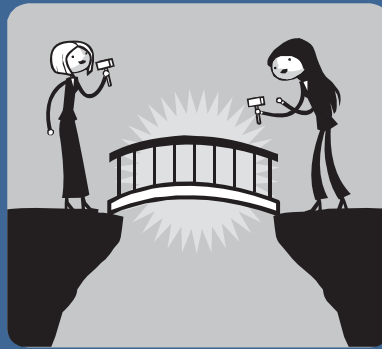


Closing the Quality Chasm in Child Abuse Treatment, Volume II:



Partnering with Youth and Families in Mental Health Treatment for Child Abuse

Rady
Children's | Chadwick Center
San Diego for Children & Families

A PARTNER IN
NCTSN

The National Child
Traumatic Stress Network

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Chadwick Center for Children and Families, Rady Children's Hospital, San Diego

The Chadwick Center for Children and Families is a Child Advocacy Center located on the campus of Rady Children's Hospital and Health Center in San Diego, CA. It is one of the largest centers of its kind and is staffed with more than 120 professionals and paraprofessionals in the field of medicine, social work, psychology, child development, nursing, and education technology. The Chadwick Center has made lasting differences in the lives of thousands of children and families since opening its doors in 1976. The staff is committed to family-centered care and a multidisciplinary approach to child abuse and family violence. The center's mission is to promote the health and well-being of abused and traumatized children and their families. This will be accomplished through excellence and leadership in evaluation, treatment, prevention, education, advocacy, and research. The center's vision is to create a world where children and families are healthy and free from abuse and neglect.

The National Child Traumatic Stress Network (NCTSN)

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

The Network comprises 70 member centers (45 current grantees and 25 previous grantees) and is funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services through a congressional initiative: the Donald J. Cohen National Child Traumatic Stress Initiative.

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Closing the Quality Chasm in Child Abuse Treatment, Volume II: Partnering with Youth and Families in Mental Health Treatment for Child Abuse

PROJECT SUMMARY

In 2001, President Bush announced the creation of the “New Freedom Initiative,” which created the New Freedom Commission designed to support individuals with mental and physical disabilities. The commission worked together to create the document, *Achieving the Promise: Transforming Mental Health Care in America*. With the publication of this report, there has been an increasing emphasis on the partnership of youth and families in mental health treatment. In particular, the vision of this document explicitly states under goal number two that “Mental Health Care is Consumer and Family Driven” (U.S. Department of Health and Human Services [DHHS], Substance Abuse and Mental Health Services Administration [SAMHSA], 2003, p. 27).

While treatment providers and mental health agencies often realize the need to partner with youth and families when providing treatment, there exists a large gap on *how* and *why* to partner with youth and families in this way. There are multiple challenges and barriers that emerge when attempting to partner with youth and families when providing treatment, particularly in the field of treatment for victims of child abuse.

***“Once a family has hope, then they can become involved in the process that builds towards benefiting a whole community.” –
Family Participant***

THIS DOCUMENT

This document is the second volume of the “Best Practices” series. The first volume focused on identifying best treatments for child abuse victims (Chadwick, 2004). This volume of *Closing the Quality Chasm in Child Abuse Treatment* has sought to create “best practices guidelines” for partnering with youth and families in mental health treatment for child abuse. This document has been designed as a resource for treatment providers and agency administrators who are striving to improve their service delivery system through partnership with families and youth. The present document highlights the following:

- 1) What are the benefits for partnering with youth and families when providing mental health treatment for child abuse?
- 2) What are some general recommendations for treatment providers and mental health agencies to involve and partner with youth and families?
- 3) What are some potential barriers for treatment providers and agencies in involving and partnering with youth and families in mental health treatment for child abuse?
- 4) What are some strategies that exist for overcoming these barriers?

In order to create this document, the Chadwick Center for Children and Families at Rady Children’s Hospital and Health Center, San Diego, with funding from the SAMHSA, conducted an Advisory Group meeting of experts in the field of partnering with youth and families. The experts included foster and birth parents involved with the child welfare system; parents, caregivers, and youth who have participated in and received mental health treatment for child abuse; and professionals in the fields of child welfare and mental health. The results of this Advisory Group meeting, combined with research and practice-based evidence on this topic, informed the present document. As a result of this collaboration, it is hoped that children and families everywhere who have experienced abuse will receive appropriate, family-driven services that best serve their needs.



While it was widely acknowledged that the youth and families who received mental health treatment for child abuse are often involved with additional systems, including child welfare, juvenile justice, and education, the focus of the current project is on the youth and families specifically receiving mental health treatment for child abuse.

INTENDED AUDIENCE

This document is intended for use by mental health treatment providers and by administrators in mental health agencies who are interested in better partnering with youth and families in their service delivery system.

HOW TO USE THIS DOCUMENT

It is organized into the following five sections:

Section I: Overview

This section presents an overview of the concept of involving and partnering with youth and families in mental health treatment for child abuse by:

- ◆ Defining engagement, involvement, and partnership.
- ◆ Exploring the benefits to involving and partnering with youth and families in mental health treatment for child abuse.
- ◆ Discussing whose voices are included in youth and family involvement and partnership.

Section II: Treatment Providers

This section is specifically designed for Treatment Providers and:

- ◆ Highlights key recommendations for this audience.
- ◆ Presents audience-specific barriers and strategies for involving youth and families.
- ◆ Presents audience-specific barriers and strategies for partnering with youth and families.
- ◆ Includes sections entitled “When Involving and Partnering is Not a Good Idea” and “Partnering with Youth and Family Members who are Currently Receiving Treatment.”

Section III: Mental Health Agencies

This section is specifically designed for Administrators at Mental Health Agencies and:

- ◆ Highlights key recommendations for this audience.
- ◆ Presents audience-specific barriers and strategies for involving youth and families.
- ◆ Presents audience-specific barriers and strategies for partnering with youth and families.

Community Examples are also presented throughout the document. These examples describe agencies that have incorporated the involvement and partnership of youth and families into their service delivery system and include specific strategies utilized by these organizations.

Section IV: Resources

This section provides an extensive list of resources related to this topic:

- ◆ National resources
- ◆ State resources
- ◆ Organizational resources
- ◆ Curricula/Toolkits/DVDs
- ◆ Information on publications in the fields of mental health, child welfare, and health care.

Individuals who are interested in this topic area are encouraged to explore these additional resources.

Appendix

This section provides documents created by the National Child Traumatic Stress Network’s (NCTSN) Partnering with Youth and Families Committee with tips on creating advisory boards and developing peer-to-peer supports. Re-printed with permission.

SECTION I: OVERVIEW

THE PARTNERSHIP OF YOUTH AND FAMILIES IN MENTAL HEALTH TREATMENT

As a result of the President's New Freedom Commission, a number of initiatives have emerged. For example, the Mental Health Transformation State Incentive Program (funded by the SAMHSA), provided funding to nine states to assist them in changing their mental health delivery system and better meet the needs of children and families by making their systems consumer/family/youth driven.

The National Federation of Families for Children's Mental Health has clearly defined standards for family-driven and youth-guided care (National Federation of Families for Children's Mental Health, 2008) as defined on the right.

Family-Driven Care -

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.



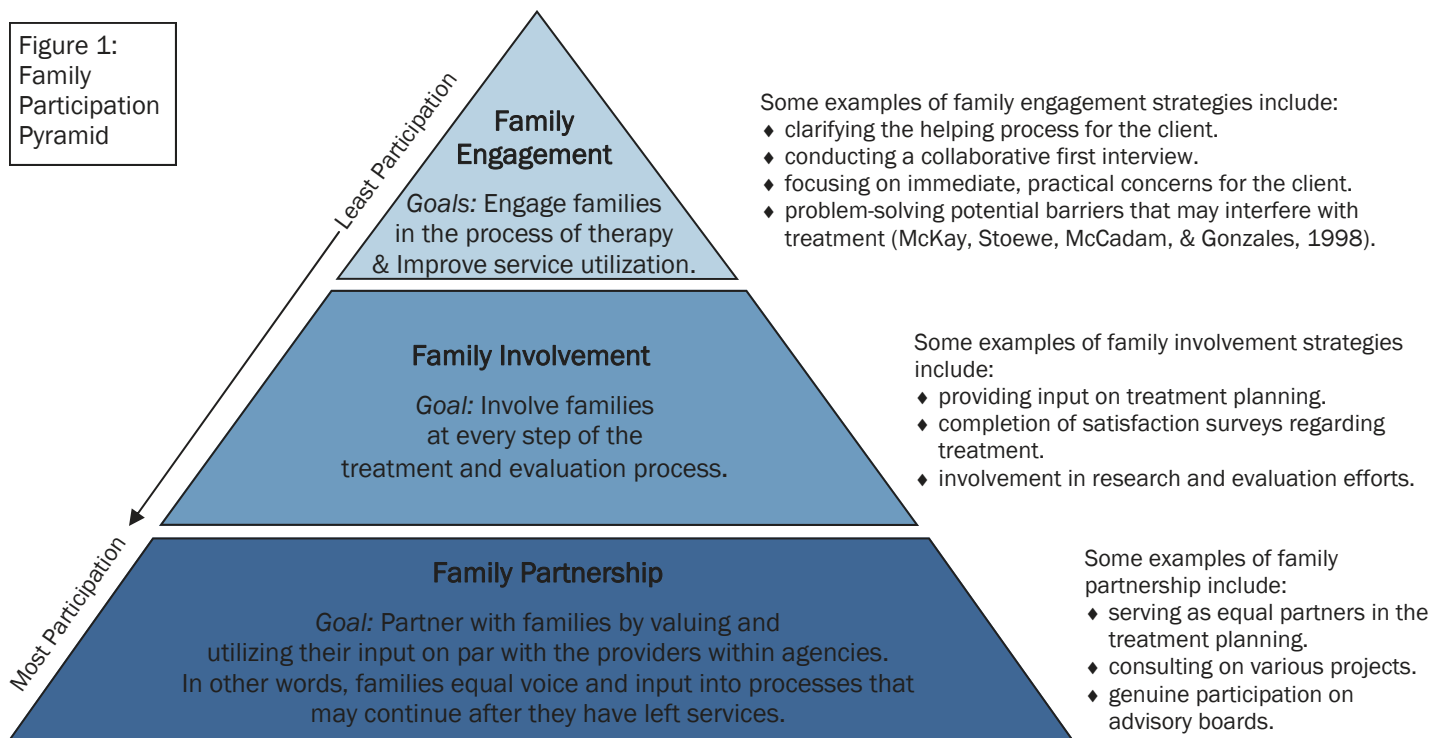
Youth-Guided Care -

Youth have equal voice and are engaged in developing and sustaining policies and systems that serve and support them.



In order to better understand what is meant by the term “family and youth partnership,” it is important to understand how family partnership relates to family engagement and family involvement. There is some confusion in the literature regarding the terminology of family engagement, family involvement, and family partnership. For the purposes of this document, these concepts are viewed as a pyramid of family participation, ranging from least participation at the top to the most participation at the bottom (see Figure 1). The present document focuses primarily on the concepts of family involvement and family partnership.

