

# The Building Bridges Initiative (BBI): Advancing Partnerships. Improving Lives.

## **BBI Webinar: Successfully Engaging and Partnering with Families**

### **Presented by:**

- Sherri Hammack, National Coordinator, BBI
- Patrice Flagle, Program Director, St. Vincent's Villa Home-Based RTC, Catholic Charities, Baltimore MD
- Joe Anne Hust, Consultant, JH Consulting



# The Building Bridges Initiative (BBI): Advancing Partnerships. Improving Lives.

## **BBI Webinar: Successfully Engaging and Partnering with Families**

### **Overview of the National Building Bridges Initiative (BBI)**

**Presented by:**

Sherri Hammack, National Coordinator, BBI

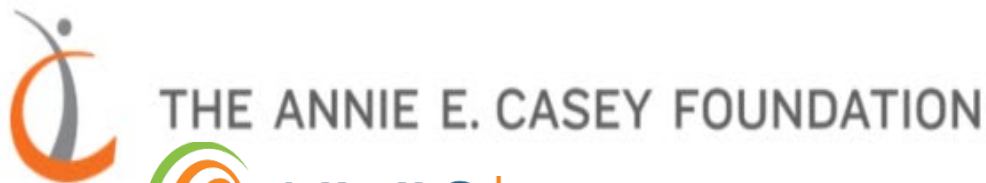


# BBI Mission

Identify and promote practice and policy initiatives that will create strong and closely coordinated **partnerships and collaborations** between families, youth, community- and residentially-based treatment and service providers, advocates and policy makers to ensure that comprehensive services and supports are **family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed, and consistent with the research on sustained positive outcomes.**



# BBI has MANY Partners; several listed:



*Stronger Together.*

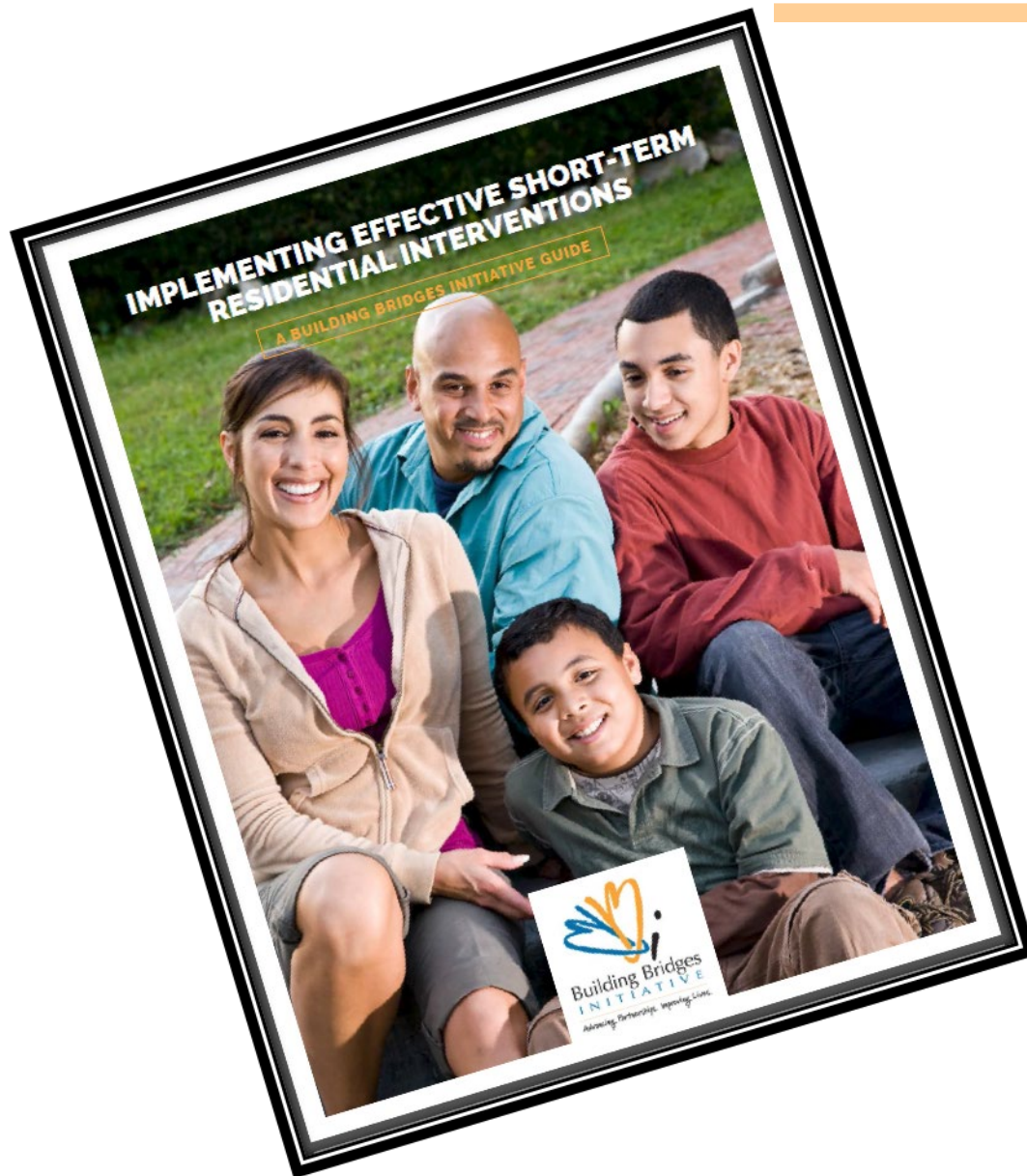
Advancing partnerships among residential and community-based service providers, youth and families to improve lives.



