalizes the family's experiences and feelings (Herbell, 2023)
- Suspends bias and blame in all interactions.
- Conveys hope, builds connections, and provides linkages to community resources.
- Offers opportunities for culturally responsive education and skill building.
- Encourages parents to utilize their voice to be part of problem solving.
- Provides peer orientation training for all hires, and is included in all staff trainings.
- Connects to local, statewide, or national family support organizations for support, co-supervision, or technical assistance.

Establish HR guidelines and supervision as close to top leadership as possible:

- Best practice is to provide supervision by a FPSS with extensive knowledge of peer work, with clinical supervision available for billing purposes.
- Over time, work to define a potential career ladder for FPSS staff.
- Accommodations made for family partners should be equitable and offered to all staff, while recognizing that some might not have previous work experience and need support in learning how to be an employee.
 - Support FPSS's to attend outside trainings, events, and conferences; Create a network of FPSS's with other organizations and develop ongoing training options.
 - Learn about credentialing requirements in your state and support the FPSS toward meeting them, including budgeting for maintenance of certification for professional development, required training hours, and certification fees.

Consider FPSS's as a resource in building and sustaining community relationships.

Your organization will feel privileged to have family voice at the table to bring family perspective and to speak for families that have not yet found their voice.

- Introduce the FPSS to everyone in the program, and also to community partners, as well as state and national family advocates/organizations.
- Describe and explain the role and value FPSS's have within your organization to those who may not understand.
- Support participation on local, state and/or national committees and training events.

FAMILY PEER SUPPORT SPECIALIST IMPACT

Family members and staff alike describe significant benefits from having FPSS's on staff.

"Having a parent partner made me feel not so alone and isolated." (Rhonda, parent)

"Staff were supportive but didn't truly understand what we were going through. They could intentionally or unintentionally, lay blame and shame on the parent where the family partner truly understood and didn't blame or shame." (Christie, parent)

"Family Partners are hired because of their lived experience and their unique perspective, utilize their expertise!" (Caren, parent)

"There was one day I was running late, and I got there after the meeting started. The meeting was with CSW and the team, the discussion was uncomfortable. So after the meeting when I stood with the Mom to check in she said that when she saw me she said to herself, "Ahí viene mí

salvación” (*here comes my salvation*). *It might sound a little much, but that's how the Spanish language and expressions can be*” (Gracie, Family Peer Partner)

“In my experience, receiving FPSS support reduces parent stress, improves perception of their caregiving role, and increases parenting skills, all of which decrease youth negative behaviors and improve family functioning.” (Carolyn Hatfield, Family Peer Support Specialist)

“We value the family support specialists we have on our team as they offer real world experience of what our families are dealing with on a daily basis. The family (and peer) support specialists are unfortunately labeled as non-professionals by so many other agencies that we must push back and explain that not only are they all certified and well-trained in mental health, but they are also extremely knowledgeable about the needs of the families we work with. The support specialists always do a good job to remind the rest of the team about the value of parents and that the parents are the experts on their child(ren).” (Chris Rohde, Wraparound Coordinator)

“Family Peer Advocates provide an opportunity for leaders to step out of the imaginary box of ‘what if’, and into the accountability matrix of ‘what is’. It is that realism that anchors the work of a provider to truly see, hear, and take on the concerns of the child, and family, so that real healing can begin.” (Jennifer Outlaw, BBI Leaders of Color Workgroup)

CONCLUSION

Hiring FPSS’s is an emerging practice for residential interventions, supported by research in other services that shows a real return on investment (Herbel, 2023). Moving in this direction has helped organizations improve their outcomes, generate innovative approaches, and increase their reach. ACRC calls on residential and community programs and systems to take this transformational plunge. The families and youth we serve deserve no less. A wealth of “how-to” resources are available at www.buildingbridges4youth.org/family peer partner landing page and www.fredla.org. For more information contact ACRC at www.togetherthevoice.org.

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