



Tracking family members' progress in their journey towards self-advocacy and self-efficacy through the acquisition of skills, knowledge and a network of support.

**Montgomery County Federation of Families for Children's  
Mental Health  
Georgetown University Center for Child and Human  
Development**

The Family Journey Assessment was developed through a collaboration between current and former staff of the Montgomery County Federation of Families for Children's Mental Health (MCFOF) and the Georgetown University Center for Child and Human Development (GUCCHD)

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## PREFACE

Peer-delivered support for families of children is a rapidly growing component of the service array for children with mental health challenges (Hoagwood et al, 2010). The need for this type of support resulted from several forces: advocacy by families drawing on their own experience in accessing and managing the care of their children, studies documenting high levels of burden and strain in families and the key role of this strain in driving service use (Angold et al., 1998; Farmer et al., 1997), the increasing responsibility required by the family-driven care movement in which families take on the primary decision making role in the care of their own children (e.g., goal setting, service design, outcome monitoring), and evidence indicating the importance of family involvement in treatment outcomes.

The Family Journey Assessment (FJA) is a rating scale completed by peer support providers (PSPs), individuals providing support to families with children and youth with special needs. It is expected that PSPs are individuals who have raised or are raising a child with health care needs. It tracks family members' progress in their journey towards self-advocacy and self-efficacy through the acquisition of skills, knowledge and a network of support. The FJA examines progress in five areas: *Self Knowledge, Family Well-Being, Information Seeking, Collaboration, and Knowledge Utilization*.

Items comprising the FJA were included because of their relevance to the important movement, process and experience of family journey, reflecting goals of activation (pursuing options), effective collaboration/decision making, advocacy, self-efficacy, and reduced caregiver strain. The items are rated on a 4-point scale linked to the level of support a caregiver requires to take specific action to improve his/her situation: intensive, moderate, supportive, and empowered.

When providing peer-to-peer support, PSPs work in partnership with family members to determine where they are in their journey toward self-efficacy and self-advocacy and how they are progressing. The Family Journey Assessment helps to track the journey and provides indicators for the specific level and content of peer-to-peer skill-building and support depending on the stage the family member is in at a particular point in time.

The basic 36 items of the FJA can be used to assess progress of a family in a range of support situations. Two additional sets of items are included in this version: (1) items assessing families' attainment of goals specific to their involvement in the Wraparound service delivery process and (2) items assessing a families' involvement in advocacy activities for other family members with children with special health care needs and/or to provide support for these families.

This manual first provides information on parent-to-parent support and its goals which led to the content and characteristics of the FJA (Purpose and Background). It then describes the structure of the instrument and the administration procedures (Description and Administration). Rating criteria are detailed in the Rating and Scoring section, concluding with specific behavioral anchors and examples for each item.

## BACKGROUND AND PURPOSE

Family-to-family (F2F) peer-delivered support for families of children with mental health challenges, as an alternative workforce model, is a rapidly evolving component of the service array (Hoagwood et al, 2010). With the expansion of F2F service has come a need to evaluate its impact. In a climate of results-based and outcome accountability, an emphasis on evidence-based practices, and a challenging fiscal climate, it is critical that family organizations measure what and how much they do, how well they do it, and the outcomes that result from their efforts.

Initiatives to evaluate the impact of F2F and conduct research have been limited, partly because basic definitions of family support services, specification of their goals, and an adequate measurement framework have been lacking. However, across the country, efforts are underway to clearly identify competencies, criteria, and standards, including a national initiative led by the Federation of Families for Children's Mental Health (2011). The grounding criterion of these efforts is that F2F is supplied by parents<sup>1</sup> whose service is predicated on their lived experience of raising a child or youth with emotional, behavioral (including substance use) and/or mental health challenges. This experience is integrated with knowledge of the community and the continuum of care, as well as the prevention and treatment of children's mental health challenges. Training often includes relevant issues of ethics, including confidentiality, and methods to empower and affect change and to advocate across systems. To help family members progress towards self advocacy, PSP services can range widely: information dissemination, skills instruction, concrete assistance (i.e., respite), emotional support and advocacy.

Recent efforts have begun to categorize the core goals of F2F for families (Gyamfi et al. 2009; Hoagwood, 2005; Hoagwood et al., 2010; Koroloff et al. 1994, 1996; Osher, Penn & Spencer, 2008; Robbins et al. 2008). These goals underlie efforts to measure outcomes and include:

- Decrease isolation. PSPs help family members identify and access their own formal and informal support network and community resources (i.e., churches, provider organizations, and informal support networks, including those available online).
- Decrease internalized blame. Community stigma around mental health often results in parents being or feeling blamed for the mental health problems of their children.
- Increase self-care awareness and skills.
- Increase action-taking skills. Increased ability to learn how to take action through gaining knowledge and to become actively engaged in their child's services.
- Increase feelings of self-efficacy.
- Increase acceptance and appreciation of child's challenges and an increased ability to work with both formal and informal supports.

Currently, data on the impact of family-to-family support is limited, often restricted to measures of parent satisfaction with services and sometimes service use. However, a few measures have been used to tap some of the goals of F2F.

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<sup>1</sup> The term "parent" in this manual refers to a youth's primary caretaker who could be a grandparent, other relative, or legal guardian as well as a birth or adoptive parent.

<b>Goals and measures used in F2F evaluations</b>	
<b>Goals</b>	<b>Measure</b>
Caregiver Empowerment	Family Empowerment Scale (FES: Koren, DeChillo & Friesen, 1992) Vanderbilt Mental Health Services Efficacy Questionnaire (Bickman, Earls and Klindworth, 1991) Family Participation Measure (Friesen, 2001) Family Assessment of Needs and Strengths (FANS; Craig, 2010)
Well-being	Multidimensional Social Support Inventory (MSSI; Bauman & Weiss, 1994) Caregiver Strain Index (Brannan, Heflinger, Bickman, 1997) Center for Epidemiological Studies Depression Scale (Radloff, 1977) FANS

### **Empowerment**

The Family Empowerment Scale (FES; Koren, et al., 1992) measures different dimensions of empowerment such as the parent's effort to exert control and their ability to manage day-to-day situations, work with service systems, and advocate for improved services for children with disabilities, as well as their beliefs regarding competency. The FES has been successfully used in studies involving families of children with emotional and behavioral disorders (Curtis & Singh, 1996) and developmental disabilities (Thompson et al., 1997; Dempsey & Dunst, 2004).

Family Support organizations in western New York State selected items from different versions of the Children's Assessment of Needs and Strengths (CANS; Lyons & Weiner, 2008) that referenced the caregiver to form the Family Assessment of Needs and Strengths (FANS; Craig, 2010). Several of these related to empowerment: advocacy (knowledge of needs, rights, and services and satisfaction with child's progress), education, and skill development (the ability to listen, communicate, and organize). The *Vanderbilt Mental Health Self Efficacy Questionnaire* is a highly reliable scale developed and used by Bickman and his colleagues (1991) to measure parents' self efficacy beliefs (ability to reach a desired goal) and behavioral expectations about obtaining and participating in mental health treatment for their children. It has been used as an outcome in a number of studies of family support (Bickman, Heflinger, Northrup, Sonnichsen, & Schilling, 1998; Kutash, Duchnowski, Green & Ferron, 2010; Rodriguez et al., 2010). The Family Participation Measure (Friesen, 2001) taps a caregiver's impression of his or her level of participation in planning for a child's service and treatment or education.

### **Well-Being**

Caregiver well-being has been considered a key outcome for some F2F programs. Different aspects of family well-being have been measured, including perceived social support using items from the Multidimensional Social Support Inventory (MSSI; Bauman & Weiss, 1994) and depression. The initial analysis of parent support in western New York state examined items on the FANS fall into two clusters relevant to well-being: support groups and respite (talents, hobbies, recreation) and optimism and involvement in child's care. FANS scores rose more frequently than dropped in caregivers from baseline to follow-up for the items in these clusters. Although the difference was quite

small, it is important to note that more than 45% of caregivers were rated as possessing a high degree of hopelessness.

Thus, although there have been attempts to measure certain key goals for families participating in F2F, there has been no comprehensive assessment. The motivation behind development of the FJA was to create a measure with items relevant to the goals, process and experience of a family journey, approached from a family-focused, strengths-based perspective. Besides measuring progress, it was hoped that administering the FJA would identify successes and areas for support, help families identify and articulate interests and strengths as well as areas of need, and help families discover options when they may not think they have any. The process allows families to see what they can learn through working with the PSP and guides the PSP's work: identifying goals, seeing where support is needed, and getting to know the family.

## DESCRIPTION

The Family Journey Assessment (FJA) is an instrument designed to help Family Support Providers<sup>2</sup> (PSPs) track a family's progress on its journey to self-efficacy and self-advocacy at a given point in time. It also is used to inform the PSPs work by helping to identify what the family needs, the goals that are linked to those needs, and the skills and strategies needed to move toward its goals. It can also provide a way to observe and celebrate progress. The FJA consists of a Core Scale that measures caregiver knowledge and skills that are important goals of all types of family support, a subscale (Wraparound) to be used if families are involved in formal Wraparound that taps key functions tied to families' participation in this process, and a subscale (Legacy) used for families' who are involved in advocacy activities for other family members.

### CORE SCALE

The core FJA contains 36 items, each rated on a four-point Likert scale ranging from 1 (Intensive) through 4 (Empowered) to indicate the family's level of need on that item. The general rating descriptions, or "anchors", are:

1. Intensive – The family member does not demonstrate knowledge and skill described by the item to improve the current situation without active intervention from the PSP.
2. Moderate – The family member needs extensive assistance and encouragement from the PSP to demonstrate knowledge and skill described by item to improve the situation.
3. Supportive – The family member needs limited assistance from the PSP to demonstrate knowledge and skill described by the item to improve the current situation.
4. Empowered – The family member demonstrates knowledge and skill without assistance from the PSP.

The items are divided into clusters of similar skills that together indicate competency in one of five important areas for a family's improvement. The six clusters are:

#### **Cluster 1 – Self Knowledge (9 items)**

Items in this cluster tap the caregiver's capacity to recognize and realistically communicate the strengths and needs of their child and their own strengths and needs and to see the importance of this process.

#### **Cluster 2 – Family Well-Being (5 items)**

This cluster includes items related to the caregiver's involvement in interactions within and outside of the family that involve making decisions affecting the family and child, to his or her feelings of support and connections within and outside the family, and to the ability to maintain a daily routine.

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<sup>2</sup>In most settings, PSPs are parents/caregivers who have one or more children with special health care needs and who have had success in navigating child serving systems such as child welfare, physical and/or behavioral health, or education.



**Cluster 3 – Seeking Information (2 items)**

The two items in this cluster concern the caregiver's efforts to obtain resources relevant to helping the child or youth, such as information about relevant systems and other available community resources.

**Cluster 4 – Collaborates with Others (6 items)**

A key goal of family support is helping families form effective and active partnerships with other stakeholders. Items in this cluster tap whether caregivers access help from formal and natural supports as well as those who have similar experiences.

**Cluster 5 – Uses Newly Attained Knowledge (6 items)**

Items in this cluster assess caregivers' knowledge and skills gained to address the needs of the youth and family, including effective communication (e.g., active participation, assertiveness), advocacy, and recruitment of support.

**Cluster 6 – Coping Skills (8 items)**

PSPs aim to help caregivers use their existing strengths and develop new skills to cope with the burden related to their children's difficulties and other stressors. Items in this cluster assess whether the caregiver has been able to develop and carry out a plan to address stressors and handle crises. Items also examine the ability to understand and handle feelings of distress to further resilience and perseverance.

**WRAPAROUND SUBSCALE**

This subscale of 20 items can be administered when families are participating in a Wraparound process that follows established principles and procedures specified by the National Wraparound Initiative. Wraparound is a team-based process that involves all stakeholders (parents, social workers, advocates, etc.) in designing an individualized plan for the care of a youth with mental health challenges. The wraparound items of the FJA are derived from work specifying the application of wraparound principles to the role of PSPs on wraparound teams (Penn & Osher, 2008). Descriptions and examples for the Wraparound Scale are still under development.

**LEGACY SUBSCALE**

One of the goals of the family support movement is to build the workforce by promoting the evolution of caregivers who have been recipients of family support into providers of such support. The items in this subscale can be used to track the journey of families who have moved into this "legacy" stage. The 8 items tap key aspects of advocacy for others, including comfort in sharing their "story" and the principles of the family movement, connecting with families with similar experiences and helping them find and use supports, and actively participating in more formal experiences (e.g., leadership training, committees, conferences, legislative sessions). Descriptions and examples for the Legacy Scale items are under development.

# ADMINISTRATION

## INTRODUCTION

The FJA is first administered within 2 weeks of the beginning of involvement with the family (baseline) and at three month intervals (follow-up) until the end of service. The FJA should be introduced to the family as a tool to help track the progress of collaborative work with the PSP. For the baseline interview, the FJA can be used in a discussion of the goals of family support, emphasizing the journey towards empowerment and self-reliance. The clusters link to key purposes of family support (e.g., information, advocacy, support, coping, collaboration). At each follow-up, the FJA interview should be introduced in the context of reviewing the progress that the family has achieved since the last administration. Throughout the interview, it is important to remember to remain as open and non-judgmental as possible.

## COVER PAGE

The cover page should be filled out for every administration of the FJA. Site, PSP, family and caregiver identification numbers should all be recorded on the cover page. Therefore, it is important to keep track of each caregiver's identification number in addition to the family identification number. Although much of the cover page information may be the same as in previous administrations, it is possible that a different caregiver is interviewed. It is best to interview the same caregiver for each FJA administration, but if that is not possible, record the new caregiver identification number on the cover page. The time period does not change if a different caregiver is interviewed (i.e., interviewing a new caregiver does not mean that PSPs should complete a new baseline FJA for that family).

