

Collaborative Agency Training for Parent Employees and Professionals in a New Agency Addressing Children's Mental Health

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Abstract

This paper describes an 8-week training curriculum conducted jointly with parent employees and professionals in a uniquely constructed agency. The agency provides case management and wraparound services for children with serious emotional disabilities (SED). Parents of children with SED helped conceptualize the agency, and parent employees play important roles in management and daily operations. Several experiences in developing this rural agency are portrayed and employee views are explored. The greatest focus is on aspects of the collaborative seminar for training employees in implementing the family strengths-based system of care in children's mental health. The curriculum is described, followed by lessons learned and implications for future parent-professional joint training.

HISTORICALLY, SERVICES FOR CHILDREN with serious emotional disturbances have been fragmented, overly reliant on restrictive care settings, and characterized by divisions between parents and the professionals treating their children (Knitzer, 1982). In an attempt to improve this situation, Congress funded initiatives to create systems of care for treating children with SED. Stroul and Friedman (1986) define a system of care as a comprehensive array of well-coordinated, flexible services aimed at meeting the multiple needs of children with SED. One of the essential tenets of the system of care principles is family involvement: "Families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services" (Stroul & Friedman, p. xxiv).

The role that families play in their children's care is evolving. For example, Freisen and Stephens (1998) conceptualize family involvement on a continuum. At one end, families are viewed as the cause of their children's problems, and

thus the target of change. At the other end, parents are policy makers, researchers, and evaluators. In the middle of this continuum, family members are viewed as both partners in treatment and as service providers. As service providers, parents may engage in activities such as case management, advocacy, training, and mediation.

Although there has been research on parents' perceptions of their collaboration with professionals (Korloff & Paulson, 1997), there has been little research on parents' collaboration as service providers. Notable exceptions include Korloff, Elliott, Koren, and Friesen, (1994, 1996), who describe efforts to integrate parents into paid positions within an existing agency. Also published is a description of an agency created by parents and staffed by both parent employees and professionals (Tannen, 1996). The present study focuses on one rural program's efforts to expand parent participation as employees and implement collaborative training models. First, we describe the development and implementation of a

new family strengths-based child mental health agency, and the initial assessment of parent employee training needs. Next, an overview and evaluation of the 8-week curriculum seminar is presented, followed by lessons learned and implications for future collaborative training.

Program Overview

The Initial Start-Up

This collaborative seminar was conducted during the first year of implementation of a new 5-year federally funded grant initiative from the Center for Mental Health Services: the Comprehensive Community Mental Health Services for Children and Their Families Program. In 1994, the mental health agency of the state of Maine directed parents and providers from the four most rural counties of the state to create a new organization to enhance the system of care for children's mental health in the region. Under the auspices of the four-county Child and Adolescent Advisory Board, approximately 35 parents and providers worked collaboratively to begin the process of system change. As a result of this yearlong process, and utilizing the grant resources, a new agency, Wings for Children and Families (Wings) was born. Participants worked collaboratively and extensively to give initial shape to the system's change initiative, and to bring the new entity into existence. The Wings mission focused on the creation of a system of care for families and caregivers of children with severe emotional and behavioral disabilities, emphasized the provision of case management and advocacy services, and utilized a wraparound, strengths-based, child- and family-centered, flexible funding model.

One of the key characteristics of Wings was the strong commitment to parent/caregiver participation at all levels of this new organization. The Wings mission was to redefine the way child mental health services were carried out in this large, rural, four-county area. The agency instituted 55% caregiver membership on the agency board of directors, and hired parents and caregivers for more than 50% of the staff

positions. From the beginning, the agency employed a diversity of staff including: (a) parents of children with SED who did not have mental health-related professional degrees, (b) parents of children with SED who did have professional mental health degrees, (c) professionals who were not parents of a child with SED, and (d) professionals with extended family members who experienced serious mental illness.

