



PARTNERING WITH FAMILIES

During the past twenty years, work at the Research and Training Center on Family Support and Children's Mental Health has been guided by a vision of family-professional partnership within systems of care serving children with emotional or behavioral disorders and their families. This vision sees families and professionals working together as mutually respected equals, engaging in open and honest two-way sharing of information. Families are seen as sources of strength, and they are recognized for their expertise concerning their children. This form of partnering supports families and youth as they take leadership in decision making about how services and supports should be designed, organized, and delivered.

When the Center was first conceived, this vision of partnership was not widely held, and many professionals involved in the field of children's mental health worked under the assumption that families were primarily to blame for their children's difficulties. An important shift was signaled in 1984, however, when Congress authorized the Child and Adolescent Service System Program (CASSP) with the goal of improving services for children with serious emotional disturbances and their families. One of the key components of the program was its support for

extensive family involvement in the planning and implementation of services and service systems.

In the first years of CASSP, knowledge about what it would take to achieve extensive family involvement was limited, and goals were correspondingly modest. For example, states that brought just one family member (yes, one person, likely not a representative of a family organization) to a meeting were given accolades. There was little organization of families for support and advocacy, and virtually no national policy about children's mental health.

The intervening years have seen the expansion of national family organizations such as the Federation of Families for Children's Mental Health, growing legitimacy for the principle of partnership, and higher expectations and increased sophistication in understanding about what partnerships with families and youth can and should be. At the same time, we have gained a deeper appreciation of the complexity and challenges of developing partnerships based on an authentic youth and family voice. For example, consumer- and family-driven, individualized mental health care is a policy recommendation of the President's New Freedom Commission on Mental Health, yet we are only beginning to understand how to recognize when services, supports,

and service delivery truly reflect adherence to this value. Similarly, the evaluation of the federally-funded Comprehensive Community Mental Health Services for Children and their Families Program requires family involvement at all levels of implementation, including evaluation, yet many communities struggle to realize this goal.

The articles in this issue of *Focal Point* focus on Center's current work, which reflects the evolution of expectations for partnering with youth and families. Partnering successfully requires not only a philosophical commitment to the value, but also intentional, specific steps to redesign services and reallocate resources so as to remove logistical and interpersonal barriers that impede family and youth participation. The articles also highlight new thinking about responses to the complex needs of children and families. In particular, our findings help to move the idea of partnerships beyond the formal service sector into other arenas of community participation, such as education and the work life of family caregivers.

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