

## CHAPTER 1: INTRODUCTION

In 2003, the President's New Freedom Commission on Mental Health issued "*Achieving the Promise: Transforming Mental Health Care in America.*" Goal 2 of that report calls for "consumer and family driven care." The report cites research showing that hope and self-determination play a key role in recovery. The Commissioners insisted that families "must stand at the *center* of the system of care." They also said that the needs of children, youth, and families must "drive the care and services that are provided."<sup>1</sup>

### FAMILY DRIVEN CARE

Family-driven means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes:

- Choosing supports, services, and providers;
- Setting goals;
- Designing and implementing programs;
- Monitoring outcomes;
- Partnering in funding decisions; and
- Determining the effectiveness of all efforts to promote the mental health and well being of children and youth.

### YOUTH GUIDED

Young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives as well as the policies and procedures governing care for all youth in the community, state, and nation. This includes giving young people a sustainable voice, and the focus should be toward creating a safe environment enabling a young person to gain self-sustainability in accordance with their culture and beliefs. Through the eyes of a youth-guided approach, we are aware that there is a continuum of power and choice that young people should have based on their understanding and maturity in this strength-based change process. Youth guided also means that this process should be fun and worthwhile.

Across the country, a transformation is continuing in which communities are working to build comprehensive, coordinated, community-based, clinically appropriate, culturally competent, and **family-driven, youth-guided** systems of care for children and youth with mental health/behavioral health needs, and their families. This transformation is evidenced by new or re-energized partnerships among agencies, families, private organizations, the business and faith communities and service providers. Partnerships are being established to ensure that children and youth with complex needs and their families access the services and supports necessary to be successful in their school and in their communities.<sup>2</sup>

Family peer-to-peer support is the most fundamental element of the children's mental health family movement (hereafter referred to simply as the family movement) and has

been for more than 20 years. Families have always intuitively known that sharing information, support and advocacy with one another is a key to overcoming the challenges of raising and supporting a child with emotional, mental or behavioral disorders.<sup>3</sup>

As the field of authentic peer support and assistance continues to expand, we believe in a fundamental need for Family Partnership Professionals to assist children and families, agencies and professionals in making proper decisions.

**CERTIFIED FAMILY PARTNERSHIP PROFESSIONALS (CFPP)** are individuals trained to incorporate their unique life experiences gained through parenting a child who's emotional and/or behavioral challenges required accessing resources, services and supports from multiple child-serving systems as they progressed toward achievement of the family's goals.

CFPPs assist children and families to address their physical, intellectual, emotional, social and spiritual needs to facilitate and maintain wellness through the three-tiered public health model of universal prevention, early intervention, and treatment.

This combination of experience and training allows the Certified Family Partnership Professionals to empower the family and build resilience in children and families. CFPPs perform a unique function in the specialty of healthcare and human services, and can work in a variety of settings, using various approaches to provide supportive services with a wide range of consumer populations.

<sup>1</sup>**The Need for a Definition of Family Driven Care**, Gary Blau, Trina W. Osher, David M. Osher, January 2005

<sup>2</sup>**Transforming Children's Mental Health Through Family-Driven Strategies**, National Federation of Families for Children's Mental Health Policy Academy, February 24-26, 2009, Pg. 1

<sup>3</sup>**Family Peer-to-Peer Support Programs in Children's Mental Health, A Critical Issues Guide**, National Federation of Families for Children's Mental Health, September 2008, pg. 3

## **PURPOSE OF THE STUDY GUIDE**

This guide is designed to assist those who are preparing to take the CFPP examination. Please note this guide does not guarantee to cover all information needed for the examination. The main function of the guide is to provide a brief overview of the different areas of importance for the CFPP credential. It does not ensure a passing score, nor will it provide you with all the vital information required of this profession. Ultimately, we hope it provides structure to your preparation for the examination. We encourage applicants to review other sources of information as well. The more you learn, the better prepared you will be for the test taking process.

## FORMAT OF THE STUDY GUIDE

The proceeding five chapters are based on the domains, or primary functions, of persons with the CFPP credential. These domains were identified through a rather extensive and thorough process known as a role delineation study:

- Advocacy
- Professional Responsibility
- Mentoring
- Family Support
- Child and Adolescent Development

In addition to the identification of domains, the study also identified tasks, knowledge, skills and attitudes necessary for competency in the field.

## SUGGESTIONS FOR EXAM PREPARATION

### ***Choose your preparation style***

Everyone is different when it comes to test taking. Some prefer individual study, while others require group study. Our first suggestion is to identify your personal preference on how to prepare for the examination. Ask yourself, "How do I study best?" Review previous testing situations and decide what worked for you and what did not work for you in these situations.

### ***Know the format of the exam***

Knowing the format of the examination may help you to devise your style of preparation. The examination is comprised of 100 multiple choice questions. Your answers to questions will demonstrate your ability to:

- 1) **Recall:** Bring back from your memory concepts explained in this study guide and learned through experience.
- 2) **Comprehend:** Go beyond memorization by understanding the meaning of concepts.
- 3) **Apply:** Show that you understand a concept by being able to put it to use in a particular situation.

Throughout the study guide, you will find scenarios accompanied by questions under the heading "Making It Real". These questions will model an approach to study that emphasizes recall, comprehension and application that you can apply throughout the guide.

You will have **2 hours** to complete the examination.

***Allow enough time for review***

Identify and locate the different resources you wish to review and give yourself plenty of time to do so. Do not put it off to the last minute and then cram the night before. You may even want to set up a review schedule. You will need to balance the demands of test preparation with your other life responsibilities. It is a good idea to expect the unexpected and schedule more study time than you think you will need.

***Prioritize***

Identify areas for review and prioritize according to how familiar you are with the different areas of study. In other words, start with the less familiar and move to the more familiar in order to ensure enough review time over the needed areas.

***Take notes***

Writing information down may help you to recall what you have learned when it is time for the test. You can also write down areas for additional review or for a quick review before the examination.

***Get plenty of sleep***

Not only is cramming the night before a stress producer. It also can deplete you of needed sleep. You do not want to be fighting to keep your eyes open in the middle of your exam. Fatigue can affect your thought processes.

***Remember to drink water and eat***

Depending on the time of testing, make sure you eat a nutritious meal and drink water before taking this exam. Hunger and thirst during an exam may distract you and add to feelings of stress.

***Have supplies ready in advance***

The Admission Letter provides you with all the information you need to know for the exam. You will need two forms of identification (one must be a picture ID).

***Secure directions to the test site***

You should know where you are going and plan to arrive early. Arriving early at the test site will help you to gather your thoughts and relax.

***Relax***

Practice relaxation before the exam begins. Some test takers find it relaxing to review their notes before an examination or talk to others about what they studied. Others prefer to sit quietly or listen to relaxing music, for example. Try what you think will work best for you.

***Reward yourself***

Plan something after the test to show appreciation toward yourself and perhaps your supporters. While you are awaiting the test results, proceed with making plans for continuing education on topics in which you would like to develop more confidence.

The process is hard work, but the credential will recognize the tremendous effort you have put in.

## **CHAPTER 2: ADVOCACY**

Advocacy is about going for it (goals or vision of recovery) with courage, persistence and determination. At times, families encounter barriers on this journey or identify needs that must be met in order to progress. CFPPs help parents and caregivers express themselves clearly and calmly in order to meet the needs of the family. CFPPs acknowledge that parents know their child better than anyone else. They provide the education, training, and support needed for parents/caregivers to drive their child's care in and between multiple systems.

