

## Mental Health Teleconference

### Wisconsin Family Ties: Advocating for Children & Families

August 9, 2007

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## Wisconsin Family Ties

Wisconsin Family Ties works to create greater understanding, acceptance and support in the community for families that include children with mental, emotional, behavioral or substance abuse disorders.

We promote access to care and support that help achieve the following goals:

- Families remain together
- Children succeed in school, both academically and socially
- Children stay within the bounds of the law
- Children and their families thrive

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## WFT Certification Core Competencies

- Mental Health
- Communication Skills
- Advocacy and Support
- Community Outreach
- Special Education
- Cultural Competency
- Juvenile Justice
- Substance Abuse
- Preventing Child Maltreatment

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## Wisconsin Family Ties Services

- Information & referral
  - Info on disorders, treatment options, service programs, providers, child & parental rights, mental health law and special education
  - Info to child-serving professionals
  - Increase public awareness of children's mental health
  - Refer families to organizations, providers & facilities
- Education & Training
  - Local & statewide training on children's mental health, school-related issues and advocacy
  - Seminars and panel presentations at conferences
  - Individualized parent coaching and mentoring
  - Scholarships for parents to attend pertinent training events and conferences

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## Wisconsin Family Ties Services (cont'd)

- Support
  - Individual, parent-to-parent support through phone calls and personal visits
  - Attend school, court or other meetings with parents
  - Organize and lead parent / caregiver support groups
  - Recreational family activities, such as annual Family Fun Day at a Wisconsin Dells water park.
- Advocacy
  - Assist families on an individual basis with schools & social services
  - Advocate for system changes through participation in state and local advisory and policy boards
  - Maintain strong and active involvement with other mental health organizations and policy makers

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## What Does a Family Advocate Do?

- Provide information so families can better understand and participate in the systems of care for their children
- Provide emotional support and guidance through a maze of services
- Act as an objective liaison between families, schools, county case managers and service providers
- Advocate for filling gaps in services and supports that can help a child flourish
- Ensure that school plans are effective and appropriate
- Lead support groups that are confidential and educational
- Provide low-cost social and educational events for families
- Provide telephone support at times needed by families
- Offer hope and encouragement in times of crisis
- Help families become better advocates for their children

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## Advocacy (Individual)

- Advocacy means *actively* supporting a child and the child's family to ensure they receive the full benefits of the system(s) serving them.

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## Advocacy Objectives

- Ensure that system processes and principles are followed
- Help families gain access and voice in decision-making
- Foster strong working relationships between families and service systems
- Results in clear improvement in the lives of children & families

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## The Changing Role of Parents

Increasing the influence parents have over the mental health care their children receive facilitates personal responsibility, creates an economic interest in obtaining and sustaining recovery, and shifts the incentives toward a system that promotes learning, self-monitoring and accountability.

Final Report, New Freedom Commission on Mental Health, 2003

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## Dealing with Conflict

- Resolve conflict through negotiating
- Listen more than you talk
- Put yourself in the shoes of the other party:
  - How do they see the problem?
  - What do they want to see happen?
  - What are they afraid will happen if I get what I want?
- Ask questions to clarify the other party's position
- Treat other people with respect
  - Avoid the four "deadly sins" - criticizing, blaming, ridiculing or judging

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### Advocacy Is...

1. Helping parents help themselves
2. Supporting efforts toward independence
3. Providing tools for decisions and action
4. Informing parents of their rights
5. Providing training / TA
6. Referring to appropriate agencies
7. A partnership with parents

### Advocacy Is Not...

1. Making decisions or doing things for families
2. Reinforcing feelings of dependence
3. Withholding information / resources
4. Not being upfront about parental rights
5. Exercising control
6. Saying, "There's nothing I can do to help."
7. A parent/child relationship

Des Jardins, How to Organize an Effective Parent Advocacy Group, 1980

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## Why Collaborate?