Figure 1:
Family
Participation
Pyramid



INVOLVING AND PARTNERING WITH YOUTH AND FAMILIES IN MENTAL HEALTH TREATMENT FOR CHILD ABUSE

The Statistics

An estimated 794,000 children in the 50 states, the District of Columbia, and Puerto Rico were determined to be victims of abuse or neglect in 2007, according to the most recent statistics published by U.S. DHHS, Children's Bureau (U.S. DHHS, 2009). These numbers refer strictly to cases reported to and substantiated by Child Protective Services in their respective states. These numbers do not include those children who slip "under the radar" and are never reported to Child Protective Services.

There is inconsistency across states regarding how many of the children who have experienced substantiated child abuse are actually referred for mental health treatment. In addition, according to the findings from the first round of Child and Family Service Reviews (CFSRs), a review of each state's child welfare system in relation to the federal goals of safety, permanency, and well-being, the provision of mental health services to children in the child welfare system was also inconsistent (McCarthy, Van Buren, & Irvine, 2007). Therefore, it is critically important that child abuse victims are both referred for mental health treatment and receive the best mental health treatment possible in order to address their complex needs.



The Benefits of Youth/Family Partnership

There is a body of literature that suggests that partnering with youth and families in mental health treatment for child abuse improves treatment outcomes for these children:

- ◆ In children who have been sexually abused, involving family in trauma-focused treatment through parent components and parent-child sessions focused on trauma led to decreases in PTSD symptoms, decreases in acting out behaviors, and greater improvement in depressive symptoms for child and parent. These improvements were maintained over the year after treatment ended (Cohen, Deblinger, Mannarino, & Steer, 2004).
- ◆ Involving family in burn pain management reduced the child's experience of pain and assisted with longer-term compliance with treatment and healing (George & Hancock, 1993).
- ◆ Studies of children exposed to various types of trauma have shown that when parents experience less distress and there is more familial support, the negative impact of trauma on children is mitigated above and beyond whatever treatments are directly provided to the child (Laor, Wolmer, & Cohen, 2001; Kliewer, Murrelle, Mejia, de Torres, & Angold, 2001).

How This Document Came to Be

In planning this project, the following structure was used:

- A literature review was conducted related to involving and partnering with youth and families across disciplines.
- A small Steering Committee was created. The purpose of this Steering Committee was to drive the project. They identified key issues and questions to be discussed at the meeting, and individuals who should be present at the meeting on a national level.
- An Advisory Group meeting was held in January 2009. The Advisory Group consisted of individuals from across the country with expertise in children's mental health and child welfare. It included youth and caregivers, treatment providers, national child welfare leaders, and leaders in the partnering with youth and families movement. The goal of gathering this diverse group of individuals together was to create a cross-systems dialogue where expertise from other family/youth movements (i.e., child welfare) could inform the current process.
- Following the conclusion of the meeting, the findings were collected and combined with previous recommendations and findings, and consolidated into the current document. A draft of this document was sent for review by all Advisory members, as well as external reviewers with expertise in partnering with youth and families, but who were unable to attend the Advisory Group meeting.
- Following revisions, the current document was completed and disseminated widely.

INVOLVING AND PARTNERING WITH YOUTH AND FAMILIES IN MENTAL HEALTH TREATMENT FOR CHILD ABUSE (CONT.)

NCTSN's Pathways to Partnerships with Youth and Families

In order to begin addressing the need for a linkage between youth and families and mental health treatment for child abuse, the National Child Traumatic Stress Network (NCTSN) created *Pathways to Partnership with Youth and Families* (NCTSN, 2008). This document is a tool that offers members of the NCTSN, and other agencies that provide trauma treatment, a structure for examining and expanding the role of youth and families in their agencies on both the clinical and organizational levels. Self-assessment tools, along with sample goals, objectives, activities, and strategies, help users evaluate current participation and target areas for further integrating youth and families. This document highlighted some additional benefits for partnering with youth and families in mental health treatment for child abuse:

- ♦ Having a voice in shaping treatment decisions can be therapeutic, as it helps survivors regain their voices. They begin to feel less helpless and vulnerable, and more competent and in control.
- ♦ Following treatment, child abuse survivors may find meaning in sharing with others what they have learned from their experience, and in speaking up with and for others. By working with child abuse treatment organizations and providers, the survivors help restore the social order—the sense of safety and protection—that traumatic events undermine.
- ♦ By involving and educating the entire family about traumatic stress and seeking solutions to manage its impact, providers can involve families in contributing to the long-term solution.

WHOSE VOICES?

When referring to the family and youth voices, it is important to define those voices more specifically. For the present document, family and youth voices include:

- ♦ youth who have received treatment and may or may not have been involved in the child welfare system
- ♦ all parents/caregivers involved in the child's life, including:
 - ⇒ biological parents*
 - ⇒ resource parents (including foster parents and kinship parents)
 - ⇒ adoptive parents.*

* Note: In some cases, this may include the “offending” parent(s) if the child is still living in the same home.

“It is critical for those folks to fuse the concept that the family's voice in decision making is critical to the success of the organization.” - Meeting participant

Resource Parents and Birth Parents

One of the distinct challenges noted throughout the meeting was that many of the children who received mental health treatment for child abuse are involved in the child welfare system. Those youth then have two sets of parents: foster parents and birth parents. To date, the family and youth partnership movement has focused almost exclusively on partnering with foster parents, while birth parents (particularly offending parents and fathers) are seen as “second-class citizens,” even though they are the parents of their children and may be in the child's life for years to come. Many birth parents may have their own history of child abuse which should be considered when working with these families. The goal of this document is to address the challenges and strategies for partnering with all parents/caregivers involved in the child's life, depending on the needs of that particular child.



Resource Parents

Youth

Birth Parents

SECTION II: TREATMENT PROVIDERS

The first tier of involvement and partnership with youth and families is among treatment providers. When referring to treatment providers, the present document is focusing exclusively on those who provide clinical treatment for youth and families who have been affected by child abuse. These therapists may work in public or private settings and may provide a myriad of practices designed to treat child abuse, including evidence-based practices such as

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2006) or other types of therapy (play, Eye Movement Desensitization and Reprocessing [EMDR], etc.). While all of these types of therapists may face different expectations for productivity (especially those who work in public vs. private settings), they all have the same goal of improving treatment for children and families affected by child abuse.



KEY RECOMMENDATIONS FOR TREATMENT PROVIDERS

① Educate and empower youth and families to play an active role in their service delivery.

Treatment providers are often hesitant to truly involve youth and families and seek their opinions about how treatment is going and regarding specific treatment activities. Youth and family members often have important insights and innovative solutions that are extremely beneficial to treatment. For example, in the Advisory Group meeting, when asked about how to make treatment better, the youth members had a number of interesting ideas. These included preparing youth for the ride home after therapy, being transparent about the purpose of therapy and why they are there, and letting them know their rights in treatment. Youth offer a unique perspective, but many youth will not speak up unless they are aware that their ideas will be seriously considered and change may come from their suggestions.

② Encourage current and past clients to participate in a peer-to-peer network.

Inform youth and family members about their capacity to serve as advocates and mentors for other youth and families who are receiving treatment. Some families who are entering treatment may feel comfortable connecting with a “peer” who has already gone through the process. The Appendix includes the NCTSN’s *Pathways to Partnership: Tips for Incorporating Peer-to-Peer Support Into Your Program* document.

③ Work collaboratively with other systems that impact the youth and families.

For example, if a child is involved in the child welfare system, the treatment provider should make every attempt possible to attend treatment team meetings (with client permission) and other “family meetings,” such as family group conferences, family team conferences, and family team meetings. At these meetings, the provider should advocate for the therapeutic needs of their client.

“When I was in therapy, I didn’t feel like my family had any involvement in the treatment plan. I never discussed my treatment plan with my therapist. Maybe I was incapable but I felt it was their job.” – Youth Participant

BARRIERS AND STRATEGIES FOR TREATMENT PROVIDERS TO INVOLVING YOUTH AND FAMILIES

■ = Barrier ○ = Strategy

The time and energy required for effectively involving youth and families in treatment, particularly those who are resistant, can be somewhat exhausting and take an emotional toll on the treatment provider. This may potentially contribute to symptoms of “burnout” and “secondary trauma.” When a treatment provider is experiencing burnout, he or she is less likely to put forth the extensive time and energy required to effectively involve youth and families in the treatment process.

Treatment providers should integrate self-care practices into their everyday practice to prevent “burnout” or “secondary trauma.” This may include getting enough sleep, exercising, and having a strong support system they can turn to when work becomes overly stressful. These strategies will help decrease burnout in general, which may increase providers’ capacity and willingness to involve youth and families in treatment on a greater level.



Although it is common knowledge that clients and families have fear and safety issues when coming into receive mental health treatment, therapists can also experience these issues. This fear includes both psychological and physical fear. For example, a treatment provider may be psychologically fearful about violating confidentiality, or physically hesitant about visiting a client in his or her home and doing home-based treatment, because it is located in a “dangerous” neighborhood. The treatment provider may not know if he or she is going to be physically “safe” with the family.

Treatment providers should always be conscious and aware of their own physical and psychological safety when working with victims of child abuse and should integrate safety practices into their work. This should include safety planning for both themselves and their clients to ensure physical safety, and discussing issues of psychological safety with colleagues and supervisors.



There are multiple challenges that may emerge when working with the traumatic subject matter that may impact family and youth involvement. Traumatic events often involve challenging interpersonal issues and emotions—such as grief, fear, betrayal, anger, suicide, death, and thoughts of revenge—that are difficult to acknowledge and share, even with a trained professional. It takes courage on the part of youth and families to be involved in treatment. They or their therapists may be concerned about re-exposure to traumatic events or information.

Treatment providers need to meet youth and family members where they are at, and work with them to tailor their involvement to reflect their current state. Each youth and family member may want to be involved in different ways or at different times, whether it is during or after the treatment has been completed. Treatment providers should work closely with each youth and family member to determine what involvement will “look like” for them.

■ = Barrier ○ = Strategy

There may be some confusion and concern regarding which family members to involve, particularly if a child has been abused or harmed within the family setting. For example, there may be concern about whether or not to involve the non-offending birth parent. The treatment provider may believe that the family member is unable to adequately support the youth or, may experience traumatic flashbacks or responses if they had been victims of child abuse themselves. For those treatment providers, it is therefore more challenging to involve them.

Treatment providers should collaborate with the client to develop the service plan, and with the consent of the client, and engage other partners (including offending and non-offending parents) when it is in the client's best interest. Youth understand that their parents/caregivers are a part of their "system" and they will be connected to them throughout their lives, so they may choose to have their parents/caregivers receive the benefit of the services. This will allow the treatment provider to address the child abuse tactfully and truthfully, and work within the family system, if appropriate (especially if there is a history of intergenerational transmission of abuse). Engaging these partners will help the treatment provider to understand the individual story of the family and learn the context of how/why this abuse happened.