The CFPP educates the family in how to listen to the child, allowing them to progressively use their voice to help guide care, facilitating an eventual transition to adult services. This process may involve communication with youth, parents, teachers, case managers, or those who provide services to the family in other child-serving systems.

### **ADVOCATING IN AND BETWEEN CHILD-SERVING SYSTEMS**

When advocating within and between child-serving systems, it is important for CFPPs to have knowledge of the system culture that exists and familiarity with the system hierarchy. Advocacy is not about "winning"; it is a process of building bridges. A hallmark of great advocates is the ability to be assertive and not become aggressive. An assertive professional effectively and appropriately expresses their feelings, thoughts, and interests. They know their rights, understand their responsibilities, and respects boundaries. There are many different ways to communicate for advocacy and it is important to choose the method of advocacy that fits the situation and the level of the organization at which one is advocating. Here are a few general tips when advocating between systems:

1. Don't be afraid to ask questions.
2. Don't hesitate to be an advocate for the youth and family.
3. Be careful of your tone and approach (body language and verbal cues).
4. Keep cool -- be open to compromise – there are ways to remedy outcomes of the process.

*Illinois DHS/DMH Parent Empowerment Call, Illinois State Board of Education, Andy Eulass/Deb Kunz, March 2011*

### **SYSTEM LEVEL ADVOCACY**

In order to better understand systems level advocacy, it helps to break this term down into its parts.

•**System:** A set of parts working together in an organized way for a common purpose

- Advocacy:** Communicating effectively in order to get needs met.
- Systems Advocacy:** Communicating effectively within an organization to get the needs met of persons in services. This often involves changes that affect groups of people.

There are many ways to advocate in the human service system, including letters, face to face meetings, conducting trainings and rallies. The person with the CFPP credential uses the appropriate means for their audience. They know that how you approach people and the way you communicate are the keys to everything in systems level advocacy:

- Be an advocate, not an adversary.
- Know your audience and the best style for communicating with that audience.
- Give credit and praise at every opportunity.
- Put the request in writing and suggest a reasonable time line for the organization to follow up.
- Whenever possible, honor an organization's chain of command.
- Build relationships and support as you advocate within a system.
- Realize the balance between personal responsibility and support.
- Prepare for meetings by listing your points and questions. Plan responses to questions you may be asked.
- If you do not get what you want, try a new approach.
- If you do get what you want, always express gratitude.

## **FAMILY INVOLVEMENT**

Family involvement is a reflection of how families are being utilized within the infrastructure of the system: their roles and the level of their roles.

## **FAMILY EMPOWERMENT**

Family empowerment means providing families with information, education, tools, and tactics to motivate and inspire families to drive their children's care. Some opportunities for empowerment are the statewide Parent Empowerment Call hosted by the Division of Mental Health for Illinois parents of children with emotional and/or behavioral challenges and Project Educare, a project of the Evidence-Informed Practice Sub-committee.

## **PERSON CENTERED LANGUAGE**

In the human services field as in all health care practices, it is crucial that "person-centered" language focuses on the individual rather than the disability, diagnosis or label. At its core, person-centered language is not about political correctness, but about esteeming the individual. One of the diplomatic skills of the CFPP is the ability to model and encourage empowering language without excessively stifling conversations by correcting each improper term. The goal of person-centered language is ultimately to change attitudes and practices, not simply to rename them. Here are some examples of person-centered language that have the potential to change the way persons think and act:

| <b>Labeling Language</b> | <b>Person-Centered Language</b>                               |
|--------------------------|---|
| Chronics                 | Persons who have experienced a mental illness for a long time |
| Patients                 | Persons participating in services                             |
| Schizophrenics           | Persons with schizophrenia                                    |
| Compliance               | Shared Decision Making  |

### **EMPATHETIC LISTENING**

Empathetic (or empathic) listening is listening for more than spoken words. It involves listening in order to hear the substance behind the words, both spoken and unspoken. It is the process of connecting with the person who is speaking and sensitively identifying the emotions and needs expressed. We have all felt happy, sad and angry. The CFPP may say, "I might have been angry if that happened to me. This is part of the sharing process. This is different from saying, "I know exactly how you feel." No one knows exactly how another person feels because in order to know that one would have to have lived in the other's shoes. It is also important to distinguish empathy from pity. Feeling sorry for another person can cause them to feel responsible for the support person's feelings and distract from the interaction. Empathy is relating, caring and validation of a person's feelings.

### **ACTIVE LISTENING**

Active listening involves more than just hearing what a person is saying. It involves behaviors that communicate to the speaker that they are truly being understood or taken seriously. Active listening involves:

|                        |   |
|------------------------|---|
| <b>Restating</b>       | Repeat every so often what you understand the person to be communicating.   |
| <b>Encouraging</b>     | Occasionally use brief, positive affirmations to keep the conversation going.   |
| <b>Reflecting</b>      | Put the feelings you perceive from the speaker into words.  |
| <b>Giving Feedback</b> | Share your observations, insights, and experiences in a nonjudgmental way.  |
| <b>Going Deeper</b>    | Ask questions to draw the person out and get deeper and more meaningful information, being sensitive to the person's comfort level.   |
| <b>Validation</b>      | Acknowledge the individual's problems, issues, and feelings impathetically.   |
| <b>Silence</b>         | Allow for comfortable silences to slow down the exchange. Give the person time to think as well as talk. Sometimes what a person needs most is for someone to just listen and be fully present. |
| <b>"I" Statements</b>  | Make it clear that you are speaking from your perspective rather than directing them or speaking for them.  |

Source: 2005 National Aging I&R Support Center, Washington, DC

### **STRENGTH-BASED APPROACH**

A wellness-focused approach is strength based. It begins with an understanding of what a person is like at their best and what strengths and resources they have. The wellness-focused, or strength-based approach facilitates hope and helps to motivate the person to take an active role in the recovery of their wellness and that of their family. Science has shown that having hope plays an integral role in an individual's recovery.

Many families will find it difficult at first to focus on their strengths. This may be due to the fact they have been trained by previous helping persons to focus only on their deficits. Gentle redirection is required when the family or others move into deficits. Families eventually get “in the strengths groove” and enjoy discussing aspects of their life and relationships not frequently recognized.

[http://dsamh.utah.gov/docs/frfproject/trainingcd/OverviewofSystemofCare/2.Strengths\\_Needs\\_Cultural\\_Discovery\\_06-09.pdf](http://dsamh.utah.gov/docs/frfproject/trainingcd/OverviewofSystemofCare/2.Strengths_Needs_Cultural_Discovery_06-09.pdf)

## **MOTIVATIONAL INTERVIEWING**

The CFPP may use Motivational Interviewing to create a partnership in the decision-making process. Motivational Interviewing involves concrete skills that can be effective in motivating positive changes that are empowering for the family. Essential elements of Motivational Interviewing include:

- Seeking to understand the parent and youth perspective, particularly via reflective listening
- Expressing acceptance and affirmation
- Eliciting and selectively reinforcing the parent and/or youth's own self motivational statements or expressions of problem recognition, concern, desire and intention to change, and ability to change

For more information, visit: [www.motivationalinterview.org/clinical/whatismi.html](http://www.motivationalinterview.org/clinical/whatismi.html)

## **CHILD AND ADOLESCENT SERVICE SYSTEM PROGRAM (CASSP)**

The Child and Adolescent Service System Program (CASSP) is based on a well-defined set of principles for mental health services for children and adolescents with or at risk of developing severe emotional disorders and their families. These principles are summarized in six core statements.

