

Creating a Symphony of Family Voices: Composing the song of family-driven care within a system of care community

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Monroe County, NY ACCESS, in partnership with the Rochester City School District, presents four strategies to help ensure that services and supports for children with SED and their families are family-driven, youth-guided, culturally and linguistically competence, and community-based. These strategies have been developed with and for families, schools, mental health services systems, and the community at-large. Together, they are raising the level of family voice to a new high and helping to reduce stigma in the schools and in our community.

Strategy #1:

***Families: Collaborate in Problem-Solving:
The Functional Behavioral Approach (FBA)***

Premise: Collaborative problem-solving around children's "big behavior" is effective in both prevention and reaching mutually-satisfying solutions.

Focus: School and agency staff and parents of children with chronic "big behavior"

Goals:

- Move toward emphasizing children's competence
- Identify the skills youth and families need for success
- Engage parents and teachers as accountable allies
- Consider families and therapists as co-experts with knowledge to share

Methodology:

- The training for therapists and families is based on building mutually respectful relationships
- Illustrates how stress impacts the brain, resulting in "big behavior"
- Demonstrates how reframing the behavior minimizes stigma, inspires hope, and sets the stage for creative interventions
- Teaches how to track approaches and results to learn what works

Facilitated Activities:

- Parents and therapists identify common goals toward building a positive relationship.
- Participants learn how the brain functions under stress and share and critique a range of strategies for managing stress
- Participants practice reframing observed behavior, and learn how alternative interpretations of "big behavior" based on lack of skills rather than lack of motivation lead to positive solutions
- The functional assessment pathway allows participants to practice strategies for collecting information on skills that guide intervention and document change

Status:

We have conducted FBA overview presentations in the community. We are in the process of creating a practice model for outpatient mental health providers. We will begin training providers and parents in this approach later this summer and continue into the fall.

Outcomes:

- Families and therapists report reduced incidences of “big behavior”
- Families report increases in positive family functioning

Indicators of progress:

Data collection will take place at multiple levels.

(1) Participants will rate their overall satisfaction with the training to determine if it is meeting their needs.

(2) Families and therapists will generate hypotheses on the direct benefits of FBA to children and families.

(3) During and after therapy, families and therapists will keep logs of incidents and how the incidents were resolved. From the logs, families can learn what solutions work, what is not effective, and what changes they might make.

Strategy #2:

*Schools: Increase Access
Building Successful Relationships for School-Based Mental Health Staff*

Premise: The integration of the school and mental health system requires strong relationships among the partners to ultimately benefit the students.

Focus: School and agency staff working with students and families in schools and in student and family support centers

Goals:

- To establish a shared vision among the participants and reach common ground
- To clarify roles and expectations
- To identify strategies to ensure success based on common ground

Methodology:

- Based on a training model for strengthening group processes (*Future Search: An Action Guide to Finding Common Ground...* Weisbord and Janoff, 2000)
- Teams participate in an interactive day-long process off-site
- Follow-up on-site with the facilitator after 2 months

Facilitated Activities:

- Discovering shared perspectives
- Articulating expectations and perceptions of roles
- Creating a shared plan of action including deliverables

Status:

The trainings were held in late summer, 2007. Trainings for new staff and new participating schools are planned for 2008.

Outcomes:

- Improved relationships among school and agency staff
- Students will benefit from the improved relationships