# Endorse the BBI Joint Resolution

- Go to BBI Web Site ([www.buildingbridges4youth.org](http://www.buildingbridges4youth.org))
- Read the legacy BBI Joint Resolution (JR)
- E-mail Dr. Gary Blau ([Gary.Blau@samhsa.hhs.gov](mailto:Gary.Blau@samhsa.hhs.gov)) or Beth Caldwell ([bethcaldwell@roadrunner.com](mailto:bethcaldwell@roadrunner.com)) or Sherri Hammack ([svhammack@sbcglobal.net](mailto:svhammack@sbcglobal.net)) that You Would Like to Endorse BBI JR
- Be Put on List Serve to Receive BBI Newly Developed Documents
- Be First to be Invited to BBI Events







# Go to BBI Website:

[www.buildingbridges4youth.org](http://www.buildingbridges4youth.org)

Documents & articles to support field, e.g.:

- *Implementing Effective Short-Term Residential Interventions*
- *Successfully Engaging Families Formed by Adoption: Strategies for Residential Leaders*
- *Fiscal Strategies that Support the Building Bridges Initiative Principles*
- *Cultural and Linguistic Competence Guidelines for Residential Programs*
- *Handbook and Appendices for Hiring and Supporting Peer Youth Advocates*
- *Numerous documents translated into Spanish (e.g., SAT; Family and Youth Tip Sheets)*
- *Engage Us: A Guide Written by Families for Residential Providers*
- *Promoting Youth Engagement in Residential Settings*



# BBI Web-Based Training Programs Available

[https://theinstituteof.umaryland.edu/onlineTraining/programCategory.cfm?ottype\\_id=30&track=1](https://theinstituteof.umaryland.edu/onlineTraining/programCategory.cfm?ottype_id=30&track=1)

- Best Practices in the Use of Psychiatric Medications for Youth During Residential Interventions (1.5 CEUs)
- Cultural and Linguistic Competence (Part 1): Why Does it Matter? (2 CEUs)
- Cultural and Linguistic Competence (Part 2): Implementation Strategies (2 CEUs)
- Cultural and Linguistic Competence (Part 3): On a One-to-One Level (1.5 CEUs)
- First Steps for Leaders in Residential Transformation (2 CEUs)
- Including Family Partners on Your Team (2 CEUs)
- Pre-hiring, Hiring, Supporting, and Supervising Youth Peer Advocates in Residential Programs (2 CEUs)
- Successful Strategies for Tracking Long-term Outcomes (1 CEU)
- Youth-Guided Care for Residential Interventions (2.5 CEUs)





# Family First Legislation: *What's Coming?*



# Family First

The Family First Prevention Services Act was passed into law on February 9, 2018 as part of the Bipartisan Budget Act of 2018.