The organization confronted a number of challenges in its initial year. First, the demand for Wings case management and wraparound services was immediate and intense as the organization worked to deliver services in a timely, family-friendly, and community-based manner. Second, as a new agency, Wings had to create all organizational infrastructure from the ground up (e.g., policies, finance, and personnel procedures). Thus, demand for services occurred at the same time that the administration was developing and refining agency policies and procedures, creating an active board of directors, and making linkages with other child-serving agencies. National mental health officials emphasized parent-professional collaboration and the creation of family-driven services for the 22 demonstration sites of this new federal initiative. Third, in 1995, when Wings was created, few child mental health programs existed that featured employment of significant numbers of parents of children with SED. For the Wings staff, parent-professional collaboration led to difficult and sometimes painful conversations on questions related to pay equity, job descriptions

and responsibilities, staff relationships, training needs, and the manner in which families should be served.

Before proceeding, it is important to summarize the ways in which Wings is different from traditional agencies that provide mental health services to children and families. First, as noted above, parents played an important role at every stage in the conceptualization and creation of Wings. Second, parents continue to play central roles in the agency's governance and day-to-day operations. Wings' bylaws require that 51% of its board of directors be parents of children with special needs and the board chairmanship alternate between board members who are parents and community-at-large members. Further, approximately 50% of the

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agency's employees (including those who provide direct service to clients) are parents. While some work in clerical positions, most conduct intakes, provide information and referral to parents who are on the waiting list, accompany family members to school meetings, and provide in-home services. Third, in response to a fragmented service delivery system, Wings limits its services to case management and advocating for families among providers and other agencies. And finally, Wings adheres to the wraparound philosophy of service delivery (see VanDenBerg & Grealish, 1996). As such, Wings strives to maintain children in their communities, involves parents at every level of service planning and delivery, makes available noncategorical funding (commonly called flexible funding) to help meet families' unique needs, and builds its interventions on clients' strengths that are empirically measured by using the Behavioral and Emotional Rating Scale (Epstein & Sharma, 1998).

Fiscal and regulatory matters are other ways in which Wings has been different from other agencies. At its inception, Wings was sustained by a federal grant, which meant that for its first years it did not have to be concerned with generating revenue. Over time, as grant funding was reduced, Wings has moved to become self-sustaining. Currently, most of Wings' revenue comes from Medicaid reimbursements. Of course, Wings has always been expected to comply with state licensing requirements.

Agency Staff

During the first year of implementation, the Wings organization included an executive director, a clinical supervisor, seven intensive case managers (ICMs), and seven parent employees (one intake worker and six parent advocates). Four ICM staff members were master's-prepared social workers or counselors; three had completed baccalaureate degrees in human services-related fields. None of the ICM staff were parents of a child with SED, though several had direct experience with family members with serious mental illness. By comparison, all of the parent employees were parenting children with SED. Six out of the seven parents did not have 4-year college degrees. One parent was close to completing a baccalaureate degree, two parents had some post-high school education, and three parents had high school degrees. Four of the parent employees had several years of experience in out-of-home work; three parents had limited out-of-home work experience. Six of the parent staff members had no previous paid work experience in human services.

As the implementation year progressed, parent employees became enthusiastic, involved, and committed participants to the development of the Wings programs. However, the year was not without challenges. One parent employee described the following:

While this new family-provider collaboration was exciting, it came with inherent challenges and frustrations

on both sides. Family members and providers sometimes disagreed about how collaboration is defined and practiced at the site, and more particularly, how power is shared. More specifically, conflict regarding the appropriate roles of case managers and parent advocates, along with the struggle for equality, control, and clear boundaries between the two roles, became apparent. (Ackley, 1999 p. 45)

Over the first 6 months, parent employees began to show signs of work-related burnout. The intake worker found that she was moved by the plight of many families who called seeking services, and found it hard to "turn off work at the end of the day." The parent advocates experienced similar feelings as they accompanied case managers on home visits, advocated at pupil evaluation team meetings in small, rural school systems, and listened as parents shared their tears and laughter about raising children with SED. While both parent and professional staff raised common questions and concerns about self-care, keeping home and work separate, handling feelings of helplessness, and determining appropriate staff-family boundaries, few of the parent employees had previous work and educational experiences from which to draw knowledge and practice guidelines. On the basis of these concerns, the Wings executive director requested development and implementation of a parent-employee training curriculum. Initially, the training was conceived as exclusively for the parent employees, with attendance optional for the ICMs. These discussions about training plans took place within the ongoing agency dialogue concerning the nature of collaboration and the appropriate roles and responsibilities of parent employees as members of provider teams. There were few templates for this conversation. Wings was at the forefront of other state child-serving agencies in its attempt to employ parents in full collaboration with professionals. Ultimately, the agency decided to move beyond compartmentalized training (e.g., separate training for parents and professionals), and in the spirit of collaboration, contracted for the development and implementation of a curriculum aimed at joint training of case managers and parent employees.