The "comments" lines should be used to note important contextual factors (e.g., level of involvement, affect, recent events) that might influence the results. For instance, when a family is in crisis, it can be hard to prevent that problem from coloring the whole assessment.

You do not have to complete the baseline FJA at intake, or the first time you meet a family. For example, if a family is in crisis, you might spend most of that first meeting listening to the caregiver and addressing immediate needs. The FJA should be completed within the first two weeks of meeting a family. However, an FJA can be considered a baseline assessment if it is completed within 4 weeks of meeting the family. It is crucial to keep the FJA in mind while getting to know the family and consider your first experiences with the family when you complete the baseline FJA.

## CORE SCALE INTERVIEW

The FJA is designed to be administered by the PSP through a semi-structured interview, beginning with general open-ended questions for each cluster area and followed by suggested prompts to gain further information. Therefore, the PSP needs a thorough understanding of the assessment items in order to conduct this type of interview. PSPs should integrate current knowledge of the family with information provided by the family during the discussion.

When completing the FJA, try to complete **all** the items to the best of your knowledge.

## Observation and Judgment

To administrate the FJA, PSPs use their knowledge of a family to rate the family's progress. Knowledge is what you observe and hear from the family. You may also learn relevant information from other sources that you do not observe when meeting with the family. In that case, it is important to validate that information with the family.

A judgment is a conclusion based on observations. Judgments are often based on assumptions and limited information, and they often reflect an individual's way of looking at the world. Avoiding subjective judgment does not mean avoiding negative aspects of a situation. It means removing your emotion, opinion, and worldview from your assessment of what you observe as much as possible

It is not necessary to avoid drawing rational conclusions from observations and other relevant information. PSPs select ratings as objectively as possible and try not use their own experience, beliefs and attitudes to interpret that knowledge.

### **Process**

The discussion with the family member should be organized around the clusters as much as possible. However, it is likely that information relevant to items from other clusters will come up during the discussion of a specific cluster. Note the information on relevant pages of the interview. For each cluster, start with general questions capturing the areas covered by the items. For instance, for the Self Knowledge cluster, general prompts might include:

- *Tell me about how things are going with (child's name).*
- *What do you think would really help (child's name)?*
- *How easy is it for you to talk with others about (child's name)? What helps?*
- *Tell me about how things are going with you.*

Targeted prompts can be used if more information is needed in order to rate an item. For the Self Knowledge cluster, such prompts may include:

- *Let's talk about what has caused (child's name) difficulties.*
- *What are the good things that people say about (child's name)?*
- *How do you think you and your family can help with (child's name)'s difficulties?*

If the general and specific prompts have been unsuccessful in eliciting needed information, the specific item can be read (or paraphrased) to the family. This should be the last step, however.

### **Feedback**

At the end of each cluster, discuss your impression of the family's progress in that area. Paraphrase your ratings and ask for feedback. Do not read the items. Use general statements to prompt a conversation. For the Self Knowledge cluster, prompts might include:

- *It sounds like you have a great sense of what (child's name) needs to succeed. Maybe you are focusing so much on her needs that you have difficulty making time to take care of yourself. What do you think?*

- *We talked about (child's name)'s strengths, challenges, and needs. You explained (child's name)'s needs very clearly. Do you think that you are able to recognize and communicate (child's name)'s strengths and challenges in the same way?*

For the Seeking Information cluster, prompts might include:

- *I think there are lots of resources available to help with (this situation) that you are not aware of or that you haven't been able to access. Are there things we didn't talk about that you have used or tried?*
- *You've really collected lots of resources to help (child's name) navigate the school system. Is it easy for you to find information when you are looking for it? Do you have a similar understanding of the other systems (child's name) is involved with?*

Make sure that you understand the family member's perspective and discuss any discrepancies between your assessment of the family member's knowledge and skill level and the family member's perspective of their knowledge and skill level. Try to come to consensus with the family member. However, if that does not happen, trust your assessment and use it to rate items in that cluster. Note any unresolved discrepancies in the comments lines. Add any other comments or details, such as contextual factors, that are relevant.

Use the opportunity to celebrate successes.

## Rating and Scoring

Information from the interview, other conversations with the family, observation, and what you know about the family as well as information from the youth, natural and formal supports and other key stakeholders should be integrated to inform the rating for each item. When using the information gained, consider the “average” of the past month. Below are guidelines that are important to remember when making a rating:

- Always work with the family when using this tool – it is a dialogue.
- Try to use the same procedures for gathering information (e.g., talk to the same informants, use the same interview format) for each administration.
- At baseline, information available from the family in the month prior to beginning work together should be used in rating.
- Base your rating primarily on information reported by the family and your own observations. Try not to use what you “think” the caregivers’ skills or knowledge are.
- If another PSP has had contact with the family, that information can inform initial conversations with the family, but PSPs should not consider “hearsay” when rating the items.
- Do not infer a rating on the basis of the rating of another item. The items in each cluster may be similar, but each has a different focus.
- In making ratings, it is important to consider how your interpretations of caregivers’ behavior may be influenced by the family’s and your gender, life experiences, cultural heritage, socio-economic circumstances, role models, and values.
- Try not to impose your own value judgments that may be heavily influenced by your age, gender, social class, or cultural background.
- Expect that there will be fluctuations; the journey may not be a linear process.
- It is important to note how involved the caregiver is in P2P, even if their rating has not changed. This can be included in the comments sections.

The following pages provide examples of anchor behaviors/attitudes for each stage on the rating continuum along with short vignettes exemplifying the rating.

## Cluster 1: Self-Knowledge

INTENSIVE

MODERATE

SUPPORTIVE

EMPOWERED

<b>1. Communicates needs related to culture, language, learning and thinking styles in order to progress</b>			
<p>The caregiver is unable to or does not articulate beliefs or expectations or verbalize information that is necessary to address the child's needs. He is not aware of the family's, and particularly the child's, needs and is unaware of personal thinking and learning styles. The caregiver may feel intimidated by professionals or may be unable to communicate in the English language.</p>	<p>The caregiver communicates limited information about the family and the child's needs. His ability or willingness to communicate needs may differ based on who he is communicating with. Needs are communicated with little explanation or rationale.</p>	<p>The caregiver communicates most needs to most people who need to be informed. His ability or willingness to communicate needs may differ based on the sense of comfort /connection with the person he is communicating with.</p>	<p>The caregiver is very aware of the needs of the family and child and effectively communicates and verbalizes his needs to those who need it.</p>
<p><b>Example:</b> Mr. Conteh, who is of West African descent, has strong religious/cultural beliefs that conflict with the use of psychiatric medications. When his son's pediatrician suggests the use of stimulant medication for ADHD, he takes the prescription but never fills it.</p>	<p><b>Example:</b> Mr. Conteh tells his son's doctor that he does not want his son to take stimulant medicine because he "knows it won't work". Although the pediatrician suggests alternative medications, Mr. Conteh refuses to consider them.</p>	<p><b>Example:</b> Mr. Conteh tells his son's doctor that he does not believe in medication, but does not elaborate. He does ask for alternative treatments. He is able to talk with the family support provider about his religious concerns.</p>	<p><b>Example:</b> Mr. Conteh explains to his son's doctor that psychiatric medications are against his beliefs. He gives examples of the treatments that he would be willing to consider. He asks the pediatrician about other options to improve his son's focus and reduce hyperactivity.</p>
<b>2. Understands and accepts the child's challenges</b>			
<p>The caregiver does not understand or</p>	<p>The caregiver acknowledges that</p>	<p>The caregiver has an understanding of</p>	<p>The caregiver can identify the child's</p>

<p>admit that the youth possesses significant behavioral or emotional difficulties. She may deny the difficulties or have an unrealistic view of them--blaming others, blaming the child ("he could stop if he wanted to") or excusing the child's behaviors.</p>	<p>the child has difficulties but may still be in the process of identifying, understanding, and accepting the extent of the child's challenges and their impact.</p>	<p>the child's challenges and how they affect, and will continue to affect, the child and family's life. She may not fully realize the factors contributing to the child's problems.</p>	<p>challenges in a realistic way and accept and understand that responsibility for the outcomes of situations is shared by the child and others. She has deep insight into the child's special needs and self-educates on the child's special needs in all domains of life (school, work, play, home, community). The caregiver thinks proactively, identifying possible difficulties for the child ahead of time.</p>
<p><b>Example:</b> Ms. Franks is angry with the teachers and administrators at her son Tommy's school. She thinks that they are "out to get him" and are watching for any minor problem and blowing it out of proportion. "It's no wonder he acts the way he does." She feels that the school only wants her to give Tommy medications.</p>	<p><b>Example:</b> Ms. Franks knows Tommy has challenges that prevent him from succeeding at school and that his teachers have cause to be concerned. She hopes he will grow out of it.</p>	<p><b>Example:</b> Ms. Franks has spoken with Tommy's counselors and teachers about his ADHD and the new medication he started taking. She agreed to continue weekly therapy appointments and hopes the medication will "fix" his problems.</p>	<p><b>Example:</b> Ms. Franks acknowledges that Tommy's ADHD behaviors can be challenging to teachers and others. She loves his energy and reports that she is sad that the medication he takes changes his personality. However, she is able to see that medication does help him focus on his work at school. She has been working with the counselors and teachers at school on a behavior plan, concentrating on identifying triggers and averting meltdowns.</p>
<p><b>3. Recognizes the child's needs</b></p>			

<p>The caregiver does not realize or understand the child's needs (mental health, educational, social) to overcome challenges and improve functioning.</p>	<p>The caregiver has a limited understanding of the range of the child's needs and their intensity. He may only focus on a particular need or may think that addressing one of the child's needs will be enough to improve the situation.</p>	<p>The caregiver understands most of the child's needs and has an awareness of some of the appropriate strategies to address them.</p>	<p>The caregiver is aware of the range of needs of the child and strategies and has a realistic view of the services needed to address them to improve the child's functioning and fulfill his or her potential.</p>
<p><b>Example:</b> 13-year-old Juan recently was discharged from an inpatient hospitalization prompted by suicidal thoughts. Juan's father had found out that Juan had not been attending school for several weeks prior to this, because of fear of teasing and bullying. Over the last few years he has been seeing a therapist because of depression but has not been attending regularly. His father does not see the point of therapy since it did not seem to change anything. He does not understand why Juan cannot stand up for himself at school.</p>	<p><b>Example:</b> Juan's father understands that Juan needs to go to school and sees the need to work with the school personnel to increase his attendance. He is concerned about Juan's attitude. He knows Juan needs help but thinks "If only Juan would learn to stand up for himself, everything would be fine and our family could go back to normal."</p>	<p><b>Example:</b> Juan's father realizes that Juan's situation at school is not acceptable and has decided that Juan needs support outside of the family and school system. Even though he is not sure therapy is helping, he plans to try attend with Juan every once in a while to show that he is hopeful therapy will make a difference. He stops trying to convince Juan to go to school by threatening punishment.</p>	<p><b>Example:</b> Juan's father is upset about the teasing and bullying his son is receiving at school and feels that it is the reason his son is not attending. He wants to work with the school to put a stop to it. He has been hearing about successful ways to deal with this problem. It is difficult for him to take off work to get to school meetings and therapy sessions, but he contacts other family members to help. He knows that Juan loves his drama class so he asks the drama teacher if he is aware of opportunities to participate in theater outside of school.</p>
<b>4. Recognizes own needs</b>			
<p>The caregiver may not be able to recognize her own needs and/or is</p>	<p>The caregiver is aware of some of her needs, can articulate them, and</p>	<p>The caregiver recognizes and articulates most of her needs and the</p>	<p>The caregiver articulates her needs and knows that she needs to take care of</p>



