



## Module 7

### *Promoting Family Engagement and Meaningful Involvement*



## Test your Knowledge

- Biological parents must always be included in the decision-making and treatment-planning processes concerning their children in out-of-home placements. (True/False)
- Confusion over the roles of the foster and biological families acts as a barrier to family involvement and collaboration among the different systems of care (e.g., school and child welfare systems). (T/F)
- Parent-child/adolescent involvement in case planning is correlated with greater stability of placement and eventual family reunification. (T/F)

## Lesson Objectives

Participants will be able to:

1. Describe three common barriers that impede collaboration and family involvement across systems of care
2. Outline three strategies for fostering increased family involvement in the decision-making and treatment planning processes, both across systems of care and within school mental health.

## Brainstorming Activity

- What are some common barriers to family involvement in the decision-making and treatment-planning processes in school?



## Common Barriers to Family Involvement in Treatment Planning

- Family's negative beliefs and attitudes towards mental health services
- Family's lack of understanding of the mental health needs of youth in foster care
- Confusion over the roles of the foster and biological parents
- Confidentiality concerns
- Scheduling difficulties, transportation issues, child care concerns
- Some biological parents may be prohibited from taking part in treatment-planning and decision-making for various reasons

## Why is Family Involvement So Important?

- Involved families achieve the following for children in foster care (National Resource Center for Youth Development):
  - Families feel empowered and engaged in the process
  - Children are more likely to receive treatment tailored to their needs
  - Child is more likely to receive culturally relevant and responsive care

## Family Involvement (Cont.)

- The Department of Health and Human Services found that family involvement in the child's welfare process was highly correlated with the youth's:
  - Stability in out-of-home placements
  - Emotional well-being
  - Educational outcomes
  - Shorter out-of-home stays and increased family reunification

## More Research Findings Family Involvement



- Improved educational outcomes
- Improved emotional well-being
- Better service delivery from caseworkers and teachers
- Improved child behavior
- Improved caregiver self-efficacy
- Less time in treatment

## Importance of Family Involvement in the Foster Care System

- The Maryland Foster Parents Association (MFPA):
  - “Families need to be valued as part of the team, and seen as sources of strength and expertise”
  - The MFPA stresses a home-school connection to assist foster children. This team should include:
    - Teachers, health care providers, social workers, foster parents
- Maryland's Department of Human Resources (DHR):
  - “Working jointly as a team, foster parents, social workers, mental health professionals develop and provide intensive treatment and determine plans, often with the natural parents or relatives”

## Small Group Discussion

What are some specific strategies that you have found useful in increasing parent involvement (from perspectives of caseworker, school, and school mental health clinicians)?



## Strategies to Boost Family Involvement

- Share information
- Create a welcoming climate
- Offer real opportunities for participation
- Offer concrete assistance to enable participation

## Strategies to Engage Families in the School Mental Health Process

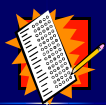
- Utilize all available resources to communicate (e-mail, home phone, cell phone, fax, etc.)
- Honestly address caregiver concerns before treatment
- Ask families to openly discuss their expectations about mental health treatment
- Establish clearly defined long and short term goals that will be addressed in therapy
- Be open to connecting families to at least one local resource (e.g. youth groups, mentor programs)
- Deliver on your promises related to the treatment and maintain open channels of communication

## Strategies to Engage Families in the School Mental Health Process

- It is also necessary to create a family-centered environment that provides:
  1. Emotional and educational supports
  2. Opportunities to participate in service delivery and to make decisions
  3. Activities to enhance family member's capacities to carry out their self-determined roles

## Activity/ Discussion

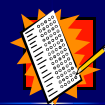
- In pairs, discuss which areas you excel in with families and which of these areas you could improve in and your plan for improvement. Use a case example as a means to share your experiences. Be ready to share with the larger group.



## Re-Test Your Knowledge

- 1) Biological parents must always be included in the decision-making and treatment-planning processes concerning their children in out-of-home placements. **False**

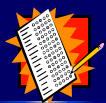
Explanation: Biological parents who have had a child removed for abuse or neglect reasons may be prohibited from taking part in the treatment-planning and decision-making



## Re-Test Your Knowledge

- 2) Confusion over the roles of the foster and biological families acts as a barrier to family involvement and collaboration among the different systems of care **True**

Explanation: Many times, foster care parents and biological parents are confused about who should be participating in treatment and what their role is in the child or adolescent's treatment.



## Re-Test Your Knowledge

- 3) Parent-child/adolescent involvement in case planning is correlated with greater stability of placement and eventual family reunification. **True**

Explanation: Research has found that parent and child/adolescent involvement is related to more positive outcomes including reunification with the birth family.

## Practical Resources



- Casey Family Programs  
[www.casey.org/Resources/Publications/MentalHealthReview.htm](http://www.casey.org/Resources/Publications/MentalHealthReview.htm)  
Published in 2006, this review contains major findings from studies about the evidence base for mental health care
- Family Team Decision-Making (FTDM)  
[www.acy.org/upimages/FTDM\\_Issue\\_Brief.pdf](http://www.acy.org/upimages/FTDM_Issue_Brief.pdf)  
This issue brief describes the evolution of FTDM, and the reasoning behind this increasingly team-oriented, family-centered approach

## Practical Resources (cont.)

- Casey Foster Family Assessments (self-assessments)  
[www.casey.org/Resources/Tools/CaseyFosterFamilyAssessments.htm](http://www.casey.org/Resources/Tools/CaseyFosterFamilyAssessments.htm)

Contains tools used to help foster parents self-identify their strengths and challenges in caring for children

- Powerful Families  
[www.casey.org/Resources/Tools/PowerfulFamilies.htm](http://www.casey.org/Resources/Tools/PowerfulFamilies.htm)

Website offers strategies for foster and biological parents to become better advocates for their children

## Acknowledgements

- Funding for this project was supported by: Maryland Mental Health Transformation Grant # 5 U79SM57459-02 from SAMHSA

The Center for School Mental Health is supported in full by Project #U45 MC 00174 from the Office of Adolescent Health, Maternal, and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.