Family Engagement: QRTP Requirements in Practice

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Facilitate family participation in child’s treatment program (if in the child’s best interests)

Facilitate family outreach, document how the outreach is made, and maintain contact information for any known biological family and fictive kin of the child.

Document how the child’s family is integrated into the child’s treatment, including post-discharge, and how sibling connections are maintained.

Provide discharge planning and family-based aftercare supports for at least 6 months post-discharge.
Present vs Partnership
Family-Driven

Trauma Informed

Culturally Responsive

Strength-Based
Know your biases

**TYPES OF UNCONSCIOUS BIAS**

- **Affinity Bias**: Feeling a connection to those similar to us
- **Perception Bias**: Stereotypes and assumptions about different groups
- **Halo Effect**: Projecting positive qualities onto people without actually knowing them
- **Confirmation Bias**: Looking to confirm our own opinions and pre-existing ideas.
Know your biases
A dysfunctional family is any family with more than one person in it.

Mary Karr
The Importance of Partnership
What the Research Shows...

- Factors associated with successful family reunification:
  - Actively engage parents and involve them in case planning
  - Work collaboratively with parents, children, kinship caregivers, foster parents, etc. to prepare for reunification
  - Arrange regular contact between the parents and child including frequent, planful time at home*
  - Assist families in accessing available community resources and supports to meet their specific needs (material, educational, legal, mental health, substance use, etc.)
What the Research Shows...

- Factors associated with successful family reunification:
  - Work with families to develop effective tools/techniques to manage their children’s problematic behaviors
  - Train staff on how to engage families
  - Assess and address parents’ ambivalence
  - Have a consistent behavior management plan across settings

What the Research Shows

Frequent contact with family while in residential treatment is correlated to:
• Easier adjustment to out-of-home placement
• Decreased depression
• Increased overall well-being
• Increased sense of normalcy
• Fewer behavioral challenges

Call it a clan, call it a network, call it a tribe, call it a family: Whatever you call it, whoever you are, you need one.

Jane Howard
What the Research Shows

- Family involvement in critical to improving the lives of children
- Fields of education, medicine, and mental health
- Plays a key role in
  - Initiating and sustain use of services
  - Increasing family satisfaction with and commitment to services
  - Improving child outcomes
  - Increased family participation in services
  - Increased follow through on treatment recommendations

Parents reported several unexpected consequences of placing their child in residential treatment including:

- Loosing a feeling of connection to their child
- Weakened relationships with siblings and friends
- Exclusion from family gatherings and events
- Numerous missed opportunities for social development
  - Ex: Educational, extracurricular activities, team sports, learning how to date/have healthy relationships
- Typical rights of passage
  - Ex: Bar/Bat Mitzvahs, Quinceaneras, Prom, etc.
- Other developmental and social milestones
Other things may change us, but we start and end with the family.

Anthony Brandt
What Partnership Looks Like
What Partnership Looks Like

• Be clear about the role of families in treatment
• Shared decision making
• Respect everyone’s areas of expertise
• Informed choices
• Prioritizing family involvement
  • Meeting times and location
  • Work around family’s schedule not vice versa
  • Collaboratively identify and brainstorm options to overcome barriers to participation (childcare, transportation, fear/anxiety, trauma, etc.)
By the time we reach the door of residential, we are beaten down, often traumatized, and our hearts are broken.

You may hear us speak of a sense of shame. We feel guilty that we have been unable to give our children what they need.

We feel blamed for our child's behavior by our families, friends, schools, and human services professionals.
What Partnership Looks Like

- Assure frequent contact and communication
- Identify and utilize strengths
- Know and champion each family’s culture
- Advocate for and with families across systems
- Collaborative intervention planning
- Consistency across locations
In some of our cultures, mental health carries a huge stigma and now we are being ridiculed and possibly shunned for accepting help. For many of us, the residential staff are of another race and ethnicity. It is often hard to see behind ‘color’. Never underestimate the importance for families of having staff who look and speak like them.