WHEN INVOLVING AND PARTNERING IS NOT A GOOD IDEA

While the present document is focusing on the benefits of involving and partnering with youth and families in mental health treatment for child abuse, there are potentially some situations where it may not be recommended to involve or partner with youth and families at the present time. These include:

- ◆ If the provider is not genuinely committed to the involvement or partnership, it is not helpful for families and youth since the involvement or partnership would not be authentic.
- ◆ If a client is currently experiencing significant distress related to the child abuse, or other significant mental health problems, it is recommended that their involvement or partnership be postponed until they have resolved those areas of concern.



COMMUNITY EXAMPLE: CLIFFORD BEERS GUIDANCE CLINIC, INC.

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Organization Description: Clifford Beers Guidance Clinic (CBC), the oldest non-profit outpatient mental health clinic in the country, has been building strength in children and families since 1913. CBC's mission is to provide accessible community-based mental health services and advocacy that promote healthy and resilient lives for children and families. The clinic provides a comprehensive array of services that reflect the needs of the children and families. Ninety percent of families served are living at or below the poverty level and receive state health benefits. CBC is well-known for its innovative work that includes a trauma-focused intensive outpatient program, and, in 2006, established CBC's nationally recognized trauma center, "The Morris A. Wessel and Family Trauma Center."

Clinical Strategies for Involvement and Partnership

- ◆ Provide parent support groups (in Spanish and English, monolingual/bilingual) that combine emotional support and safety, psycho-education, case management services, advocacy, awareness of and linking to community resources, and skills training to multi-ethnic families impacted by sexual abuse, domestic violence, and other forms of traumatic stress.
- ◆ Offer parent and child interactive groups to facilitate parents sharing cultural rituals, making cultural costumes, taking drumming lessons, and participating in the local Arts and Ideas Festival.
- ◆ Provide child care services and meals to increase parents' attendance during evening group meetings.
- ◆ Celebrate youth and family cultures through family night cultural activities where staff, their children, and clients enjoy cultural activities with food (potluck dishes made by youth and their families), cultural music, and art.

Organizational Strategies for Involvement and Partnership

- ◆ The agency creates a family atmosphere where youth and families experience respect, emotional safety, feeling valued, compassion, and empathy. The staff conveys hope and optimism as its members work with the families starting with, and building on, their strength. The staff also uses instruments like the *Ohio Youth Problems, Functioning, and Satisfaction Scales (Ohio Scales)* and the *Parenting Stress Index (PSI)* to guide clinical intervention and partner with youth and families in establishing treatment planning.
- ◆ The agency uses a prevention approach to partner with families and community providers (e.g., collaborating with local health clinic and medical practitioners; implementing care coordination with a wraparound philosophy).
- ◆ The agency uses focus groups to hear the voices of youth and families and to develop partnership in treatment planning.
- ◆ The agency established a Latino Clinic to enhance services to the underserved diverse ethnic group, including monolingual youth and families.
- ◆ The agency appoints professional and paraprofessional staff that reflect the cultural diversity of the population it serves.
- ◆ The agency offers on-going culturally focused parent groups for families affected by trauma.

"We really would like for professionals to work on helping us to read our trauma narratives to our parents because sometimes after, I know it's the close of your session and you're supposed to be alright to talk about it, but nobody prepares you for the ride home with your parents, if you're going home. The ride home is the worst part. You get all of the questions again." – Youth Participant



BARRIERS AND STRATEGIES FOR TREATMENT PROVIDERS TO PARTNERING WITH YOUTH AND FAMILIES

■ = Barrier ○ = Strategy

Professional training. Treatment providers are often trained that they are the “experts” in working with families and that they “know better” and have a deeper understanding of the family situation given their level of education. Treatment providers may be hesitant to surrender this vision of themselves as the “expert” when working with families affected by child abuse and may have difficulty balancing their expertise and guidance so that youth and families have a sense of ownership in the treatment process.



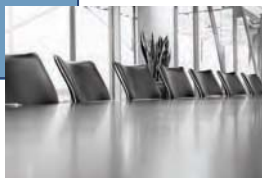
Truly value youth and family voices and perspectives. In order to truly partner with youth and family members, it is important for treatment providers to view them as equal partners in the process. This means not only inviting their opinions, but that those opinions are genuinely integrated into the treatment process. For example, during the Advisory Group meeting, the youth participants clearly indicated that they wanted to decide who they felt should hear their Trauma Narrative (narrative of the child abuse that brought them to treatment). This may NOT be the primary caregiver. Truly partnering means listening and integrating these feelings into treatment, even if the treatment provider doesn't agree with them.

There may be a lack of access for youth and family members to partner in services. This may include lack of transportation, resources, or the necessary skills to participate in some agency activities.



Treatment providers should work individually with youth and family members to increase their access to partnership. This may include helping with transportation needs, providing them with resources, or scheduling meetings and events so they are convenient for youth and family members to attend.

Concern regarding confidentiality. Treatment providers may be concerned about what a client will share regarding their treatment in their role as a family/youth partner (i.e., on an Advisory Board) and may be concerned about potential violations to confidentiality, particularly if the youth is under the age of 18. Conversely, youth and family members may be concerned about losing their privacy and having to share details of their experience or treatment in more public venues.

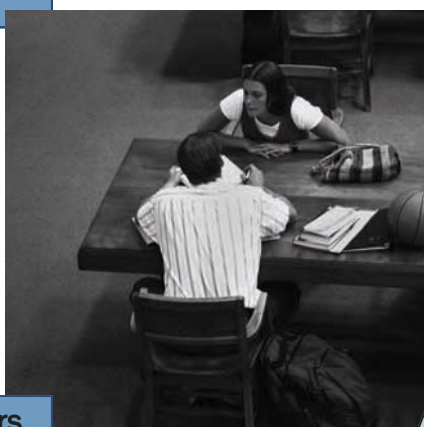


Treatment providers should clearly understand the limits of confidentiality and work with youth and family members to establish limits of confidentiality and privacy. For example, if a client chooses to share his or her therapy experiences, that would not be a violation of confidentiality. Similarly, there are many ways that youth and families can partner that would not adversely affect the boundaries of the therapeutic relationship. These possibilities can be individually explored by the treatment provider and the youth/family partner.

■ = Barrier ○ = Strategy

Process. Youth and families and/or their therapist may believe it will be easier to move on if they sever ties with the agency when therapy ends.

Conduct exit interviews with families and youth as families are leaving the service. They can provide feedback on what helped, what might not have helped, and how to possibly improve it. This may also help distinguish those family and youth who would like to remain involved with the agency, versus those who do not.



Youth and/or family members may be experiencing serious emotional challenges or complex social/family situations that could potentially impede their ability to effectively partner in service provision.

Consider each family and youth member as individuals who have different strengths and protective capacities to bring to the table related to family/youth partnership. Some individuals may feel comfortable providing information on satisfaction surveys, while others would like to serve on an Advisory Board. In order to better ascertain an individual's potential involvement, it may be helpful to pose the following questions:

- 1) What do you want/are able to you contribute?
- 2) What support do you need to do that?



Concern over "Who is Expert?" Youth and/or family members may view the treatment provider or agency as the "expert" and not feel that they do not have expertise to offer in treatment or in broader agency planning and tasks.

There are multiple types of expertise:

- ◆ **Family and Youth expertise** - Those who have lived through the experience and are currently coping with it are the expert on their experience.
- ◆ **Treatment Provider expertise** - The practitioner has expertise on specific treatment modalities and training on the short- and long-term effects of child abuse, and can bring that expertise to the table when working with children and families.
- ◆ **Group expertise** - Everyone in the room is an expert on the child in some way, including the parent, the youth, the therapist, the extended family, the pastor, and any member of the team that you brought together. If you expand and localize expertise outside the box, you will find new sources within the community.

COMMUNITY EXAMPLE: CENTRAL MASSACHUSETTS COMMUNITIES OF CARE (CMCC), UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL, DEPARTMENT OF PSYCHIATRY

Contact Person: Suzanne Hannigan, Project Director

E-mail: suzanne.hannigan@umassmed.edu

Organization Description: CMCC serves youth, 10 to 17 years of age, with Serious Emotional Disturbance (SED) and their families who live in Central Massachusetts (excluding the City of Worcester). These youth must be at risk of becoming involved with the juvenile justice system. Two community-based “youth and family centers” are staffed by a “Care Partners and Youth Coordinator” support model. The centers have implemented a Public Health model of Prevention (family and youth skill-development), Early Intervention (information referral and networking), and Intensive Intervention (The Foundations Program) using a “wraparound approach.”

Clinical Strategies for Involvement and Partnership

Youth and families are members of their advisory councils, committees, and strategic planning groups. Supportive groups, classes, and activities are provided by the Care Partners (caregivers employed by the project) and Youth Coordinators. Caregivers and youth are invited to participate in leadership skill-building with the goals of learning how to advocate for themselves and their families and to become active participants on advisory groups and boards. Some may also serve as volunteers to co-facilitate support groups and activity groups in the youth and family center and the community. Other parents/caregivers from the centers have served on parent panels or as co-facilitators in trainings to bring in the family perspective around the service delivery system.

Organizational Strategies for Involvement and Partnership

Caregivers of youth with SED are hired as coordinators of care (Care Partners) for youth with SED and their families. In addition, the Communities of Care Training and Learning Collaborative offers a variety of training and consultation around a wide array of topics. Most trainings are conducted by a provider and parent co-training team. Some of these trainings include:

- ♦ **Introduction to Strength-Based Work with Families** - This provides an overview of CASSP (Child & Adolescent Service System Program) values and helps participants understand the rationale for family-driven and strength-based work. It also includes basic tools for strength-based assessment and planning with families. The training is intended for professionals and para-professionals alike who work with children or families.
- ♦ **Working with Families—Becoming Family-Driven and Strength-Based** - This is intended to be a more in-depth training for those familiar with the basic concepts and values of strength-based work, but who may be looking for specific skill development to enhance their work. Examples include forming more positive working alliances with families; conducting strength-based assessments; developing planning teams; creating strength-based plans; running a strength-based program; and integrating family members into your staff.
- ♦ **Partnering with Families** - This training focuses specifically on another key CASSP value—parent-professional partnership. This is more of an experiential training which is intended to sensitize professionals to the ways in which they do their jobs than can be isolating and disempowering for families. The goal is for workers to have a deeper appreciation for the importance of “family voice,” and to generate ideas for themselves as to how their individual practice can change to create more effective parent-provider partnerships.

“We need to know what our rights are. A lot of times, because of our age, our parents fill out the packet, but we didn’t necessarily know what our rights were. So, if the clinician could explain, not only why we’re here, but also the understanding that, as young people, at certain ages, we have certain rights. That would be really helpful for us as clients.” – Youth Participant



PARTNERING WITH YOUTH AND FAMILY MEMBERS WHO ARE CURRENTLY RECEIVING TREATMENT

Within the context of mental health treatment for child abuse, one area of particular contention is whether or not an agency should invite youth and family members who are currently receiving mental health treatment for child abuse to partner in activities outside of the treatment itself (i.e., serve on Advisory Boards, represent the agency in the community). The Advisory Group identified a number of benefits to this type of partnership, barriers associated with partnership at this level, and strategies to overcome these barriers.



