

ROLE OF THE FAMILY IN TREATMENT PROGRAMS

The involvement of family members in child and adolescent services is crucial to successful treatment outcomes (Kutash & Rivera, 1995; Pfeifer & Strzelecki, 1990). The effectiveness of services for children and adolescents is believed to hinge less on the particular type of treatment provided than on the participation of the family in planning, implementing, and evaluating the services. Research indicates that, for children with serious mental health problems, the more the family participates in planning services, the more likely the family members are to feel that their child's needs are being met (Koren et al., 1997) and that they have control over the child's treatment (Curtis & Singh, 1996; Thompson et al., 1997). Furthermore, family participation promotes an increased focus on families, the provision of services in natural settings, a greater awareness of cultural sensitivity, and a community-based system of care. There is also a growing body of research that has found that family participation improves the delivery of services and as well as their outcomes (Knitzer et al., 1993).

Nevertheless, there is a growing body of evidence indicating that children from vulnerable populations (children of single mothers, children who live in poverty, and minority children) who exhibit the most serious problems are also the most likely to terminate their treatment early (Kadzin & Mazurick, 1994). Additional research is necessary to determine the factors that contribute to this early termination. In recognition of this problem, however, it is important for mental health providers to ensure that these families are actively recruited and engaged in the services that the child receives in order to maximize the potential for successful outcomes.

This goal is complicated, however, by the fact that both families and providers may be confused and hesitant about the role that family members should play in treatment efforts. As a result, they often are not incorporated to the extent that would be most beneficial to the child. In an attempt to combat this problem, researchers have identified six broad roles that families should play in the treatment process. Members of the family should act as contributors to the environment, recipients of service, partners in the treatment process, service providers, advocates, and evaluators and researchers (Friesen & Stephens, 1998). It is important that family members assume each of these roles in order to provide the effective support network that is necessary for the child's continued improvement.

Freisen & Stephens (1998) outline these six roles for families:

Contributors to the Environment – Family members are the key component of the environment in which a child resides. Consequently, treatment providers often try to identify ways in which the behavior and interactions between family members influence the child's emotional and behavioral problems. With the assistance of the treatment provider, family members should consider ways to improve the home environment and the relationships in the family in order to provide the child with the most stable, supportive environment possible. In addition, family members should seek

external support from their extended family and members of the community in order to reduce the stress of raising a child with emotional or behavioral difficulties.

Recipients of Service – Family members are also an important part of the therapeutic process. Service providers often focus on the family unit as a whole, creating interventions and strategies that target the health of the entire family. These interventions are intended to assess the strengths and weaknesses that exist within the family structure, to enhance the well-being of parents and other family members, and to help families locate support mechanisms in the community. The provider also assists family members in developing the skills necessary to support the special needs of the child. Services may include supportive counseling, parental training and education, development of coping skills and stress management techniques, respite care, parental support groups, transportation, and financial assistance.

Partners in the Treatment Process – Family members also serve as equal contributors in the problem-solving process. They should work with treatment providers to identify the goals of treatment and to plan realistic strategies to achieve these goals. Additionally, family members should play a key role in implementing these strategies to ensure that the treatment goals are met. When performing these functions, caregivers should not be afraid to ask questions and to voice their opinions and preferences. It is crucial that they are fully informed and that their preferences are considered in all treatment decisions.

Service Providers – The treatment process is incomplete without the direct services provided to the child by family members. They are responsible for providing emotional support and information to the child and other family members, and for filling in the gaps in the services being received by the child. Furthermore, they often coordinate the services being received by the child by requesting, convening, and scheduling meetings, and transporting the child to appointments. It is a crucial role, the importance of which cannot be understated. Parents and caregivers need to remain vigilant and involved in all aspects of the child's treatment. This includes keeping all follow-up appointments, becoming knowledgeable about any prescribed medications, and keeping track of all treatments that have been tried unsuccessfully.

Advocates – Family members often serve as the child's only voice in the mental health system. They should therefore actively advocate for the child in order to ensure that he receives the appropriate services, and should voice any concerns regarding undesirable practices and policies. There are several local, state, and national organizations that can assist parents and caregivers in these efforts, allowing them to serve as part of a larger voice in the community.

Evaluators and Researchers – It is important that families participate in research and evaluation activities so that their opinions can be heard regarding which treatments and services are most beneficial and convenient. The input of family members is crucial to ensure that all children receive services that are efficient and effective. While much of

this research requires the involvement of the family for a significant length of time, the input of caregivers and other family members is extremely important.

Families play important supporting roles in combating mental health disorders. Although the child is the most important focus of treatment, family members can help by offering support, and encouragement, and by creating a favorable environment. Family members can help their child while they are receiving treatment by recognizing and praising small achievements, modifying expectations during stressful periods, measuring progress on the basis of the improvements made, and being flexible, while trying to maintain a normal routine (Psychiatry 24x7.com, 2005).

