

Crisis and Transition Services (CATS)

Family Support Specialist

Role Description & Activities

Family Peer Support Specialists (FSS), also known as Family Partners, **provide specialized support to parents and other adult family members** who are raising children with behavioral health challenges.

Those working as an FSS have direct experiences parenting a child with complex health needs and specialized training in the unique process of “walking beside” families experiencing complex needs. Through personal experiences, they have gained knowledge and perspectives about how health and education systems work, how insurance can be both a barrier and a benefit to health care, and how challenging it can be for families raising a child with complex health and social needs, while balancing other life demands.

Focus is on the parent/primary caregiver of the child

Based on strategic self-disclosure related to family experiences

Encourage and supports parents to achieve their own identified outcomes

Communicates active acceptance in all interactions

“Partnered with” rather than “delivered to” parents and family members

Suspends bias and blame

Holds a relational stance of respect in all interactions with parents and family

Connects with others in collaborative problem solving

(SAMHSA Webinar, Benefits of Family Peer Support Services)

The FSS assists families in identifying areas of their lives that may be impacting their ability to implement clinical recommendations, find resources or to maintain a level of stability that keeps them out of crisis. These obstacles (or barriers) often fall outside of those that are commonly addressed by health care providers and may be addressed using an approach grounded in shared “lived experiences.”

The family-peer approach has the aim to support families in pursuing their own identified outcomes. Through this support, families grow in their knowledge, capacity, skills, and overall resilience.

Common challenges in understanding family peer support:

Family Support Specialists partner with parents/guardians and help to normalize help-seeking, de-stigmatize mental health challenges, increase the family’s capacity for self-advocacy and self-efficacy, and increase supports across systems and life domains.

The principles of family peer support include the disclosure of the shared parenting experiences of raising a child with complex health challenges and partnering with families as they navigate complex health, education and social systems. Parenting experiences are disclosed with intention to assist the family in *their* process.

Because family peer support activities can resemble the activities of other types of providers, FSS are often viewed in roles that are *not quite accurate*.

This table will help clarify the types of activities that Family Support Specialists do. It also may help to clarify the role and create better cohesion among the various partners making up the CATS team.

Family Support Specialists are not:	Though they will....
Skills Trainers	<p>Help the family develop skills to get through crises.</p> <p>Support family's skill development in areas they need or want to further develop.</p> <p>Do tasks <u>with</u> the family, such as filling out paperwork for insurance and making phone calls to systems providers (ie. school, insurance, therapists, benefits).</p> <p>Help family identify and find information and resources to meet their needs.</p>
Care Coordinators	<p>Help the family with strategies to coordinate various care activities for their whole family.</p> <p>Consult with the CATS therapist on family needs, barriers, and progress.</p> <p>Assist the family in learning how to obtain services in all facets of the family's life (ie. helping them develop capacity to navigate systems).</p> <p>Support the family during their crisis period by communicating with various parties involved with the family/youth (hospital, therapist, school, insurance, therapist).</p>
Case Managers	<p>Help the family to get connected with a Case Manager (with their insurance, with their Coordinated Care Organization, with their health plan, etc.).</p> <p>Communicate regularly with the family about barriers and strategies to access services and supports.</p> <p>Assist the family with understanding the value of therapeutic support for parents and siblings; assist them in accessing services.</p> <p>Connect family to OHP and provide application support.</p> <p>Support and facilitate the family in meeting their basic needs.</p>
Social Workers	<p>Help the family identify resources to meet their needs.</p> <p>Help the family locate resources in their community, such as support groups, food pantries, and other community-based family supports.</p> <p>Help family understand the importance of their natural support network and help them with ideas to build (or repair) their natural supports.</p>

Family Support Specialists are not:	Though they will....
<p>Therapists or Counselors</p> <p>FSS does not provide any form of therapy to the parent or child, including family therapy.</p>	<p>Assist the family in understanding clinical language and practice positive communication with clinicians and other health care providers.</p> <p>Collaborate with all CATS team members for better outcomes for the family and to support the entire family's needs.</p> <p>Discuss the family's concerns; support the family in expressing these concerns and asking for what they need.</p> <p>Communicate with the clinical partner on what is being done to support the youth and their family.</p> <p>Attend the first in-home family meeting with the therapist in order to present the CATS program as a team-based support.</p> <p>Model hopefulness and mindfulness.</p> <p>Communicate regularly with the family and the therapist by phone, email, <i>*text</i>.</p> <p><i>*Some Family Support Specialists are not permitted to use text for any communication.</i></p>
<p>Crisis Responders</p> <p>FSS are not available to respond to crisis calls</p> <p>FSS do not write the safety plan with the youth or the family.</p>	<p>Talk with family about the safety plan and also explore family-centered safety planning for all family members.</p> <p>Communicate with expertise about how to meet the family's needs re: safety plans.</p> <p>Ask about safety, including lethal means, drug and alcohol use, interpersonal violence, and self-injury.</p> <p>Discuss the plan with clinical partners.</p> <p>Explain and interpret safety plan in family's first language (if we speak that language).</p> <p><i>Some Family Support Specialists are trained in CALM (Counseling on Lethal Means), QPR (Question, Persuade, Refer), ASIST (Applied Suicide Intervention Skills, Training) and will use knowledge in these areas in their support to families.</i></p>