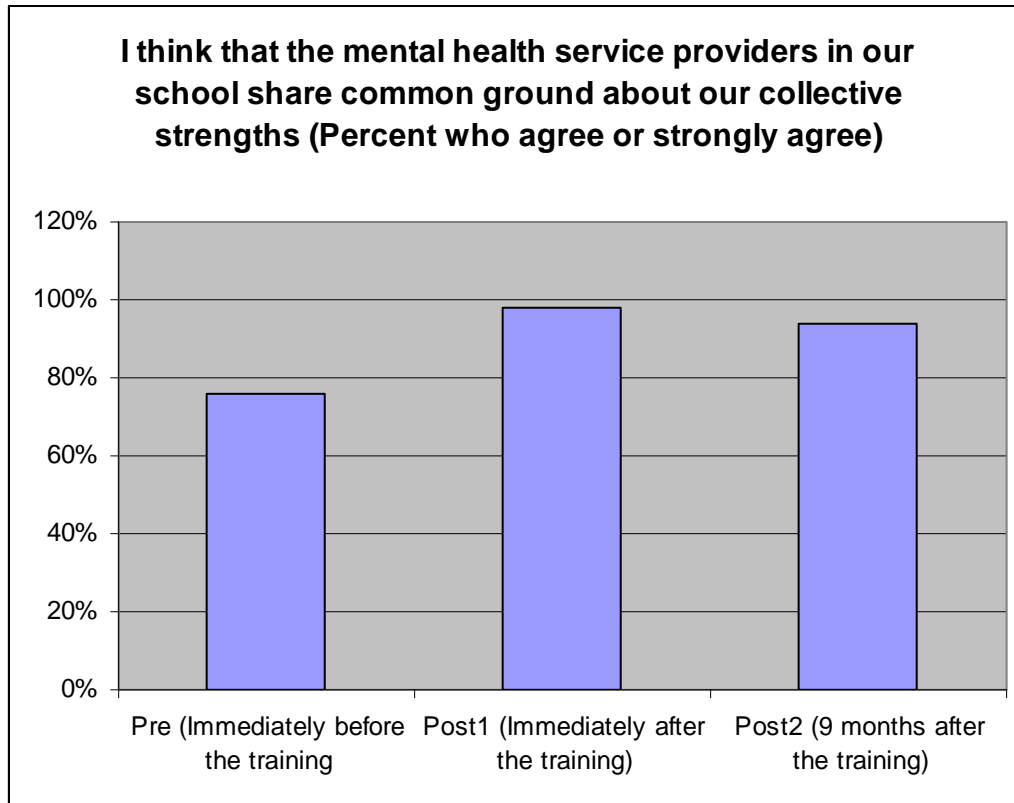
Indicators of Progress

94% of respondents agree or strongly agree that students have benefitted as a result of improved relationships among mental health service providers at their school.

Survey results before the training, immediately after the training, and 8-9 months later (near the end of the school year) indicate that overall, the results of the training have been sustained.

The relationships that participants built during the training grew during the school year (first chart below). Nine months following the training, the mental health service providers continue to share common ground about their collective strengths (second chart below).





Strategy #3:

***Mental Health Service Systems: Identify Signs and Symptoms
Emotional Health in Youth: Signs, Symptoms, and Services***

Premise: Wouldn't it be great if parents, teachers, and others who work with youth had a "thermometer" to help tell if a young person is not feeling well emotionally?

Focus: People in our community who work with youth

Goals:

- To clarify the difference between normal youth development and mental health needs
- To increase knowledge of action signs and signals of emotional suffering
- To identify action options and provide lists services and supports available for those who may need help

Methodology:

- A one-hour training for parents, educators, health professionals, & youth service providers in the community
- Presenters are trusted teams of parents, teachers, and others who know youth
- Training takes place at different times of the day and at many convenient and accessible locations in the community such as schools, community-based agencies, and community centers

Facilitated Activities:

- Outlines some first action steps anyone can take including connecting, communicating, and collaborating with those who may help
- Participants invited to share their knowledge
- Materials are presented to help guide selection of services and supports

Status:

As of June 1, 2008, more than 500 people have been trained at 15 different community-based locations in Monroe County. Plans are to continue the training throughout the summer and into the next school year

Outcomes:

- The training will be seen as valuable to help identify youth who might benefit from mental health services and in locating and accessing available resources.

Indicators of Progress:

Respondents' evaluation of the training:

Statement	Percentage who strongly agree or agree
Learned new information	43%
The information made sense	100%
Will use the information to help youth	100%
Would recommend the training to others	98%

Strategy #4:

*Community: Reduce Stigma
Family Roundtable and Community Forums*

Premise: An open platform conducted by and for families can encourage, facilitate, and promote significant increases of family voice and reduce the stigma associated with mental illness.

Focus: Families with children with emotional, mental, and behavioral challenges and the community at large

Goals:

- Educate stakeholders, system partners, and the community as a whole on the meaning and implementation of family-driven principles
- Reduce the stigma attached to mental illness through open dialogue
- Create family driven solutions to areas identified as barriers to care for youth and families and share those solutions with the community
- Increase ability of families to effectively articulate their needs and address challenges

Methodology:

- Facilitate active participation of family members and caregivers of children with emotional, mental, or behavioral challenges in a range of community-based groups, committees, roundtables and forums
- Hold conversations, meetings, and forums in convenient and accessible locations to maximize family attendance. Locations include churches, schools, small business, community groups, schools, and community-based organizations.

- Ensure that family voice is upheld through facilitating family involvement in decision-making, review of materials for family-friendly language (for example, no acronyms and no professional jargon), and documenting evidence of family-driven practice

Facilitated Activities:

- Rotate facilitation of family roundtable meetings amongst the membership toward increasing the leadership skills of willing members.
- Review and gain input on information brought before the roundtable and facilitate problem-solving through group discussion
- Regular and frequent active engagement of the community at large
- Engage family members in evaluations of activities, supports, and services

Status:

Family voice changed the original, hierarchical family council into current family roundtables that allow greater family involvement. The roundtables meet monthly.

Community conversations, which are the least formal of all activities, happen several times a week.

Outcomes:

- Family voice and family involvement in decision-making is increased
- Increase in number of families who believe that their services and supports are family-driven.
- Reduced stigma for families with children with mental health and behavioral challenges

Indicators of Progress:

- Meeting minutes and attendance are summarized quarterly.
- Community conversations are logged
- As we collect more local and national evaluation data, we expect increased numbers of family members engaged in evaluation activities