<p>unable to articulate her needs to others. She is not aware of the things she needs in order to take care of herself. The caregiver ignores or does not recognize her need for support. Ignoring needs may interfere with her ability to support the child.</p>	<p>wants to address them, but often feels that she cannot “take the time” or that “there are more important things to focus on now”. The caregiver has only a limited understanding of the relationship between her unmet needs and difficulties in helping the child.</p>	<p>needs she has regarding the child and family’s situation. She is ready to figure out how to meet some of her needs. The caregiver recognizes that focusing exclusively on the child’s needs is not productive.</p>	<p>herself and her needs to best support the child. The caregiver may not always focus on or achieve those goals, but she is aware that she needs to address her needs in order to have a full and productive life.</p>
<p><b>Example:</b> Mrs. Taylor reports being very tired much of the time. However, she feels strongly that her role is to be a mother to her child with bipolar disorder and that her role can satisfy all her needs and support all her dreams. She states that “My needs don’t matter. I feel guilty if I need a break or want some attention for myself.” She thinks she should always deny her own needs for rest and recreation in order to help her children, and that she should spend every possible moment with them. It is very important to her that other people see her as a good parent who can handle</p>	<p><b>Example:</b> Mrs. Taylor knows that she needs more sleep and that she should focus on her own needs, but she cannot imagine how to find the time to do that. She knows it makes sense that she needs time to herself in order to be an effective support for her child, but that does not cause her to set aside time to address her needs.</p>	<p><b>Example:</b> Mrs. Taylor recognizes that she needs to make time for herself and starts noticing that her fatigue is a signal that she is not spending enough time attending to her own needs. She uses support from her friends to help her deal with the stress of parenting. She realizes that worrying what other people think sometimes prevents her from taking the time for herself that she needs.</p>	<p><b>Example:</b> Mrs. Taylor reports being tired much of the time, attributing it to the need for constant monitoring of her daughter and the frustration, anger, and concern she often feels. She realizes that she needs breaks from parenting at times to reduce her stress. She is aware that she needs to free herself from needing outside approval. She recognizes the importance of making time to pursue social relationships and to follow up on her interests, thinking, “Sometimes I just have to be selfish.” She is putting more emphasis her own well-being within the family.</p>

everything.			
<b>5. Sees challenges in an objective way</b>			
The caregiver feels overwhelmed by the child's problems, experiencing them as a daily burden that no one can help with. Challenges are addressed in a cycle of crisis; proactive strategies are rarely used to avert crises or deal effectively with crises. Often the caregiver feels helpless and hopeless, and like there is no way out.	The caregiver struggles to view the child's challenges as problems that can be addressed and less influenced by his feelings and past experiences. The caregiver may know there are strategies available to help address the situation but has a hard time imagining that anything will improve.	The caregiver tries to see challenges realistically and interpret them in a larger context, rather than focusing exclusively on immediate obstacles. He identifies ways to address the challenges through a proactive plan but may find it difficult to maintain this approach.	The caregiver views challenges as difficult but able to be solved and actively seeks out information on the child's special needs as well as help and guidance from others. He maintains hope for a brighter future, has accepted reality, and is able to represent the child's needs effectively. The caregiver proposes solutions for the things over which he has control.
<b>Example:</b> Mr. Ramirez's son has been suspended from 4 <sup>th</sup> grade for the third time this year and she "just does not know what to do." She cannot identify anything that has worked in the past. She says, "We tried all those charts and even medicine, and that didn't work. Nothing works!"	<b>Example:</b> When Mr. Ramirez's son is suspended again, she tries to figure out what to do next. She is overwhelmed and feels like she is struggling against all odds but wants figure out how to take action and move forward: "It's Gustavo and me against the world."	<b>Example:</b> Mr. Ramirez is upset that her son has been suspended again and contacts the school to find out about next steps. She feels exasperated, thinking "Alright, back to square one." She feels like she is in a never-ending cycle at times and feels a little discouraged is able to regroup to try to address the situation again.	<b>Example:</b> Mr. Ramirez is disappointed that her son was suspended again, but she works with the school to revise his behavior plan. She reports trying to do things to help: "Sometimes it makes things better and sometimes it doesn't. But I keep trying." She effectively represents the child's needs and can take the lead in meetings.
<b>6. Separates the child's challenges from family/own self-worth</b>			
The caregiver sees the child or youth as an extension of herself, reflecting positively or negatively on herself and the family. She may	The caregiver struggles to separate her self-image from the child or youth. The caregiver may often take responsibility or blame for the	The caregiver usually thinks about and talks about the child as an independent person. She sees relationships between actions	The caregiver recognizes the child as an independent person with strengths as well as challenges. She appreciates what the child can do and

<p>feel ashamed or embarrassed about the family or child's situation and her self-esteem may suffer. As a result, she is unable to participate fully and positively in the child's care.</p>	<p>child's actions and may be angry at herself.</p>	<p>and the child's reactions without taking ownership over the child's actions. The caregiver sometimes relapses into self-blame and linking child's problems with their own self-esteem.</p>	<p>sees where difficulties lie. The caregiver does not see success or failure as a reflection of her self-worth. She is able to help develop strategies and implement tactics to help the child or youth develop his or her potential.</p>
<p><b>Example:</b> Mrs. Cox is very concerned about her son Matthew, who has been diagnosed with ADHD. He is having a very difficult time at school because he fails to hand in assignments and gets aggressive, and sometimes violent, when he is angry. His mother knows he is intelligent and thinks that he learns in a different way that the school does not accommodate. She feels the school does not understand and blames her for his difficulties. She won't take him anywhere because she is afraid of people's reactions. Recently, she was supposed to go to her parents' 40<sup>th</sup> wedding anniversary but she said "I could not risk</p>	<p><b>Example:</b> Mrs. Cox knows that the fact that her son has challenges does not mean she is a "bad parent", but she sees his successes and failures as an indication of whether she is doing a good job of parenting him or not. She feels like it is important to make sure the family knows he has ADHD so that they won't "blame her" for his behavior. When friends ask how she is doing, her response always reflects Matthew's current situation: "Not great, but we're trying something new..."</p>	<p><b>Example:</b> Mrs. Cox's goal is to "help Matthew help himself" by setting up a framework in which he can succeed. She still feels like setting up that framework is solely her responsibility, but she does not blame herself when strategies are not successful. When friends ask how she is doing, she responds, "Things are okay. Work is going pretty well, but Matthew is still struggling. He's going to see a new therapist, so maybe that will help."</p>	<p><b>Example:</b> Mrs. Cox is concerned about Matthew's academic and social problems but does not define herself by what he does. "I am the parent of a son who has problems and I want to help him." She meets with school personnel regularly but does not take discussion of problems personally, although she may differ in her approach. She talks regularly with friends about Matthew's challenges, as well as other aspects of her life. She shares that his successes or failures "do not depend entirely on me."</p>

it. I know that people will be judging me because of him.”			
<b>7. Recognizes own strengths</b>			
The caregiver views himself negatively, cannot see his strengths, and feels shame and/or blame. He may feel like a failure or that negative outcomes demonstrate that he does not have strengths.	The caregiver has difficulty identifying strengths but is able to identify some strengths when prompted. He has difficulty thinking about how strengths may improve situation.	The caregiver recognizes his strengths and is able to identify some ways that they have helped him in difficult situations and how they may help the child.	The caregiver recognizes personal strengths and difficulties, capitalizes on strengths, and focuses on self-improvement. The caregiver notices how he uses those strengths and how they have helped and has confidence in them.
<p><b>Example:</b>            Chuck and Priscilla are at their wits' end. They are the parents of two teen-aged girls and two younger boys. The eldest, Charlotte, is out-of-control, failing at school and using drugs. Priscilla cries and says, "We don't know what to do anymore! I do everything for them." Charlotte and Chuck fight constantly. He expects her to respect him, but she swears at him when he makes the slightest demand. They feel like failures and cannot identify any positive aspects of their lives.</p>	<p><b>Example:</b>            Chuck and Priscilla feel like they have not done a very good job as parents, but they are able to identify some of the decisions they made that helped the family succeed, such as persistence and their love for their children. They feel that these strengths have not led improvement in the family difficulties, however.</p>	<p><b>Example:</b>            Priscilla is proud that she has been able to follow Charlotte's plan of care and be consistent in the way that she reacts to Charlotte's behavior. Chuck realizes feels good about the open communication he has been able to maintain with Charlotte, despite strains on their relationship and his difficulty disciplining her. Both Priscilla and Chuck try to "focus on the positive".</p>	<p><b>Example:</b>            Priscilla and Chuck are under a lot of stress but they are still able to remember why they wanted to have a family in the first place. Priscilla can acknowledge that she has a lot of perseverance which she uses in following through and being consistent with behavior plans for Charlotte. She also realizes that she likes to learn and uses this strength to find out more about child development and mental health. Chuck places high value upon staying emotionally connected with his children, even when they act badly. He uses this to work at finding ways to</p>

			maintain ties with Charlotte and work things out, rather than giving up.
<b>8. Recognizes the child's strengths</b>			
The caregiver does not acknowledge the child's strengths or has difficulty identifying and communicating strengths. She may overemphasize negative qualities or behaviors.	The caregiver has difficulty identifying strengths in the child but is able to come up with some when prompted. She struggles to focus on strengths and has difficulty seeing how they can help the child succeed.	The caregiver can identify and appreciate some of the child's strengths and is able to communicate those strengths. She sees how they have helped the child succeed but may sometimes struggle to focus on those strengths.	The caregiver can identify and appreciate most of the child's strengths and is able to communicate those strengths. She finds ways to use those strengths to support or to improve communication with the child and shares those strategies with other people in the child's life. She encourages the child use his or her strengths to overcome challenges, often emphasizing where they've come from and where they are now.
<b>Example:</b> Brian's mother finds it difficult to speak positively about him, always focusing on the problems he is having at school and the angry interchanges within the family. When Brian's mother notices him getting restless during the family meeting, she apologizes and says that Brian is "always like this – impossible to manage".	<b>Example:</b> When Brian's mother talks about his experience at school, she says, "I don't want to make it sound like it's all bad. He has some good days." When asked what "good days" look like, she says that Brian usually stays calm and engaged when he is able to be active.	<b>Example:</b> Brian's mother easily identifies the things he is good at and the things that he likes. She sometimes feels like his challenging behaviors overshadow those strengths: "He's good at lots of things, but he does not like reading, and there isn't much we can do about it."	<b>Example:</b> Brian's mother is able to balance his positive characteristics and behaviors with the challenging behaviors such as lack of concentration and oppositional defiance. She points out that he is distractible and restless at school and while getting tutoring in reading, but she also discusses the ways to address these behaviors, such as practicing reading

			with him. Because Brian loves spending time in the woods and likes observing insects, she has suggested choosing books that involve outdoor activities and animals instead.
<b>9. Believes that own voice is important</b>			
The caregiver ignores his valuable knowledge about and experience with raising the child. He does not realize the importance of sharing his knowledge and experience and does not speak up to convey his needs. The caregiver may believe that the opinions and ideas of other stakeholders are more valid and important than his own.	The caregiver has a limited understanding of the importance of his knowledge and experience. He does not consistently share that knowledge but is able to do so when prompted.	The caregiver understands that his knowledge of and experience with the child is unique and valuable. He knows that stakeholders and decision-makers need his input to understand the child and family situation and is often able to provide that input.	The caregiver realizes the value of his unique experience with the child. He understands that he needs to communicate his wishes, opinions, and concerns. The caregiver knows that he deserves respect for his role and experience in the child's life. He expects that others will listen to him and consider his perspective.
<b>Example:</b> When she is meeting with counselors and school personnel about her daughter, Karen feels ashamed, seeing herself as a person with lots of problems among nicely-dressed professionals. It seems to her that every other person at the meeting is able to keep their life under control,	<b>Example:</b> Karen is not comfortable meeting with counselors and school personnel, but wants to make sure she is at meetings so that people do not make decisions for her child and family without her present. She answers direct questions but is reluctant to offer her view spontaneously.	<b>Example:</b> When Karen meets with counselors and school personnel, she feels anxious, but she sometimes interjects when it seems the group does not have all the information they need to understand the situation. She feels awkward initiating conversation during meetings but she realizes that she has more experience	<b>Example:</b> Karen is apprehensive when she meets with counselors and school personnel. However, she tries to avoid feeling that she is not "up to par." She reminds herself that she is trying all the time and that she has good ideas about what could help with her daughter's problems. She always offers her

<p>while she is “a mess,” even though she knows that may not be true. She feels that she will never “get it together” and has nothing to contribute, thinking, “They are the experts.”</p>		<p>with her daughter and what her daughter’s day-to-day challenges are than anyone else.</p>	<p>thoughts and opinions whether they are asked for or not.</p>
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## Cluster 2: Family Well-Being

INTENSIVE

MODERATE

SUPPORTIVE

EMPOWERED

10. Is involved in decision making within the family			
<p>The caregiver does not participate in decision making in the family context. He may intentionally avoid making decisions or may not realize that he is withdrawing from the decision-making process. Or, he may be unwilling to involve others in decision making.</p>	<p>The caregiver shows some interest in or makes some effort to participate in family decisions. However, he is not always aware of important family needs or issues because of his lack of involvement. Or, he may make decisions without considering others' opinions or including others in the decision-making process.</p>	<p>The caregiver participates in family decision-making and is usually aware of the current situation when the family is deciding how to proceed. He may sometimes defer to another's view even though he disagrees with it. On the other hand, he may involve others in the decision-making process but tends to base final decisions primarily on his own opinion.</p>	<p>The caregiver actively participates in decision making in the family context and allows decision making to be a responsibility shared among family members. He possesses a good understanding of the issues and contributing his opinion and point of view. He may not always have a strong opinion, but he knows the value of his participation and is eager to help the family make the best choices.</p>
<p><b>Example:</b> Dan spends extra time at his office to avoid the chaos at home. He feels guilty leaving his wife to handle that challenge, so he likes to let her make all of the family decisions. Whenever she asks his opinion, for example, about whether or not they have time to attend a niece's wedding, or what their budget can accommodate, he always responds, "Do whatever you think is best." Whenever</p>	<p><b>Example:</b> Dan spends most of his time at work and likes to let his wife make the family decisions, but he notices that it is sometimes easier for her to make a decision when they talk about the situation, so he devotes some time to having conversations with her about the family. Dan's wife feels like he understands the amount of responsibility he is leaving with her.</p>	<p><b>Example:</b> Dan knows that his wife feels overwhelmed when he leaves all of the decision making to her, so he tries to participate in family decision making. He still tends to defer to his wife, feeling as though she "knows what's best." He realizes that it is less stressful to be at home when he is more aware of family plans and decisions.</p>	<p><b>Example:</b> Although Dan's wife is the primary caregiver at home, he does his best to help his wife manage family life, especially when his older son is going through a particularly difficult time. He knows that it is difficult to carry sole responsibility for arrangements and important decisions. He enjoys contributing because he knows his input helps the family make the best choices. It also keeps him engaged</p>



