

**Family Involvement Learning Collaborative
Chicago, IL
May 21 – 23, 2008**

Flip Chart Notes

Family Is... - Chicago Administrators

- Who child considers family/advocate
- Primary caretaker
- Any supportive individual
- Biological families/in rulebook

What does family involvement look like? - Chicago Administrators

- Multiple family groups
- Participation in treatment
- Participation in decision-making
- Education
- Engagement
- “Active” role in services
- Awareness of services
- Providing transportation
- Communication
- Removal of barriers
- Individual treatment to address family issues
- Family support groups
- Family activities/recreational
- Creating rituals
- Parenting skills

Current Family Involvement – Chicago Administrators

- Alumni parents speak
- Family orientation
- Involve any considered family
- 4 week family support/education group
- Mandated participation for adolescent’s progress
- Family treatment
- Satisfaction surveys
- Family lunches
- Educational groups
- Families Anonymous on-site
- Advocacy/decision-making
- Website information
- Board membership
- Family night

- Family session
- Participation in graduation
- Waiving confidentiality for adolescent
- 24 hour crisis line
- In-home treatment
- Family intervention

Family Involvement Vision - Chicago administrators

- Increase family interest
- Family alumni peer support
- Identified family expert/liaison to work with schools
- Family education about continuum of care and multiple needs (housing, education)
- Family meeting with referrals (Increasing level of care, supportive, etc.)
- Multi-systemic Therapy
- Increase family involvement with schools

Obstacles to Family Involvement - Chicago administrators

- Money
- Time
- Staff
- Family interest/commitment
- Transportation
- Poor family structure
- Staff training on best practices
- Child care services
- Misconception
- Stigma
- Resistance
- Cultural challenges
- Family substance abuse
- Family issues/discord (DV, MI, health)
- Grandparents overwhelmed
- Poverty/parental responsibilities

Resources – Chicago administrators

- Tape sessions/supervision
- In home treatment
- Alternate locations
- Food
- DASA funding
- DHS Wraparound funds
- Telephone
- Transportation
- Night hours
- Scheduling flexibility for parent groups
- Space
- Committed, motivated staff
- Multimedia resources
- Collaborations with self-help
- Networking within agency
- Comprehensive behavioral health center
- Access to experts/technical attendance

Agency Change – Chicago administrators

- Discussion
- Proposal
- Approval through hierarchy
- Internal/external mandates
- Quality improvement process
- Financial justification
- Increased quality for consumers
- Meets agency mission/vision

Learning Collaborative Goals — Chicago Administrators

- Brainstorm
- Collaborate
- Steal the best ideas
- Strengthen team approach
- Understanding importance of family involvement
- Gain tools/resources
- Take ownership for service provision
- Learning importance of sharing
- Develop co-advocate for family involvement
- Increase excitement and motivation
- Money

Family Is... – Chicago staff

- Parents
- Siblings
- Grandparents
- Extended family
- Whoever adolescent considers family
- Members of household
- Guardians/care providers
- Significant others
- Friends
- Children (adolescent's)
- Neighbors
- Sponsors
- Step parents
- Gang
- Chief power brokers
- Church

What does family involvement look like? - Chicago staff

- Home visits
- School visits
- Family sessions
- Drop-in centers
- Case management
- Telephone calls
- Education groups
- After care
- Transportation assistance
- Visits while in treatment
- Outreach
- Parent support groups
- Visits in detention
- Court advocacy
- Fun/recreation
- Graduation (from treatment)
- Letters referral services
- Alumni involvement

Current Family Involvement– Chicago staff

- Family education
- Family therapy
- Multi-family nights
- Family visitation
- Family involvement assessment
- Treatment planning
- Parent support group
- Time availability for families
- Partnering with families for school re-engagement
- Financial/transportation assistance
- Family/home passes
- Crisis intervention (food, clothing, etc.)
- Family fun day
- Experiential/wilderness programs
- Drop results
- Reinstatement meetings
- IEP meetings
- Parent satisfaction surveys
- Progress reports
- Graduation/completion
- Reinforcing commitment
- Telephone calls
- Post discharge follow-ups
- Contingency points
- Parent raffles
- Debriefing
- Self-help groups
- Peer supports
- Home visits
- Drug prevention group
- Transportation (parent and child)

