21st Annual RTC Conference Presented in Tampa, February 2008

Participatory action research agenda for family-to-family peer support models

Partners

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Peer Support Literature

What can we learn from the literature base on peer to peer support?

State of the Research

- Few published studies examining peer to peer support in the context of families of children with serious emotional disabilities
 - Family Associate Approach (Elliott, Koroloff, Koren, & Friesen, 1998)
 - Parent Connections (Ireys & Sakwa, 2006)
 - Keys for Networking (Adams et al., 2006)

State of the Research

- Studies of peer support are more abundant in other areas
 - Adults with serious mental illness
 - Chronic illness
 - Veteran support

Literature Highlights *Types of Peer Support*

- Emotional Support
- Instrumental Support
- Informational Support
- Companionship Support
- Validation

Literature Highlights *Categories of Peer Support*

- Self-help Groups
- Internet Support Groups
- Peer Delivered Services
- Peer Operated Services
- Peer Partnerships
- Peer Employees

(Solomon, 2004)

Literature Highlights *Concepts and Theories*

- Social Support
- "Weak Ties"
- Emotional Reactions to Offers of Help
- Social Comparison Theory
- Empowerment
- Experiential Knowledge
- Theory of Reciprocity
- Social Learning Theory
- Contrived versus Natural Supports

Key Findings/Results

- Family presence decreases anxiety for children and parents and increases problem solving and confidence for parents (Miles, 2005)
- Effective programs are more tailored to the community and setting in which they operate (Barton et al 2002, Hanson et al 2001, Love et al 2002, Vinson et al 2001)

Key Findings/Results - continued

- San Diego SOC finds improved youth functioning and lower parental stress with family supports (Becker and Kennedy, 2003)
- Three Oregon based sites using a Family Associates model and quasi-experimental comparing with normal mental health services - Find peer supports improve initiation of services (engagement) and a greater likelihood to keep appointments. Modest effects on coping skills but no long term impact on attendance or service completion rates. (Koroloff, Elliot, Koren, and Friesen, 1996)

Literature Highlights *Identified Gaps*

- Few studies specific to families of youth with SED
 - What can we learn from other areas of study? How do we increase studies with our population?
- Matching peers is viewed as important but little guidance offered______
 - SWhat strategies can we use to ensure that providers of peer support are "matched" with the recipient?

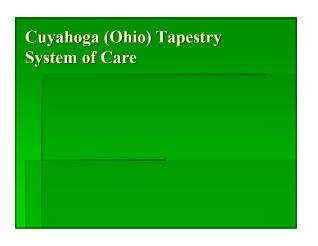
Literature Highlights *Identified Gaps* • Person-Environment Fit

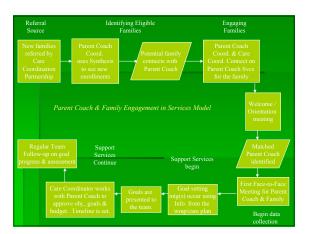
- How do we know what type of support is needed/desired?
- How much support, at what intensity, and for how long should it be maintained?
- What are the outcomes of Individual and Group type supports?
- What is the impact of community or neighborhood based supports specifically?
- What is the impact of pairing with facilitators/care coordinators?

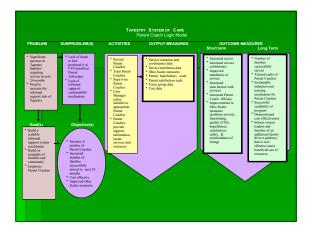
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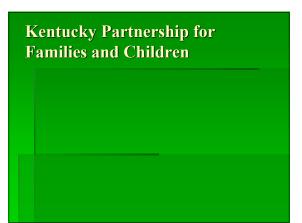
Sustainability

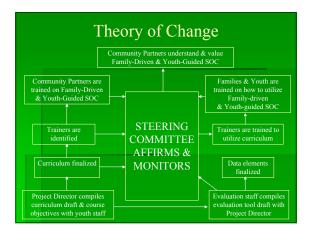
- What organizational, structural, and financial mechanisms support sustainability of peer support services?
- What is the growth model for family supports and cross-system collaboration with agencies outside of mental health (e.g. juvenile justice, child welfare, drug and alcohol, jobs and family services).