<p>their children ask his permission to do something, he replies, "Go ask your mother."</p>			<p>in family life and aware of the family's well-being.</p>
<p><b>11. Participates in decision making with those involved in the child's care</b></p>			
<p>The caregiver does not engage in the decision-making process when making decisions about the child's care. She may allow others to make decisions about the child and family or lack the motivation to get involved. The caregiver may not attend or may miss appointments and meetings during which decisions will be made.</p>	<p>The caregiver shows some interest in or makes some effort to participate in decisions regarding the child's care. Her perspective may not be in line with the realities of the child's situation. The caregiver may make decisions with insufficient knowledge and may inconsistently attend or participate in appointments and meetings.</p>	<p>The caregiver usually tries to participate in decision making regarding the child's care and is generally aware of the child's strengths, challenges, and current situation when deciding how to proceed. She considers knowledge from different sources when making decisions. She regularly attends key appointments and meetings but sometimes does not take an active role in making decisions.</p>	<p>The caregiver always contributes to decision making about the child's care and considers all available knowledge about the child and the family's needs and beliefs. She is comfortable voicing disagreement, attends appointments and meetings, and thinks decisions regarding the child's care cannot be made without her input.</p>
<p><b>Example:</b> Vivienne is overwhelmed by all of the resources and information her son's pediatrician has given her about his developmental disability. The doctor recommends considering a variety of educational options and offers a phone number she can call to learn about those options, but she wants him to just tell her where her son should go to school.</p>	<p><b>Example:</b> Vivienne talks to her son's pediatrician about her son's challenges and calls the number he provides to learn about educational options for her son. She asks the support representative which option he thinks is best. Because Vivienne wants what is best for her son but does not completely understand the developmental</p>	<p><b>Example:</b> Vivienne wants to be the person who decides where her son goes to school and knows she cannot make an informed decision without getting more information about the educational options available and her son's disability. She is often well-prepared so that she can choose the right match for her son's needs but often feels as though the</p>	<p><b>Example:</b> Vivienne listens to her son's doctor's advice, reads the materials he offers, and makes some phone calls to find out more information about alternative education plans. After doing those things, she thinks that her son could continue in public elementary school with some extra help. She starts trying to find a tutor with experience in</p>

	delays the pediatrician described, she feels like a professional should make the decision.	professionals “know what’s best.”	special education to work with him.
<b>12. Feels connected and supported by formal child-serving systems</b>			
The caregiver does not draw support from formal child-serving systems. She is reluctant to accept assistance and does not view formal systems as possible sources of support. She may be uninterested in connecting with possible supports or may want supports and connections but has not taken steps to obtain them.	The caregiver accepts assistance from some but not all relevant child-serving systems and views them as possible sources of support. She may not take steps to maintain connections, however.	The caregiver feels supported by child-serving systems and usually feels comfortable accepting assistance. She makes an effort to maintain positive relationships with system representatives.	The caregiver is aware of, seeks out and readily accepts support from child-serving systems when necessary and recognizes the value of those supports. She feels comfortable asking for help. She maintains and strengthens her relationships with system representatives, returning phone calls and keeping stakeholders up-to-date on the family and child’s situation.
<b>Example:</b> Mrs. Mason has not informed her daughter’s school about her daughter’s mental illness and special needs. She has not accepted assistance from the social worker that has visited the house. She feels like she has no one to talk to and does not think that anyone, including the parent support provider (PSP), can help her or understand what she is going	<b>Example:</b> Mrs. Mason relies on her PSP as a source of support. The PSP helps Mrs. Mason navigate systems to get her daughter the right services and encourages her to discuss her daughter’s challenges with the school. Mrs. Mason agrees to do so, although she is not sure the school will be able to provide any effective assistance.	<b>Example:</b> Mrs. Mason feels supported by her PSP and her social worker and is proactive in contacting the both of them for assistance when necessary. She begins to trust that school officials are trying to help her daughter and recognizes that there are other supports in the community she can call on if necessary.	<b>Example:</b> Mrs. Mason is comfortable discussing her family’s difficulties with trusted school officials and seeks out support from other child-serving systems when necessary. She recognizes that she can feel support from those systems if she engages in a collaborative relationship with system representatives. She no longer feels alone and isolated,

through.			and the relationships she has built help her reduce her burden and feel hopeful that her daughter's situation will improve.
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**13. Accesses and feels supported by natural supports**

The caregiver needs help identifying and using natural supports. She may be unwilling to share or uncomfortable sharing her experience with those outside of the immediate family.	The caregiver can identify some personal associations and relationships, often extended family, that she would be willing to look to for assistance and support.	The caregiver has been able to identify a range of possible natural supports and has taken steps to ask some for assistance. She feels confident supported by those people.	The caregiver recognizes a range of natural supports in the extended family, friends, and/or community. The caregiver is comfortable getting support from those people and feels supported by them.
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<b>Example:</b> Lorenzo's mother, Maya, does not have a car, and there is no subway stop close to Lorenzo's doctor's office. Maya has a good relationship with the pastor at her church and has told him that Lorenzo is going through a difficult time. The pastor told Maya to call if she ever needs anything, but she feels that asking for a ride is placing too much of a burden on him, and that he would probably say no anyway. Maya cannot think of anyone else to ask for help.	<b>Example:</b> Maya needs help bringing her son Lorenzo to his doctor's appointment. She thinks of her pastor as someone to talk to when she needs support, and she doesn't feel comfortable asking him to do something for her, but she cannot think of anything else she could do. She finds out that the pastor doesn't have a car, either, and she feels discouraged and cannot think of anyone else to ask for help.	<b>Example:</b> When Maya needs transportation to her son's doctor's appointment, she thinks that her pastor at church might have ideas. She is not comfortable making an announcement about her transportation difficulties, but she accepts the pastor's offer to ask around and see if he can find someone who knows how she can use public transportation to get to that area.	<b>Example:</b> Maya needs transportation to her son Lorenzo's doctor's appointment. She asks the pastor at her church for ideas about how she might get to the appointment. He suggests making an announcement asking if anyone is familiar with the public transportation system in that area. Maya is willing to do that because she thinks of the church community as a source of support. Another parishioner, Janet, finds Maya after the service and tells her which bus numbers to take to that neighborhood.
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**14. Develops and maintains a daily routine**

<p>The family does not follow a set routine or schedule (e.g., bath time, bedtime, meals; housework, homework). There is little structure for the family or the children and no understanding between family members about expectations and responsibilities. Routine tasks are not accomplished or are accomplished inconsistently or inefficiently. Caregivers may not have or do not enforce house and family rules.</p>	<p>The family members have difficulty organizing themselves and maintaining a daily routine in order to get things done. The family makes an effort to follow a routine and/or there is a general understanding of the importance of a routine and a desire to have a regular schedule. Unexpected stressful events may easily disturb the routines.</p>	<p>The family has developed a fairly predictable home environment that usually structures their time. They make a significant effort to follow a routine, but they may still struggle to plan ahead or coordinate various family members' schedules.</p>	<p>The family has developed and maintains a general daily routine that allows time for, and transportation to, events and appointments. Household tasks are completed and shared in a way that is comfortable for the family.</p>
<p><b>Example:</b> Every day is a new challenge for the Brayer family. Connor's mother and father argue about who will use the car and who will take the bus while trying to arrange a carpool for their daughter and convince Connor to get out of bed for school. Connor's mother often calls her husband a few minutes before she needs him at home to watch their children. Connor's father feels like he does all of the chores around the house. Both parents find themselves running</p>	<p><b>Example:</b> The Brayer family tries to plan transportation to school and work ahead of time, but they struggle to remember an agreed-upon schedule. Meals are grabbed on the go and the children determine their own bedtime. Unexpected events often seem to get in the way of plans. They regularly remember Connor's therapy appointments and call to cancel when they cannot make it.</p>	<p><b>Example:</b> The Brayer children are consistently on time to school, and Mr. and Mrs. Brayer discuss who will be home with the children after school on a daily basis. Bedtime routines are in place, including regular baths. The family tries to eat together on a regular basis. They remember and reschedule upcoming therapy appointments that they know they will have to miss because of other engagements or transportation issues.</p>	<p><b>Example:</b> The Brayer children are consistently on time to school. Mr. and Mrs. Brayer take turns driving the car to work, except on Fridays, when Mr. Brayer always drives to bring Connor to his therapy appointment because it is close to his office. They talk about plans for the upcoming week and shop for groceries on Sundays. They share a calendar so that Connor's father can check to see whether his wife has plans and will need him at home. Because there is</p>

to the grocery store every few days and often miss scheduled weekly therapy appointments.			good communication and consistent expectations in the family, it is easier to work through changes in plans or crises that sometimes arise.
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### Cluster 3: Seeking Information

INTENSIVE

MODERATE

SUPPORTIVE

EMPOWERED

15. Gathers information, resources, or materials to improve the situation			
<p>The caregiver does not look for resources that can help her understand and address problems she experiences. The caregiver may not know what to look for or where to look for it, and she does not ask the PSP or others for help finding the information she needs.</p>	<p>The caregiver is sometimes aware of what information she needs but usually depends on the PSP to help her access that information. Although she asks the PSP or other extended family for assistance, she does not access other potential resources (e.g., school, other service providers, internet).</p>	<p>The caregiver often is aware of the information she needs and has developed successful, but restricted, methods to locate it. She sees the benefits of searching for information and asking for assistance from a number of supports other than the PSP and extended family. She is comfortable doing those things. However, the caregiver can become discouraged if the information is not easily available.</p>	<p>The caregiver takes the initiative to get the information she needs and organize it. She has a variety of strategies for collecting information. The caregiver explores various ways to gather resources, both to solve or work on specific issues and to educate herself about the services, systems, and supports that might help her child and family.</p>
<p><b>Example:</b> Ben's elementary school teacher tells his parents that Ben should start occupational therapy and recommends screening for developmental delays. Ben's parents, Charles and Rhoda, agree to the plan, but leave without much understanding of the problems and feel uncomfortable asking questions. They do not know</p>	<p><b>Example:</b> When Ben's teacher tells his parents that she recommends screening for developmental delays and occupational therapy, they know they need more information. They call their PSP and ask for help in understanding what a developmental delay means and figuring out what their next steps should be.</p>	<p><b>Example:</b> When Ben's teacher calls his parents and recommends therapy and screening for developmental delays, Charles and Rhoda ask why. They listen to the teacher and start searching the internet for reasons that children might undergo OT or screening. They ask their PSP to help them find an occupational therapist.</p>	<p><b>Example:</b> When Ben's teacher calls his parents, Charles and Rhoda, and recommends therapy and screening for developmental delays, they ask why she thinks Ben needs to be screened and where they should go to do that. The teacher does not have answers to all of their questions. Charles asks the teacher for names and telephone</p>

<p>where to take him for screening or why they are supposed to go. They are angry that Ben's teacher did not provide more information and don't follow up.</p>			<p>numbers of others at the school who might know more. Ben's parents start searching the internet for reviews of occupational therapists in the area and information about developmental delays that fit the concerns Ben's teacher described.</p>
<p><b>16. Uses knowledge to navigate child-serving systems and other community-based services</b></p>			
<p>The caregiver does not know the functions of different child-serving systems or the connections between them. She does not know who to contact to ask for assistance or what questions to ask. She is unaware of the other community-based resources (e.g., parent information centers).</p>	<p>The caregiver has a basic understanding of the functions of different child-serving systems and community-based resources. She may not have a good understanding of the services within each system that would be appropriate for her child or of the connections between them.</p>	<p>The caregiver knows what systems her child is involved in and which systems and services would be appropriate to different aspects of his child's care. She is familiar with "systems" language and but still needs support at times to access help within systems and community resources.</p>	<p>The caregiver can describe the functioning of the systems her child is involved in and which aspects of those systems are appropriate for her child. She knows the processes and protocols for different situations and knows who to contact when different kinds of problems arise. She is able to navigate systems without outside support.</p>
<p><b>Example:</b> Alicia does not know why her son Jamie has to see the counselor at school, a court-appointed therapist, and a probation officer. She wonders why one person cannot follow Jamie's progress and tell anyone else who</p>	<p><b>Example:</b> Alicia knows that Jamie is on probation mandated by the state and is on probation at school. She knows that the court's requirements and the school's requirements are separate, but connected. She relies on the PSP</p>	<p><b>Example:</b> Alicia understands the different roles of Jamie's counselor, therapist, and probation officer and knows how to contact them. She realizes that part of her role is to keep everyone involved updated on Jamie's progress and occasionally checks</p>	<p><b>Example:</b> Alicia knows about and understands the disciplinary actions the school and the court have taken against Jamie following his arrest. She keeps his therapist updated on Jamie's willingness to meet with his probation officer and tells the</p>

<p>needs to know. She assumes that the therapist knows he sees a probation officer and is familiar with the details of his arrest. When the probation officer does not arrive for a meeting, she wants to contact someone to ask about his absence, but she does not know who to call.</p>	<p>for help navigating these systems. The PSP walks Alicia and Jamie through steps to make sure they are fulfilling all requirements.</p>	<p>in with the PSP to make sure she and Jamie are following the plans put forth by both the court and school.</p>	<p>probation officer that Jamie has stopped refusing to speak during therapy. She keeps a list of contacts and knows how Jamie's improvement will affect him and what will happen if he does not meet expectations, both at school and in the juvenile justice system.</p>
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## Cluster 4: Collaborates with Others