The law, P.L. 115-123 expands the use of Title IV-E child welfare entitlement dollars to prevent entry into foster care

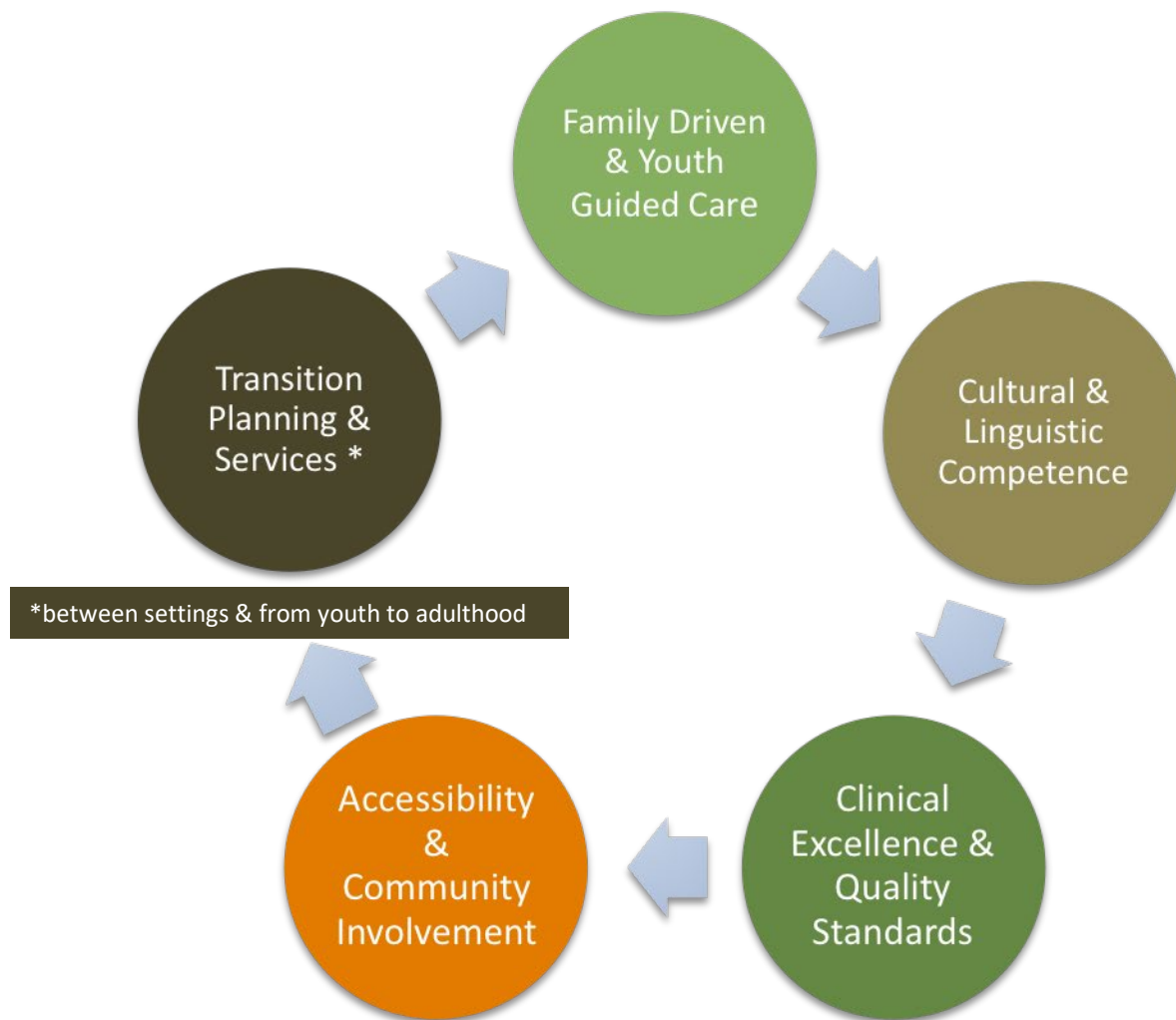


# For More Information on Family First Prevention Services Act P.L. 115-123

- Family Act Law - summary: <https://www.congress.gov/bill/115th-congress/house-bill/253> and full text: <https://www.congress.gov/bill/115th-congress/house-bill/253/text>
- Child Welfare League of America: <https://www.cwla.org/families-first-act/>
- The Annie E. Casey Foundation: <http://www.aecf.org/blog/family-first-prevention-services-act-will-change-the-lives-of-children-in-f/>
- Children's Defense Fund -
  - short summary: <http://www.childrensdefense.org/library/data/ffpsa-short-summary.pdf>
  - detailed summary: <http://www.childrensdefense.org/library/data/family-first-detailed-summary.pdf>
  - implementation timeline: <http://www.childrensdefense.org/library/data/ffpsa-implementation.pdf>