Benefits:

- ◆ Youth and family members can provide real-time feedback on the strengths and challenges of current systems' operations.
- ◆ This feedback provides a type of continued "quality assurance" that may not be as honest and accurate once a client has stopped receiving treatment.

Barrier:

- ◆ **Confidentiality.** Given the increased focus of maintaining a client's confidentiality and patient privacy, having current clients report on the services that they are receiving seems like a violation of the confidentiality agreement. While it is the client's choice to disclose their experiences of treatment, there are some inherent risks that may emerge.



Strategy:

- ◆ **Treatment providers and family/youth should clearly understand the limits of confidentiality** and work closely with family and youth clients to negotiate how they will share their story in a way that is appropriate and does not violate the confidentiality of others.

Barrier:

- ◆ **Lack of understanding the system and the treatment process.** Some youth and families may not feel comfortable disclosing about the process and may prefer to wait until termination so that they have a greater perspective on treatment and the services which were provided.

Strategies:

- ◆ **There is a no such thing as "one size fits all."** Sometimes treatment is a fluid process without a specified end date. It is more realistic to identify the qualities of a person who may be able to participate on an organizational level. Some potential questions to answer when considering involving youth and families who are currently receiving treatment include:
 - ⇒ What could be the qualifications or characteristics of a person who could be organizationally involved?
 - ⇒ What supports do they need to be effective in that role?
- ◆ **Use of an external mediator.** Family or youth may be able to share their experiences with an external individual, who will then bring their feedback back to agency staff and Advisory Board. Since some family and youth may be reluctant to share their experiences of therapy with their therapist in the room, this option provides an outlet to share their feelings and experiences in a safe and neutral manner.
- ◆ **Agencies need to be prepared to provide additional resources and supports.** These support systems would help youth and families understand the impact and implications of sharing their stories.



SECTION III: MENTAL HEALTH AGENCIES

The second tier of involvement and partnership with youth and families is within the larger mental health agency. For this document, mental health agencies include both public and private agencies that provide mental health treatment to children and families affected by child abuse. These agencies may provide treatment to children referred from the child welfare system,

juvenile justice system, or other systems. They may exist as a community service provider on their own, or be affiliated with a larger agency, such as a hospital or university. While each of these systems face unique barriers and challenges, they also have unique opportunities to overcome these barriers and better involve and partner with youth and families.



KEY RECOMMENDATIONS FOR MENTAL HEALTH AGENCIES

① Create a Family Advocacy Board, or better yet, integrate family/youth participation into the Advisory Board of the agency.

This provides a great opportunity for youth and families to serve as true partners in determining the service delivery of the agency. The Appendix includes the NCTSN's *Pathways to Partnership: Tips for Developing an Effective Advisory Board* document.

② Make an organizational commitment to partner with other systems impacting the youth and families you serve.

Usually there is a group of treatment providers who are involved with the youth and families served (i.e., caseworkers, medical professionals, Court Appointed Special Advocates [CASAs]/Guardian ad Litem [GALs], courts, school officials, etc.). If there is not buy-in from all parts of the system, then you may not be serving all of the needs of the youth and family in your care.

③ Partner with local and national academic training programs for treatment providers and encourage them to embed the idea of involving and partnering with youth and families into academic training programs.

Documents such as this one, and others listed in the Resources and References sections, provide compelling evidence regarding the importance of involving and partnering with youth and families. Academic institutions should provide training and mentorship on developing genuine partnerships with youth and families within the context of confidentiality.

④ Partnership needs to be woven throughout the agency and should be a dynamic, on-going process from both the top-down and bottom-up levels.

Depending on the size and resources of the agency, some possible ways to integrate partnership include:

- 1) Hiring youth or family members to serve as peer-to-peer advocates, mentors and professional partners within the agency (the Appendix includes the NCTSN's *Pathways to Partnership: Tips for Incorporating Peer-to-Peer Support Into Your Program* document).
- 2) Train staff on effective partnership and show them ways to do it (i.e., creating videos and other resources that show partnership with youth and families).

BARRIERS AND STRATEGIES FOR MENTAL HEALTH AGENCIES TO INVOLVING YOUTH AND FAMILIES

■ = Barrier ○ = Strategy

Use of evidence-based practices. While the current trend is for agencies to adopt and implement evidence-based practices designed to treat child abuse, some youth and family members may perceive those practices as “cookie cutter,” and feel that they are not receiving individualized treatment.



Involve family and youth when choosing evidence-based practices to implement at your agency.

Involvement on this level may involve teaching them about the model, including how models are often flexible to meet the individual needs of the clients they are serving. They can also provide feedback on the models you are considering implementing and let you know if that model fits their needs.



Once you have implemented an evidence-based practice, involve families and youth who understand the treatment process to work with you on adapting the practice to fit the individual needs of each client you are serving. For example, a family or youth advocate or coordinator can work closely with the therapist to adapt specific components of a therapeutic intervention so that it is tailored to meet the unique needs of each client.

The organizational culture and its focus on meeting “productivity” requirements may impede how an agency can support family and youth involvement. With the current economic challenges, agencies are placing increasing productivity demands on their staff, which may decrease staff’s capacity to manage the multiple requirements that often come with involving youth and families in the service provision.



Explore possibilities that may exist to financially support staff efforts to involve youth and families that contribute to the bottom-line of the organization. Given the increased federal and state focus on the benefits of involving youth and families in treatment, there may be grants or sources of financial support that can help support family and youth involvement.

■ = Barrier ○ = Strategy

Agencies may be unsure how to best involve youth and families in a culturally appropriate and sensitive way. An agency may want to partner with youth and families across cultures, but may not know the best way to do that.



Agencies should make every effort to understand the cultural backgrounds of the families that they are serving from a very broad perspective.

Integration of culture may range from simple to complex such as:

- ◆ asking questions related to culture on satisfaction surveys.
- ◆ ensuring services are provided in the primary language of the family.
- ◆ trying to have a provider who is of the same culture as the client.
- ◆ involving youth and family members who represent the demographics of the populations served on Advisory boards.

These partners can provide input on unique and creative ways to better involve families in treatment, including information on cultural traditions and possible linkages to culture-specific healers.

COMMUNITY EXAMPLE: NCTSN PARTNERING WITH YOUTH AND FAMILIES COMMITTEE

Contact: Vikki Rompala, Program Evaluation Coordinator, La Rabida Children's Hospital,

E-mail: vrompala@larabida.org or

Contact: Sarah Gardner, Director of Clinical Services, Kennedy Krieger Family Center,

E-mail: gardner@kennedykriegerinstitute.org

Organization Information: The Partnering with Youth and Families Committee is one of many workgroups in the National Child Traumatic Stress Network (NCTSN). The mission of the NCTSN's Partnering with Youth and Families Committee is to "build a partnership among youth, families, caregivers, and professionals based on mutual respect, a common commitment to healing, and shared responsibilities for planning, selecting, participating in, and evaluating trauma services and supports." The Partnering with Youth and Families Committee wishes to serve as a support to NCTSN centers as they explore realistic ways to shift clinical and organizational practices to include youth and families who desire to become involved. The collaborative group offers suggested activities to create, increase, and refine partnerships, and to address the multiple barriers that can keep NCTSN sites from moving forward in this endeavor.

Workgroup Strategies for Involvement and Leadership

- ◆ Serves as a national resource for families to connect with other family members.
- ◆ Plans to have a monthly national peer-to-peer teleconference and on-line peer-to-peer capacity for caregivers.
- ◆ In partnership with youth at La Rabida Children's Center, created "Youth Speak!" which is used as a therapeutic tool and a way of youth connecting with other youth.
- ◆ Created the *Pathways to Partnerships with Youth and Families* document that provides members of the NCTSN and other trauma-treating entities with a method for considering the role of youth and families in their organizations (See page 4 for more information).
- ◆ Created tip sheets for creating and maintaining peer-to-peer programs and Advisory Boards (see Appendix).

"An organization needs to know that this isn't easy territory, really hard work. It takes some humility – open – honesty – open to the emotions – parents' as well as the therapists' side...Sometimes things don't move as fast you want them to." - Meeting Participant

BARRIERS AND STRATEGIES FOR MENTAL HEALTH AGENCIES TO PARTNERING WITH YOUTH AND FAMILIES

(CONT.)

■ = Barrier ○ = Strategy



Start small.
This may include asking clients to complete satisfaction surveys, and conducting focus groups with families and youth who have received treatment at your agency. Even small efforts indicate a greater commitment to partnering with youth and families that can be strengthened over time.

While an agency may want to better partner with youth and families, it may not have adequate staff and resources to accomplish this task effectively. Agencies may feel overwhelmed regarding the amount of time and resources it will take to effectively partner with youth and families in their service delivery system.

Make a commitment to partner with family and youth at different points in the process and on an ongoing basis so there is a new infusion of energy and ideas.



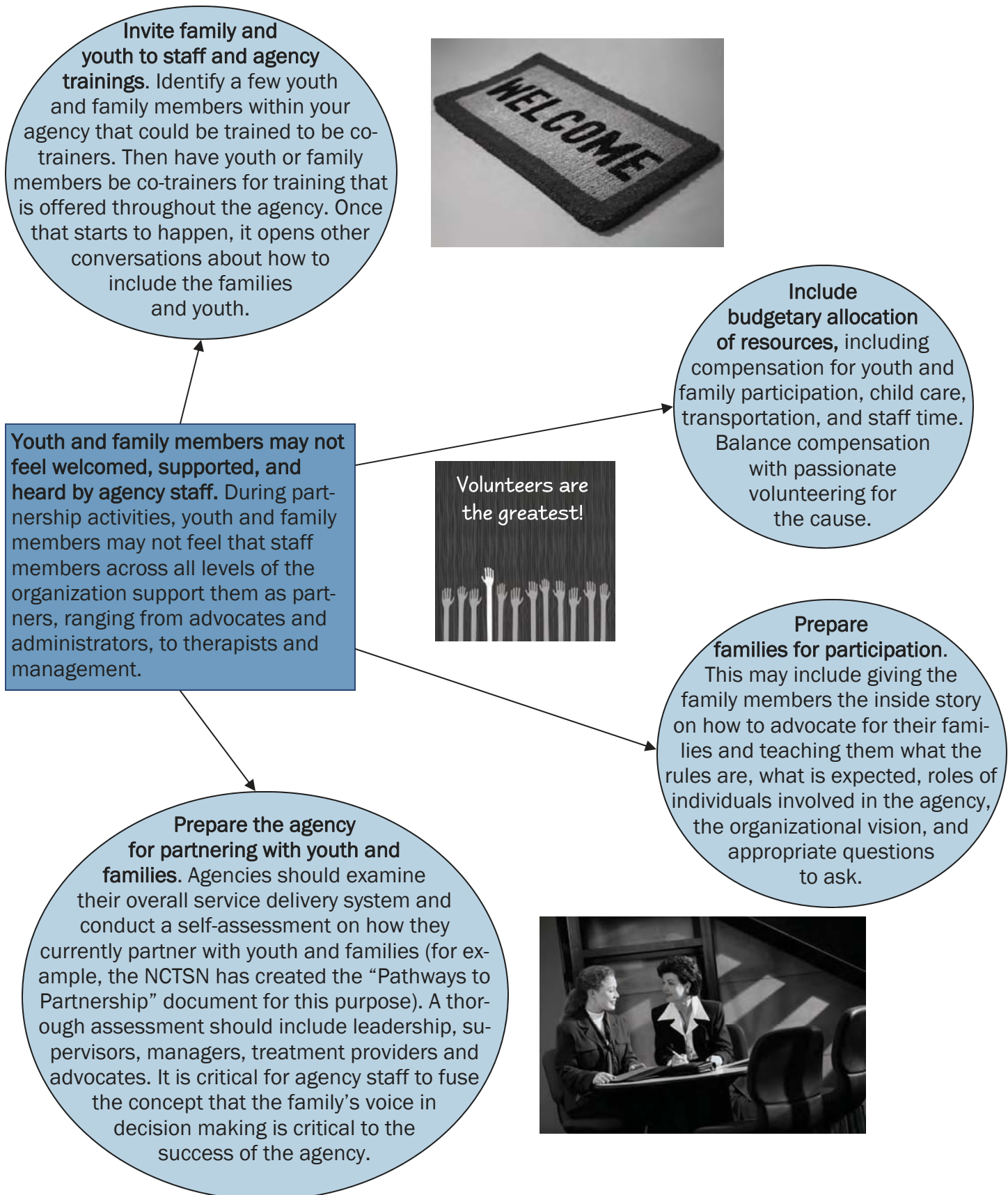
Seek out and partner with family and youth members who have been the most vocal adversaries of the system. These individuals represent an important perspective and may eventually become strong advocates.