INTENSIVE

MODERATE

SUPPORTIVE

EMPOWERED

<b>17. Works with others to accomplish goals</b>			
<p>The caregiver does not work with stakeholders (e.g., service providers, school staff, child-serving system staff) in a reciprocal decision-making process. She may not be able to advocate for the family while also understanding and considering suggestions from others.</p>	<p>The caregiver makes an effort to work with stakeholders in a decision-making process. She shares information but may find it difficult to listen to or consider other suggestions.</p>	<p>The caregiver often works cooperatively with stakeholders in a decision-making process, appropriately sharing information and opinions but also understanding the value and importance of other stakeholder perspectives. She communicates her thoughts and listens to others.</p>	<p>The caregiver collaborates with stakeholders. She communicates clearly, accepts feedback, and listens to other perspectives with respect. She can explain her opinion to the team and is open to suggestions from team members. Plans are developed jointly through shared resources.</p>
<p><b>Example:</b> Claudia has an idea about how to adjust her son’s class schedule to accommodate other meetings and appointments. She explains her idea at an IEP meeting. The school officials say that part of her plan goes against school policy, but they want to try to incorporate her thoughts into a plan that everyone can agree on. Claudia is frustrated and replies “You all figure it out, then.”</p>	<p><b>Example:</b> Claudia brings an idea for how to reschedule her son’s classes to an IEP meeting. She wants to work with the school so that the school will be more willing to follow her plan. She listens to the school representatives and thinks they should make an exception to their rules. She explains her plan several times, hoping that the school will “come around”.</p>	<p><b>Example:</b> Claudia brings her idea of how to reschedule her son’s classes to an IEP meeting. She is annoyed when the school representatives say the plan is not aligned with school policy. However, she knows that she will probably have to compromise, based on the limits of the school system. She agrees to the plan the group decides on, but she thinks her plan would have worked better.</p>	<p><b>Example:</b> When Claudia brings her plan to adjust her son’s class schedule to an IEP meeting, school representatives don’t seem to think her plan will work. She is frustrated, but she agrees to try to find a solution that works for everyone involved. She listens and responds to other ideas. She does not think the plan they come up with together is perfect, but she recognizes that many of her ideas are included and that success is more likely if everyone works on the same plan.</p>
<b>18. Seeks assistance and works with others to find supports</b>			

<p>The caregiver does not reach out to ask for help or support. He may be reluctant to admit the child's problems to others in order to access care, or may feel that outside support is an invasion of the family's privacy.</p>	<p>The caregiver sometimes asks for help or support, usually when things become more difficult or they encounter a setback. He may only be willing to ask certain individuals for help, and those people may not have enough knowledge to be support the family in some situations.</p>	<p>The caregiver is willing to seek help and discuss the family situation with others and is comfortable working with some supports. He is usually able to identify, or ask for help identifying, supports that can help with various situations.</p>	<p>The caregiver seeks help when necessary and is comfortable discussing the family situation to work with others and find supports. He proactively seeks out individuals who will be able to provide support based on the family's current situation.</p>
<p><b>Example:</b> Mr. Brown wants to help his son, Tony, overcome his substance abuse problem. He plans to search Tony's pockets and room every day, impose a curfew, and stop providing an allowance so that Tony will not have spare cash. The plan does not seem to be working. Tony often comes home from school under the influence. Tony's school counselor suggests that Tony enter a rehab program. Mr. Brown is feels the counselor is interfering and tells him, "This is a private family matter".</p>	<p><b>Example:</b> Mr. Brown started talking to his son's counselor about Tony's substance abuse when Tony was suspended, but after a few weeks without any incidents, he stops communicating with the counselor because he never felt comfortable discussing Tony's challenges with the counselor anyway. He thinks he'll try helping Tony again without outside assistance.</p>	<p><b>Example:</b> Mr. Brown talks with the school counselor about Tony's substance abuse and talks to the school counselor about how to help Tony. He is interested in learning new ways to help Tony but does not like the idea of a rehab program because he does not want Tony's name in any records at a rehabilitation center. So, he decides to ask for advice from a friend whose wife battled addiction the previous year.</p>	<p><b>Example:</b> Mr. Brown realizes that, in order to overcome his substance abuse, Tony needs more assistance than the family can provide alone. The counselor at Tony's school had called to suggest that Tony enter a rehab program, so he calls the counselor back and ask for phone numbers of outpatient rehab programs in their community. He asks the counselor if she knows which programs work with adolescents and their families together. He begins the process of finding a program that would be best for Tony.</p>
<p><b>19. Connects with families having similar experiences</b></p>			
<p>The caregiver does not share her</p>	<p>The caregiver occasionally shares</p>	<p>The caregiver often connects with other</p>	<p>The caregiver feels supported by peers</p>

<p>experience with or build relationships with other families with similar experiences. She does not receive information, support or advice from other parents with similar experiences.</p>	<p>her experience with other families with similar experiences. The caregiver does not have regular contact with other families but may irregularly attend a support group or other event.</p>	<p>families, shares her experiences, and receives information, advice and support.</p>	<p>who have been in situations similar to her own. She interacts with and reciprocally shares support with other families.</p>
<p><b>Example:</b> Sarinda left high school when her daughter Zoe was born. She got her GED and is working at a call center during the day while her grandmother cares for Zoe. Sarinda is friendly with some of her coworkers and old high school friends, but she has not had much time to socialize since Zoe was born. She feels supported by the social worker and her grandmother, but is overwhelmed by the experience of being a teenage mom and feels like she has no one to talk to who might understand that challenge.</p>	<p><b>Example:</b> Sarinda has good relationships with friends, family, and coworkers, but does not feel very comfortable talking to them about how it feels to be a young single mother. She asks a social worker for suggestions and goes to the peer support group the social worker suggests one time, but Sarinda feels awkward and is reluctant go back.</p>	<p><b>Example:</b> Sarinda builds a relationship with another young mother who she often sees at the local playground. Sarinda realizes she enjoys the chance to talk to someone who understands her experiences, and when she asks a social worker for suggestions, she tries out a peer support group. She feels awkward, but she wants to attend at least a few more times because she sees that the other mothers feel very comfortable sharing with and helping each other, and she wants to be a part of that.</p>	<p><b>Example:</b> Sarinda feels like she needs some new friends who might be able to relate to her experience better than her friends from high school. After asking her social worker for suggestions, Sarinda regularly attends a peer support group. She enjoys being able to talk to other young mothers and connects with them outside of the weekly meetings. Sarinda likes feeling that her experiences can sometimes help other mothers.</p>
<p><b>20. Demonstrates an understanding of others' perspectives and the constraints of their situations</b></p>			
<p>The caregiver has difficulty understanding other points of view and relating to the experiences and situations of others. That difficulty impairs her ability to</p>	<p>The caregiver occasionally is able to view situations from others' perspectives, particularly when she is encouraged to do so or when the other person's</p>	<p>The caregiver is often able to able to view situations from others' perspectives, even when they are different from her own point of view. It is easier for her to</p>	<p>The caregiver is able to view situations from different perspectives and does so without being prompted. Her ability to understand the</p>

cooperate with others who can provide resources, services, and supports (particularly other child-serving agencies).	perspective is clearly explained. It is easier for the caregiver to understand another's perspective when the other person's experience is very similar to her own.	do so when prompted or when the other person's point of view is pointed out and explained.	situations and perspectives of others enhances her cooperation with others providing resources, services, supports (particularly other child-serving agencies).
<b>Example:</b> Soraya's son's lawyer asks to postpone their meeting because his two-year-old son has a cold and is staying home from daycare. Soraya is angry at the lawyer and does not understand why a cold is enough to keep a child at home. She wonders if he is "making it up".	<b>Example:</b> Soraya's son's lawyer asks to postpone their meeting because his two-year-old son has a cold and is staying home from daycare. Soraya feels bad at getting angry at the lawyer because it isn't the his fault his son is sick, but she feels like the lawyer should find a babysitter.	<b>Example:</b> When Soraya's son's lawyer calls to postpone their meeting because his young son is sick, Soraya is worried because her son's court date is the following week. She is able to remain calm on the phone and asks what the lawyer usually does when he suddenly cannot make his appointments.	<b>Example:</b> When Soraya's son's lawyer calls to postpone their meeting because his young son is sick, Soraya is worried because her son's court date is the following week, but she remembers that the daycare center her niece attends has a strict policy about keeping children home when they are sick. She realizes the lawyer is in a tough situation and asks if there is someone else she could meet with, or if they could reschedule the meeting for the next day.

**21. Shares their story with others**

The caregiver cannot or does not describe to others the family's struggle around their child's challenges, associated stressors, and other aspects of the current situation.	The caregiver struggles to describe the family's experience and current situation. The caregiver may have a few people he feels more comfortable talking to, or may feel more comfortable sharing some parts of his	In general, the caregiver is able to describe the family's experience and situation when it is necessary. The caregiver may be particularly willing to share his story with certain individuals or in certain situations but may	The caregiver chooses to share his experiences with both formal and natural supports and is comfortable doing so. The caregiver understands the value of his experience and the importance of
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	story than others.	struggle to do so with different people or in other situations.	sharing the family's story.
<b>Example:</b> Rob has been coming into work late for the past few weeks. His coworker, who is a good friend, seems aware that Rob is having trouble at home and asks if everything is alright. Rob thinks his friend will have a poor impression of his family if he explains that he is late because his daughter, Alice, is in the hospital and cannot drive his younger daughter's carpool anymore. He decides to say everything is fine.	<b>Example:</b> When Rob starts coming in late to work every day, his coworker asks him if everything is alright at home. Rob says that he started driving his daughter's carpool, and it has made getting to work on time more difficult. It seems too difficult to explain that Alice is in the hospital for mental health reasons.	<b>Example:</b> Rob talks to his coworker, who is a good friend, about his family situation and how it is affecting his availability at work. Rob's friend suggests he talk to their supervisor and see if the schedule can be changed and Rob can have a later start time, but Rob feels that his supervisor might decide that Rob is unreliable if Rob explains what is going on at home.	<b>Example:</b> Rob talks to his coworker, who is a good friend, about his family situation and how it is affecting his availability at work. He also talks to his supervisor about switching to a later shift. His supervisor agrees and asks if Rob would feel comfortable sharing experience at the next team meeting to help other employees feel comfortable sharing their needs with their employers. Rob is happy to do so.
<b>22. Participates in family support activities and events in person or through the internet</b>			
The caregiver does not participate in family support activities or events.	The caregiver makes some effort to participate in family support activities and events.	The caregiver has participated in family support activities and events and has made an effort to connect with other families.	The caregiver regularly connects with other families for support through structured activities and events.
<b>Example:</b> Trish, like Eva, has a teenage daughter suffering from serious depression. Eva is aware of several opportunities to join peer support groups or attend advocacy meetings, but because Eva and Trish have built a	<b>Example:</b> At her PSP's suggestion, Trish goes to a support group for parents of adolescents with mental health challenges. She is not sure that she likes it, but when her PSP talks about the value of family support events,	<b>Example:</b> Trish occasionally participates in family support events, so there are a few people she is comfortable talking to during those events. She usually depends on her PSP to tell her when they occur.	<b>Example:</b> Trish and Eva both have teenage daughters suffering from serious depression. Trish introduces Eva to a support group for parents of adolescents with mental health challenges. Trish finds an online

supportive relationship with each other, neither of them is interested in building connections through other activities.	Trish is interested and shows Eva the list of events. Since Eva does not want to go with her, however, Trish does not attend any of the events.		forum for single mothers who have children with mental health challenges and uses that forum to begin regularly communicating with other mothers.
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## Cluster 5: Owns Newly Attained Knowledge

INTENSIVE

MODERATE

SUPPORTIVE

EMPOWERED

<b>23. Uses knowledge about resources in the community and beyond in an effective way</b>			
<p>The caregiver almost always needs help taking knowledge that he has and translating it into action. He persists in unproductive attitudes and behaviors, even if he is aware of other options or resources, and needs help becoming “unstuck” in order to take action or to move on from ineffective strategies.</p>	<p>The caregiver occasionally uses obtained knowledge independently. In most cases, he needs support in order to use resources effectively. The caregiver still resorts to previous ineffective behaviors if the new strategies are not immediately successful.</p>	<p>The caregiver is often able to use knowledge of available resources effectively. He may occasionally need support or guidance in using them. He is less likely to resort to previous ineffective behaviors if the new strategies are not immediately successful. Rather, he seeks help in how to adapt the strategies.</p>	<p>The caregiver is eager to act on new resources and information that may help improve his child’s functioning or experiences. He uses his knowledge to develop solutions to challenges that arise. He is comfortable using new resources and trying new strategies he has learned when one resource or strategy is not helpful.</p>
<p><b>Example:</b> Marc, who has bipolar disorder, is being adjudicated in the Juvenile Justice system because of activities that likely reflect his manic symptoms. His family is aware of his diagnosis and associated behaviors but has not taken steps to use that information and help him avoid incarceration.</p>	<p><b>Example:</b> Marc’s parents want his case to be reevaluated because they know he was in the middle of a difficult adjustment to a new medication when he committed his crimes. They browse the internet for information about the Juvenile Justice system and mental health but they are overwhelmed by the amount of resources available. They tell his lawyer and hope that his lawyer shares that information with</p>	<p><b>Example:</b> Marc’s parents talk to their family navigator about steps they can take to inform the right people of Marc’s mental health challenges. They browse the internet for information and find out that statements from people who know Marc and his situation could help his case in court, so they ask their family navigator to write a statement.</p>	<p><b>Example:</b> Marc’s parents access a website about the Juvenile Justice system their family navigator suggested and learn that statements from Marc’s therapist and psychiatrist may assist his case. They ask for statements from both providers and decide that a statement from his teacher, who is familiar with his diagnosis and behavior, may also be helpful. They provide those statements to the</p>

	decision-makers regarding Marc's case.		judge in court.
<b>24. Attends, participates in, and speaks up during meetings</b>			
The caregiver does not attend meetings concerning her child's functioning, or does not participate actively or express opinions when she does. The caregiver may feel that meetings will be unproductive regardless of her involvement. However, the caregiver still <u>may actively participate during interviews with the PSP.</u>	The caregiver inconsistently attends meetings concerning her child's functioning, participating only when encouraged by other meeting attendees.	The caregiver attends meetings and usually participates meaningfully in discussions and decision-making. She makes an effort to attend all meetings.	The caregiver makes sure that meetings are planned on days and times that she will be available. She always attends meetings and consistently expresses her opinions and provides input.
<b>Example:</b> Marcus has significant learning disabilities and exhibits behavior problems at school. His grandmother is his primary caregiver and is often asked to attend meetings to develop education and behavior management plans. In the past, she attended an IEP meeting and felt ignored, so although she tells school staff she will attend, she does not go.	<b>Example:</b> Marcus's grandmother tries to attend meetings at school, but they always seem to be planned on inconvenient days. When she does attend, she stays quiet most of the time, but she acknowledges that the school is interested in involving her and responds to their questions.	<b>Example:</b> Marcus's grandmother attends school meetings, listens to others, and makes sure to speak up when she agrees or disagrees with something. School representatives feels like she is actively involved, but his grandmother feels uncomfortable initiating topics of discussion and raising her own ideas.	<b>Example:</b> Marcus's grandmother makes sure that meetings are planned on days that she will be able to attend. She goes to meetings and uses her knowledge and experience with Marcus to participate in creating his education plan. She reminds school staff that it is important for Marcus to attend P.E., rather than see the school counselor during that period as they suggest, because it is easiest for him to concentrate on schoolwork after physical activity.
<b>25. Communicates effectively</b>			