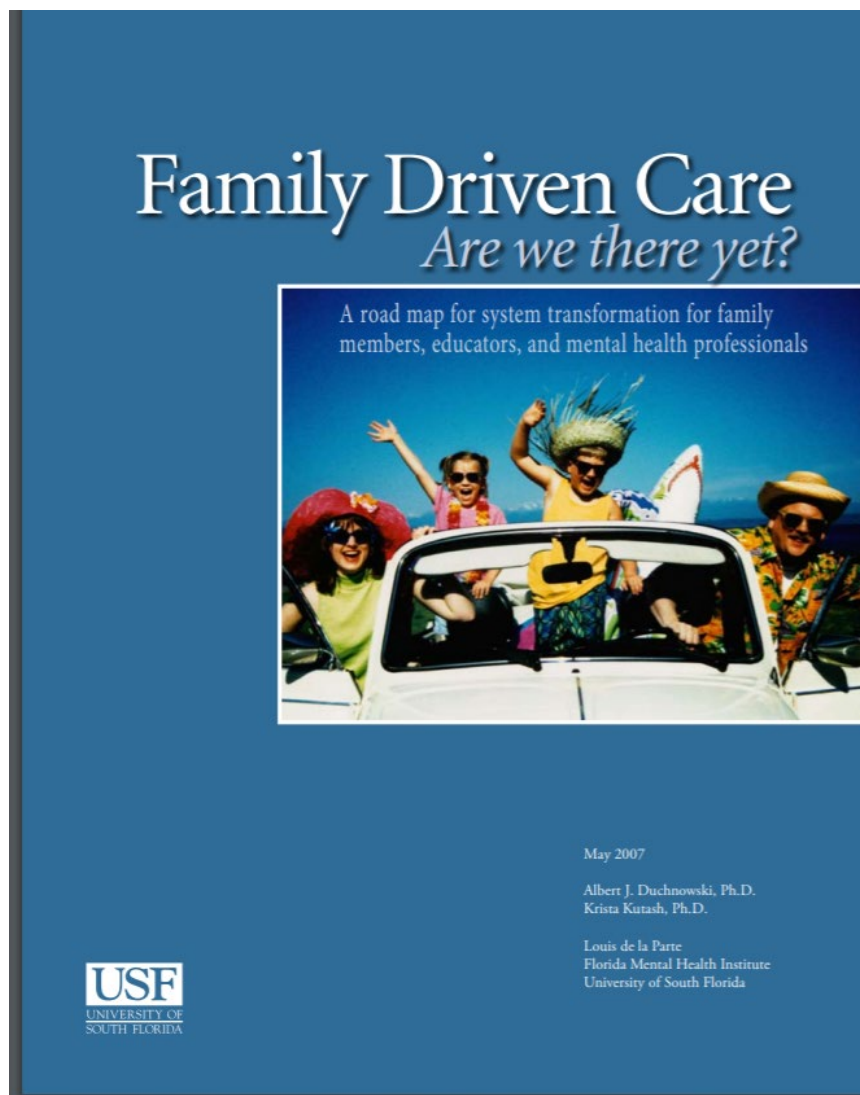


# BBI Core Principles



# Family Driven Care:

## *What's It All About?*



# What is Family Driven?

Family Driven means families have a primary decision making role in the **care of their own children** as well as...

Source: Federation of Families for Children's Mental Health

***“Nothing about us without us!”***





# What is Family Driven?

...policies and procedures governing care for all children in their community, state, tribe, territory and nation.

Source: Federation of Families for Children's Mental Health





- **Strongest predictor of post-transition success, after education, is **support from family****
  - **Fifty percent (50%) of youth who have aged out will **live with some member of their family within a couple of years**** (about equally divided between parents and other relatives)
- Source: Courtney, M., 2007; Courtney, M., et al, 2004



# Why Is It Important?

*“Work with **family issues** and on facilitating **community involvement** while adolescents are in residential treatment may have assisted these adolescents to maintain gains for as much as a year after discharge..”*



Source: Leichtman, M., et al, 2001



*Residential-Specific Research Shows Improved Outcomes With:*

- ✓ *Shorter Lengths of Stay*
  - ✓ *Increased Family Involvement*
  - ✓ *Stability and Support in the Post-Residential Environment*
- Source: Walters & Petr, 2008



# What Can Programs Do?



## THE MOST IMPORTANT STEPS:

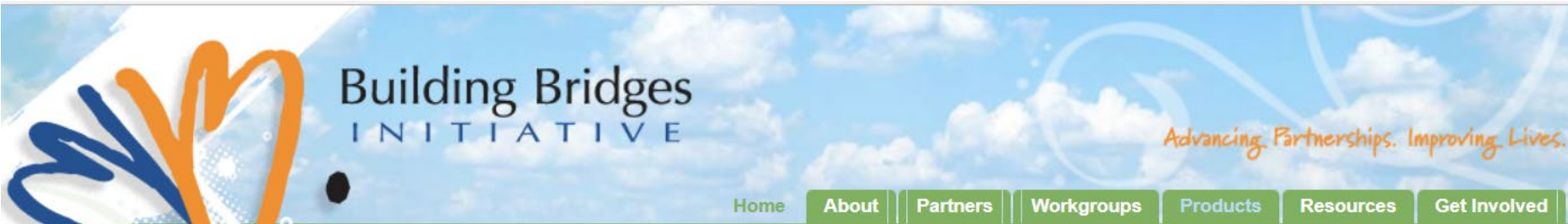