What partnership looks like

• Understand family members’ perspectives
  • Listen to understand
    • What’s underneath the words?
  • How do the family members frame the problem?
  • What are their goals for their family?
  • How do their goals differ from the involved systems? How do they align?

• Transparency
  • Nothing about you without you
Sometimes the therapists seem to not understand the magnitude of what we're doing: leaving our child in the care of strangers.

You might say we are hard to engage, and you might be right. If you were in our shoes, you might be hard to engage, too.

The truth is we need time to catch our breath and allow ourselves to hope ... again.

We need you to convince us that you value us, and that you will do everything you can to work with us to help our child.
What Partnership Looks Like

• Have an expansive definition of family
• Build a web of support around the young person and their caregivers
• Be an “appreciative ally”
  • Grounded in respect, connection, curiosity, and hope
  • Families feel we are in their corner and on their side
What Partnership Looks Like

• Families experience many losses in the process of getting help for their child:
  • Loss of self-confidence
  • Lost feelings of competence
  • Loss of direction
  • Loss of connection
  • Loss of hope


Understand how learned helplessness is being communicated
Please remember that when families are vulnerable it will take extra effort on your part to see through what providers sometimes call ‘resistance’. It is not resistance, is sadness and shame and feeling as if we are drowning or being overwhelmed and needing help and not knowing how to ask or find it. We are grieving and experiencing trauma and needed approach that is trauma-informed and cognizant of our stages of grief and transformation.
What Partnership Looks Like

Appreciate the impact of personal, intergenerational, cultural, and historical trauma
The process of getting help for our children has been a humbling experience, and we have felt a wide range of emotions.

Please don't misunderstand our anger. For some of us, anger has been the only way to advocate for services.
What Partnership Looks Like

- Train staff on how to engage families
- Have clear, consistent guidelines for partnering with families
- Weave family-centered philosophy into all treatment aspects and discussions
What partnership looks like

• Incorporate family members’ involvement into all levels and aspects of agency functioning
  • Policy development
  • Service design and implementation
  • Program evaluation
  • Quality improvement
  • Board of directors
  • Parent supports
What Partnership Looks Like

- To feel valued as individuals with strengths
- To be listened to and heard
- To be regarded as experts on our children
- To be at the table when decisions are made
- To have access to information and records
- To be involved in a meaningful way
- To feel less guilt and less blamed
- To be informed and knowledgeable
- To feel accepted, without judgment
- To be positioned to be proactive, not reactive
- To be hopeful for our children's future
Family is a life jacket in the stormy sea of life.

J.K. Rowling
Partnership

• Is hard!!!
• A process
• Requires us to look at everything with fresh eyes and question
  • what we do?
  • why we do it?
  • how it impacts families?
  • Can be done differently?
Create a program you would feel comfortable, safe, and hopeful placing your child there
Barriers to Partnership

• Expecting families to adapt to our set way of operating rather than us adapting to their needs
• Asking families for their input, ideas, and feedback, and then shooting it down or ignoring it
• Inconsistent expectations
• Young people and families are mandated into services
• Lack of information or education
  • Includes other professionals/systems
Barriers to Partnership

• Cultural factors
  • Practitioners unrecognized implicit biases
  • Services that aren't culturally informed and responsive
  • Services that aren't linguistically appropriate
  • Projecting our own cultural experiences, expectations, and values onto others
• Family's past experiences with disrespectful, unhelpful, and or exclusionary services
• Passive communication that young people and their families are viewed as “less”
• The family doesn't see your services as being helpful
Barriers to Partnership

• Logistical barriers to participation
  • Physical spaces
  • Time and location of meetings
  • Childcare
  • Transportation
  • Health issues
  • Trauma reactions
FAMILY IS NOT AN IMPORTANT THING. IT'S EVERYTHING.

Michael J. Fox