Assessment of Training Needs

Informal assessment of training needs was conducted by one of the authors, with whom the agency contracted for delivery of the training curriculum. Parent employees completed a brief two-page information sheet that asked several questions about experiences as a parent of a child with SED, educational background, past work experience, and training needs. Their responses to three open-ended questions proved to be most helpful to the development of the training curriculum. Several themes emerged in responses to the first question, "What have you found most helpful about

being a parent of a child with emotional and/or behavioral disabilities in terms of your work at Wings?”

Understanding, Empathy, and Common Sense. Parent employees described being able to “relate to the day-to-day frustrations” of raising a child with SED, and of the empathy and understanding that comes from personally “navigating” the mental health system. Parent employees also mentioned their ability to laugh with parents over difficult challenges, and to use common and practical ideas as a first resource (e.g., “I can laugh with parents about their child tearing their room apart in a rage because I’ve been there, too. Laughing won’t always work the same coming from a professional!”).

Sharing Experiences With Professionals. Parent employees found that their ability to share their “parent perspective” with mental health and school professionals (e.g., at special education planning meetings) increased the “credibility” of their clients’ requests for services, resources, and respect.

In responses to the second question, “What have you found less helpful about being a parent of a child with emotional and/or behavioral disabilities in terms of your work at Wings?” parent employees voiced common concerns:

Objectivity. Parent employees commented that, based on their own children’s experiences, it was often difficult to maintain objectivity when they felt strong negative biases toward other agencies and providers.

Getting “Emotional.” Parent advocates described situations in which they felt they were getting “too emotional.” One parent advocate said, “How do I set my own feelings aside to help this family? What do I do when the situation is too close to home? How do I separate my experiences from others?”

Saying “No.” Parent employees struggled with having to tell families they would have to wait for services. Saying “no” to a parent’s specific request was also difficult at times (e.g., “I felt terrible when I told a mom that I couldn’t drive her to all her therapy appointments—it just wasn’t possible in my schedule”).

Guilt. Occasionally, parent employees were alarmed to find themselves thinking about their client families in ways that were less than empowering. After many years of feeling blamed by professionals, the parent employees had vowed to not repeat this behavior in their work with Wings families. Thus, parent employees experienced intense guilt when feelings and thoughts arose that focused on “blaming” parents (e.g., “I couldn’t believe that in my mind I was questioning why this mother couldn’t be more of an advocate for her child.... On the inside I was angry with this mom and then angry with myself for even having such thoughts.” “I couldn’t believe how filthy the house was and how judgmental I felt towards the mom.”).

Staying Focused. On any given day, parent employees faced many challenges when combining their work with families with a “bad day” for their own children (e.g., “How

can I stay focused on my work when my own child is having such a hard day?... One day I got three calls from the school because of my daughter’s behavior.”).

In response to the third question, “When you have completed this seminar what do you hope to have learned or be able to take with you?” parent employees focused on the following topics:

Professional Boundaries. Parent employees wanted to learn more about setting boundaries with parents, especially during a family crisis (e.g., “Don’t call me at home, please!”).

Working With Families. Parent employees requested several areas for skill-building in their work with families. First, they wanted additional skills for helping parents with whom they don’t agree (e.g., “How do I help this family when the parents just can’t see how their kid is feeling and they won’t do what they need to do to help him?”). Second, there was a lot of fear expressed about the use of confrontation (e.g., “What happens if I have to file a report of suspected child abuse and the mom gets angry?” “What do I say when parents are angry with me?”). Third, parent advocates experienced “embarrassing” conversations with parents and asked for skills to handle their own discomfort (e.g., “Don’t tell me about your sex life ... please!”). One parent advocate asked, “Do I have to talk about things that are embarrassing to me?”

Working With Children and Youth. Parent employees hoped to acquire skills for communicating effectively with children and youth. They were especially looking for help in handling sensitive topics such as child sexual abuse, drug use and abuse, or human sexuality (e.g., “Do I tell kids what I really think?” “How do I bring up sensitive topics?”).