<p>The caregiver does not convey thoughts, feelings, or opinions. He may not feel confident or comfortable expressing himself and thus does not contribute to conversations, or he may choose communication styles or tones that are inappropriate for the recipient or situation. Intense emotions may make it difficult to communicate clearly or logically, or in a way that provides the others with an opportunity to respond. He may be focused on his own objectives and may not address the concerns or comments of others.</p>	<p>The caregiver occasionally communicates his thoughts, feelings, and opinions in an effective manner. He may find it difficult to adjust his communication style to different situations. The caregiver has difficulty responding effectively to the contributions of others, and that can make communication less effective.</p>	<p>The caregiver usually communicates thoughts, feelings, and opinions effectively. The caregiver may struggle to maintain an appropriate tone in some situations but is aware of the importance of doing so. He often responds effectively to the contributions of others, increasing communication effectiveness.</p>	<p>The caregiver is able to express his thoughts and feelings clearly and calmly in a relaxed manner that is appropriate for the audience and setting of the conversation. He is responsive to the contributions of others and is able to listen to others without interrupting. He explains himself thoroughly and uses emotion appropriately. Explanations are logical, and the caregiver can phrase things in another way when he is not understood.</p>
<p><b>Example:</b> Mr. and Mrs. Washington go to their son's court hearing and are asked several questions by the judge. In the courtroom, they consider some of the judge's questions to be intrusive and are confused by other questions, so they give answers that are brief or vague, or they do not respond. After the hearing, they</p>	<p><b>Example:</b> Mr. and Mrs. Washington do not feel comfortable talking to the judge during their son's hearing and are not sure why the judge needs answers to some of the questions, but they respond anyway. They angrily tell their son's legal advocate that they are not satisfied with what happened in court.</p>	<p><b>Example:</b> At their son's court hearing, Mr. and Mrs. Washington patiently respond to all of the judge's questions and ask for clarification when they do not understand a question. After the hearing, they review what happened with their son's legal advocate. Mr. and Mrs. Washington and the legal advocate agree that the hearing went fairly well.</p>	<p><b>Example:</b> Mr. and Mrs. Washington go to their son's court hearing. They respond to the judge's questions as well as they can and ask for clarification when they do not understand. They feel comfortable providing the judge with as much information as possible to help him understand their son's challenges. After the hearing they discuss what</p>

<p>“explode”, sharing all of their frustrations with their son’s legal advocate. The advocate suggests that they discuss what happened at the hearing when Mr. and Mrs. Washington feel more relaxed.</p>			<p>happened in court with their son’s advocate and plan next steps together.</p>
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**26. Demonstrates effective advocacy**

<p>The caregiver does not advocate for the child’s needs. She may have difficulty communicating effectively or feel easily intimidated by systems, professionals, or complicated requirements and processes. She may be easily discouraged or feel too frustrated to reach out to key stakeholders. The caregiver may be disorganized and unable to provide required documents. She may inadvertently alienate others by adhering to unrealistic expectations.</p>	<p>The caregiver occasionally is able to advocate for the child’s needs, but is often uncomfortable in the role and usually needs support from the PSP or others. She may often forget, misplace, or not have documents needed to support her advocacy.</p>	<p>The caregiver often advocates for the child’s needs and their advocacy efforts are often effective. At times, the caregiver is able to gather the resources and communicate well with stakeholders. However, the caregiver may not always be prepared with appropriate documents or background material and may not have planned out actions or words.</p>	<p>The caregiver takes actions that will improve her child’s situation when the opportunity arises. She is able to provide resources and documents that help communicate her child’s needs when necessary. She is comfortable and confident reaching out to and communicating with stakeholders. The caregiver is proactive, positive, and resilient, understanding that there may be some setbacks during the process. She is persistent and firm while maintaining realistic expectations and being willing to compromise.</p>
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<p><b>Example:</b> Ms. Jenkins goes to an IEP meeting and is enraged that the school system wants her daughter Alliyah, who has been suffering from</p>	<p><b>Example:</b> Ms. Jenkins goes to an IEP meeting and is ready to talk with the school and find out how they can help her daughter, Alliyah, who has</p>	<p><b>Example:</b> Ms. Jenkins goes to her daughter’s school after work one day with all of the documents she has regarding Alliyah’s medical</p>	<p><b>Example:</b> Ms. Jenkins brings Alliyah’s medical records to an IEP meeting and explains that Alliyah’s mental health has</p>
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depression and has missed a significant amount of school, to repeat the 10 <sup>th</sup> grade. Ms. Jenkins has no documentation of her daughter's diagnosis and is offended that the school staff has asked for "proof", so she leaves the meeting after twenty minutes without creating an education plan.	missed a significant amount of school. She calmly listens to everything the school staff says, and she is not happy with the school's conclusion. However, she does not have any of the documents she needs to be able to explain Alliyah's challenges, so she leaves discouraged.	care. She plans to show the school counselor all of her materials and to discuss her opinions about the appropriate elements of an IEP for Alliyah. The school staff tells Ms. Jenkins that the counselor left for the day an hour earlier, and that Ms. Jenkins will need to attend an IEP meeting to develop a plan for Alliyah.	prevented her from attending school. She brings Alliyah's therapist with her to help describe the challenges her daughter is having and compromises with the school system to design a plan that will allow her daughter to finish the 10 <sup>th</sup> grade during the summer and move on to 11 <sup>th</sup> grade in the fall.
<b>27. Is clear about the issues affecting the child and family and is able to discuss and communicate those issues in a constructive way</b>			
The caregiver requires extensive support to explain the problems affecting the family clearly. She may describe the <i>symptoms</i> of the family's challenges, such as arguments and tension, but has trouble describing how the child's behaviors and those symptoms impact the family. The caregiver may be vague about the child's issues or behaviors. She often becomes frustrated with attempts by others to further explore the child's difficulties and associated problems	The caregiver has a limited understanding of the issues affecting the child and is rarely able to communicate the range of the issues and needs of the child and family, independently. She may often become frustrated and unsure when asked to explain issues more fully.	The caregiver understands the issues that affect the child and family. She is often able to discuss and communicate those issues. However, she may often find it difficult to respond to questions from other stakeholders when they ask for more information.	The caregiver understands the child's underlying psychological, emotional and behavioral problems and is able to explain to others how this affects the child as well as the family. She is clear about the issues affecting her child and family, and is able to discuss those issues and communicate them in a constructive way.
<b>Example:</b> Mario's mother	<b>Example:</b> Mario's mother	<b>Example:</b> Mario's mother	<b>Example:</b> Mario's mother

<p>explains to a relative that Mario, who has ADHD, does not listen to her, upsets his younger sister and causes chaos in the home. When asked what sometimes triggers those behaviors or why she thinks those behaviors occur, she responds angrily, "I don't know. He just does whatever he wants all the time."</p>	<p>understands that Mario's hyperactivity is a symptom of his ADHD, but she wishes he would make a special effort to stay at the table during family dinners. She does not want to punish him for something that is not his fault, but she is confused by his behavior. She does not know how Mario acts in school or when he is with other family members.</p>	<p>understands his challenges and has various strategies of working with him to make life at home happier and more productive for the family. Mario's father understands that he has ADHD but wants Mario to make a special effort to stay at the table during family dinners. Mario's mother finds it difficult to explain why "making a special effort" is not the same for Mario as it might be for some children.</p>	<p>explains that Mario, who has ADHD, has a short attention span and has difficulty remembering and adhering to family rules and routines. She says that his impulsive and hyperactive behavior startles and upsets his younger sister and that he usually has the most trouble when he is asked to be still for a long period of time, for example, during family dinners. She has also asked his teacher about his behavior at school and the teacher confirmed his difficulties.</p>
<b>28. Utilizes the available spectrum of support</b>			
<p>The caregiver does not use the various supports available to him or depends entirely on one resource or service.</p>	<p>The caregiver utilizes, is interested in, or makes some effort to use more of the supports available to him.</p>	<p>The caregiver utilizes a range of supports. The caregiver may not be using some appropriate and needed supports that are available to him, or may not feel comfortable using some of those supports that he is accessing</p>	<p>The caregiver feels supported from various sources. He connects with multiple services and supports and recognizes the value of considering multiple options and perspectives before making important decisions.</p>
<p><b>Example:</b> Jeremy's parents rely on the medication his pediatrician prescribed to manage his behavior, although the pediatrician</p>	<p><b>Example:</b> Jeremy's parents trust that his medication will manage his behavior, but they make an appointment with the psychiatrist</p>	<p><b>Example:</b> Jeremy regularly sees his psychiatrist and a therapist as his pediatrician recommended. His parents feel like he is doing much better. They are</p>	<p><b>Example:</b> Jeremy's parents follow his pediatrician's recommendation to bring him to a psychiatrist who will provide long-term treatment and</p>

<p>referred them to a psychiatrist for ongoing care and medication management and recommended that Jeremy also see a therapist to address his low self-esteem and social problems. His parents believe that medication will solve all his problems. They are sure the support groups the pediatrician suggested will not be helpful, although they feel alone in dealing with Jeremy's challenges and believe that his mental health problems are their fault.</p>	<p>Jeremy's pediatrician recommended. They want to make sure that Jeremy has some form of ongoing support with an expert in medication for children. His parents believe that medication will solve all the problems and thus feel they have covered relevant bases and will not need to access other supports.</p>	<p>increasingly open to the idea of talking to other families in similar situations. But organizing and driving to all of Jeremy's appointments is difficult, and his parents are overwhelmed. They do not think they have time for support groups and wonder how they are going to sustain this level of involvement in Jeremy's care long-term.</p>	<p>manage his medication, and Jeremy begins therapy. His parents, concerned that addressing Jeremy's needs will be too overwhelming for them to handle in the future, begin trying out various support groups to get advice from parents who may have been in similar situations.</p>
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## Cluster 6: Coping Skills

INTENSIVE

MODERATE

SUPPORTIVE

EMPOWERED

<b>29. Understands that having a range of feelings is normal and is coping well nevertheless</b>			
<p>The caregiver is reluctant to express feelings, viewing them as weaknesses or believing they are irrelevant. If the caregiver does express feelings, he only uses one or two words to say how he is feeling, such as “bad” or “upset”. The caregiver also may ignore or exaggerate feelings.</p>	<p>The caregiver expresses appropriate emotions in some situations, and/or with certain individuals. The caregiver may seem to be suppressing or ignoring some feelings.</p>	<p>The caregiver expresses emotions at appropriate times and is comfortable doing so. The caregiver is more aware of why he feels the way he does. The caregiver might know that he is suppressing certain emotions.</p>	<p>The caregiver realizes that emotions will fluctuate in response to changing conditions and different situations and shows a range of emotion appropriate to those situations. He incorporates emotions into his life in healthy ways by accepting them and learning from them (i.e., what is this feeling telling me about the situation, and why is it coming up right now).</p>
<p><b>Example:</b> Jim reports being very upset at the way he is treated by his son’s social worker. He feels that his parenting style is being attacked. He does not express this feeling to the social worker and keeps his anger from his wife, even though she asks him what is wrong. At the next meeting, he explodes at the social worker, yelling and leaving the room.</p>	<p><b>Example:</b> Jim is angry at his son’s social worker but keeps his temper during their conversation. He realizes he is also angry because his responses to his son’s behavior don’t seem to work the way he expected it would.</p>	<p><b>Example:</b> Jim tells his wife that he is angry at the social worker, and he is able to calmly express that anger during their next meeting. He realizes that he feels angry at himself for being unable to be a “good parent” to his son. He looks to his wife for validation that he is not a bad parent.</p>	<p><b>Example:</b> Jim talks to his wife about his anger at the social worker who is treating his son. He reports feeling embarrassed but is able to see that his feelings may be resulting from his own worries about the way that he is responding to his son’s uncooperative behavior. He talks with his wife about how to respond to social worker. At the next meeting, he expresses his mixed feelings about her comments about his</p>

			parenting behaviors, both his anger and his guilt.
<b>30. Demonstrates resiliency and perseverance</b>			
The caregiver feels defeated and/or trapped by the challenges before her and requires extensive assistance if new challenges arise. She is unable to imagine any way of moving forward, feels helpless, and believes the situation is hopeless.	The caregiver sometimes sees ways to address challenging situations, although she often feels overwhelmed by the situation. She sometimes shows a willingness to take steps forward, even after setbacks.	The caregiver is able to face challenges and setbacks without feeling defeated or recovers from such feelings after a short time. She frequently takes steps to move forward in the face of challenges.	The caregiver is able to address the issues before her without feeling defeated. She has a sense of purpose – a goal – that drives her forward on behalf of her child and family.
<b>Example:</b> Linda comes from an abusive, alcoholic family and grew up in multiple foster homes. She has an extensive drug history but has been clean for several years. She has an explosive temper. She only calls her son's child and family team when there is a crisis and demands that they "do something." She has little faith that plans produced by the team will work and rarely follows through.	<b>Example:</b> Linda finds it difficult to have faith in the plan created by her son's team because she feels community systems have not helped her in the past. When crises arise, she does have ideas about how to what to do next but finds it hard to participate with the team in planning, angrily telling the team why she doesn't think the plan will work.	<b>Example:</b> When crises arise, Linda often does not feel comfortable with some aspects of the plan her son's team created. However, she does follow through on some parts of the plan and takes other steps to improve the situation. She tells the team why she does not think the plan will be effective.	<b>Example:</b> Linda felt that it was difficult to get to clinic appointments for her son, so she discovered a program that involved home visits and that she is more comfortable with. She confided her previous negative experiences to the new team and how she wanted to "do better for her kids." Although she still exhibited a fiery temper at times, she was able to follow through on many of the components of the treatment plan.
<b>31. Understands and takes care of self</b>			
The caregiver does not carve out discrete time for herself due to the intense demands of caring for others in the family. She may	The caregiver is able to acknowledge that she needs to take time for self-care but may have difficulty finding that	The caregiver regularly takes the time she needs to recuperate and recharge. She may notice that other aspects of life are	The caregiver fully understands that each member of the family requires time to tend to themselves for personal care,