1. Put an **URGENT AND STRONG** Focus on **PERMANENCY PRACTICES**
2. Hire **multiple** family partners/advocates
3. Develop a **Strategic Plan** to Successfully Engage Families and Operationalize Family-Driven Care





# Additional Resources

[www.BuildingBridges4Youth.org](http://www.BuildingBridges4Youth.org)



Home

## Tip Sheets

Search

Go

### Products

- Joint Resolution
- **Tip Sheets**
- Tools

### **Family Tip Sheets - SPANISH VERSION**

- **Consejos para familias** (Tip Sheet for Families Considering a Residential Program - Brief)
- **Consejos para familias que esten considerando un programa residencial** (Tip Sheet for Families Considering a Residential Program - Expanded)

### **Youth Tip Sheets - SPANISH VERSION**

- **Tu Vida Tu Futuro - Brief** (Your Life Your Future - Inside Info on Residential Programs from Youth Who Have Been There - Brief)
- **Tu Vida Tu Futuro - Expanded** (Your Life Your Future - Inside Info on Residential Programs from Youth Who Have Been There - Expanded)
- **Hoja de Consejos para Jovenes-Tu Vida Tu Futuro** (Your Life Your Future - Recommendations for Successful Dissemination & Use)

### **Family Tip Sheets**

- **Tip Sheet for Families Considering a Residential Program – Brief**
- **Tip Sheet for Families Considering a Residential Program – Expanded**



Advancing partnerships among residential and community-based service providers, youth and families to improve lives.