"There are significant differences between involving people, engaging people, being lead by people. My vision is that the families are positioned in a way that they lead decision making about their own lives which then can influence how systems are structured and operate." - Meeting Participant

BARRIERS AND STRATEGIES FOR MENTAL HEALTH AGENCIES TO PARTNERING WITH YOUTH AND FAMILIES

■ = Barrier ○ = Strategy



BARRIERS AND STRATEGIES FOR MENTAL HEALTH AGENCIES TO PARTNERING WITH YOUTH AND FAMILIES

(CONT.)

■ = Barrier ○ = Strategy



Have a staff member “champion” who keeps the discussion at the table and gives a voice to partnership with youth and families at all levels.

Encourage supervisors and managers to talk about partnering with youth and families with their staff. They can begin by asking “How are you doing this? Are you including families?”



Identify and collaborate with other agencies, community and family organizations that are located in your area. They may serve as a great resource in terms of beginning the dialogue, holding your agency accountable (i.e., a “buddy system”), and identifying lessons learned in the process.



Remember that youth and family members may have different schedules and may not be able to meet during traditional work hours. Structure opportunities that fit with their schedules (evenings/weekends).

Recognize local and national organizations that are doing this work well
See Section IV: Resources for this information.



Agencies may struggle with the process of how to select family members to partner in service provision. In particular:

- 1) What are the agency’s policies and procedures for partnering with youth and families?
- 2) How do you determine which family members to extend invitations for partnership?
- 3) Do you have the financial resources to compensate family members for their participation?
- 4) How do you structure partnership with youth and families within your agency and system?

COMMUNITY EXAMPLE: LA RABIDA CHILDREN'S HOSPITAL CHICAGO CHILD TRAUMA CENTER (LRCH CCTC)

Contact: Vikki Rompala, Program Evaluation Coordinator

E-mail: vrompala@larabida.org

Organization Description: LRCH CCTC serves urban African American and other Chicago area children, many of whom are in foster care, who have experienced the full range of potentially traumatic events such as sexual assault and abuse, burns, fires, witnessing domestic violence, witnessing homicide, medical trauma, and loss through violent death. The CCTC is a Community Treatment & Services site of the National Child Traumatic Stress Network (NCTSN) and provides expert therapeutic services to approximately 500 children each year at no charge to their families. Most children served by the CCTC live in economically distressed communities, do not have private health insurance, and, if not for the CCTC, would not have access to the services they need to heal.

Clinical Strategies for Involvement and Partnership

- ◆ They have partnered with a church to provide consultation regarding increasing the assessment of a family's faith and spiritual belief system and community.
- ◆ They have a monthly culture discussion group focused on increasing their cultural relevance in partnering with families and youth.
- ◆ They use a safety mapping technique to understand the areas that the family is impacted by trauma and where supports exist for families and youth.
- ◆ They used the *Pathways to Partnership* tool to assess how they were doing with engaging families and youth in treatment.

Organizational Strategies for Involvement and Partnership

Note: These practices were not instigated by the organization, but by the family and youth themselves from satisfaction surveys and advisory board activities.

- ◆ They developed a peer-to-peer support line to connect new families with caregivers from their Advisory Board.
- ◆ They created a *Messages of Hope* brochure to give new families regarding inspiration to persevere or to participate in services for their child.
- ◆ They created a Survivor Wall at one of their sites that provides messages of hope from adults who were child trauma survivors. The wall includes a picture of their Advisory Board and messages from them as well. Afterwards, a portable version of the Survivor Wall was created and they now use it as therapeutic tool during sessions.
- ◆ They created a Youth Advisory Board that is developing their own *Messages of Hope* materials and ways of connecting with the youth and kids at the center.
- ◆ They have many family and youth who assist their site at state-wide partnership meetings to include caregivers' voices regarding child trauma.
- ◆ They have a youth who will be conducting satisfaction surveys with other youth in the waiting room to increase feedback from youth about services at the LRCH CCTC.
- ◆ They have ongoing Advisory Board meetings.
- ◆ Two family members participated in a new intervention training in anticipation of being co-facilitators of the multi-family groups that they will be conducting.
- ◆ They will be beginning an ongoing Monthly Group called "Movin' On" for new, existing, or completed families that will offer some information about resources in the community, social support from other family members who are in services, and psychoeducation about moving beyond the trauma.
- ◆ They have one family member who went through volunteer training so she can help with mailings, can be an on-site resource for peer-to-peer support regularly, and can assist with conducting satisfaction surveys with caregivers.
- ◆ Family and youth co-facilitate trainings with staff at local, state-wide, and national meetings.

SECTION IV: RESOURCES

NATIONAL RESOURCES

American Humane Association - National Center on Family-Group Decision Making

(<http://www.fgdm.org>)

The American Humane Association's National Center on Family-Group Decision Making is the guiding center on Family-Group Decision Making (FGDM) in the United States. FGDM is a process that recognizes the importance of involving family groups in decision making about children who need protection or care, and it can be initiated by child welfare agencies whenever a critical decision about a child is required. The five core components of FGDM are:

- 1) An independent (i.e., non-case carrying) coordinator is responsible for convening the family group meeting with agency personnel.
- 2) The child protection agency personnel recognize the family group as their key decision-making partner, and time and resources are available to convene this group.
- 3) Family groups have the opportunity to meet on their own, without the statutory authorities and other non-family members present, to work through the information they have been given and to formulate their responses and plans.
- 4) When agency concerns are adequately addressed, preference is given to a family group's plan over any other possible plan.
- 5) Referring agencies support family groups by providing the services and resources necessary to implement the agreed-upon plans.

This center publishes a variety of resources each year to enhance the literature available on family involvement processes. Some of these resources include research and evaluation reports and dedicated volumes of the American Humane Association's quarterly journal, *Protecting Children*. All information can be obtained from their website.

Circle of Parents®

(<http://www.circleofparents.org>)

Circle of Parents® is a national network of statewide non-profit organizations and parent leaders that are dedicated to using the mutual self-help support group model as a means of preventing child abuse and neglect, and strengthening families. Circle of Parents® offers anyone in a parenting role the opportunity to participate in weekly group meetings with other parents to exchange ideas; share information; develop and practice new parenting skills; learn about community resources; and give and receive support. Groups are parent-led with the support of a trained group facilitator. Developing leadership on the individual, family, community, and societal levels, as desired by parent participants, is a central theme of the Circle of Parents® model.

Family and Youth Roundtable

(www.fyrt.org)

The Family and Youth Roundtable is a family and youth led organization; that serves as a support system for the engagement of family and youth voice. The foundation of their work comes from their genuine belief in partnership. This partnership welcomes the diverse perspectives of families and youth receiving services, public child-family serving agencies, providers, and researchers. They believe in this partnership because they are a staff of family and youth who have received services. They know from experience that partnership with their public agencies, providers, and research partners will strengthen families, build strong communities, and improve outcomes.

Kids as Self Advocates (KASA)

(<http://www.fvkasa.org>)

Kids as Self Advocates (KASA) is a national, grassroots project created by youth with disabilities for all youth. They consist of teens and young adults with disabilities who speak out. KASA knows youth can make choices and advocate for themselves if they have the information and support they need. Their website includes resources, such as a pocket guide for youth who are interested in serving on boards and partnering with local organizations.

National Alliance on Mental Illness (NAMI)

(<http://www.nami.org>)

National Alliance on Mental Illness (NAMI) offers an array of peer education and training programs, initiatives, and services for individuals, family members, health care providers, and the general public. NAMI's education and support programs provide relevant information, valuable insight, and the opportunity to engage in support networks. These programs draw on the lived experience of individuals who have learned to live well with mental illness and have been extensively trained to help others, as well as the expertise of mental health professionals and educators.

NATIONAL RESOURCES (CONT.)

National Center for Trauma-Informed Care (NCTIC)

(<http://mentalhealth.samhsa.gov/nctic/>)

Funded by SAMHSA's Center for Mental Health Services, the National Center for Trauma-Informed Care (NCTIC) promotes a dynamic learning exchange arising from the growing recognition of psychological trauma as a pivotal force that shapes the mental, emotional, and physical wellbeing of those seeking healing and recovery with the support of mental health and human services. In true partnership, the path to healing is led by the consumer or survivor and supported by the service provider. NCTIC offers consultation and technical assistance; education and outreach; and resources to support this revolutionary shift in publicly funded programs. NCTIC is working closely with a wide variety of human service organizations and agencies to support the systemic changes needed to bring about trauma-informed care.

The National Family Resiliency Center

(<http://www.divorceabc.com>)

The National Family Resiliency Center offers parents a non-adversarial and supportive way to guide their children through the challenging, painful, and often confusing process of separation and divorce. The program assists parents who 1) wish to act as informed, responsible decision-makers for their children; 2) are committed to establishing strong and loving parent-child relationships; and 3) are committed to establishing respectful relationships between parents.

National Federation of Families in Children's Mental Health

(<http://www.ffcmh.org>)

The National Federation of Families in Children's Mental Health, a national family-run organization, serves to provide advocacy at the national level for the rights of children and youth with emotional, behavioral, and mental health challenges and their families. The Federation provides leadership and technical assistance to a nationwide network of family-run organizations, and collaborate with family-run and other child-serving organizations to transform mental health care in the United States.