<p>not realize the need to do so in order to recuperate and recharge, so time for attending to basic needs is compromised. The caregiver doesn't demonstrate self-awareness and demonstrates that through failing to understand the importance of self-care.</p>	<p>time. She demonstrates some self-awareness and understanding.</p>	<p>easier when she makes time for herself. The caregiver may realize that other family members could benefit from doing the same. In many cases, she is aware of her needs, motivations, and emotions.</p>	<p>physical and mental health care, rest, recreation, contemplation, or other needs, and each family member respects the needs of others in the family to the same. She understands herself, including needs, motivations, emotions, very well and is able to reflect to gain deeper insight and self-understanding.</p>
<p><b>Example:</b> Mrs. Garcia works a night shift because she prefers to be at home during the day and in the evening to care for her son. Mr. Garcia is not familiar with their son's medication schedule or routines and is not comfortable disciplining him. Friends suggest that more sleep and more energy might help Mrs. Garcia care for the family more effectively and work more efficiently, but Mrs. Garcia does not think that is possible.</p>	<p><b>Example:</b> Mrs. Garcia knows that more sleep would make her life easier and tries to find ways to make time for herself. She isn't sure that Mr. Garcia will be able to handle childcare duties, but she starts asking Mr. Garcia for more help with their son.</p>	<p><b>Example:</b> Mr. and Mrs. Garcia take turns serving as the primary caregiver for their son. Mr. Garcia is not as comfortable with their son's routines as Mrs. Garcia, but they both feel confident when he is alone caring for their son. Both Mr. and Mrs. Garcia recognize the value of the time each has to themselves.</p>	<p><b>Example:</b> Mrs. and Mr. Garcia make it a priority to balance childcare duties so that each of them can enjoy participating in family life while reserving some time for themselves and their work. Mr. Garcia learns the strategies that have helped Mrs. Garcia address their son's challenges. As a result, Mrs. Garcia does not feel like she needs to give her son constant undivided attention. She has more energy and is comfortable running errands in the afternoon or relaxing while she is at home and considers altering her work schedule to include some daytime hours.</p>

**32. Knows how to reduce stress**



<p>The caregiver continuously, or too often, feels nervous, anxious, tense, and out of control. The home atmosphere may seem chaotic or unstable, and the caregiver appears to struggle to focus on important issues. He feels that stress is a normal part of his life. The caregiver has not identified or developed coping strategies to reduce anxiety and stress in the family and may rely on unhealthy ways to cope (e.g., alcohol, withdrawal, using pills, sleeping too much).</p>	<p>The caregiver regularly feels anxious or nervous but is able to identify some of the causes of stress. He is aware that he needs to reduce his stress level but efforts tend to be short-lived and usually unsuccessful. However, anxiety has a minimal effect on the household.</p>	<p>The caregiver experiences a manageable level of anxiety about the family's situation. He can identify factors that lead to increased stress. The caregiver has developed some effective methods to reduce stress, which he uses frequently, and now feels more in control of his life. Other family members are only sometimes negatively impacted by his stress.</p>	<p>The caregiver has developed a number of effective coping mechanisms that he uses regularly to reduce stress, for example, exercise, meditation, or social connections, that allow him to achieve a relaxed state of mind and being. He feels in control of his life and his stress level rarely impacts other family members.</p>
<p><b>Example:</b> Ms. Jones constantly feels overwhelmed by the demands of her child and work, making her irritable and unable to enjoy family activities; even when she wants to participate it is difficult to relax and have fun. She always feels that she should be accomplishing something on her to-do list instead of spending time with family or friends.</p>	<p><b>Example:</b> Ms. Jones often feels anxious about her family and personal life and sometimes has difficulty calming herself down. It is sometimes easier for her to be calm around large groups of family and friends because it helps her forget her concern that she is not doing enough to take care of her child. However, certain topics of conversation during these get-togethers can reinstate her stress.</p>	<p><b>Example:</b> Ms. Jones knows that she will sometimes feel anxious about her family and personal life. She reminds herself that a certain level of stress is normal, and that she has often been able to work through stressful situations in the past. Accepting that some things she cannot change has helped her reduce some of the stress around family issues.</p>	<p><b>Example:</b> Ms. Jones recognizes that continual anxiety makes accomplishing tasks more difficult and realizes the benefits of using time with loved ones to help her relax. When Ms. Jones is driving to work, to her children's school, or to a family event, she takes time to breathe deeply and remind herself that she is doing the best she can to care for herself and her family.</p>

<b>33. Handles crises effectively</b>			
<p>The caregiver is overwhelmed by crises to the extent that she cannot move forward, or she may choose ineffective short-term solutions that will not result in positive outcomes for the family or the child. The caregiver does not have strategies to handle crisis situations, so tension and chaos in the family are likely to escalate when new obstacles arise.</p>	<p>The caregiver struggles to address crisis situations as they occur and sometimes uses strategies that were successful in the past. She does not have a plan to handle sudden challenges but only occasionally feels incapacitated by them.</p>	<p>When crises occur, the caregiver takes rational steps, worked out proactively, to address the situation. Strategies may not always be effective or efficient, but her actions prevent crisis situations from causing further problems.</p>	<p>The caregiver is able to face crises calmly and consider ways to handle them. She implements successful strategies from past experiences or develops and follows a plan to help the family move in a positive direction.</p>
<p><b>Example:</b> Jenny Lee is hospitalized for the third time for attempted suicide, and the whole family is unable to maintain daily routines or adjust properly. Once Jenny comes home, both Mr. and Mrs. Lee stay home from work and neither of their two sons attends school. All four of them spend most of their time responding and reacting to Jenny's requests, behaviors, and moods. They have no idea what steps to take next, so they are in a constant state of distress and anxiety. They feel paralyzed by the</p>	<p><b>Example:</b> When Jenny Lee comes home from the hospital after attempted suicide, Mr. and Mrs. Lee want her to have a guardian at all times, but they don't think it's possible for them to stay home from work, and they do not want their sons to stop going to school. They aren't sure how to move forward but reach out to their team for help.</p>	<p><b>Example:</b> When Jenny Lee is hospitalized after attempted suicide, Mrs. Lee speaks to her employer about taking significant time off from work. She thinks that will allow everyone else in the family to adhere to their usual routines when Jenny comes home.</p>	<p><b>Example:</b> After the initial shock that ensues when Jenny Lee is hospitalized, her mother and father take turns focusing on Jenny's needs so that the other parent can attend to their sons and go to work. Although they are distraught, they call on supports they have used in the past and help her to the best of their ability. The family makes reasonable adjustments to their routines to care for Jenny while functioning as normally as possible.</p>

situation.			
<b>34. Develops a plan of care</b>			
The caregiver has not been involved in the design of a plan to improve the current situation of the child and family. He may feel that he has exhausted all options. The caregiver may feel too overwhelmed at the prospect of handling challenges to calmly and logically address them.	The caregiver takes some steps to follow a structured plan for the child's care. These steps may result mostly or partially from others' ideas; he may not have participated in the planning process.	The caregiver works collaboratively to come up with a feasible, structured way of approaching the child's care. He may or may not include others in the thinking process, but he does consider those who will be involved when creating the plan.	The caregiver contributes to developing a practical plan of care with input from caregivers, the child or youth, and any involved service providers and supports. The plan is both sensitive to the child's needs and to the family's culture.
<b>Example:</b> Carter Davis has both mental health and substance abuse problems, and he is struggling in school. Occasionally Ms. Davis finds or hears about a resource or a support that she thinks might help him, but she has not developed a plan to incorporate services and supports that will address his challenges and help him progress or improve.	<b>Example:</b> Ms. Davis realizes that Carter needs more than one kind of assistance to address his various challenges. She thinks he will probably have to spend more hours with teachers after school and starts thinking about what kinds of therapy he might be able to get on the weekend.	<b>Example:</b> Ms. Davis arranges for Carter to receive extra help in school and to see a therapist. She talks to his tutor and therapist about Carter's needs and how they think services will work for him in the future, because Carter's worried that he'll have to "have tutors and shrinks forever". The therapist suggests rehab for Carter's substance abuse problem, so Ms. Davis adds that service to her plan. She wants to make sure Carter still has some free time.	<b>Example:</b> Ms. Davis gathers resources and supports to assist her in designing an integrated plan of care for Carter that will include extra help in school, therapy sessions, and rehabilitation for his substance abuse problem. When developing the plan, Ms. Davis advocated for the inclusion of the family's needs, such as Carter's participation in his church youth group. She makes sure service providers understand that his participation is very important to the family, and that he needs to keep a certain amount of free time for those activities.
<b>35. Carries out the plan of care</b>			

<p>The caregiver either does not have a plan of care or makes decisions without considering the plan of care She may acknowledge that the plan was developed with strategies to address the major problems and issues, but chooses not to follow it and cannot articulate why.</p>	<p>The caregiver makes some effort to carry out the plan of care. She may select which parts to follow based on convenience. She may focus on the aspects of the plan that they had already decided to carry out before the plan was created.</p>	<p>The caregiver carries out most aspects of the plan of care the team created. If aspects of the plan feel too burdensome, she may ignore them.</p>	<p>The caregiver adheres to the plan of care the team created. If the situation changes or the caregiver chooses to amend the plan for any other reason, she seeks input from stakeholders in that decision.</p>
<p><b>Example:</b> Ms. Johnson worked with her teenage son and their PSP to develop a plan that would address both his learning disabilities and his depression. However, it is difficult for both Ms. Johnson and her son to wake up early to see his counselor before school as planned, so they don't go. Ms. Johnson hears from a neighbor that therapy is expensive so she decides not to make an appointment. She thinks there isn't much point in trying to follow the other details in the plan.</p>	<p><b>Example:</b> Ms. Johnson and her son try to attend morning appointments with his counselor, but they often miss them. Ms. Johnson calls her PSP to tell her that they are not going to go to therapy because of the expense. She tells the PSP that she doesn't think the plan will work.</p>	<p><b>Example:</b> Ms. Johnson and her son try to follow the plan of care they contributed to. They attend planned appointments at school and reschedule those that they miss. Ms. Johnson brought her son to initial therapy sessions but doesn't think she will be able to sustain the cost. She starts looking for other therapists, even though she's doubtful that she will find one she can afford.</p>	<p><b>Example:</b> Ms. Johnson and her son follow the plan of care they developed. When they find it difficult to adhere to the plan, they look for solutions that will enable them to do so. Ms. Johnson and her son talk to the school counselor, who agrees to see him during his lunch period rather than in the morning. Ms. Johnson tells her PSP that she is worried about the cost of therapy, and together they look for affordable options.</p>
<b>36. Possesses and uses coping skills</b>			
<p>The caregiver finds it difficult to generate internal</p>	<p>The caregiver dwells often on stress-producing</p>	<p>The caregiver only occasionally thinks about stressful</p>	<p>The caregiver understands the current stressors</p>

<p>and external coping mechanisms to help him balance the challenges that he faces. The caregiver tends to dwell frequently on negative feelings and does not search for ways to combat them. There are few attempts to reach out to formal or natural supports.</p>	<p>thoughts but has developed at least one way of coping with stress. He does not reach out to formal and natural supports, or he may say he is seeking supports but is not taking effective actions to do so.</p>	<p>events but, when his stress level rises, he is able to link causes of stress to coping skills that provide some relief and often carries them out.</p>	<p>and has a good perspective on them, allowing him to develop effective ways to cope and move forward. The caregiver diligently seeks to learn about coping strategies, reaching out appropriately for medications, therapy and natural supports or other services and supports.</p>
<p><b>Example:</b> When Joe and Mary heard that their daughter was diagnosed with bipolar disorder, they were distraught. Although they had been overwhelmed by her recent behaviors, they now felt beaten, seeing no positives for the future. They stopped seeing friends and cut themselves off from family. Their own relationship suffered and they spent very little time together.</p>	<p><b>Example:</b> Joe and Mary are distraught about their daughter's recent diagnosis of bipolar disorder. Joe talks to his best friend about his trouble at home, and Mary confides in her mother. These interactions make both of them feel better, but Joe and Mary's relationship suffers because they spend little time together.</p>	<p><b>Example:</b> Joe and Mary are distraught about their daughter's recent diagnosis of bipolar disorder. They both realize they need an outlet for stress. They talk to family and friends and think about connecting with other families who have been through similar situations. Joe and Mary realize that their relationship is suffering and try to talk about some of their difficulties.</p>	<p><b>Example:</b> Joe and Mary were distraught about their daughter's diagnosis of bipolar disorder; however, they immediately reached out to an organization of families living with the problem and started to attend a support group. They realized how much their daughter's problems were affecting them and decided to enter family therapy. They also found out about respite care and planned to spend time together.</p>