Team-Building. Agencies and schools were not accustomed to the full participation of parent advocates during team meetings. As many as 15 professionals and family members could be working together to develop a service plan for the child and family. Parent advocates emphasized skill-building for managing these sometimes tense and overwhelming meetings (e.g., “How do I get this therapist to be quiet?” “How can I help the parents speak up and feel comfortable” “When should I speak up?”).

Case managers also completed brief information sheets about their educational backgrounds, past work experience, family experience with serious mental illnesses, and training needs. Case manager responses to training needs mirrored many of the issues raised by parent employees, including skills development for work with children and families, team-building, and professional boundary issues.

Collaborative Seminar Curriculum Overview

The pedagogical dilemma for the social work educator involved the creation of a training curriculum that would meet the needs of 14 staff members who ranged in experience from those with substantial personal experience but no

formal training or degrees to staff with master's level degrees, many years of professional experience, and little or no personal experience. Thus, based on the assessment of training needs, the curriculum was implemented in a seminar format in order to maximize active discussions among staff on current issues and concerns. The instructor worked to create a safe environment wherein all participants (regardless of level of experience) could feel free to "not know everything." Finally, this was a "hands-on" seminar. The instructor utilized videotaped role-plays extensively, and asked that participants bring weekly "real life examples" into the seminar. Seminar content was derived from the social work practice knowledge base and utilized the NASW *Code of Ethics* (NASW, 1996).

The collaborative seminar introduced participants to the beginning knowledge, values, and skills helpful for work as parent advocates, intake workers, and case managers within the Wings program. The seminar utilized a strengths-based, ecological and social systems framework for understanding work with families of children with SED. A significant component of the seminar was participants' development of communication and interviewing skills for work with children and families, with specific attention given to the professional "use of self." The seminar also focused on understanding personal and professional values in work with children and families, and illuminated strategies for preventing burnout. The following objectives guided the curriculum development for the collaborative seminar. Upon completion of the seminar, participants will:

1. Demonstrate understanding of the values and ethical dilemmas in work with families of children with SED;
2. Demonstrate awareness of her or his own values and an understanding of the impact of personal values in work with families of children with SED;
3. Understand what is meant by "professional use of self," and be able to demonstrate beginning levels of professional use of self in a capacity of developing and maintaining a purposeful relationship with families of children with SED;
4. Demonstrate beginning skills in communication applicable to work with families of children with SED, including principles of interviewing.

The seminar included eight topics:

Week 1: Understanding personal and professional values. Seminar discussion focused on the identification of personal values, attitudes, and beliefs, and the ways our values can influence feelings and behavior toward clients. Staff completed individual exercises such as a check-off list on "Traits of a Healthy Family" to understand differences in personal values. Intense discussion followed another exercise, the *Privacy Circle*, in which participants marked their preferences for sharing hypothetical personal information

and with whom they would share that information. For example, in follow-up discussion to this exercise, several staff said they would only feel comfortable talking with good friends about personal income, whereas others said they would be comfortable talking with neighbors, coworkers, and acquaintances. Linkages were made to the diversity of personal values and the impact for work with children and families. Professional social work values were introduced (e.g., respect for the dignity and uniqueness of the individual, client self-determination, etc.), as well as the NASW *Code of Ethics*.

Week 2: Ethical Considerations and Professional Boundaries. The didactic content centered on what makes a professional relationship different from other kinds of relationships (e.g., purpose of the relationship, authority, and power). The staff created and reviewed videotaped role-plays that showcased recent experiences related to professional boundaries.

Week 3: Beginning a Working Relationship With Families. The instructor described knowledge, values, and skills for a successful first meeting with families and children, such as explaining the purpose of the meeting, focusing the meeting, and understanding client responses. Particular emphasis was given to skills for enhancing motivation with involuntary and ambivalent clients. Staff role-plays provided examples of first interviews with challenging adolescents, scared and angry parents, and wary professionals in multiple settings (e.g., first phone call, first home visit, intake, school visit, etc.).

Week 4: How to Elicit Information You Need. This seminar expanded on Week 3 topics with further elaboration of interviewing skills such as paraphrasing responses, utilizing open-ended questions, checking out perceptions, and eliciting concrete details. Videotaped role-plays provided examples for discussion.