Family Support Specialists are not:	Though they will....
<p>Formal Teachers or Educators</p>	<p>Provide the CATS Family Guide and use the content for discussion, exploration, and learning.</p> <p>Model skills related to parenting, positive communication, and positive self-care.</p> <p>Share knowledge acquired through personal experiences, including how FSS overcame barriers and obstacles.</p> <p>Inform family on where to get information if FSS knows about a resource that might help them fill a need.</p> <p>Describe and role model “collaborative problem solving” and help the family get connected with CPS classes and parent groups.</p> <p>Share psycho-educational information.</p> <p>Assist family in how to evaluate new information from the Internet, friends, and other sources.</p> <p><i>Some Family Support Specialists teach classes designed for families and caregivers, such as NAMI Basics for Parents and Caregivers, Collaborative Problem Solving, Family-Centered Safety Planning.</i></p>
<p>Interpreters or Translators</p> <p>FSS does not act as an interpreter between the therapist and the family or their child, even if FSS is fluent in the family’s primary language.</p>	<p>Assist the family in translating clinical information into everyday language and assist clinical staff in understanding questions or concerns the family may be hesitant to express.</p> <p>Access language interpretation or translation services, if needed by the family (<i>if there is support for this in our contracts</i>).</p> <p>Help to explain the safety plan in family’s primary language (<i>if FSS speaks the family’s primary language and their role is as a bilingual/bicultural FSS</i>).</p> <p>Significant *gaps* exist in this area across all program sites.</p>
<p>Transporters</p>	<p>Support family’s transportation needs if this is a barrier for them in accessing support or services.</p> <p><i>Some Family Partners are permitted by their employers to transport family and/or child in their own car when needed.</i></p>

Family Support Specialists are not:	Though they will....
Legal Advisors	<p>With the family, review and discuss paperwork or processes related to:</p> <ul style="list-style-type: none"> • Employment topics (FMLA, how and what to share with employer) • Insurance (OHP, commercial insurance) • Social system supports (TANF, food stamps, childcare) • Education system (401 plans, IEPs, school meetings) • SSN, Disability, etc. <p>Help family prepare for and accompany family to school, IEP team and other education or vocation-related meetings.</p> <p>Assist the family in accessing information about complaint or grievance processes and help them file using their own words.</p> <p><i>Some Family Support Specialists are permitted by their employers to go to court meetings with families.</i></p>
Personal Friends with the Families	<p>Strategically share our personal experiences for a specific purpose and to benefit the family's needs/process.</p> <p>Help family understand the importance of their natural support network and help them with ideas to build (or repair) their natural supports, rather than rely solely on paid services.</p> <p>Help the family connect or reconnect with their cultural and/or spiritual supports.</p> <p>Help the family develop skills to get through crises.</p> <p>Communicate regularly with the family by phone, email, <i>*text, (sometimes during "off hours")</i></p> <p>Meet with the family when and where it is convenient to the family (community spaces, home, office/clinic).</p> <p>Supportively listen through the family's grieving process, anger about barriers, and aspirations for their family's future.</p> <p>Locate and connect with support groups.</p> <p><i>Some Family Support Specialists are permitted by their employers to accompany family to clinical appointments.</i></p> <p><i>*Some Family Support Specialists are not permitted to use text.</i></p>

Family Support Specialists are not:	Though they will....
Advocates	<p>Help the family to learn about the importance of and skills for self-advocacy.</p> <p>Support the family to advocate for their needs.</p> <p>Describe situations in which we had to advocate and “push back” on systems providers.</p> <p>Help family prepare for and accompany family to school meetings (IEP, etc)</p> <p><i>Some Family Support Specialists are permitted by their employers to go to court meetings with families.</i></p>

Where Family Support Specialists do the work:

<p>Family Peer Support generally takes place in locations that are “family friendly”</p> <p>Ideally, these settings do not look like “systems” environments (ie. doctor’s offices, government buildings)</p> <p>Ultimately, it is where the family chooses to meet.</p>	<p>FSS joins the family at locations that meet the needs of the family in crisis and where it is convenient and preferred by the family.</p> <ul style="list-style-type: none"> • In the home • In community locations (home, coffee shops, schools, family resource centers) • May travel across county lines if family moves or resides in both counties <p>FSS communicates with the family using methods that the family prefers and chooses (ie. phone, *text, email, in person), unless the FSS employer places restrictions.</p> <p><i>Some Family Support Specialists are not permitted by their employer to use text for any communication.</i></p>
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Family Support Specialists Do Not:

Work directly with youth
 Babysit or supervise youth
 Supervise DHS visits
 Teach the parent how to parent or discipline their child
 Fix or change the behavior of the parent or tell the family what to do
 Take instructions from clinicians or providers involved with the youth/family
 Become personally involved with the family

This document was prepared in a collaborative process with Family Peer Support Specialists and program staff from OHSU, NAMI Multnomah, OFSN, Lifeworks Northwest, and Oregon Health Authority, 2019.