# BBI Contact Information

[www.buildingbridges4youth.org](http://www.buildingbridges4youth.org)

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# The Building Bridges Initiative (BBI): Advancing Partnerships. Improving Lives.

## BBI Webinar: Successfully Engaging Parents & Families

### Successful Family Engagement

#### Presented by:

Patrice Flagle, LCSW-C, Program Director, St. Vincent's Villa  
Home-Based RTC, Catholic Charities, Baltimore, MD



# Families

- Families are the core of life, our beginning, middle, and end
- Most significant factor “who we are”
- We all have different levels of “family imperfection/ imbalance” in our lives
- Really looking at treatment as a “team effort with equal partnerships with families, youth, and professionals”



# Family Focused Care

Involving a parent or other concerned adult in the child's care and treatment, as well as planning for adequate supports for the child to return to the community, are two of the few consistent indicators of "successful treatment" with empirical evidence (Curry, 1991; Whitaker & Pfeiffer, 1994).

These outcome studies underscore the need for consistent family contact and involvement with each child during and after placement.

You are already doing a lot of this work!



# St. Vincent's Villa Home-Based RTC

- Some new ideas added to age old existing RTC's philosophy of providing safe and nurturing environments with quality, compassionate treatment and care.
- Intensive short-term residential program where we serve boys and girls ages 6-13, with active family members, who live within 1 ½ hour radius of SVV in Timonium, MD.
- Families and Staff working together – in the homes on the weekend and in the milieu during the week to provide optimal treatment for our children and families.





# Program Goals:

- To help families learn to manage children's severe behavior issues safely and effectively at home and in the community.
- To enhance the quality of family life, while facilitating the building of healthier family relationships.
- To help children (and at times family members) learn to self regulate their own emotions and behaviors.
- To expand community resource integration.



# Philosophical Paradigm Shift

- Learn to work differently, not more quickly.
- Remain immensely committed to having high-quality, short-term, family-engaged residential services as part of our continuum.
- Constant Self and Program Evaluation with staff, families, and children.
- “What’s working and not working?”
- Remembering we may be the “professional experts”, but parents are the “experts” regarding their families.
- Self awareness, humility, respect, and acceptance... on a whole new level.
- Common Goals: Families, Staff, Community Resources and Children Working Together



# More positive outcomes

- Family-focused residential care obtains more positive long-term child outcomes (Bart, 2005).
- Therefore, efforts must be made to honor and strengthen that attachment.
- The family is a continuous reality for the child and must be taken into consideration throughout treatment.
- The most significant task in residential care is for all staff to build a therapeutic relationship with each child, and their family in care. Staff having positive relationships with families enhances child's ability to trust staff.



# Family System Alignment

## New focus:

- Finding ways to balance and realign the family system
- Preserve family consecutiveness
- Strengthen family relationships
- Build upon existing strengths (add spokes to the wheels)
- Family Driven Care!
- Maintain safety

Families must make changes within their system- child is no longer the “problem”.



# Tools for Implementation

- Vision and Goals
- Generational Trauma Informed Care Assessments
- Family Goals
- Building Therapeutic Relationships with Family members
- Building a structure for your program
- Working in the homes
- Supervision, training, staffing, teambuilding
- Parent Psycho-Educational Support Groups
- Communication in “real time”



# Vision and Goals

- Family Driven Care
- Philosophical/ Paradigm Shift
- Self-Reflection of Leadership
- Self-Reflection of all staff
- Transparency
- Focus on facilitation of entire family system in healing process
- Be creative and courageous!
- Let's take a minute to think about your own program





# Family Engagement

- Family Involvement quickly became the most significant variable in treatment process!
- Change perspective and attitudes regarding families- need for humility and transparency.
- Build therapeutic relationships with family system, focus on safety, listen to what is already working, then parent education regarding child's mental health issues.
- Composition- parents, step-parents, grandparents, siblings, foster parents, "family friends"...
- Be aware of family's existing strengths – before attempting change- roles, hierarchy, shared history, etc.