National Child Welfare Resource Center for Youth Development

(<http://www.nrcys.ou.edu/yd/>)

The University of Oklahoma's National Child Welfare Resource Center for Youth Development (NCWRCYD), which is part of the National Resource Center for Youth Services, increases the capacity and resources of states and tribes to effectively help youth in care establish permanent connections and achieve successful transitions to adulthood. The Center can help states incorporate youth into all areas of programs and services, implement services that address legislative requirements, prepare for Child and Family Services Reviews (CFSRs), and develop and implement Program Improvement Plans (PIPs). The Center bases its technical assistance and training around the four core principles of youth development, collaboration, cultural competence, and permanent connections. Within the NCWRCYD website, there is a page of links to national clearinghouses related to youth and child welfare (<http://www.nrcys.ou.edu/yd/resources/clearing.html>).

North American Council on Adoptable Children (NACAC)

(<http://www.nacac.org>)

Founded in 1974, the North American Council on Adoptable Children (NACAC) was formed as a voice for adoptive parents. Over time, they have incorporated voices of foster parents, kinship parents, and youth voices. Recently, they have begun to integrate birth parent voice into their work.

Parents Anonymous

(<http://www.parentsanonymous.org>)

Parents Anonymous is a child abuse prevention organization dedicated to strengthening families and building caring communities that support safe and nurturing homes for all children. Their four guiding principles are: (1) Meaningful parent leadership; (2) Effective mutual support; (3) Successful shared leadership; and (4) Long-term personal growth. They have a National Parent Leadership Team.

The Research and Training Center on Family Support and Children's Mental Health, Portland State University

(<http://www.rtc.pdx.edu/index.php>)

The Research and Training Center on Family Support and Children's Mental Health is dedicated to promoting effective community-based, culturally competent, and family-centered services for families and their children who are, or may be, affected by mental, emotional, or behavioral disorders. This goal is accomplished through collaborative research partnerships with family members, service providers, policy makers, and other concerned persons.

STATE RESOURCES

Illinois Childhood Trauma Coalition

(<http://www.illinoischildhoodtrauma.org>)

The goal of the Illinois Childhood Trauma Coalition is to take a public health approach to the evolving understanding of the nature and impact of childhood trauma and to expedite the integration of this wisdom into public awareness and the array of systems that serve children and families in Illinois. The Coalition provides a forum for leadership from multiple disciplines and service areas to coordinate and sustain the work that is essential to reach this goal.

Illinois Children's Mental Health Partnership (ICMHP)

(<http://icmhp.org/aboutus/aboutmission.html>)

The Illinois Children's Mental Health Partnership (ICMHP) is committed to improving the scope, quality, and access of mental health programs, services, and supports for Illinois children. The Partnership believes that a comprehensive and coordinated approach to healthy social and emotional development, prevention, and early intervention and treatment will help Illinois children and their families live healthier and happier lives with a better chance for a brighter future.

Illinois Department of Children and Family Services (DCFS)

(<http://www.state.il.us/dcfs/index.shtml>)

The Circuit Court of Cook County has instituted three programs to enhance collaboration between the court and the Illinois Department of Children and Family Services (DCFS).

- ◆ **Benchmark Permanency Hearing Program**

(http://www.cookcountycourt.org/divisions/cp/benchmark_hearing.html) This program addresses the unique needs of teenagers as they prepare for adulthood. The program provides teens with a chance to meet with a judge several times before exiting foster care so that the teen may express his or her concerns and personal goals. This allows the court, DCFS, and other stakeholders to explore services that will allow for a smoother transition to independent living and ultimately allow the teen to achieve his or her goals.

- ◆ **Child Protection Mediation Program**

(http://www.cookcountycourt.org/divisions/cp/cp_mediation.html) A trained mediator facilitates a discussion between the parties. It allows all parties to bring their issues and concerns to the table and encourages and empowers them to reach their own solutions to advance the best interests of the child.

- ◆ **Court Family Conferences**

These are held 55 days after temporary custody hearings and are informal conferences conducted by the judge to provide an opportunity to address the causes that contributed to the child being brought into care.

Iowa Parent Partner Program

(<http://www.dhs.state.ia.us/cppc/networking/Parent%20Partners.html>) and

(http://mmwcommunitypartnerships.com/parent_partner_program)

Iowa is piloting the Parent Partner Program in three sites throughout the state. The Iowa Parent Partner Program is a mentoring program that seeks to provide better outcomes around preventing re-abuse and increasing reunification. The goal of the Parent Partner Program is to help birth parents be successful in completing their case plan goals.

Kentucky Parent Advocacy Program Evaluation

(http://chfs.ky.gov/NR/rdonlyres/F17AF937-836E-4514-AA47-59FE1B3ECB9B/0/ParentAdvocateProgramEvaluation_Retouch_July1107.pdf)

The Kentucky Parent Advocacy Program Evaluation describes outcomes of participation in a parent advocacy program in Jefferson County, Kentucky, in comparison to those who did not participate. Families who participated experienced fewer placement moves and spent less time in care, they had higher percentages of reunification with their parents, and racial disparities were significantly reduced.



ORGANIZATIONAL RESOURCES

Pathways to Partnerships with Youth and Families in the National Child Traumatic Stress Network

(http://www.nctsn.org/nctsn_assets/pdfs/Pathways_ver_finished.pdf)

Pathways to Partnerships with Youth and Families provides organizations with a method for considering the role of youth and families in their organizations. This document contains two self-assessment questionnaires: one for clinical services, based on guidelines for family-focused assessment and treatment of trauma and the other adapted for program management and policies. *Pathways to Partnerships* also offers strategies for increasing youth and family involvement in all aspects of service delivery and includes useful examples.

Resource Guide for Promoting Evidence-Based Culture in Children's Mental Health

(<http://systemsofcare.samhsa.gov/ResourceGuide/index.html>)

The *Resource Guide for Promoting Evidence-Based Culture in Children's Mental Health* is designed for families and youth, practitioners, and administrators of local and state service systems and agencies. For each of these three user groups, one will find specific information and links to other resources about selecting interventions for the child, the agency, the community, or the state. Strategies for success in building organizational and system cultures that support the implementation of evidence-based and promising practices to promote continuous quality improvement are also given in the Guide.

Youth on Board

(www.youthonboard.org)

The Youth on Board website has a free organizational assessment checklist designed to help organizations determine where they are involving youth and develop strategies to better partner with youth. The checklist can be downloaded from <http://www.youthonboard.org/atf/cf/{DB81B10C-CCBB-46FE-BEF4-011DCFE93F33}/organizationalassessment.pdf>.



CURRICULA/TOOLKITS/DVDS

Better Together

(<http://www.casey.org/Resources/Initiatives/BetterTogether/>)

Better Together is a training program created by Casey Family Programs that fosters equal and mutually respectful partnerships among youth in foster care, alumni of care, birth parents, foster parents, kinship caregivers, and child welfare staff.

Building Systems of Care: A Primer for Child Welfare

(<http://www.muskie.usm.maine.edu/helpkids/systemofcare.htm>)

Building Systems of Care: A Primer for Child Welfare is a complete web-based training curriculum designed to assist leaders (including families and youth) who are building systems of care for children, youth, and families involved, or at risk for involvement, in the child welfare system. The importance of engaging families in decision making is addressed throughout the document. Module 4 specifically focuses on family and youth partnerships. The curriculum was developed by Sheila A. Pires, in partnership with Katherine J. Lazear and Lisa Conlan.

Family Engagement: A Web-based Practice Toolkit

(<http://www.hunter.cuny.edu/socwork/nrcfcpp/fewpt/index.htm>)

The *Family Engagement: A Web-based Practice Toolkit* is intended as an on-line tool for programs, states, and tribes where promising practices, programs, and resources are made available. It can provide an opportunity to connect with colleagues and share program successes and challenges. The goal is to continuously update the on-line toolkit to reflect current practices and resources in the field. The toolkit is funded through a cooperative agreement between the Hunter College School of Social Work and the Children's Bureau to create the National Resource Center for Family-Centered Practice and Permanency Planning.

Family to Family Initiative DVD

(<http://www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid=%7b719BAD82-BB2D-4675-A9A7-6603522C5F8B%7d>)

The Family to Family Initiative DVD, produced in 2008, contains the following Family to Family videos in Spanish and English versions:

- ◆ *Building Partnerships in Child Welfare* (16 min.)
- ◆ *Team Decisionmaking: Involving Family and Community in Child Welfare Decisions* (21 min.)
- ◆ *Voices of Youth: Supporting Adolescents in Foster Care* (17:30 min.)
- ◆ *Make a Difference* (10:05 min).

The last three of these video clips are available online at <http://www.kidscount.org/kidscount/video/videos.html>. This webpage, called *In Their Own Voices: Searching for Lifelong Family Connections*, also contains other video clips where kids, birth parents, foster parents, and practitioners talk about real experiences – challenges, setbacks, and victories – in building lifelong family connections.

National Child Welfare Resource Center for Organizational Improvement (NRCOI)

(<http://muskie.usm.maine.edu/helpkids/cfsrta.htm>)

The National Child Welfare Resource Center for Organizational Improvement (NRCOI) worked with other national resource centers (NRCs) to develop a training and technical assistance (T/TA) package to assist agencies to prepare for the second round of the Child and Family Services Reviews, enhance leadership and management capacity, and achieve better outcomes through systemic change. Focus Area IV of the T/TA package, found halfway down the webpage, focuses on *Engaging Community Stakeholders and Building Community Partnerships*, including *Engaging Birth Parents, Family Caregivers and Youth*. These resources show participants how to improve the involvement of birth parents, family caregivers, and youth in the agency's work, including youth who are or who have been in the child welfare system.

Parent Engagement and Self-Advocacy Curriculum (PESA)

(<http://www.thereachinstitute.org/pep.html>)

The Parent Empowerment and Self-Advocacy (PESA) curriculum helps foster and facilitate collaboration among birth parents, foster parents, and caseworkers in the child welfare system to meet the mental health and educational needs of children under their care. Training in PESA entails:

- ◆ 3-day interactive seminar
- ◆ Bi-weekly follow-up consultation calls
- ◆ Preparing facilitator teams to deliver the PESA curriculum to other caregivers
- ◆ Developing working alliances among families and professionals
- ◆ Family engagement strategies with empowerment techniques tested in community-based mental health clinics.

Parent Leadership Ambassador Training Guide

Circle of Parents for the FRIENDS National Resource Center for Community-Based Child Abuse Prevention, 2006

(<http://www.friendsnrc.org/download/platguide.pdf>)

The *Parent Leadership Ambassador Training Guide* is a curriculum for Parent Leadership in child welfare that includes steps for planning and implementation of parent leadership within systems.

Parental Involvement Toolkit

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

The *Parental Involvement Toolkit* is a product of the Philadelphia Health Management Corporation. This toolkit is a resource for organizations interested in attracting and supporting parents' involvement in youth-serving community-based programs. Anyone interested in involving parents in projects for children and adolescents will benefit from the Toolkit materials. The Toolkit can be used in two ways:

- 1) As a series of facilitated workshops for small groups of program staff, and/or
- 2) As a resource manual for program planners or program staff.



CURRICULA/TOOLKITS/DVDS (CONT.)

Shared Leadership in Action

Parents Anonymous® Inc.