Week 5: Sensitive Issues. Participants described sensitive topics such as a client's revelation of child sexual abuse, an adolescent's concerns about sexual identity issues, or the need to report suspected child abuse and neglect. Content and videotaped role-plays focused on staff members' discomfort with sensitive issues, and the knowledge, skills, and values helpful for intervening when these issues arise with children and families. Specific content was presented related to skills for responding to personal questions or statements from parents and children (e.g., "Did you ever smoke pot?" "How can you understand what I'm going through ... you don't have children, do you?").

Week 6: When People are Angry/Sad/Hurt/Upset ... What to Do? Participants explored skills for going "below the surface" in conversations with children and families in order to understand the communication of subtle messages. The videotaped role-plays tended to emphasize dilemmas related to work with angry clients, and the discussion concentrated on participants' skills for handling personal feelings (such as

fear, inadequacy, and anger) as well as ways to intervene. Another important topic was the focused and empathic use of confrontation in specific situations (e.g., “How do I confront a parent who keeps missing appointments?”).

Week 7: Teamwork. A key component of the Wings program involved leading team meetings for the creation and implementation of individualized support plans. Most staff expressed concerns about their perceived lack of skill and anxiety around facilitating these team meetings. Therefore, didactic content focused on strategies for effective facilitation accompanied by videotaped role-plays incorporating all staff as members of mock team meetings.

Week 8: Burnout Prevention and Taking Care of Yourself. The instructor reviewed the literature on staff burnout, offered suggestions for recognizing and assessing burnout, and encouraged the group to brainstorm about personal, professional, and organizational ways to prevent burnout. The last seminar also addressed participant feedback and recommendations for future training.

The seminar was conducted to optimize the presentation of didactic material, as well as to facilitate group process and experiential learning. Each week, the seminar leader provided a didactic overview of the topic, distributed handouts, and solicited examples from the participants’ daily work with children and families. Consistent with current group work theory, group processes consisted of both formal (case managers with graduate degrees) and informal (the “speaker” for parent advocates) roles for participants, a variety of communication styles (quiet, talkative, helpful), and emerging roles for initially quiet members as the seminar progressed. Group norms were established early and emphasized confidentiality, shared participation among members and the instructor, and the commitment to take risks by voicing fears, concerns, and lack of knowledge with the group. Overall, the group process was one of openness, willingness to share and take risks, and excitement over their work together in building this new agency. Participants commented that the staff solidarity and openness that was supported during the seminar flowed into the daily work of the agency, and was evident in the decrease in parent–professional tensions, the

resolution of issues during staff meetings, and clearer communications when working with families and children.

Lessons Learned

Lesson 1. Don't Assume Anything About Participation

We erroneously assumed that participation in a collaborative seminar would be more difficult for the parent employees. We based this assumption on our past professional experience, comments from the informal needs assessment conducted prior to the training, and observations of agency staff meetings. We expected that parent employees would feel more unsure than the case managers (who had formal degrees) and thus would be more tentative

about their participation in the seminar. Our assumption was wrong. Initially, case managers had the most difficulty acclimating to a collaborative seminar environment. For example, several case managers struggled with discomfort as they monitored their level of group participation (“I didn’t know if I should keep talking.”), worried about how they were perceived by parent employees (“Do I look like I’m blaming parents?”), and questioned their roles in the training (“Am I supposed to be the student or the teacher?”). By

comparison, from the beginning of the seminar parent employees appeared to be comfortable acknowledging their practice concerns and asking questions freely.

This difference in comfort level between the two groups illustrated a challenge faced by professional employees who work side-by-side with parent employees. In most mental health agencies, the respective roles of professional and parent provides a boundary between the two. Clearly defined roles and boundaries can be comforting to professionals and parents. However, situations in which parents are employed to work with professionals in a nonhierarchical way can be temporarily disorienting to both groups.

Lesson 2. Focus on the Group

Group cohesion played a vital part of the training. The specific didactic content would not have been as easily incorporated into agency practice without the development

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of a cohesive group. Given the emerging nature of this new organization, the training imposed a weekly time for thoughtful discussion, raising questions, and sharing laughter. All of the participants agreed that this 2-hour period was one way to facilitate individual training needs and to provide a safe place to become a working group and enhance collaborative staff relationships.