Family Involvement Vision– Chicago staff

- ALL families involved in ALL treatment so tat they can get better ALL of the time
- Assess family needs
- Meet family where they are
- Increase family awareness of issues
- Increase family awareness of resources
- Learn that “secrets can keep you sick”
- Increase involvement in orientation process
- Identify/develop family involvement goals for the agency
- Increase family involvement on committees and boards
- Clarify importance of families and their involvement
- Help families with communication
- Reframe perspective to be more positive
- Cultural sensitivity
- Family nights/develop peer supports

Obstacles to family involvement– Chicago staff

- Administrative decisions
- Lack of staff
- Money
- Work schedules
- Large caseloads
- Paperwork
- Time constraints
- Policies and procedures
- Lack of cultural sensitivity/competence
- Family apathy
- Health conditions (mental/physical)
- Lack of motivation
- Transportation

Resources– Chicago staff

- Mental health days
- Shelters
- DCFS
- Dedicated funding (y-tag)
- Other agencies
- SASS
- Municipalities
- Probation
- SAMHSA website
- DASA
- Alternative high schools
- Staff who provide family treatment
- Churches, faith-based organizations
- Community organizations
- Self-help groups
- IAODAPCA/ICB
- Hospitals
- Local businesses
- Treatment facilities
- Schools
- Food depositories
- Public officials
- Park districts
- Police
- After-school programs
- Community speakers

Agency change– Chicago staff

- Stay motivated
- Begin educating/communicating
- Networking
- Involve direct care providers in change process
- Talk to board of directors
- Don't be afraid to give ideas
- Be willing to compromise/brainstorm, & collaborate

Learning Collaborative Goals– Chicago staff

- New ideas
 - “How-to” steps
- Networking
- Comprehensive workable plan to enhance current work
- Concrete realistic goals
- No new paperwork

Barriers for Family Members – Chicago staff

- Language
- Time
- Transportation
- Culture
- Baby sitting
- Child care
- Lack of hope mental health issues
- Substance abuse issues
- Financial problems
- Gang involvement (family)
- Lack of invitation to family
- Not finishing because they see progress
- No telephone
- Too high expectations/heightened
- Confidentiality
- Provider schedules
- Number of staff attitudes
- Cell phone addiction
- Illiteracy
- Lack of participation on youth's part
- Lack of community support
- Anger
- Negative peer pressure
- Generational issues
- Teens having kids
- Divorce
- Domestic violence

- Geriatric caretakers
- Poor prioritizing
- Overwhelmed
- Don't like the worker
- Fear
- Guilt
- Blaming
- Co-dependence
- Stigma
- Negative experience/history
- Role reversal
- Lack of parenting skills
- Family secrets
- Waiting list
- Lack of resources
- Single parent house
- Physical health issues
- Shame embarrassment
- Helplessness
- Decreased motivation
- Decreased information
- Decreased education
- Reality T.V.
- Religious beliefs
- Fear of criminal justice
- Enabling
- Child welfare system
- Denial
- Gender bias
- Kid missing/runaway
- Family gang involvement
- Racism
- Cultural competence
- Conflicting parenting styles
- Perceived naivety of counselor
- Neighborhood
- Decreased hospitality/welcoming
- Undocumented
- Poor communication
- Disagree with type of treatment
- No shows/no calls
- Incarceration
- Homelessness
- No benefits – low
- Not wanting to do it
- Parent/guardian maturity
- Social acceptance
- Lack of consequences
- Too many consequences
- Type of consequences

- Scare tactic
- Unhealthy boundaries
- Involvement in multiple systems
- Desire for respite
- Transgender/homosexual issues
- Length of stay
- ACOA
- Resistance

Barriers for Providers– Chicago staff

- Funding
- Staff
- Bureaucracy
- Staff now shows
- Staff training
- Self care
- Supervision
- Burnout/hopelessness
- Paperwork
- Too messy
- Counter-transference
- Misunderstanding of mission statement
- Scheduling
- Other providers
- Parents worse than kids
- Whose the client
- Decreased systems integration
- Staff turnover
- Staff fear
- Exhausted resources
- Decreased staff boundaries
- Sabotage
- Not using resources
- Lack of ethics/confidentiality
- Decreased knowledge of eligibility
- Lack of credentials
- Being jaded
- Lack of tools to do jobs
- Poor cultural representation
- Capacity to work with difficult clients
- Job description
- Staff stressors
- Salaries
- Lack of compensation
- Lack of organization
- Communication
- Matching staff with service needs
- Networking
- Attitudes