**Child-centered:** Services are planned to meet the individual needs of the child, rather than to fit the child into an existing service. Services consider the child's family and community contexts, are developmentally appropriate and child-specific, and build on the strengths of the child and family to meet the mental health, social and physical needs of the child.

**Family-focused:** The family is the primary support system for the child and it is important to help empower the family to advocate for themselves. The family participates as a full partner in all stages of the decision-making and treatment planning process including implementation, monitoring and evaluation. A family may include biological, adoptive and foster parents, siblings, grandparents, other relatives, and other adults who are committed to the child. The development of mental health policy at state and local levels includes family representation.

**Community-based:** Whenever possible, services are delivered in the child's home community, drawing on formal and informal resources to promote the child's successful participation in the community. Community resources include not only mental health



professionals and provider agencies, but also social, religious, cultural organizations and other natural community support networks.

**Multi-system:** Services are planned in collaboration with all the child-serving systems involved in the child's life. Representatives from all these systems and the family collaborate to define the goals for the child, develop a service plan, develop the necessary resources to implement the plan, provide appropriate support to the child and family, and evaluate progress.

**Culturally competent:** Culture determines our worldview and provides a general design for living and patterns for interpreting reality that are reflected in our behavior. Therefore, services that are culturally competent are provided by individuals who have the skills to recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of a particular group of people.

**Least restrictive/least intrusive:** Services take place in settings that are the most appropriate and natural for the child and family and are the least restrictive and intrusive available to meet the needs of the child and family.

**Interagency Service Planning and a System of Care Framework:** A comprehensive and effective system of care recognizes that children and adolescents with severe emotional disturbances often require services from more than one system. For example, a child with a mental health issue is usually in school, and may also be receiving services from the child welfare, juvenile justice, or health care system due to other difficult behaviors. Planning takes into account the strengths of the child and family and these multiple needs and involves different agencies. When a child or adolescent is identified as having mental health needs and requires the services of other systems as well, a team is convened to discuss the options for treatment, care and support. The team consists of all the key players in the child or adolescent's life, including family members and professionals from all of the child-serving systems involved.

### **Making It Real**

The CFPP is guiding a parent through the process of having an IEP written for her child. During the most recent IEP meeting, the school psychologist proposed the youth be placed in an alternative school. The parent has told the CFPP prior to the meeting that she believes her son should spend the majority of the day in the General Education classroom with support from a Resource Room. The General Education teacher agrees with the school psychologist.

Recall: Who is the primary decision-maker for this child?

Comprehension: Define Family Driven Care

Analysis: How should the CFPP coach the parent?

## CHAPTER 3: PROFESSIONAL RESPONSIBILITY

*"The Family Resource Developers have become such an integral part of service delivery at Egyptian Health Department. The FRDs are able to effectively engage youth and families in ways that many others cannot. The FRDs that we have had the great pleasure of working with are so compassionate about helping others.*

*The FRDs are fully integrated in the staff at EHD and are part of the transformation for the children's mental health system to ensure that care is family driven.*

*I truly feel that FRDs play a major role in ensuring that our systems will be more effective as we continue to learn from and partner with them!"*

*--Angie Hampton, CEO, Egyptian Health Department*

Effective systems of care respect and make every effort to understand and be responsive to cultural and linguistic differences. Typically, systems of care are serving children, youth, and families from diverse racial, ethnic, and socioeconomic backgrounds. The recognition of this diversity undergirds the system of care principle and practice of individualizing services and supports.

The following definitions have been offered for cultural and linguistic competence.

### **CULTURE**

A broad concept that reflects an integrated pattern of a wide range of beliefs, values, practices, customs, rituals, and attitudes that make up an individual.

### **CULTURAL COMPETENCE**

Accepting and respecting diversity and difference in a continuous process of self assessment and reflection on one's personal (and organizational) perceptions of the dynamics of culture.

### **LINGUISTIC COMPETENCE**

The *capacity* of an organization and its personnel *to communicate effectively* and convey information in a way *that it is easily understood by diverse audiences*, including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.

**(Adapted from Youth Involvement in Systems of Care: A Guide to Empowerment (2006) and Goode & Jones (modified 2004). National Center for Cultural Competence, Georgetown University Center for Child and Human Development.**

**Culture** matters because culture affect:

- Attitudes and beliefs about services
- Parenting and child rearing
- Expression of symptoms
- Coping strategies
- Help-seeking behaviors as well as helping behaviors
- Utilization of services and social supports; and
- Appropriateness of services and supports

### **ACCOUNTABILITY**

Accountability is about behaving responsibly toward one another and communicating openly about our responsibilities. Through accountability, we ensure that actions are consistent with the work to which we as individuals, peers and organizations have committed . CFPPs are accountable to families served, organizational leadership and the CFPP code of ethics. CFPPs may also hold organizations accountable for acting in accordance with their vision, values or policies. They work in a wide variety of settings, but are accountable to working in a way that is consistent with the CFPP credential's core functions.

### **FEDERAL, STATE, EMPLOYER REGULATIONS REGARDING CONFIDENTIALITY**

CFPPs must familiarize themselves with appropriate practices regarding confidentiality. For example, no CFPP may disclose an individual's Protected Health Information (PHI) without a signed Authorization for Release of Information from the individual or their legal guardian with limited exceptions. When in doubt, CFPPs should err on the side of confidentiality and consult with a supervisor or legal professional. They should acquaint themselves with confidentiality requirements and policies on both individuals' rights to privacy and individuals' rights to access their own health records.

### **MANDATED REPORTING**

A mandate is simply a legal requirement. Individuals are called Mandated Reporters because they are legally required to report child abuse and neglect to the Illinois Department of Children and Family Services (DCFS) Hotline. All 50 states have similar requirements.

1-800-25ABUSE

1-800-252-2873

1-217-524-2606

TTY: 1-800-358-5117il <https://www.dcfstraining.org/manrep/index.jsp>

## **WHO IS A MANDATED REPORTER?**

Mandated Reporters are individuals who frequently work with children and are often the first adults to see signs of child abuse or neglect. The nature of their child friendly professions makes them uniquely qualified to protect children from abuse and neglect.

Illinois law requires all Mandated Reporters to call the DCFS Hotline if they have **reasonable cause** to believe that a child known to them, in their professional or official capacity, may be abused or neglected.

## **INDICATORS OF ABUSE AND/OR NEGLECT**

The State of Illinois Office of Inspector General (OIG) and the Department of Child and Family Services (DCFS) have well defined instructions on when to report abuse and neglect, for example:

- If you see someone hitting a person with an object.
- If you see marks on a person's body that do not appear to have been caused by an accident.
- If a person tells you that he or she has been harmed by someone.
- If a person appears to be undernourished, is dressed inappropriately for the weather, or is young and has been left alone.

**INDIVIDUALS ACCESS TO THEIR OWN MENTAL HEALTH RECORDS** Persons receiving mental health services have rights to access their own mental health records:

- Mental health consumers, age 12 and above, are entitled to inspect their own records.
- Access to records cannot be denied or limited if a person refuses assistance.
- Anyone entitled access to their records may dispute information contained in the record.