Lesson 3. Utilize Videotaped Role-Plays

Videotaped role-plays contributed to the participants learning in three important ways. First, the role-plays provided a catalyst for illustrating a strengths-based approach to work with children and families. The instructor modeled strengths-based approaches by first pointing out the positive aspects of each enactment. The nonparticipants were also encouraged to offer positive feedback, and criticism was framed as challenges for improvement as compared to deficits. Second, the review of the videos fostered a sense of group camaraderie. Whereas the role-plays produced anxiety for many of the staff, the initial volunteers (both parent employees and professionals) paved the way for staff participation during successive weeks. The role-plays became a rite of passage—serious challenges for some, yet an activity that elicited strong support from the entire group. By the end of the training, all of the staff had participated in at least one role-play. Third, as compared to the less-precise oral reporting of family meetings, the use of videos made it possible for the participants to recreate situations in some depth. In the review of tapes, the instructor was able to point out specific verbal and nonverbal communication in a detailed manner, and elicit participants' ideas of alternative strategies for work with families and children. Thus, the review of videotaped role-plays enhanced the depth of learning for participants.

The use of videotape provided an opportunity for both experiential learning and the sharpening of professional skills. As the instructor used a strengths-based approach to critique the role-plays, she made use of parallel process by both demonstrating the technique of strengths-based interviewing and allowing the participants to experience the positive impact of building on strengths rather than eliminating deficits. Also, the personal risk-taking of participants combined with a supportive group atmosphere furthered the reduction in the role boundaries, thereby enhancing the collaborative nature of the organizational culture.

Lesson 4. Professional Boundaries and Use of Self

The instructor worried that the training curriculum would not meet the needs of this disparate group. How could experienced, master's-prepared case managers gain from didactic content aimed at the beginning skill level? Would beginning parent employees feel overwhelmed with too much content? We learned that it is possible to design a training curriculum that meets the needs of a broad range of parent and professional employees. The content on profes-

sional boundaries and use of self became the educational glue for this collaborative seminar. Throughout the training, the common themes revolved around understanding and identifying professional boundaries, and monitoring professional use of self. For example, parent employees developed new skills related to identifying inner feelings and reactions without immediately acting upon them with families. This was not new material for the ICMs. However, given the emotional intensity of work with families of children with SED, the ICMs welcomed the reminder to pay attention to personal feelings and to closely assess professional boundary issues. Moreover, parent employees were able to provide new information, personal feelings, and timely examples based on their current and past experiences negotiating boundaries with a variety of service providers. Thus, professional boundaries and use of self provided the overarching content through which all participants could explore and learn at varying individual levels.

Discussion

This article describes the creation and implementation of a training program for parent employees and case managers. It was created at the request of Wings, a children's mental health case management agency serving a four-county area of Maine. Wings was created through a federally funded grant initiative from the Center for Mental Health Services: the Comprehensive Community Health Services for Children and Their Families Program. From its inception, parents of children with SED have played an important role at Wings. Parents comprise more than 50% of the board of directors and more than 50% of the staff positions.

Wings experienced growing pains in its efforts to create instrumental roles for parents, and in finding ways for case managers and parent employees to work together collaboratively. To that end, Wings contracted with a social work educator to assess the agency's training needs, and to provide a seminar attended by both parent employees and case managers. Parent employees expressed the need for training in the following areas: maintaining objectivity when working with other agencies and providers with whom they had past negative personal experiences; feeling overwhelmed with emotion when helping a family whose situation was similar to their own; telling parents they would have to wait for services due to limited agency resources; guilt resulting from inadvertent criticism and "blaming" of parents; coping with the competing demands of the job and personal demands of raising a child with SED; setting appropriate boundaries with families; the mechanics of working with families (understanding the process of helping, confrontation, families being angry with them); experiencing embarrassment when clients disclosed intimate personal details; handling sensitive topics such as sexual abuse or drug abuse; and working in large groups with families and professionals

(i.e., individualized education planning). In response to those needs, an 8-week seminar was created that focused on clarifying personal and professional values; discussion of ethics and professional boundaries; creating working relationships with families; eliciting necessary information from families; discussing sensitive issues; responding when clients are angry at them; facilitating meetings with parents and multiple providers; and burnout prevention.