(<http://www.parentsanonymous.org/pahtml/leadTech.html>)

Shared Leadership in Action, developed by Parents Anonymous® Inc., is an innovative research-based model to help parents and staff learn how to effectively work together in shared leadership. All aspects of the program can be customized to meet specific needs of public and private agencies and communities. Through participation in this program, parents gain new leadership skills and opportunities and staff learn to more effectively partner with parents. The *Shared Leadership in Action* program has 7 key components. Parents Anonymous® Inc. provides each of these components separately or as a total program for interested agencies and communities.

Taking Control: A Stress Reduction Training for Youth in Foster Care

Casey Family Programs and the REACH Institute

Taking Control: A Stress Reduction Training for Youth in Foster Care was developed for youth in foster care. *Taking Control* is facilitated by an alumni of the foster care system and a social worker/case manager who is comfortable with the subject of mental health. The *Taking Control* curriculum is divided into 6 two-hour sessions: (1) Awareness; (2) Dealing with Stress; (3) Distress Tolerance; (4) Taking Control of Your Mental Health; (5) Relationships & Communicating; and (6) Problem Solving. For more information, contact the REACH Institute.



PUBLICATIONS: MENTAL HEALTH

Challenges and Opportunities in Children's Mental Health: A View from Families and Youth

Sarah Dababnah & Janice Cooper, National Center for Children in Poverty, 2006

(http://nccp.org/publications/pdf/text_673.pdf)

Challenges and Opportunities in Children's Mental Health: A View from Families and Youth includes sections on:

- ◆ Service challenges from a family/youth perspective with sections on strengthening family support in the context of services; offering developmentally appropriate services where the children/youth/families are; delivering evidence-based practices in the context of family/cultural values; and strengthening services and supports for high-need youth.
- ◆ Policy issues from a family/youth perspective with sections on eliminating harmful policy practices, strengthening policies that promote a strong family voice in broader policy framework, strengthening the policy infrastructure for families/youth, and promoting early intervention.

Family Guide to Systems of Care for Children with Mental Health Needs

National Mental Health Information Center

(<http://mentalhealth.samhsa.gov/publications/allpubs/Ca-0029/default.asp>)

The *Family Guide to Systems of Care for Children with Mental Health Needs* is a bilingual family guide intended to assist parents and caregivers in seeking help for children with mental health problems. Information is provided on what they need to know, ask, expect, and do to get the most out of their experience with systems of care. The Guide was developed with the support of the Child, Adolescent, and Family Branch of the Center for Mental Health Services Caring for Every Child's Mental Health: Communities Together Campaign, a national initiative to promote mental well-being in children.

Mental Health Practice Guidelines for Child Welfare

Peter S. Jensen, Lisa Hunter Romanelli,

Peter Pecora, & Abel Ortiz

Casey Family Programs, Annie E. Casey Foundation, & the REACH Institute (REsource for Advancing Children's Health), 2009

(<http://www.thereachinstitute.org/files/documents/cwmh-guidelines-03-09.pdf>)

The *Mental Health Practice Guidelines for Child Welfare* guidelines and supporting rationale were developed from the October 2007 *Best Practices for Mental Health in Child Welfare Consensus Conference*. The purpose of the conference was to develop best practice guidelines for addressing mental health in child welfare by focusing on five key areas – mental health screening and assessment; psychosocial interventions; psychopharmacological interventions; parent support and empowerment; and youth support and empowerment.

PUBLICATIONS: MENTAL HEALTH (CONT.)

Sometimes, Youth Just Want to Be Heard!

National Child Traumatic Stress Network, Partnering with Youth and Families Workgroup, 2009
(http://www.nctsn.org/nctsn_assets/pdfs/youth_want_to_be_heard.pdf)

Sometimes, Youth Just Want to Be Heard! contains advice for treatment providers about reaching out to youth, offering peer-to-peer support, relating to the therapist, offering services in school, aging out of the system at 18, and advice and hope for families who have a child who has experienced trauma. It was compiled from youth from NCTSN sites around the country who were invited to be part of a two-day meeting to discuss how to involve and partner with youth and families in trauma settings. During youth-specific sessions, these youth discussed their trauma treatment experiences and what advice they would like to give adults and trauma treatment providers.

The System of Care Handbook: Transforming Mental Health Services for Children, Youth and Families

Edited by Beth A. Stroul & Gary M. Blau, Brookes Publishing, Baltimore, MD
(<http://brookespublishing.com/store/books/stroul-69629/index.htm>)

The System of Care Handbook: Transforming Mental Health Services for Children, Youth and Families helps administrators, program developers, and clinicians from mental health and partner child-serving systems skillfully navigate every key issue they may encounter on the road to effective service delivery. Chapter 10 of the comprehensive volume focuses exclusively on "Partnerships with Youth for Youth-Guided Systems of Care."

Youth Involvement in Systems of Care: A Guide to Empowerment

Marlene Matarese, Lorrin McGinnis, & Martha Mora
Technical Assistance Partnership at the American Institutes for Research, 2005
(<http://www.systemsofcare.samhsa.gov/headermenus/docsHM/youthguidedlink.pdf>)

Youth Involvement in Systems of Care: A Guide to Empowerment provides a resource to youth, youth coordinators, family members, professionals, and other adults working with young people. It is a starting point for understanding youth involvement and engagement in order to develop and fully integrate a youth-directed movement within local systems of care.

Youth Speak!

National Child Traumatic Stress Network, Partnering with Youth and Families Workgroup, 2009
(http://www.nctsn.org/nctsn_assets/pdfs/youth_speak.pdf)

Youth Speak! uses words and pictures created by youth who have gone through mental health treatment for child abuse to communicate the experience of accessing treatment, working with therapists, and dealing with stigma. Youth from NCTSN sites around the country were invited to be part of a two-day meeting to discuss how to involve and partner with youth and families in trauma settings. During youth-specific sessions, youth created artwork, later published in *Youth Speak!*, to reflect their experiences of being in services and to offer messages of hope for other youth, caregivers, or professionals.

PUBLICATIONS: CHILD WELFARE - GENERAL

Building Systems of Care: A Primer for Child Welfare

Sheila A. Pires, in partnership with Katherine J. Lazear and Lisa Conlan
Georgetown University Center for Child and Human Development, Spring 2008
(http://gucchd.georgetown.edu/programs/ta_center/object_view.html?objectID=40597)

Building Systems of Care: A Primer for Child Welfare is designed to assist leaders (including families and youth) who are building systems of care for children, youth, and families currently involved, or at risk for involvement, in the child welfare system. The importance of engaging families in decision making is addressed throughout the document. Module 4 specifically focuses on family/youth partnerships.

Enhancing the Empowerment of Youth in Foster Care: Supportive Services

Sandra J. Kaplan, Louise Skolnik, & Ayme Turnbull
2009 *Child Welfare*, Vol. 88, Issue 1, Pages 133-161

"Enhancing the Empowerment of Youth in Foster Care: Supportive Services" reviews the research on youth empowerment in seven child welfare programmatic areas. A lack of studies specifically focused on the empowerment of youth in foster care was found. Conceptual perspectives and existing data, however, suggest that the empowerment of youth in and transitioning out of care is essential and should be overtly facilitated through policy and program development.

PUBLICATIONS: CHILD WELFARE - GENERAL (CONT.)

Financing Behavioral Health Services and Supports for Children, Youth and Families in the Child Welfare System: A Report of National Survey Findings

Jan McCarthy & Lan T. Le

National Technical Assistance Center for Children's Mental Health at
Georgetown University Center for Child and Human Development, 2008

(http://gucchd.georgetown.edu/programs/ta_center/OnlineResources/financing.html)

Financing Behavioral Health Services and Supports for Children, Youth and Families in the Child Welfare System: A Report of National Survey Findings provides practical information to assist readers who are in a position to initiate, lead, and contribute to the improvement or expansion of mental health and substance abuse services for children, youth and families involved with the child welfare system. It offers cross-state summaries of 17 different behavioral health financing strategies and also a state-by-state perspective. See Chapter 3, p. 50 for information on "Financing Family-Run Organizations to Provide Child, Youth, and Family Services and Supports."

Partnering with Youth: Involving Youth in Child Welfare Training and Curriculum Development

National Resource Center for Organizational Improvement, 2003

(<http://muskie.usm.maine.edu/helpkids/rcpdfs/partneringguide.pdf>)

Partnering with Youth: Involving Youth in Child Welfare Training and Curriculum Development presents the findings from 12 three-year projects funded by the Administration on Children, Youth, and Families focusing on working effectively with youth transitioning out of foster care. It provides strategies for working with youth as advisors, trainers and curriculum developers in the child welfare system.

PUBLICATIONS: CHILD WELFARE - FAMILY-CENTERED PRACTICE RESOURCES

Birth Parent Involvement Models: Discussion notes from the California Family to Family (F2F) Coordinators Meeting

California Family to Family Coordinators', 2006

(<http://www.f2f.ca.gov/res/BirthParent.pdf>)

Birth Parent Involvement Models: Discussion notes from the California Family to Family (F2F) Coordinators Meeting provides a discussion on how some child welfare agencies developed birth parent participation models.

Closer to Home: Parent Mentors in Child Welfare

Edward Cohen & Linda Canan

2006 *Child Welfare*, Vol. 85, Pages 867-884.

"Closer to Home: Parent Mentors in Child Welfare" describes the use of parent mentors in Contra Costa County, California. It describes the benefit of parent mentors to child welfare in effectively engaging families and improving parenting; child development; social support; preventing child abuse and recurrence of child maltreatment; enhancing reunification; and ensuring placement stability.

Engaging Families in Child Welfare Services: An Evidence-Based Approach to Best Practice

Kari Dawson & Marianne Berry

2002 *Child Welfare*, Vol. 81, Pages 293-317.

"Engaging Families in Child Welfare Services: An Evidence-Based Approach to Best Practice" is a review of the empirical literature delineates critical components of engagement in child welfare services, although no known interventions guarantee treatment compliance. Effective engagement strategies, including service components and caseworker qualities and behaviors, are identified as contributing to the positive case outcomes of treatment compliance, family preservation, and placement prevention. The unique needs of neglectful parents are also examined, with recommendations for practice.



PUBLICATIONS: CHILD WELFARE - PARENT NAVIGATOR RESOURCES

A Family's Guide to the Child Welfare System

Jan McCarthy, Anita Marshall, Julie Collins, Girlyn Arganza, Kathy Deserly, & Juanita Milon
Georgetown University Center for Child and Human Development, American Institutes for Research, Federation of Families for Children's Mental Health, Child Welfare League of America, and National Indian Child Welfare Association, 2005
(http://gucchd.georgetown.edu/programs/ta_center/object_view.html?objectID=2590)

A Family's Guide to the Child Welfare System is a comprehensive resource that answers many of the questions families face when they become involved with the child welfare system. The Guide is written in a simple, question and answer format and grounded in the experiences of families and child welfare professionals from across the country.