## **CHILDREN AND YOUTH RIGHTS AND CONFIDENTIALITY**

Children and youth below the age of 18 who receive mental health services have unique and variable rights to confidentiality and other rights, including the following:

- For children under the age of 12, parents or guardians have the right to inspect and copy their children's records.
- Any person who is 12 years of age or older can ask for and get outpatient counseling for up to five sessions of 45 minutes each without the notification of consent of his/her parent or guardian. The child's therapist or counselor cannot notify the child's parent or guardian without the child's consent except where the

program director believes it to be necessary and then only after the minor is informed in writing;

- Youth over the age of 12 are entitled to inspect and copy their own records. Help in interpreting the records shall be provided free of charge for youth under the age of 18;

- Parents or Guardians of youth age 12 to 18 may inspect and copy the records of minor consumer if the youth is informed and does not object and the therapist does not find that there are compelling reasons for denying the access. If the parents or guardians are denied access by either the youth or the therapist, the parents or guardians may seek a court order granting access.

- Parents or guardians of youth age 12 to 18 may always request and receive the following information concerning their child: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed, including medication, if any.

- Youth who are 16 or older may receive inpatient services without parental notification or consent for a limited time. There are rights and confidentiality requirements that are unique to youth and their families. Youth have limited rights to receive services without parental notification, as described above.

## **THE SUPERVISORY RELATIONSHIP**

CFPPs and their supervisors must maintain clear roles and boundaries in the working relationship. An individual cannot be a supervisor and a mental health provider to the same person. Employees may request supervisory support or reasonable accommodations, but not seek or receive therapeutic support from their supervisors. Among supervisors in the mental health field, there may be an inclination to bring one's clinical training into the supervisory relationship. This is even more likely to happen when the employee is parenting a child with an emotional and/or behavioral challenge..

If a supervisor begins to provide support that feels like it is beyond the boundaries of the supervisory relationship, CFPPs should kindly point this out and clarify that this is not the type of support that is needed or fitting. Keep the focus of supervision on the job. What needs to be accomplished? What is the best way to get the work done? Is any support needed to perform work tasks? As with the supervisory relationship, it is equally important that supportive relationships between co-workers not develop into a therapist-client dynamic, and that CFPPs do not overly rely on their co-workers for support.

## **DOCUMENTATION OF ACTIVITIES**

All topics in an encounter that relate to the person's goals or treatment plan need to be included in documentation. Keep in mind the saying that, "if it is not documented, it never happened." CFPPs are providing services that are billable and records need to

reflect that appropriate services were provided and any and all outcomes are documented.

Individual agencies have different methods for documentation. A CFPP may have to make written notes while in the community or they may have a laptop or other device on which to make notes. In all instances, confidentiality must be maintained. Even at the office, computer stations need to be logged out when not in use. Documentation of services or incidents should be completed as soon as possible.

## **DECOMPRESSION AND DE-ESCALATION TECHNIQUES**

When interactions become tense and there is friction in a relationship with the family, the CFPP assesses what upsetting things (triggers) can be controlled. If the space is crowded, loud, or disorganized, perhaps something could be changed. They could move to a more calming environment or set up a different time to meet. The CFPP should ask family members what they would find comforting. They become sensitive to how one's surroundings encourage or discourage resilience and empowerment. They may actively involve family members in identifying and choosing wellness tools to include in the environment where services are delivered.

CFPPs allow for flexibility. Sometimes it is necessary to agree to disagree. Sometimes when emotions run high people will raise their voices and sound angry. By asking if a person is angry with you, you may help a person recognize their behavior, rather than responding by matching their volume. If the person is not able to refrain from escalating, CFPPs assess whether removing themselves from the interaction would help or if additional support is needed.

## **CODE OF ETHICS FOR CFPP**

### **Principle 1: Legal and Moral Standards**

The welfare and dignity of persons served are to be protected and valued above all else. CFPPs, in providing professional peer services, show respect and regard for the laws of the communities in which they work. They recognize that violations of legal standards may damage their own reputation and that of the CFP profession.

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged. CFPP's ethical behavior should result from their personal commitment to engage in ethical practice. The *Certified Family Partnership Professional Code of Ethics* reflects the commitment of all CFPPs to uphold the profession's values and to act ethically. Principles and standards must be applied by individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments. (Adopted from National Association of Social Workers Code of Ethics Preamble; 2008 Delegate Assembly.)

## **Principle 2: ICB CFPPs/Children and Family Relationships**

In the provision of mental health Family Partnership Professional services, ICB Certified FPPs shall establish and maintain professional/consumer relationships characterized by professionalism, respect, and objectivity.

- a. CFPPs shall not enter into family partnership relationships with members of their own family, with close friends, with persons closely connected to them or others whose welfare might be jeopardized by such a dual relationship.
- b. CFPPs shall ensure that services are offered in a respectful manner and in an appropriate environment.
- c. CFPPs shall not charge or collect a private fee or other form of compensation for services to children and families who are charged for those same services through the agency that employs the CFPP. CFPPs shall not engage in fee splitting.
- d. CFPPs must not use any relationship with an individual they serve to promote personal gain, or the profit of an agency or commercial enterprise of any kind.
- e. CFPPs shall avoid continuing a relationship for personal gain or satisfaction beyond the point where it is clear that the individual being served is no longer benefiting from the relationship.
- f. CFPPs shall not give or receive a fee, commission, rebate, or any other form of compensation for the referral of consumers.
- g. CFPPs shall not abandon or neglect consumers and shall assist in making appropriate arrangements for the continuation of treatment, if appropriate, following termination, of services.
- h. If CFPPs determine an inability to be of professional assistance to an individual, they shall either avoid initiating the Family Partnership relationship or immediately terminate that relationship. In either event, CFPP's shall be knowledgeable about referral resources and suggest appropriate alternatives. If the individual declines the suggested referral, CFPPs are not obligated to continue the relationship.
- i. CFPPs shall terminate a family partnership relationship, securing the individual's agreement when possible, when it is reasonably clear that the individual is no longer benefiting, when services are no longer required, when services no longer serve the needs or interests of the individual, or when the individual does not pay the fees charged by the CFPP (or their agency).
- j. In promotional and marketing activities for services, CFPPs shall respect the dignity and confidentiality of the individuals they serve.

- k. CFPPs shall not engage in any sexual relationship, conduct or contact with consumers during the time of the Family Partnership relationship or for at least one year thereafter, or if the consumer or former consumer becomes or remains “Emotionally dependent” on the Family Partnership Professional (counselor) [as defined under Illinois Law at 740 ILCS & 140/1 (a)]. CFPPs in all instances shall not engage in any sexual relationship, conduct or contact through means of any therapeutic deception.

### **Principle 3: Non Discrimination**

CFPPs must not discriminate against individuals based on race, religion, age, sex, disability, ethnicity, national ancestry, sexual orientation or economic condition.

### **Principle 4: Competence**

The CFPP's responsibility is to provide competent professional services.

- a. CFPPs shall not offer services outside the boundaries of the CFPP competencies (Performance Domains) unless otherwise educated and trained, licensed or certified.
- b. CFPPs shall not offer services outside their range of competency.

### **Principle 5: Confidentiality**

CFPPs shall preserve, protect, and respect the right to confidentiality of the persons they serve.

- a. CFPPs shall comply with the federal and state laws, rules, and regulations pertaining to confidentiality. In addition, the CFPP is expected and required to comply with the protocol of the employing agency.
- b. CFPPs shall guard professional confidences and shall reveal such confidences only in compliance with the law or only when there is a clear and imminent danger to an individual or society.
- c. CFPPs must inform the consumer and obtain agreement in areas likely to affect the consumer's participation, including the recording of an interview, the use of interview material for training purposes and observation of an interview by another person.
- d. CFPPs must discuss the information obtained in clinical or consulting relationships only in appropriate settings and only for professional purposes clearly concerned with the case. Written and oral reports must present only data germane to the purpose of the evaluation and every effort must be made to avoid undue invasion of privacy.