**The most effective care for a child cannot occur without a collaborative relationship between families and providers.**

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The reason that astronomers around the world cooperate so well together is that you cannot stand in one place and see the entire sky.

- Unknown

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## Defining Collaboration

Collaboration is a mutually beneficial and well-defined relationship entered into by two or more parties to achieve common goals. The relationship is characterized by shared responsibility, shared resources, mutual authority and mutual accountability.

Adapted from Mattessich & Monsey, Wilder Research Center

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## Being a Collaborative Partner

"Equal partners does not mean that parents and professionals assume each other's roles, but rather respect each other's roles and contributions.

While professionals bring technical knowledge and expertise to the relationship, parents offer the most intimate knowledge of their children, and often special skills."

Allen & Petr, 1995

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## Elements of Collaboration

- Mutual respect for skills and knowledge
- Open and two-way sharing of information
- Clear communication
- Shared planning and decision-making
- Joint evaluation of progress
- Absence of labeling and blaming
- Support and understanding
- Recognition of the family as the key resource

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## Things that Hinder Collaboration

- Making assumptions
  - about perceptions, experiences, knowledge, trust, resources and available time
- Unwillingness to try to new ideas
- Using jargon, acronyms and technical language
- Judging the other person
- Not following through on your commitments
- Suggesting that another parent training class might be useful
- Having meetings regarding the child that doesn't include the family
- Saying, "I know how you feel."

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## Collaboration Building Blocks

- Clear expectations and responsibilities
- Throw out any preconceived notions
- Be entirely trustworthy
- Don't jump to solutions
- Ask open-ended questions
- Think about your method for introducing new ideas
- Focus
  - On why someone said something instead of on what they said
  - On solutions to problems instead of who caused them

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## Building Relationships with Families

- See the child first, not the disability
- Be willing to accept differences in style and norms
- Be honest, up-front and non-judgmental
- Share your experiences
- Don't set moving targets
- Do what you said you'd do
- Learn and teach, rather than being the "problem solver"
- Help foster friendships; do all you can to prevent teasing / bullying
- Believe unconditionally in the child / family

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## Building Relationships with Providers

- View providers from a strength-based perspective
- Be honest, up-front and non-judgmental
- Keep your appointments; be on time
- Take a break if you feel your emotions getting the better of you
- Do what you said you'd do
- Be organized and prepared for meetings
- Be open to new ideas or approaches to treatment, services and supports

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## Indicators of a Collaborative Relationship

- Both parties:
  - Comfortable sharing their life experience
  - Identify and validate frustration
  - Question services
  - Acknowledge their personal situation and need for assistance
  - Feel that the other party understands their needs
  - Able to identify and discuss progress
  - Advocate together for services

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## Checklist for Forming Partnerships with Parents

- Can I put myself in the parents' shoes and consider how I would feel and react in their situation?
- Do I see the child in multiple dimensions, looking beyond diagnosis or problem statements?
- Do I believe that parents are experts on their children?
- Do I believe that we are equals?
- Do I listen to parents, communicating that I respect and value their insights?
- Do I speak in plain language, avoiding professional jargon?
- Do I always answer parents' questions?
- Do I make appointments and set meetings at times and places that are convenient for the family?
- Do I follow through on my commitments?

From Promising Practices in Children's Mental Health, 1998

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## Checklist for Forming Partnerships with Providers

- Am I able to see the provider as a person who is working with me for the well-being of my child & family?
- Do I clearly express the strengths and needs of my family?
- Do I state my desire to be an active participant in the decision-making process concerning my child & family?
- Do I come to appointments prepared with the information I want to give and the questions I want answered?
- Do I understand that a provider often has responsibility for working with many families, including my own?
- Do I avoid letting past negative experiences or attitudes get in the way of establishing a good working relationship?
- Do I communicate quickly with providers when there are significant changes or when notable situations occur?
- Do I regard providers with the same respect I expect them to give me?
- Do I follow through on my commitments?

From Families as Allies Project, Research & Training Center, Portland State University

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