PUBLICATIONS: CHILD WELFARE - RESOURCES THAT DESCRIBE BENEFITS OF FAMILY PARTICIPATION

Bringing Families to the Table: A Comparative Guide to Family Meetings in Child Welfare

Center for the Study of Social Policy and
Center for Community Partnerships in Child Welfare, 2002

Bringing Families to the Table: A Comparative Guide to Family Meetings in Child Welfare provides a description of the three innovative initiatives designed to achieve better results for children and families involved in the child welfare system: Family Group Decision Making, the Family to Family Initiative, and the Community Partnerships for Protecting Children Initiative. The practices described include: Family Group Conference, Family Unity Meeting, Family Decision Meeting, Team Decision-Making Meeting, Family Team Meeting, and Family Team Conference.

Family Involvement in Public Child Welfare Driven Systems of Care. A Closer Look

National Technical Assistance Evaluation Center, 2008
(<http://www.childwelfare.gov/pubs/acloserlook/familyinvolvement/familyinvolvement.pdf>)

Family Involvement in Public Child Welfare Driven Systems of Care. A Closer Look describes the importance for family engagement in child welfare, strategies for operationalizing family involvement, and what leaders can do to support family-agency partnerships for systems transformation.

Family Participation in Systems of Care: Frequently Asked Questions (and Some Answers)

Pauline Jivanjee, Barbara J. Friesen, Jean M. Kruzich, Adjoa Robinson, & Michael Pullmann
2002 CWTAC Updates, Vol. 5, Issue 1, Pages 1-8
(<http://cimh.org/downloads/Jan-Feb02.pdf>)

"Family Participation in Systems of Care: Frequently Asked Questions (and Some Answers)" provides an overview of the available research in family participation in an integrated service delivery system for children and their families and discusses research that is currently underway to improve understanding of family participation in the children's system of care.

Improving Child Welfare Outcomes Through Systems of Care: Building the Infrastructure

Gary DeCarolus, Luanne Southern, & Fern Blake
U.S. Department of Health and Human Services,
Administration on Children, Youth and Families, Children's Bureau, 2007
(<http://www.tapartnership.org/docs/improvingChildWelfareThroughSOC.pdf>)

Improving Child Welfare Outcomes Through Systems of Care: Building the Infrastructure provides a description of the System of Care Initiative and highlights the importance of family involvement in child welfare. The appendices provide examples of Kansas' Family Centered Systems of Care marketing strategy and campaign and benefits for improving outcomes.

PUBLICATIONS: HEALTH CARE RESOURCES

Partnering with Patients and Families to Design a Patient and Family-Centered Health Care System: Recommendations and Promising Practices

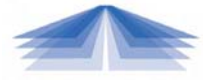
Bev Johnson, Marie Abraham, Jim Conway, Laurel Simmons, Susan Edgman-Levitan, Pat Sodomka, et al., 2008
(<http://www.familycenteredcare.org/pdf/Roadmap.pdf>)

Partnering with Patients and Families to Design a Patient and Family-Centered Health Care System: Recommendations and Promising Practices synthesizes the discussions that took place at a one-day invitational meeting of patient and family advisors; administrative and clinical hospital leaders; leaders from foundations; and individuals from the Institute for Healthcare Improvement. Recommendations are presented on how to create a patient and family-centered health care system.

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Pathways to Partnership



Tips for Developing an Effective Advisory Board

From the Partnering with Youth and Families Committee
National Child Traumatic Stress Network

The Role of Advisory Boards

Advisory Boards typically are developed for program and/or organization-specific reasons. They may be composed of consumers, community members, service providers, or a combination of stakeholders. A well constructed board can serve as an invaluable resource by:

- Providing culturally relevant feedback about the services provided by the organization
- Evaluating the organization's and/or the program's goals
- Promoting communication between families, youth and staff
- Supporting outreach or fundraising efforts
- Engaging in community and political advocacy
- Assisting with program and administrative changes
- Providing families and youth with an opportunity to “give back” to the organization

Before establishing a board, it can be helpful to consider what your program or organization hopes to accomplish. Defining the purpose of your advisory board will help to determine the composition and focus of the board, and will also help determine the agenda of advisory board meetings

Establishing an Advisory Board

When recruiting an advisory board, it is important to involve members who represent the population you serve. Because board members may come and go, it is also important to have an ongoing recruitment plan. These recruitment efforts may include:

- Staff recommendations and referrals
- Outreach to peer support groups or referral organizations in the community
- Community forums, mailings, e-mail blasts, fliers
- Invitations at the end of client satisfaction surveys (both satisfied and dissatisfied consumers can be useful on advisory boards)
- Providing current and former clients with a menu of ways they can be involved
- Involving current clients. Many clients go through phases with their treatment, coming into and out of service as needed. Active clients can bring a unique and important perspective to the advisory board, but also need to be assured that their treatment won't be compromised.

Whenever possible, staff should meet with potential board members individually to explain the responsibilities, time commitments, and benefits of being on the board. To encourage participation:

- Provide an orientation to the group through an active member
- Offer compensation for missed work or transportation assistance to get to meetings
- Offer child care during meetings and have snacks or food
- Make sure that the advisory board gets feedback on the outcome of its work

Preparing for Advisory Board Meetings

Once a board has been established, it is important to assess the resources needed to accomplish the desired goals, including financial and staff requirements. When planning advisory board meetings:

- Be specific about the purpose and plan of each meeting
- Be sensitive to board members' time constraints (child care, work schedules, etc.) when scheduling
- Have support systems available for board members who may be triggered or need assistance during or after a meeting. Make sure everyone is prepared and have safety plans in place

Case Example: La Rabida Chicago Child Trauma Center (LRCH-CCTC)

In an effort to get to increase the cultural relevance of our work and to improve retention after the referral, the La Rabida staff developed a consumer satisfaction survey for former and current clients. The survey included questions about what families wanted changed and what had worked when they had received services. The survey was followed by a separate letter (with a self-addressed stamped envelope) outlining how volunteers could become part of the LRCH-CCTC Constituency Advisory Panel. Our staff contacted all the respondents to determine their interests and to discuss the plan for upcoming meetings.

We initially held quarterly meetings, but the panel members wanted to meet more often. Meetings were scheduled based on the times and days that worked best for most of the families and individuals involved, and that would ensure the broadest representation. Child care and snacks were provided at every meeting. The agenda for the early meetings was based on the results of the consumer satisfaction surveys.

To date, the panel has helped to develop a Welcome Packet for those on the program waiting list, a "Messages of Hope" brochure, a "Survivor Wall," and a peer-to-peer support line for families who are beginning services. In addition, panel members have received training on intervention implementation, co-presented with staff at national conferences, and participated in statewide and local meetings.

For assistance with your advisory board, contact the Partnering with Youth and Families Committee at youthandfamilies@nctsn.org

In 2008, the NCTSN released *Pathways to Partnerships with Youth and Families* to provide trauma-treating entities with a method for considering the role of youth and families in their organizations. Many sites have requested more technical assistance to begin their efforts. This tip sheet was designed as a starting place for organizations seeking to develop an advisory board.

Suggested Citation: National Child Traumatic Stress Network, Partnering with Youth and Families Committee. (2009). *Pathways to Partnership: Tips for Developing an Effective Advisory Board*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.



Pathways to Partnership

Tips for Incorporating Peer-to-Peer Support into Your Program

From the Partnering with Youth and Families Committee
National Child Traumatic Stress Network

The Role of Peer-to-Peer Support

Peer-to-peer support is a unique and valuable resource for families and youth in treatment. By linking new clients with families/individuals who have been through treatment, peer-to-peer activities:^{1, 2}

- Provide information about the clinic (therapists, interventions, clinic culture) from others who have “been there, done that,” thereby encouraging families to engage in services
- Let families know that they are not alone, and reduce the stigma, isolation, and blame that many caregivers feel
- Help youth and families to believe that treatment can help
- Help caregivers to become more effective advocates for themselves and their children

Peer-to-peer support also benefits those who have completed treatment. Survivors of trauma may find meaning in sharing with others what they have learned from their treatment experience, and in speaking with and for others. By working with trauma service organizations and providers, survivors can help restore a sense of safety and protection that is undermined by traumatic events.

Peer-to-peer support often is developed for program- or organization-specific reasons, and varies based on the populations served and the structure, budget, and administrative supports of the organizations involved.^{3, 4} Peer-to-peer support typically takes one or more of the following forms:²

- Parent partner programs—in which caregivers who have been through specific programs are linked with other caregivers new to the process
- Peer paraprofessional programs (such as *family navigator* or *family support programs*)—in which parents/caregivers who have experience in the program receive clinical training and are supervised as they work with families new to the program
- Informational programs—in which caregivers who have completed the program provide basic information and support to parents/caregivers going through similar circumstances. This form of support can be given in-person or through print or video materials

Implementing Peer-to-Peer Support

The first step in implementing peer-to-peer support is to define your purpose and determine your organization’s policies regarding peer-to-peer support. It is important to evaluate your program’s or organization’s goals and the resources required to develop a new initiative. Critical areas include:

- **Leadership support** for the needed investment of staff time and resources

- **Financial resources** for program-related expenses, including child care, transportation, and reimbursement of family advocates' expenses and time. (For more on financial issues, see the NCTSN's companion tip sheet, *Pathways to Partnership: Frequently Asked Questions on Compensation for Family, Youth, and Consumer Involvement*.)
- **Staff and client "buy in."** Spending time with family members outside the context of therapy may be challenging for mental health professionals who have been trained to establish and maintain boundaries with clients. In addition, family members have multiple demands on their time and some may feel that their input is not needed.

Some examples of peer-to-peer processes include:

- **Phone outreach**, particularly with families who are awaiting services. Peer counselors can provide some assurance that treatment can help and is worth the wait
- **Welcome packets** that provide information on how to help children while waiting for services including words of hope from other clients
- **Orientation videos** in which families where families and youth share their experience with the program
- **Community outreach** to youth groups, family organizations, and other groups that can help with political action and advocacy

For More Information . . .

The National Federation of Families for Children's Mental Health has developed an excellent guide to the issues involved in developing and sustaining peer-to-peer programs. *Family Peer-to-Peer Support Programs in Children's Mental Health: A Critical Issues Guide* is available at: <http://www.ffcmh.org/research%20and%20publications/researchandpublications/Family%20Peer%20Support%20-%20Critical%20Issues%20Guide%2010.8.08.pdf>

For assistance with your peer-to-peer support, activities contact the NCTSN Partnering with Youth and Families Committee at youthandfamilies@nctsn.org.

References

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4. Johnson, E. (2008). *Minnesota peer support implementation: Consultant's report*. Phoenix, Arizona: Recovery Innovations. Accessed July 10, 2009 from <http://www.californiaclients.org/pdf/Sue%20Watson%20Presentation%20Attachment.pdf>

In 2008, the NCTSN released *Pathways to Partnerships with Youth and Families* to provide trauma-treating entities with a method for considering the role of youth and families in their organizations. Many sites have requested more technical assistance to begin their efforts. This tip sheet is meant as a starting place for organizations seeking to develop a peer-to-peer component in their programming.

Suggested Citation: National Child Traumatic Stress Network, Partnering with Youth and Families Committee. (2009). *Pathways to Partnership: Tips for Incorporating Peer-to-Peer Support into Your Program*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