Many people benefited from the training. Wings employees benefited because the differences in perspectives between parent employees and professionals were reduced and the agency became a more cohesive place to work. Parent employees gained new skills that helped them in their work with clients (e.g., saying “no” to a client’s request when a particular service could not be provided, reduced guilt when they felt occasional anger with clients, remaining objective when working with another agency or provider who had treated them poorly when they were clients of that agency). The agency supervisors and administrators benefited by gaining insights into the process of team building. And, ultimately, Wings’ clients benefited by having professional and parent employees bring their own unique insights and skills to bear on the problems the families faced.

There are few published studies with which to compare this one. Koroloff and others (1994, 1996) describe incorporating parent associates into an existing agency. The present study describes the creation of a new agency in which parents play a leading role on the board of directors and as staff members. To our knowledge, ours is the only such study.

There are limitations to the present study. Standardized measures for the needs assessment and outcome measures were not used. Nor does this study compare outcomes between communities served by Wings’ parent advocates with those that are not. Future research should address these limitations.

There are several implications in the present study. First, this program description is one in a limited number of studies that explore the role of parents as paid service providers. This is an important area of study because the prevalent lack of parent-employees in child mental health services represents a barrier to more inclusive and family-focused care for children with SED. Our program is also important because it sheds more light on an understudied part of a continuum of parent involvement (Freisen & Stephens, 1998). Second, it implies that professionally trained case managers and parent employees may have similar needs in working with families in a way that is strengths-based. Third, it suggests that those same two groups can participate in experiential training based, in large part, on matters related to values, beliefs, roles, and boundaries. If future studies have similar findings, it takes the field one step further to truer collaboration in helping children and their families.

References

- Ackley, J. (1999). Family/provider relationships: Wings for children and families. In National resource network for child and family mental health services at the Washington Business Group on Health (Ed.), *Systems of care: Promising practices in children’s mental health, 1998 series, Vol. VII*. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.
- Epstein, M. H., & Sharma, J. M. (1998). Behavioral and emotional rating scale: A strength-based approach to assessment—Examiner’s manual. Austin, TX: Pro-Ed.
- Freisen, B. J., & Stephens, B. (1998). Expanding family roles in the system of care: Research and practice. In M. H. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for children and youth with emotional and behavioral disorders and their families* (pp. 231–253). Austin, TX: Pro-Ed.
- Knitzer, J. (1982). *Unclaimed children: The failure of public responsibility to children and adolescents in need of mental health services*. Washington, DC: Children’s Defense Fund.
- Koren, P. E., & Paulson, R. I. (1997). Service coordination in children’s mental health: An empirical study from the caregiver’s perspective. *Journal of Emotional and Behavioral Disorders, 5*(3), 162–173.
- Koroloff, N. M., Elliott, D. J., Koren, P. E., & Friesen, B. J. (1994). Connecting low-income families to mental health services: The role of the family associate. *Journal of Emotional & Behavioral Disorders, 2*, 240–246.
- Koroloff, N. M., Elliott, D. J., Koren, P. E., & Friesen, B. J. (1996). Linking low-income families to children’s mental health services: An outcome study. *Journal of Emotional & Behavioral Disorders, 4*, 2–11.
- National Association of Social Workers (1996). *Code of ethics*. Washington, DC: NASW Press.
- Stroul, B. A., & Friedman, R. M. (1986). *A system of care for children and youth with severe emotional disturbances (Revised edition)*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.
- Tannen, N. (1996). A family-designed system of care: Families First in Essex County New York. In B. A. Stroul & R. M. Friedman (Eds.), *Children’s mental health: Creating systems of care in a changing society* (pp. 375–388). Baltimore, MD: Paul H. Brookes Publishing.
- VanDenBerg, J. E., & Grealish, E. M. (1996). Individualized services and supports through the wraparound process: Philosophy and procedures. *Journal of Child & Family Studies, 5*, 7–22.

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Authors’ note: This training is supported by funding from the U.S. Department of Health & Human Services; Center for Mental Health Services Administration; Child, Adolescent and Family Branch. The project was conducted as part of the Comprehensive Community Mental Health Services for Children and Their Families Program.

Original manuscript received: November 29, 2000

Revised: September 14, 2001

Accepted: February 22, 2002

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TITLE: Collaborative Agency Training for Parent Employees and Professionals in a New Agency Addressing Children's Mental Health

SOURCE: Fam Soc 83 no5/6 S/D 2002

WN: 0224403289002

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