- e. CFPPs must use clinical and other material in classroom teaching and writing only when the identities of the persons involved are adequately disguised.
- f. The general requirement that CFPPs keep information confidential does not apply when the best interests of consumers, welfare of others, obligations to society, or legal requirements demand that confidential information be revealed. CFPPs consult with other professionals when they are unsure of whether an exception to confidentiality exists.
- g. Before confidential information is disclosed over the client's objection because of legal requirements, CFPPs shall request to the court that the disclosure not be required and explain why disclosures are harmful to consumers. Steps are taken to limit the extent of the unwanted disclosure. A CFPP shall not, however, be obligated to violate any state or federal law, or the order of competent jurisdiction.
- h. When circumstances require the disclosure of confidential information, only information that is essential is to be revealed. To the extent possible, consumers are to be informed before confidential information is disclosed.
- i. At the beginning of the Family Partnership Professional relationship, CFPPs discuss the relevant limitations of confidentiality and the foreseeable uses of information generated through support services with persons served.
- j. CFPPs shall explain the fact that confidentiality cannot be guaranteed in group settings and communicate that clearly to group members.

### **Principle 6: Inter- Professional Relationships**

CFPPs shall establish and maintain professional relationships characterized by respect and mutual support.

- a. CFPPs shall establish and maintain professional relationships with the persons they serve.
- b. CFPPs shall respect the confidences shared by other colleagues/ professionals with respect to the persons they serve.
- c. CFPPs shall not knowingly solicit the consumers of other colleagues/ professionals.
- d. CFPPs shall not knowingly withhold information from colleagues/professionals, appropriately released by the consumer, that would enhance their treatment effectiveness.
- e. CFPPs shall not knowingly accept for treatment a person who is receiving services from another professional except by agreement with that worker or after the termination of the case by that worker.

- f. When working in a treatment team with other professionals, CFPPs will not abdicate their responsibility to protect and promote the welfare and best interests of the person served.
- g. When working within a treatment team, CFPPs shall work to support, not damage or subvert, the decisions made by the team.

**Principle 7.1: When making recommendation for positions, advancements, certification, etc., CFPPs shall consider the welfare of the public and the profession above the needs of the individual concerned.**

- a. CFPPs shall not use another professional as a reference without first obtaining that person's permission.
- b. CFPPs shall not lead a person to believe that he/she will receive a favorable recommendation when, in fact, such a recommendation will not be given.

**Principle 7.2: CFPPs shall establish and maintain an employer/employee relationship characterized by professionalism and respect for the agency's rules of operation.**

**Principle 7.3: CFPPs shall strive at all times to maintain high standards in the services they offer.**

- a. The maintenance of high standards of competency is a responsibility shared by all CFPPs.
- b. In circumstances where CFPPs violate ethical standards, it is the obligation of all CFPPs who know first hand of their activities to attempt to rectify the situation. If such attempts fail, CFPP shall promptly notify the ICB Executive Director.

**Principle 7.4: CFPPs respect their professional status and standing.**

- a. CFPPs shall not misrepresent their qualifications and affiliations.
- b. CFPPs shall not aid or abet a person not duly certified as a CFP Professional in representing himself/herself as a CFP Professional, or at a classification which is not true.

**Principle 7.5: CFPPs have an obligation to see that Family Partnership services are done by qualified, competent persons. Constructive efforts to achieve competent services, such as certification, deserve support.**

- a. CFPPs shall submit accurate and honest information to ICB for the purpose of obtaining, maintaining and recommending someone for certification.

**Principle 7.6: In the conduct of research, CFPPs should adhere to high standards and follow appropriate scientific procedures.**

**Principle 7.7: When CFPPs accept the responsibility of teaching or of supervising CFPP's, they should discharge these responsibilities with the same regard for standards required of all other professional activities.**

**Principle 7.8: As authors or editors, CFPPs shall adhere to high standards abiding by the traditions established in the academic arena.**

- a. CFPPs must acknowledge and document materials and techniques used.
- b. CFPPs who conduct training in Family Partnership service skills or techniques must indicate to the audience the requisite training and qualifications required to properly perform these skills and techniques.
- c. CFPPs must recognize joint authorship and major contributions of a professional character made by several persons to a common project. The author who has made the principle contribution to a publication must be identified by being listed first.
- d. CFPPs must acknowledge in footnotes or introductory statement minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- e. CFPPs must acknowledge, through specific citations, unpublished, as well as published, material that has directly influenced the research or writing.
- f. CFPPs who compile and edit for publication the contributions of others must list oneself as editor, along with the names of those others who have contributed.
- g. CFPPs must define for self and others the nature and direction of loyalties and responsibilities and keep all parties concerned informed of these commitments.
- h. CFPPs must not use a consumer in a demonstration role in a workshop setting where such participation would potentially harm the consumer.

**Principle 8: Resolving Ethical Issues**

- a. CFPPs shall take appropriate action when they possess information that raises doubts as to whether another CFPP is acting in an ethical manner.

### **Making It Real**

CFPP is working with a migrant family, whose child is experiencing mental health challenges. Their natural supports are within their migrant community, but the child would benefit from community resources.

Recall: What is culture and why is it important?

Comprehension: How does the CFPP advance his/her cultural competence?

Analysis: How would the CFPP effectively link this migrant family to community resources?

## **CHAPTER 4: MENTORING**

*"I was working with a family and the clinician kept offering "dad" suggested interventions. After each one he said, "No, I'm not going to do that." Finally, he asked me (his Family Resource Developer), "What would you do?" I shared what we had done when my son was going through a similar challenge (an option previously offered by the clinician.)*

*At the end of the meeting he went to the clinician and said, I think I'll do what she said. This is the power of peer to peer support." --  
Susan*

Mentoring is a relationship between a CFPP and a parent or caregiver participating in services that provides an opportunity to model and share personal skills and experiences that facilitate resilience and recovery. Mentoring relationships are built on trust. This involves encouragement, constructive guidance, openness, mutual respect and a willingness to learn and share.

### **ROLE MODELING BEHAVIORS**

The CFPP is an individual trained to incorporate their unique life experiences gained through parenting a child whose emotional and/or behavioral challenges require accessing resources, services and supports from multiple child-serving systems as they progressed toward achievement of the family's goals. The CFPP serves as a role model of a resilience-focused lifestyle, effective advocacy, professional responsibility, mentoring, family support, and one who understands child and adolescent development. This means that the CFPP consistently serves as an example of how to live and work effectively in this areas. The CFPP is aware that people often learn more from what a person practices than what they say. The CFPP acts accordingly. They demonstrate encouragement, constructive guidance, openness, mutual trust, respect, a willingness to learn and share, and a lifestyle consistent with resilience and recovery

## **SOCIAL LEARNING**

Social learning is the process of learning by observation and interaction. In social learning, modeling comes before other types of teaching in a series of steps:

- 1) The skill or behavior to be taught is first modeled by the person with the CFPP credential for the parent/caregiver.
- 2) The skill or behavior is explained to the parent/caregiver.
- 3) The parent/caregiver is given the opportunity to practice or demonstrate the skill or behavior.
- 4) The CFPP gives the parent/caregiver feedback on their progress toward achievement.