# Family Defined

- New York Times- “The definition of family to me is a group of people who truly love each other and care for you. But yes the circumstances of what family use to be is now changing into new categories of families. Family life is changing but so are people”.
- Any involved adult who has an ongoing relationship and provides support to the youth.



# Building Therapeutic Relationships

- Be Authentic, Be Real!
- Introduce self, be personable ( a person)
- Face to face meetings as soon as possible, in home, as well as agency, informal as well as formal
- Involve as many family members as feasible
- Strength based, note details and good efforts
- Focus on the LOVE between family members as well as the challenges
- Change the color of your “glasses” to accepting and compassionate vs judgmental
- Acceptance does not equal approval



# Keep It Real

- Take time to build trust.
- Take time to acknowledge efforts, no matter what the outcome.
- Keep checking in- “What does the family want/ need?” vs a standard treatment goal. What is the goal for this family now?
- How can we help family reach THEIR, not our goal?
- Be respectful, but honest.
- “Never judge another Indian until you have walked a mile in their moccasins.”



# Cultural Issues

- Celebrate Diversity!
- Acknowledge at times cultural, racial, sexual, socio-economic issues exist and can affect receiving of care- even though we are ourselves are working from a space of equanimity.
- We are a sum of all our experiences in our life.
- As caring professionals we are making positive deposits, as well as constantly learning ourselves.
- Be willing to be humble, ask questions, listen
- Transparency with staff imperative- discuss all issues so that are always supporting all staff as well as youth and families.



# Trauma-Informed Care Lens

- Awareness of Generational Trauma- time to break the cycle, stop blaming the family.
- Ongoing assessment- informal and formal
- Acknowledge efforts, challenges, and successes.
- Focus on whole system's needs- housing, food, transportation, legal aid, not just "family therapy".
- Be supportive, but not enabling.



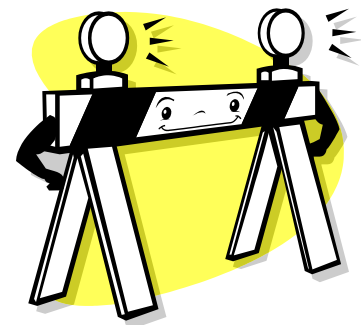
# Family Generational Trauma

- All events in families affect each family member- not always the same.
- 71 % of children are exposed to violence each year, including 3 million who see their mothers being abused.
- Overall increase in untreated psychiatric and substance issues, violence, as well as well as media exposure.
- Cultural issues.
- Poverty
- Generational issues.
- Every ER visit is TRAUMATIZING for child and all family members.



# Barriers are not Resistance to family involvement

- **Logistics:** transportation, housing, poverty, scheduling, distance to RTC, work schedules;
- **Competing demands:** Parent employment, personal problems, other responsibilities, child care for siblings;
- **Psychological Barriers:** Stigma, self-blame, parent mental health needs, addictions, family history of abuse;





# Program Structural Changes

- Focus on the Vision
- What's working in your program already?
- Build on existing strengths
- Clinical adaptations
- Logistical
- Leadership must stay actively involved and focus on change
- We are change agents and to be effective we need to continue to change to meet the demands of society
- Think about your own program – what's working?
- Like playing jazz- practice, practice and improvise within structure of safety and vision



# Teamwork



# Team Development & Maintenance

- Clinical Training for all levels of staff
- Supervision- ongoing individual and group
- Parallel process with professional teams as well as families- building the relationships with more equanimity
- Immediate support and feedback
- Teambuilding – ongoing
- Stress management for all team members