## Wraparound Items

INTENSIVE

EMPOWERED

<b>37. Articulates a vision for the family</b>	
The family member cannot describe the family's vision of a positive future. He or she cannot explain the changes the family would like to see in the situation.	The family member can describe the family's vision for a positive future.
<b>38. Understands wraparound principles and process</b>	
The family member cannot describe wraparound principles and process. The family member may not understand why some aspects of the wraparound process are necessary. For example, the family member may not want to include formal supports assigned by agencies.	The family understands the concepts behind and phases of wraparound services and knows what the wraparound process will mean for the child/youth and family. Family members know that they will be a part of a team effort to create a plan of care that will move the family toward its vision for the future.
<b>39. Recognizes the strengths of the family and can tell the family story</b>	
The family member cannot identify the family's strengths and cannot describe the family's history and current situation.	The family member identifies the strengths, such as skills, knowledge, talents, and expertise, of the family. The family member can describe the family's past experience and current situation.
<b>40. Expresses the needs of the youth and family</b>	
The family member does not know what the youth and family need for success. He or she may not be aware of all needs, may not be able to articulate them, or may not feel comfortable expressing those needs.	The family member effectively explains what the family and youth need and specifies what the team can do to help.
<b>41. Is clear about choices and opportunities involved in developing the plan of care</b>	
The family member does not know or understand the plan development process and does not know what the opportunities are in developing the plan of care.	The family member understands that developing the plan of care is a team process and a way to bring all stakeholders together to work toward positive results for the youth and family.
<b>42. Expresses family voice and choice</b>	
The family member does not share wishes, preferences, or the family's opinions during the wraparound process. The family member may ask another person to communicate their desires or concerns for the family.	The family member uses his/her voice to express wants and needs and to contribute to shared decision-making. The family member is comfortable addressing conflicts and voicing concerns.
<b>43. Recruits formal supports to join the child and family team</b>	
The family member does not include representatives from agencies or systems on the child and family team. He or she may not know who formal supports are,	The family member includes agency or system representatives and sees them as valuable members of the child and family team.

may not have contact with formal supports, and/or may not want to include formal supports when making decisions about the child's care.	
<b>44. Recruits natural supports to join the child and family team</b>	
The family does not ask, or request that someone ask, any natural supports to join the team. The family member may not know what a "natural support" is, may not be able to think of or choose any person who is a natural support, and/or does not want to include any of those people in the child and family team.	The family member thinks about the child's close relationships and involvement in the community to help decide which natural supports would be good choices for team members. He or she asks, or requests that someone ask, those people to join the wraparound team. The family understands the value of having natural supports on the team.
<b>45. Attends and actively participates in the child and family team</b>	
The family member does not attend team meetings or does not participate during meetings, or the family member might participate in discussions but does not take action steps according to team decisions.	The family member attends all team meetings and engages in the wraparound process. He or she participates in discussions and brainstorming and follows up on the decisions made within the team.
<b>46. Expresses family strengths, needs, and goals to the team</b>	
The family member does not effectively communicate the family's strengths, needs, or goals to the team.	The family member effectively communicates the family's strengths, needs and goals with the team.
<b>47. Helps incorporate the strengths of the youth, family, and team in the wraparound process</b>	
The family member does not incorporate strengths in the decision-making process on the child and family team.	The family member makes sure that the strengths of the family, youth, and community guide action steps in the plan of care. The family member appreciates the strengths of the team and focuses on those strengths during the wraparound process.
<b>48. Collaborates with the team in the decision-making process</b>	
The family member does not engage in an interactive and reciprocal decision-making process. The family member may have difficulty advocating for the family while also understanding and considering the team's suggestions.	The family member works with the team and shares responsibility for creating the plan. The family member communicates clearly, accepts feedback, and listens to other perspectives with respect. He/she can explain opinions to the team and is open to suggestions from team members.
<b>49. Works with the team to develop a crisis plan</b>	
The family member does not develop a crisis plan with the team. The family may think that a crisis plan is unnecessary or that it is not possible to create a plan that would successfully help the family overcome challenges.	The family member participates in developing a crisis plan for responding to challenges that may arise.
<b>50. Implements the crisis plan when needed</b>	

When a crisis occurs, the family member does not try to implement the plan the child and family team created.	If a crisis occurs, the family follows the plan they created with the team.
<i>Note: This item is about a family's ability and choice to follow the plan created with the team. A family might be "empowered" on this item even if they followed the plan and the plan did not work.</i>	
<b>51. Attempts to integrate important aspects of the family culture, values, and beliefs into the plan of care</b>	
The family member does not make an effort to guide the team toward a plan of care that represents the family's culture and values. The family may not realize that important aspects of their culture are not included or may not speak up to include them.	While developing the plan of care, the family member ensures that family culture is considered and included to whatever extent feels comfortable to the family. Therefore, the plan of care is individualized for the family and based on the family's vision for the future.
<b>52. Recognizes progress toward meeting needs and identifies all successes</b>	
The family member does not realize that the family is making progress. The family member may not realize and appreciate that small steps towards the goal are successes.	The family member is aware of the family's progress and recognizes when goals are reached. The family member makes sure that successes are recognized and chooses the outcomes that will signal achievement.
<b>53. Celebrates with the team to recognize improvement</b>	
The family member does not feel good about and is not encouraged by successes and improvement. The family member is unable to share positive feelings regarding family progress with the team.	The family member feels good about the family's improvement and shares enthusiasm about successes with the team.
<b>54. Identifies and addresses aspects of the plan and team process that are not working correctly</b>	
The family member does not recognize or does not address aspects of the plan that are not working. Rather than recognizing the deficiencies in the plan, the family member may blame self or others when the plan does not work correctly.	The family member notices when the plan is not helping the family reach their goals, helps the team understand what parts of the plan are not working, and works with the team to revise the plan.
<b>55. Gives feedback to others and works with the team to modify the plan of care when necessary</b>	
The family member does not participate in the fluid process of revising the plan of care.	The family member gives the team feedback on successes and helps the team change the plan of care when necessary.
<b>56. Knows where to go to seek help and resources after wraparound ends</b>	
When wraparound ends, the family member does not know where to get information, resources, and materials and does not know who to contact for help accessing those resources and addressing their challenges.	When wraparound ends, the family member is knowledgeable about various resources in the community and beyond and knows how to access those resources to help the family address challenges.



## References

Bickman, L., Earl, E., & Klindworth, L. (1991). *Vanderbilt Mental Health Services Efficacy Questionnaire*. Nashville, TN: Vanderbilt University.

Bickman, L., Heflinger, C. A., Northrup, D., Sonnichsen, S., & Schilling, S. (1998). Long Term Outcomes to Family Caregiver Empowerment. *Journal of Child and Family Studies*, 7 (3), 269-282.

Craig, N. (2010). A process model for NYS family support: documentation, outcomes, empowerment & support. Download from Georgetown University Technical Assistance Center for Children's Mental Health Monthly Webinar series. [gucchdtacenter.georgetown.edu/resources/2010calls.html](http://gucchdtacenter.georgetown.edu/resources/2010calls.html).

Curtis, W. J., & Singh, N. N. (1996). Family involvement and empowerment in mental health service provision for children with emotional and behavioral disorders. *Journal of Child and Family Studies*, 5, 503-517.

Dempsey, I., & Dunst, C. J. (2004). Help-giving styles and parent empowerment in families with a young child with a disability. *Journal of Intellectual and Developmental Disability*, 29, 40-51.

Friesen, B. (2001). *The family participation measure*. Portland, OR: Regional Research Institute for Human Services, Research and Training Center on Family Support and Children's Mental Health, Portland State University, 1912 SW 6th, Room 120, Portland, Oregon 97201, 503-725-4040, [www.rtc.pdx.edu](http://www.rtc.pdx.edu)

Gyamfi, P., Walrath, C., Burns, B. J., Stephens, R. L., Geng, Y., & Stambaugh, L. (2009). Family education and support services in systems of care. *Journal of Emotional and Behavioral Disorders*.

Hoagwood, K. E. (2005). Family-based services in children's mental health: A research review and synthesis. *Journal of Child Psychology and Psychiatry*, 46(7), 670-713.

Hoagwood, K.E., Cavaleri, M.A., Olin, S.S., Burns, B.J., Slaton, E., Gruttadaro, D., & Hughes, R. (2010). Family support in children's mental health: a review and synthesis. *Clinical Child and Family Psychology Review*.

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 and Behavioral Disorders*, 2(4), 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 and Behavioral Disorders*, 4(1), 2–11.

Kutash, K., Duchnowski, A.J., Green, A.L., & Feron, J.M. (2010). Supporting parents who have youth with emotional disturbances through a parent-to-parent support program. *Administration and Policy in Mental Health and Mental Health Services Research*, published through *Online First™*, 7 December 2010.

Federation of Families for Children's Mental Health (2011). The core competencies of parent support providers. Retrieved from <http://www.ffcmh.org/wp-content/uploads/2010/09/3-Competencies-Brief.pdf>

Koren, P. E., DeChillo, N., & Friesen, B. J. (1992). Measuring empowerment in families whose children have emotional disabilities: A brief questionnaire. *Rehabilitation Psychology*, 37, 305-321.

Lyons, J. S., & Weiner, D.A. (Eds) (2008). *Strategies in behavioral healthcare : Total Clinical Outcomes Management*. Civic Research Institute, New York

Miles, P., Bruns, E., Osher, T.W., Walker, J.S., & National Wraparound Initiative Advisory Group (2006). *The Wraparound Process User's Guide: A Handbook for Families*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

Osher, T., Penn, M., & Spencer, S. A. (2008). Partnerships with families for family-driven systems of care. In B. A. Stroul & G. M. Blau (Eds.), *The system of care handbook: Transforming mental health services for children, youth, and families* (pp. 249–274). Baltimore, MD: Brookes Publishing.

Penn, M., & Osher, T. (2008). The application of the ten principles of the wraparound process to the role of family partners on wraparound teams. In E.J. Bruns & J.S. Walker (Eds.), *The resource guide to wraparound*. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health.

Robbins, V., Johnston, J., Barnett, H., Hobstetter, W., Kutash, K., Duchnowski, A. J., et al. (2008). *Parent to parent: A synthesis of the emerging literature*. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies.

Rodriguez, J., Olin, S.S., Hoagwood, K.E., Shen, S., Burton, G., Radigan, M., & Jensen, P.S. (2010). The development and evaluation of a parent empowerment

program for family peer advocates. *Journal of Child and Family Studies*, DOI 10.1007/s10826-010-9405-4

Thompson, L., Lobb, C, Elling, R., Herman, S., Jurkiewicz, T., Hulleza, C. (1997). Pathways to family empowerment: Effects of family centered delivery of early intervention services. *Exceptional Children*, 64, 99-113.

**Three-Component Structure (Clusters) for FJA**

<u>Item</u>	<u>Rating</u>
<b>CLUSTER 1: RECOGNITION</b>	
1. Communicates needs related to culture, language, learning, and thinking styles in order to progress	
2. Understands and accepts the child’s challenges	
3. Recognizes the child’s needs	
5. Sees challenges in an objective way	
6. Separates the child’s challenges from family/own self-worth	
8. Recognizes the child’s strengths	
9. Believes that own voice is important	
10. Is involved in decision making within the family	
11. Participates in decision making with those involved in the child’s care	
12. Feels connected and supported by formal child-serving systems	
17. Works with others to achieve goals	
25. Communicates effectively	
27. Is clear about the issues affecting the child and family	
30. Demonstrates resiliency and perseverance	
Total for Cluster 1: Recognition =	
Total for Cluster 1 _____/14 =	
<b>Average for Cluster 1: Recognition</b>	
<b>CLUSTER 2: COLLABORATION</b>	
15. Gathers information, resources, materials	
16. Uses knowledge to navigate child-serving systems	
18. Seeks assistance and works with others to find supports	
19. Connects with families having similar experiences	
20. Demonstrates an understanding of others’ perspectives	
21. Shares their story with others	
22. Participates in family support activities and events	
23. Uses knowledge about resources in the community	
24. Attends, participates in, and speaks up during meetings	
26. Demonstrates effective advocacy	
28. Utilizes the available spectrum of support	

Total for Cluster 2: Collaboration =	
Total for Cluster 2 _____ / 11 =	
<b>Average for Cluster 2: Collaboration</b>	
<b>CLUSTER 3: ACTIVATION</b>	
4. Recognizes own needs	
7. Recognizes own strengths	
13. Accesses and feels supported by natural supports	
14. Develops and maintains a daily routine	
29. Understands that having a range of feelings is normal	
31. Understands and takes care of self	
32. Knows how to reduce stress	
33. Handles crises effectively	
34. Develops a plan of care	
35. Carries out the plan of care	
36. Possesses and uses coping skills	
Total for Cluster 3: Seeks Information =	
Total for Cluster 3 _____ / 11 =	
<b>Average for Cluster 3: Activation</b>	