The most effective social learning occurs when the process above occurs frequently and consistently. By demonstrating a resilience-focused lifestyle and the domains of the CFPP credential, the CFPP helps to create a culture where families learn about resilience and recovery. They create opportunities for interactions between persons that stimulate critical thinking. The CFPP also creates opportunities for learning through relationships and time spent in the community. As a role model, they facilitate growth by example instead of direct teaching methods. In this way, role modeling and social learning are interconnected concepts. Social learning is cumulative. It grows over time and sometimes occurs subtly, but produces tremendous progress over time.

## **TELLING YOUR OWN STORY WHEN IT CAN HELP OTHER FAMILIES**

The first skill set for most CFPPs involves telling one's own story. Those individuals who choose to work as CFPPs make the choice to be public with their personal story as it relates to parenting a child with emotional or behavioral challenges. This is the big difference between CFPPs and those in other professions who may happen to have a son or daughter with a diagnosis. Because the CFPP makes the decision to blend their private story with a public role, they may be called on to tell their story in a variety of settings. The CFPP applies their story to fit the context of the family they are meeting. As a result, they consider the following areas:

- Identify **what aspects** of your own story and experience would be most helpful: A key role for CFPPs is to create an atmosphere of support and provide parents with the knowledge that they are not alone. CFPPs must identify the parts of their own story which would be most helpful to the parent they are meeting. Most of the time, the story provides hope and models positive advocacy.
- Identify **when** your story would be most helpful to tell: Timing is everything. When a parent is first entering the behavioral health system, there may be a number of crisis episodes occurring. The effective CFPP identifies when self-disclosure will be helpful. As a result, the CFPP has the skills to assess the environment, the individual situation

that the family is experiencing and the likely outcome of the family member hearing the CFPP's story.

- Identify **how** to tell your story in a way that will help families: CFPPs should assess the culture of the family to determine the best ways to communicate. Issues such as race, class, age and gender should be considered in terms of how the story should be shared.

*Adapted from Alaska Youth and Family Network (Parent Partner Manual developed by Pat Miles 2001 and Jane Adams 2010 and Edited by Frances Purdy 2010)*

## **LINKAGE TO COMMUNITY RESOURCES**

Families build resilience when they have access and linkage to community resources. CFPPs should be knowledgeable about services and resources available in their communities and how to access those services. Outcomes for families are improved when the CFPP facilitates and confirms communication between programs and/or individuals who represent the services provided for the family. This is especially true when families transition from one level of services to another. CFPPs help parents and caregivers overcome obstacles that inhibit their ability to drive their child's care. They teach and model parenting skills. CFPPs provide support and encouragement. The CFPP also creates opportunities for parents and caregivers to mentor and support one another.

## **ADULT LEARNING PRINCIPLES AND TECHNIQUES**

Every adult has a large set of valuable life experiences. They learn by drawing upon these life experiences and building upon existing skills and perspectives. When CFPPs help families learn, they are not fixing deficits, but assisting parents and caregivers to build upon strengths. CFPPs recognize each family members' abilities, not simply to learn, but to teach each other. In adult learning, each individual contributes to the learning process. The CFPP credential creates opportunities for families to teach one another. Adult learning is all about shared, mutual teaching and learning.

## **HEALTHY INTERDEPENDENT RELATIONSHIPS**

Healthy, interdependent relationships are based on mutual respect and genuineness. In order to better understand the concept of interdependence, it helps to compare it to the ideas of dependence and independence:

- Dependence: "I cannot do it without you."
- Independence: "I can do it on my own."
- Interdependence: "We can do it better together."

In dependent relationships, one person provides all the support while the other receives. With independence, one person does it all without support. Interdependent relationships occur when two people participate in mutual give and take. CFPPs help families build healthy, interdependent support networks in the community.

## ACTIVE LISTENING

Active listening involves more than just hearing what a person is saying. It involves behaviors that communicate to the speaker that they are truly being understood or taken seriously. Active listening involves:

|                        |   |
|------------------------|---|
| <b>Restating</b>       | Repeat every so often what you understand the person to be communicating.   |
| <b>Encouraging</b>     | Occasionally use brief, positive affirmations to keep the conversation going.   |
| <b>Reflecting</b>      | Put the feelings you perceive from the speaker into words.  |
| <b>Giving Feedback</b> | Share your observations, insights, and experiences in a nonjudgmental way.  |
| <b>Going Deeper</b>    | Ask questions to draw the person out and get deeper and more meaningful information, being sensitive to the person's comfort level.   |
| <b>Validation</b>      | Acknowledge the individual's problems, issues, and feelings empathetically.   |
| <b>Silence</b>         | Allow for comfortable silences to slow down the exchange. Give the person time to think as well as talk. Sometimes what a person needs most is for someone to just listen and be fully present. |
| <b>"I" Statements</b>  | Make it clear that you are speaking from your perspective rather than directing them or speaking for them.  |

*Source: 2005 National Aging I&R Support Center, Washington*

## EMPATHETIC LISTENING

Empathetic (or empathic) listening is listening for more than spoken words. It involves listening in order to hear the substance behind the words, both spoken and unspoken. It is the process of connecting with the person who is speaking and sensitively identifying the emotions and needs expressed. We have all felt happy, sad and angry. The CFPP may say, "I might have been angry if that happened to me." This is part of the sharing process. This is different from saying, "I know exactly how you feel." No one knows exactly how another person feels because in order to know that one would have to have lived in the other's shoes. It is also important to distinguish empathy from pity. Feeling sorry for another person can cause them to feel responsible for the support person's feelings and distract from the interaction. Empathy is relating, caring and validation of a person's feelings.

## DEMONSTRATING NON-JUDGMENTAL BEHAVIOR

It is important for the CFPP to demonstrate a non-judgmental approach in mentoring parents and caregivers. Families may have faced prejudices or discrimination. Parents and caregivers may be sensitive about sharing some of their experiences within the child-serving systems. The CFPP's responsibility is not to judge persons by disability, symptoms, beliefs, or behaviors. Rather, they meet each person where they are, one day at a time. Providing support by actively listening in an empathic manner builds hope and esteem. By demonstrating non-judgmental behavior, the CFPP develops trust and an atmosphere where families feel comfortable sharing.

Some simple rules which can be helpful to maintaining and inspiring a nonjudgmental approach with families:

- Meet each family member as a brand new situation.
- Avoid drawing conclusions based on past experience.
- Reflect on your own trouble spots and identify the values you used to make past decisions, whether they turned out good or not.
- Make a list of what is familiar and what is different about this family member and the values they hold.
- Avoid offering solutions, but do offer your story about how you made similar decisions in the past to exemplify the process of finding solutions.
- Find at least ten strengths of the family members through conversations with them.
- Practice introducing the family members using their strengths.
- Avoid passing judgment by identifying the values people hold, considering why people are doing what they are doing and understanding their gain in doing so.
- Tell co-workers and partners that you have a zero tolerance rule for judgment prior to interrupting biased statements.
- Stop judgmental statements sooner rather than later in the conversation.
- Avoid choosing sides in a situation by stating the facts and values clearly without inflammatory language.

**Alaska Youth and Family Network (Parent Partner Manual)** developed by Pat Miles 2001 and Jane Adams 2010 and edited by Frances Purdy 2010

### **Making It Real**

The CFPP is meeting with a new family. They report multiple financial and parenting challenges, but have difficulty identifying strengths.

Recall: Name two listening skills a CFPP would use to hear the family's story and build trust with them.

Comprehend: What are the differences between these two listening skills?

Analysis: How would the CFPP use these skills to build trust?