# Working in the homes

- Training
- Safety
- Relationship Building- informal
- Assessment opportunity
- Maintain professional boundaries with formal and informal contact
- Protocols
- Cultural sensitivity



# Parent Support Groups

- Relationship Building
- Empowers family members
- Power of peer support “I’m no longer alone”.
- Learning from each other
- Enhances natural family supports during treatment and post discharge
- Support and education
- Family FUN Nights



# Family Psycho-Educational Support Groups

- Positive, nurturing parenting techniques
- Communication
- Structure and Consistency
- Biological etiology of behaviors and medication management
- TCIF- Therapeutic Crisis Intervention for Families
- Triggers & Coping Skills- for parents and children
- Stress Management/Anger Management
- Trauma Informed Care- Power of Relationships
- Discharge Planning/ Aftercare Resources



# Moving Forward

- Agency's Vision
- Build on strengths
- Create a plan for change / adaptation
- How will agency staff work together to develop and implement plan for increasing family engagement
- Involve family partners in development and ongoing program maintenance
- Keep it moving!



# Contact Patrice!

Patrice Flagle, LCSW-C, ACSW, ND,  
Program Director Home-Based RTC Pilot,  
St. Vincent's Villa  
Residential Treatment Facility,  
Catholic Charities of Maryland (MD)  
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# The Building Bridges Initiative (BBI): Advancing Partnerships. Improving Lives.

## BBI Webinar: Successfully Engaging Parents & Families

### Hiring Parent Partners

**Presented by:**

Joe Anne Hust, Consultant, JH Consulting



# Changing the Metaphor of Help A Parent's Perspective

## Best Practices vs. Real Practice

- High levels of family involvement
  - Restrict family contact
- Building skills that transfer home to school, and community for life
  - Focus on milieu appropriate behavior
- Follow along care or aftercare
  - Referral to community based provider
- Shorter lengths of stay
  - Long lengths of stay



# Engage Us

- Ask our opinion
- Learn about our goals
- Ask us what has been tried -what worked and what didn't work
- Keep us informed and involved
- Be honest, but hopeful
- Treat us with dignity and respect
- Create a program that you would choose for your son or daughter



# Perceived Resistance

- Not just the parent of the child in placement
- Difficult, angry, reluctant, not able to remain sober, dismisses mental illness, is a no show
- Fatigue, other children, health issues, trauma, mental health or substance abuse, keep roof over head and food on the table
- Be relentlessly supportive and creative – get connected
- May need relief, stabilization, and support
- Don't give up, don't judge, don't label



# Working with Siblings

- Entire family is hurting and siblings suffer
- Focus on the family
- Develop expertise working with and supporting siblings
- The child's behavior impacts entire family and especially siblings
- Create opportunities to maintain or repair sibling bonds



# Benefits of Parent Partners

- Presence changes culture
- Creates a conduit between treatment and family settings
- Utilize own story to create learning opportunities
- Challenge assumptions, bias and stigma
- Provides a reality review – will this really work perspective
- Provide peer-to-peer support
- Co-trainers in staff orientation and ongoing training programs
- Part of HR hiring groups to hire staff
- Evaluation teams



# Hire and Support Diverse Parent Partners

- Recruit parents who have lived experience with residential
- Develop a clear role description and offer skills training— not a clerical worker, child care worker, or clinician.
- Offer fair and comparable compensation and benefits. Convert lived experience to education requirements.
- Provide flexibility or accommodations if the Parent Partner needs to access services for his/her own child.



## And...

*"the effectiveness of services, no matter what they are, may hinge less on the particular type of service than on **how, when, and why families or caregivers are engaged in the delivery of care.** While traditional forms of care approached mental health treatment in a hierarchical top down approach (with the clinician maintaining some distance from the recipients of treatment), this approach is not reflected in newer forms of service delivery. It is becoming increasingly clear that **family engagement is a key component not only of participation in care, but also in the effective implementation of it**".*

(Burns, B. et al, 1999)





# Contact Joe Anne!

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