- Staff age (youth)
- Discrepancy with self reports
- Rigidity
- Favoritism
- Medical necessity
- Grant demands/limits
- Policy/procedure
- Overpraising clients
- Bilingual staff/paperwork
- Decreased cultural competence
- Lack of knowledge about adolescent development

Solutions to barriers – Chicago staff

- Lack of cultural competence
 - Training (internal/external)
 - Make it an explicit expectation
 - Define cultural competence
 - Hire staff that reflect gender-specific treatment/consumers served
 - Diversity committee
 - Good clinical supervision
 - Open dialogue
 - Self-awareness
 - Guidance on assessment tools

- Financial
 - Fundraising
 - Donations
 - Technical assistance
 - Collaborations
 - Grants/private funding & grant writers
 - Development efforts
 - Social enterprise
 - Business training/attitude/foundation (staff)
 - Political involvement/advocacy
 - Expand pay sources
 - Systems integration (DJJ/DMH/DASA)
 - Communication (grant opportunities, funding)

- Confidentiality
 - Clarify limits/boundaries, consequences of confidentiality
 - Staff training
 - Distinguishing restorative justice vs. criminal justice
 - Advocate on consumer's behalf
 - Collaborate with corrections to develop team approach
 - Myth busting (DASA)

- Lack of hope/burnout
 - Clarifying values
 - Start small
 - Peer support
 - Strengths-based
 - Expectation for change
 - Clinical supervision
 - Spread out and use vacation days
 - Give permission for self-care
 - Humor
 - Establish trust
 - Open communication
 - Empower families
 - Goal setting
 - Treatment plans creativity
 - Celebrate small successes
 - Self aware
 - Incentives

- Attitude – “It’s not our problem”
 - Set expectation for assessment with multiple perspectives
 - Involve other “family” members
 - Telephone calls/services
 - Incentives
 - Child care
 - Empower adolescents
 - Link involvement to direct goals
 - Shifting from “at-risk”, “dysfunction” to “challenge”, “hope” – positive language
 - Lead by example
 - Positive attitude and open mind
 - Know your limits/role
 - Able to tolerate discomfort

- Fear
 - Parent groups
 - Clinical supervision
 - Training
 - Develop protocols and procedures for safety
 - Mindful of setting
 - Prepare families for change
 - Explain/demystify treatment process
 - Review confidentiality
 - Build rapport/establish trust
 - Have good referral sources ready
 - Empower families re: owning treatment process

Recovery Management Resources/Supports – Chicago staff

- After school programs
- Food pantry
- Vocational programs
- Clothes
- Performing arts program
- Computer lab
- Prevention program
- Mentoring program
- Gang outreach
- Linkages
- Politicians (local, state, federal)
- Senior citizen tutoring program
- Parental involvement in state/community politics
- Illinois Federation of Families
- Community service
- IDES
- Health clubs/park districts
- Action for children
- Teach Street Smarts
- Mini retreats for alumni
- Comprehensive services under one roof
- Planned parenting

Peer Support Networks – Chicago staff

- Get ideas from each other
- Decreases isolation
- Increases motivation
- Experience
- Strength
- Hope
- Networking
- Sharing resources
- Sense of community
- 12 step meetings
- Multi-family groups for families at different levels (bilingual)
- Open a parent support group
- Mandatory attendance for parents
- Team recovery meeting
- CAEL sporting activities

Agency Implementation Goals – Chicago staff

- Parent orientation
- Parent education program
- Designate monthly forum for parent volunteers
- Present FILC info to other staff and get their feedback
- Academic/job readiness program for parents and adolescents – psychosocial empowerment
- Restructuring training program to maximize service capacity
- Needs assessment
- Add more to parent handbook
- Develop family education/therapy group
- Develop parent advisory committee
- Implement parent support group
- Invite parents to family group sessions
- Family fun activities
- Increase census
- Family progress journal
- Develop family discharge planning group