Serious Mental Illness in Youth: Working with Families

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• Since mid-1980s around time of Systems of Care Monograph there has been a shift in thinking regarding importance of families as partners in service delivery.

Advances in systems of care for youth with SED and their families have been guided by several core principles:

- 1) The system of care must be comprehensive, coordinated, and flexible enough to be responsive to each child's needs
- 2) Services should be delivered in the least restrictive, appropriate environment with care provided in the child's home community whenever possible
- 3) Parents/guardians should participate as valued partners in the planning and implementation of care for their child, and services should be tailored to the cultural preferences of the child and family
- 4) Interventions should be evidence-based
- 5) Systems of care need sound policy as well as organizational and financial infrastructures that are aligned with program goals and should be supported by sufficient training, information systems, and other forms of technical assistance.

- Family centered vs Family driven vs Relationship based vs Parent empowerment
- All of these concepts share the same core principles:
 - Professionals intentionally partner with families
 - Seeking family input
 - View the family as the primary expert on the child
 - Respond to family concerns in a strengths-based manner that incorporates the philosophical, cultural, and unique needs of the family and individual.

- Family-centered mental health services approach defined as the delivery of consistent and coordinated care that entails:
 - Structured collaboration between the family and mental health professionals
 - Being respected by mental health professionals
 - Geographic availability of services
 - Provision of culturally competent care.

- Participatory practices
 - Shared decision-making
 - Opportunities for discussion
 - Information for choice making
 - Collaboration

• "Process of recognizing, promoting and enhancing [parents'] abilities to meet their own needs, solve their own problems, and mobilize the necessary resources in order to feel in control of their own lives" (Gibson, 1995).

- Change lies with the consumers and families themselves
- Draw on family members to shape interventions and change based on their personal values and needs at the time
- Families are also experts, knowing what will and will not work in their own family environment and needing the opportunity to direct their own treatment as changes occur session to session.

Why Work with Families?

- Research across multiple disciplines suggests that family and parental involvement are keys to producing positive outcomes.
- Parent/family involvement has been documented to influence the likelihood of treatment attendance, treatment completion, improve parent-child relationships, increase confidence in parenting skills, decrease parental stress, and improve behavior and academic outcomes.

Why Work with Families?

- The family environment naturally changes over the course of time. Parents, not outside agencies, must raise their children, making their intensive involvement in the treatment process critical.
- Parents/families need to be viewed not as recipients of services, but as agents of change.
- Activate the inherent strengths, competencies, and healing capacities of the family.

Why Work with Families?

 The often lack of resources as well as the complexity of the needs of children with SED necessitate a collaborative approach to providing services for them.

- Working with families is not as simple as it sounds.
 - You may value a family's input but have real concerns about issues they have not brought up
 - You may feel certain you know what would work best in the situation but find that the family rejects or does not follow through on your recommendations.
- Challenges often arise as we begin the actual work of incorporating families as equal partners in shared decision-making teams.

- Concerns and solutions are identified in active collaboration with families
- Providers share complete information to help families make informed decisions
- Providers understand that each family may need information presented in a different way, and with a different frequency.

Identified characteristics of family centered care from family perspective:

- Full and involved partnerships
- Willingness to listen and learn
- Individualized planning and approaches
- Different places, Different journey

(Goldfarb et al, 2010)

- Family systems of care
 - Wraparound: A defined planning process individualized for each child that integrates community services and natural supports
 - Informal supports
- Family psychoeducation: Provide family with support, education about the disorder, foster the development of their social support network, and train them in skills to help them cope with their relative's behaviors and symptoms.

- Educational and psychological support
- Addressing parent stress and other familial barriers to services use among families of children with SED
 - Family Inventory of Resources and Stressors (FIRST) assessment instrument asks parents to provide detailed information about resources and stressors in their lives in order to help guide treatment decisions (Corliss et al, 2008)

Ending thoughts and questions

- Because the services are family driven, they do not end; they instead become a natural part of the family's way of operating.
- How can service planners and providers join families without taking over?
- How can professionals support the autonomy and active involvement of people who seek their services?
- How can we create safe contexts in which we can learn from each other?

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