The following information is attributed to the Substance Abuse and Mental Health Services Administration (SAMHSA) (2000). Families must recognize that, while they are obtaining services for their child, they are the experts in understanding the following:

- how their child responds to different situations;
- their child's strengths and needs;
- what their child likes and dislikes; and
- what has worked and not worked in helping their child.

Families are ultimately responsible for determining what services and supports their child receives. Thus, families must communicate to service providers their child's strengths and weaknesses, as well as their priorities and expectations. Family members must also inform their service provider as soon as they realize that treatment is not working so that appropriate modifications can be made (Substance Abuse and Mental Health Services Administration, 2000). It is crucial to remember that children are different and their needs are also very diverse.

These recommendations also hold true for children who come in contact with the juvenile justice system. Family involvement is particularly critical for these youth to ensure positive outcomes (Osher & Hunt, 2002). It is imperative that families remain involved so they provide information on the child's diagnosis and treatment history, use of medications, the families' ability to participate in treatment, special circumstances that affect their child, and their child's education history and status (including whether the child is enrolled in special education) (Osher & Hunt). Ideally, families should remain involved at each stage of the system so they can be involved in decision-making and treatment (Osher & Hunt). Families and juvenile justice officials must cooperate to ensure that all have mutual responsibility for the child's outcomes (Osher & Hunt).

Families must remain actively involved in all aspects of their child's mental health treatment. Without family involvement, it is extremely difficult for service providers to ensure that the gains achieved by the child in treatment are maintained and solidified. Moreover, the combined efforts of service providers, family members, and advocates are necessary to ensure that the services provided in the community effectively meet the needs of all children and families.

It is important that parents and caregivers understand the results of any evaluation, the child's diagnosis, and the full range of treatment options. If parents are not comfortable with a particular clinician, treatment option, or are confused about specific recommendations, they should consider a second opinion.

The following guide to parents and caregivers was developed by the American Academy of Child & Adolescent Psychiatry.

Questions that Parents or Caregivers Should Ask About Treatment Services

Before a child begins treatment, parents should ask the following:

- Does my child need additional assessment and/or testing (medical, psychological etc.)?
- What are the recommended treatment options for my child?
- Why do you believe treatment in this program is indicated for my child? How does it compare to other programs or services which are available?
- What are the advantages and disadvantages of the recommended service or program?
- What will treatment cost, and how long will it take?
- How much of the cost is covered by insurance or public funding? Will we reach our insurance limit before treatment is completed?
- How will my child continue education while in treatment?
- Does my child need medication? If so, what is the name of the medication that will be prescribed? How will it help my child? How long before I see improvement? What are the side effects which commonly occur with this medication?
- What are the credentials and experience of the members of the treatment team?
- How frequently will the treatment sessions occur?
- Will the treatment sessions occur with just my child or the entire family?
- How will I be involved with my child's treatment?
- How will we know if the treatment is working? What are some of the results I can expect to see?
- How long should it take before I see improvement?
- What should I do if the problems get worse?
- What are the arrangements if I need to reach you after-hours or in an emergency?
- As my child's problem improves, does this program provide less intensive/step-down treatment services?
- How will the decision be made to discharge my child from treatment?
- Once my child is discharged, how will it be decided what types of ongoing treatment will be necessary, how often, and for how long?

Source: American Academy of Child & Adolescent Psychiatry, 2000.

Sources

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Additional Resources/Organizations

Center for Effective Collaboration and Practice*

888-457-1551

<http://cecp.air.org>

Federation of Families for Children's Mental Health

703-684-7710

<http://www.ffcmh.org>

Florida Mental Health Institute

813-974-4661

<http://www.fmhi.usf.edu>

National Alliance for the Mentally Ill* (NAMI)

703-524-7600

<http://www.nami.org>

National Mental Health Association* (NMHA)

703-838-7529

<http://www.nmha.org>

National Resource Network on Child and Family Mental Health Services

202-408-9320

<http://www.wbgh.com>

National Technical Assistance Center for Children's Mental Health*

202-687-5000

<http://www.dml.georgetown.edu>

Research & Training Center on Family Support and Children's Mental Health

800-628-1696

<http://www rtc.pdx.edu>

U.S. Department of Education

Office of Special Education Programs*

202-205-5507

<http://www.ed.gov/about/offices/list/osers/index.html?src=mr>

U.S. Department of Health and Human Services

Substance Abuse and Mental Health Services Administration (SAMHSA)

National Mental Health Information Center*

Child, Adolescent and Family Branch, Center for Mental Health Services

800-789-2647

<http://www.mentalhealth.samhsa.gov/child>

*Spanish services are available.