## CHAPTER 5: FAMILY SUPPORT

*"Mark, TWI, shared a personal story from a family who received services at TWI. A family who was associated with the TWI child and adolescent program shared with Mark that the biggest help in their treatment was not the therapy or the groups, but it was having a parent working at TWI who understood what they were experiencing. "*

### **FAMILY DRIVEN CARE**

Family-driven means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes:

- Choosing supports, services, and providers;
- Setting goals;
- Designing and implementing programs;
- Monitoring outcomes;
- Partnering in funding decisions; and
- Determining the effectiveness of all efforts to promote the mental health and well being of children and youth.

### **YOUTH-GUIDED**

Young people have the right to be empowered, educated, and given a decision making role in the care of their own lives as well as the policies and procedures governing care for all youth in the community, state, and nation. This includes giving young people a sustainable voice, and the focus should be toward creating a safe environment enabling a young person to gain self-sustainability in accordance with their culture and beliefs. Through the eyes of a youth-guided approach, we are aware that there is a continuum of power and choice that young people should have based on their understanding and maturity in this strength-based change process. Youth guided also means that this process should be fun and worthwhile.

### **RESILIENCE**

Resilience refers to the personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses—and to go on with life with a sense of mastery, competence, and hope. We now understand from research that resilience is fostered by a positive childhood and includes positive individual traits, such as optimism, good problem-solving skills, and treatments. Closely-knit communities and neighborhoods are also resilient, providing supports for their members.

### **PROTECTIVE FACTORS**

The five Protective Factors are the foundation of the Strengthening Families approach. Extensive evidence supports the common-sense notion that when these Protective Factors are present and robust in a family, the likelihood of abuse and neglect diminish. Research also shows that these are the factors that create healthy environments for the optimal development of all children.

### **1. Parental Resilience**

No one can eliminate stress from parenting, but building parental resilience can affect how a parent deals with stress. Parental resilience is the ability to constructively cope with and bounce back from all types of challenges. It is about creatively solving problems, building trusting relationships, maintaining a positive attitude, and seeking help when it is needed.

### **2. Social Connections**

Friends, family members, neighbors, and other members of a community provide emotional support and concrete assistance to parents. Social connections help parents build networks of support that serve multiple purposes: they can help parents develop and reinforce community norms around childrearing, provide assistance in times of need, and serve as a resource for parenting information or help solving problems. Because isolation is a common risk factor for abuse and neglect, parents who are isolated need support in building positive friendships.

### **3. Concrete Support in Times of Need**

Parents need access to the types of concrete supports and services that can minimize the stress of difficult situations, such as a family crisis, a condition such as substance abuse, or stress associated with lack of resources. Building this Protective Factor is about helping to ensure the basic needs of a family, such as food, clothing, and shelter, are met, and well as connecting parents and children to services, especially those that have a stigma associated with them, like domestic violence shelter or substance abuse counseling, in times of crisis.

### **4. Knowledge of Parenting and Child Development**

Having accurate information about raising young children and appropriate expectations for their behavior help parents better understand and care for children. It is important that information is available when parents need it, that is, when it is relevant to their life and their child. Parents whose own families used harsh discipline techniques or parents of children with developmental or behavior problems or special needs require extra support in building this Protective Factor.

### **5. Social and Emotional Competence of Children**

A child's ability to interact positively with others, to self-regulate, and to effectively communicate his or her emotions has a great impact on the parent-child relationship. Children with challenging behaviors are more likely to be abused, so early identification and work with them helps keep their development on track and keeps them safe. Also, children who have experienced or witnessed violence need a safe environment that offers opportunities to develop normally.

## **STRENGTH-BASED APPROACH**

A wellness-focused approach is strength based. It begins with an understanding of what a person is like at their best and what strengths and resources they have. The wellness-focused, or strength-based approach facilitates hope and helps to motivate the person to take an active role in the recovery of their wellness and that of their family. Science has shown that having hope plays an integral role in an individual's recovery.

Many families will find it difficult at first to focus on their strengths. This may be due to the fact they have been trained by previous helping persons to focus only on their deficits. Gentle redirection is required when the family or others move into deficits. Families eventually get “in the strengths groove” and enjoy discussing aspects of their life and relationships not frequently recognized.

[http://dsamh.utah.gov/docs/frfproject/trainingcd/OverviewofSystemofCare/2.Strengths\\_Needs\\_Cultural\\_Discovery\\_06-09.pdf](http://dsamh.utah.gov/docs/frfproject/trainingcd/OverviewofSystemofCare/2.Strengths_Needs_Cultural_Discovery_06-09.pdf)

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| <b>Validation</b>      | Acknowledge the individual's problems, issues, and feelings empathetically.   |
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| <b>"I" Statements</b>  | Make it clear that you are speaking from your perspective rather than directing them or speaking for them.  |

*Source: 2005 National Aging I&R Support Center, Washington*

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### **MOTIVATIONAL INTERVIEWING**

The CFPP may use Motivational Interviewing to create a partnership in the decision-making process. Motivational Interviewing involves concrete skills that can be effective in motivating positive changes that are empowering for the family. Essential elements of Motivational Interviewing include:

- Seeking to understand the person's frame of reference, particularly via reflective listening
- Expressing acceptance and affirmation
- Eliciting and selectively reinforcing the individual's own self motivational statements or expressions of problem recognition, concern, desire and intention to change, and ability to change

## **HELPING THE PARENT DEVELOP PROBLEM-SOLVING SKILLS**

We all face problems and roadblocks in life. Problem solving skills are important toward empowering persons to find solutions that work for them at home, school, in the workplace and in the community at large. Problem solving involves independent or group thinking, rejecting misinformation and valuing good information.

### **1. Define the problem**

- a. Choose one problem
- b. State it specifically
- c. Get consensus from others close to the situation (natural supports and/or professionals)

### **2. Solve the problem (P.O.W.)**

- a. **P**ast Experience
  1. What have you already tried?
  2. Draw on strengths and resources.
  3. What has worked?
  4. What has not worked?
- b. **O**ptions
  1. Ask family members, natural supports, counselors for suggestions
  2. Keep reaching for new options
- c. **W**hat if?
  3. Choose one option and ask "what if we tried this?"
  4. Choose an alternate or "next" option.

### **3. Set limits**

- a. Learn about the diagnosis.
- b. Set appropriate expectations.
- c. Be firm and explicit about boundaries and expectations.

Adapted from NAMI National Education Programs.

## **WHEN TO REQUEST ASSISTANCE FROM OTHER PROFESSIONALS TO HELP MEET THE FAMILY'S GOALS**

Different positions within each human services organization have different areas of expertise. It is important to know what types of services are within the scope of the CFPP and which are not. Specifically, CFPPs provide family support, advocacy, and mentoring. CFPPs should not give medical advice or clinical guidance unless their role within the organization demands it. Psychiatrists or Social Workers, for instance, may hold the CFPP credential and if their position is that of a Psychiatrist or Social Worker,

they are free to function as such. However, if a person's role within the organization is to provide CFPP core functions, then they should seek assistance from other professionals when service is needed outside the scope of their functions. Examples of times to request assistance from other positions include:

- Mental Health Crisis
- Medical Advice
- Clinical Support

At the same time, CFPPs may advocate with the individual or provide consultation to other positions. Similarly, Psychiatrists or Social Workers should consult with or seek the assistance of a person with the CFPP credential when family support, advocacy, or mentoring is needed.

### **PARTICIPATING IN SHARED DECISION MAKING**

In a family-driven system, parents and caregivers are in the primary decision-making role for their own children, as well as all children in their community, state, tribe, territory, and nation. The first guiding principle of family driven care is:

"Families and youth are given accurate, understandable, and complete information necessary to set goals and to make choices for improved planning for individual children and their families."