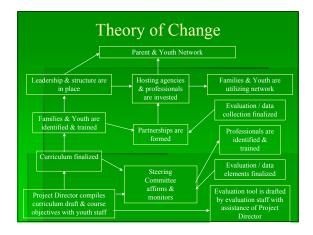


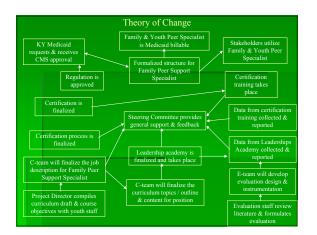














System, cross-system & community	Organization / program	Family level
What are we doing?		
School board engagement; training; outreach & education & work with statewide family network / organization	(2) -outreach to actual & potential referral sources; -recruit FSPs; mentor FSPs; Education & training of FSPs & support to FSPs	Direct services; training; skill building; connections
With whom are we doing it?		
(3) MH, SA & Ed.	Staff (FSPs), MH staff, teachers & supervisors	Families & informal supports
With what fidelity?		
outreach; unsolicited requests for information; # contacts; requests for information; Family Café representation	-# trainings; supervision (nature of); develop FSPs content specialists	Families have skills to use information they receive; build a resource network
To what effect?		
Increase referrals; increase access to services for families; increased exposure at state and local levels	-Open lines of communication between case managers and FSPs; self-sufficient staff; represent families	 families use resource network; Families use information they are given; cost

Impact Family Advocacy Project Association for Children's Mental Health Michigan

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Logic Model		
System, cross-system & community	Organization / program	Family level
What are we doing?		
Link to SWFN (ACMH) Develop partnerships with agencies; Ed. Comm. on value of FA support	Participate in Court meetings; Hiring & ongoing coaching of FAs; Train FAs with agencies, Partner with SOC Orientation, Involvement in prof. dvlpmt. opp.	Coaching & modeling of self-advocacy skills; Parent Leadership; SOC Family Council; Family Involvement & SOC workgroups; Stakeholders Group & Eval.
With whom are we doing it?		
CMH, DHS, Court, Ed., agencies, comm. & cultural centers	FAs, Lead Family Contact, ACMH	Families, Youth, Foster & Adoptive families, Extended family
With what fidelity?		
Outreach; # of requests for I&R # of prof. contacts for family; % of time spent on collab.	# of PLI's; Supv. of FAs; FA staff meetings; Prof. dvlpmt; # of family contacts; Length of FA; # families served	Families attend PLI & Family Council & present at comm. mtgs &, agencies; Satis. with FA supports & training
To what effect?		
↑% families receiving FA support; ↑ access; ↑ respite services; ↑ family voice in policy & decision making	Improved partnerships agencies; Sustain contract; Well-trained, independent FAs; Develop of FA training & Family Driven Curriculum	↑ self-advocacy skills of families:↑ satis. with services; ↑ knowledge of agencies; Families facilitate PLI's & Family Council, ↑ in family members employed in SOC



Intervention vs. support models

- Optimal frequency and intensity of family-tofamily support
- Optimal duration of family-to-family support



Appropriate Outcomes

Family Outcomes:

- Effectively communicates needs & wants
- Comfortable to disagree with team members
- Knowledge of child serving agencies involved w
- Knowledge of parental role in treatment proces
- Actively engaged with service providers
- Independently attends team meetings
- Linked to family support sources within community
- Knowledge of services & supports available to family
- Increased satisfaction with services
- Reduced caregiver stress

Appropriate Outcomes

System Outcomes:

- Collaboration amongst parent partners and child serving agencies
- Integration of family driven & youth guided practices within child serving agencies
- Shared power with familie
- Increased family involvement in individual treatment, system planning, service implementation, and evaluation of child serving systems

Appropriate Outcomes

- Equitable, sustainable funds allocated to support family-to-family support programs
- Equitable, sustainable funds to support ongoing training, development, and evaluation of family-to-family support programs

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