The Evidence-Informed Subcommittee of Illinois' Division of Mental Health Evidence-based Practice Committee suggests parents and caregivers ask the following questions before signing their child's Individual Treatment Plan:

1. What primary problem will we be working to resolve?
2. What treatment options are available?
3. Which options have evidence of success with other families?
4. What do you know about each method of treatment?
5. How does change occur in each method?
6. How will a positive outcome affect my child's level of day-to-day functioning?
7. What role does the clinician play in each treatment option?
8. What roles will my child and I play in each treatment option?
9. How long will treatment last?

## 10. How will my child's progress be measured?

### **EVIDENCE INFORMED PRACTICE**

Evidence Informed Practice is a collaborative effort by children, families and practitioners to identify and implement practices that are appropriate to the needs of the child and family, reflective of available research, and measured to ensure the selected practices lead to improved meaningful outcomes.

There are several parts of this definition that are really important to helping parents feel empowered to drive their child's mental health care.

*Collaborative effort* - This is a partnership between children, families and practitioners. You should feel that you are a very important part of the partnership and that you make decisions about your child's care.

*Appropriate to the needs of the child & family* - The interventions that are being used, the goals that are set, should be unique to you your situation. Your values and preferences should be taken into account when a treatment plan is developed.

*Reflective of available research* – Your clinician should have some knowledge about what research says about your child's particular situation. But it's also important to recognize that there are many situations children face for which we don't yet have clear answers, and then its important to think about whether adaptations in recommended approaches can be made for your family and child.

*Measured* to ensure meaningful outcomes

### **MEASURED OUTCOMES**

Research tells us in general that we as human beings really aren't very good at identifying change unless we pay very careful attention. So to tell if mental health care is working to help families and children make the changes that families are interested in, we need to measure those things that we are trying to change.

All goals that children are working on should be measurable. Things like how many arguments siblings get in each week, how many minutes late a youth comes home past curfew, how many days of school are missed. We can also measure positive behaviors – how many days a child gets up for school on time, how many hours siblings spend together playing cooperatively, how many times a child responds positively to a parents request.

When we are looking for positive behaviors from children they will often do them! Youth like to see that parents are paying attention to positive behaviors. Parents can measure change in a family public way, like putting a chart on the refrigerator, or more privately by keeping their own notes.

We want to make sure that children are making positive changes while they are in mental health care. We want to make sure that services are effective, and that we are maximizing families' time and resources as well as our scarce mental health resources.

*Illinois DHS DMH Parent Empowerment Call; Evidence Informed Practice, Amy Starin, January 2009*

### **Making It Real**

The CFPP is working with a family with great needs. The father seems more interested in financial gain through entitlement programs than his teen-age daughter's mental wellness.

Recall: What skills would the CFPP use to build trust with this family?

Comprehension: What does it mean to demonstrate non-judgmental behavior?

Analysis: How would using these listening skills help the CFPP keep an open mind in serving the family?

## **CHAPTER 6: CHILD & ADOLESCENT DEVELOPMENT**

Parents know their children better than anyone else. They're in the best position to identify their children's strengths and areas of concern. CFPPs should educate parents on developmental milestones and benchmarks. *Ages and Stages* is one social and emotional screening tool used by professionals for children ages one month through 5 1/2 years to identify developmental and social-emotional strengths and areas of concern.

*Agesandstages.com*

### **APPROPRIATE EXPECTATIONS FOR BEHAVIORS**

Children's behaviors and parental responses should be appropriate to the age and development of the child. CFPPs help parents understand the social-emotional benchmarks and milestones of child and adolescent development. They also link parents and caregivers to credible resources, support groups and educational programs that will improve and support parenting skills.

**EARLY INTERVENTION** applies to children of school age or younger who are discovered to have or be at risk of developing a handicapping condition or other special need that may affect their development. Early intervention consists in the provision of services for such children and their families for the purpose of lessening the effects of the condition.

### **Protective Factors**

The five Protective Factors are the foundation of the Strengthening Families approach. Extensive evidence supports the common-sense notion that when these Protective

Factors are present and robust in a family, the likelihood of abuse and neglect diminish. Research also shows that these are the factors that create healthy environments for the optimal development of all children.

### ***Parental Resilience***

No one can eliminate stress from parenting, but building parental resilience can affect how a parent deals with stress. Parental resilience is the ability to constructively cope with and bounce back from all types of challenges. It is about creatively solving problems, building trusting relationships, maintaining a positive attitude, and seeking help when it is needed.

### ***Social Connections***

Friends, family members, neighbors, and other members of a community provide emotional support and concrete assistance to parents. Social connections help parents build networks of support that serve multiple purposes: they can help parents develop and reinforce community norms around childrearing, provide assistance in times of need, and serve as a resource for parenting information or help solving problems. Because isolation is a common risk factor for abuse and neglect, parents who are isolated need support in building positive friendships.

### ***Concrete Support in Times of Need***

Parents need access to the types of concrete supports and services that can minimize the stress of difficult situations, such as a family crisis, a condition such as substance abuse, or stress associated with lack of resources. Building this Protective Factor is about helping to ensure the basic needs of a family, such as food, clothing, and shelter, are met, and well as connecting parents and children to services, especially those that have a stigma associated with them, like domestic violence shelter or substance abuse counseling, in times of crisis.

### ***Knowledge of Parenting and Child Development***

Having accurate information about raising young children and appropriate expectations for their behavior help parents better understand and care for children. It is important that information is available when parents need it, that is, when it is relevant to their life and their child. Parents whose own families used harsh discipline techniques or parents of children with developmental or behavior problems or special needs require extra support in building this Protective Factor.

### ***Social and Emotional Competence of Children***

A child's ability to interact positively with others, to self-regulate, and to effectively communicate his or her emotions has a great impact on the parent-child relationship. Children with challenging behaviors are more likely to be abused, so early identification and work with them helps keep their development on track and keeps them safe. Also, children who have experienced or witnessed violence need a safe environment that offers opportunities to develop normally.



## HELPING THE PARENT DEVELOP PROBLEM-SOLVING SKILLS

We all face problems and roadblocks in life. Problem solving skills are important toward empowering persons to find solutions that work for them at home, school, in the workplace and in the community at large. Problem solving involves independent or group thinking, rejecting misinformation and valuing good information.

### 1. Define the problem

- a. Choose one problem
- b. State it specifically
- c. Get consensus from others close to the situation (natural supports and/or professionals)

### 2. Solve the problem (P.O.W.)

- a. Past Experience
  1. What have you already tried?
  2. Draw on strengths and resources.
  3. What has worked?
  4. What has not worked?
- b. Options
  1. Ask family members, natural supports, counselors for suggestions
  2. Keep reaching for new options
- c. What if?
  3. Choose one option and ask "what if we tried this?"
  4. Choose an alternate or "next" option.

### 3. Set limits

- a. Learn about the diagnosis.
- b. Set appropriate expectations.
- c. Be firm and explicit about boundaries and expectations.

*Adapted from NAMI National Education Programs.*

### Making It Real

The CFPP is working with an Hispanic family of mother, father, and three pre-school aged children. The parents are genuinely invested in their children; however, they have little support in the community and no extended family. Their parenting skills are limited.

Recall: What is the name of the collaborative effort between DMH and DCFS to help parents keep their families strong?

Comprehension: What does it mean when we say parenting is "part natural and part learned"?

Analysis: How would you help families learn to communicate if they believe that only females should discuss their feelings?

