Family Partnership Checklist for the Behavioral Health Workforce

This checklist is intended to help members of the behavioral health workforce reflect on the beliefs, skills, and strategies they possess for effectively partnering with families about their loved one's mental health and substance use support. On a scale of 0-3, mark which best describes you. After completing this assessment, add up your scores in each category to identify areas of potential growth on page 10. Visit www.ffcmh.org and www.nfstac.org for resources and trainings to help you develop necessary skills and strategies.

Note: For the purposes of this assessment, the term "family member" is the person seeking support and the term "families" includes anyone supporting the person in their recovery journey at the level they communicate with an individual's behavioral health support team.

Beliefs and Biases	Strongly Disagree (0)	Disagree (1)	Agree (2)	Strongly Agree (3)
I do not make assumptions about families or individuals experiencing mental health and/or substance use challenges.				
I understand that families have different structures.				
I understand that families have different cultural, spiritual, and religious beliefs.				
I explore families' biases against the medical and/or behavioral health system(s) to better understand why some people and/or families may hesitate to seek support.				
I reflect on my beliefs about power and authority and how these concepts might impact families interacting with me.				
I acknowledge that families are the experts regarding the appropriate support for their children and family.				

Beliefs and Biases (continued)	Strongly Disagree (0)	Disagree (1)	Agree (2)	Strongly Agree (3)
I explore the institutional biases in behavioral health that have resulted in inequitable access and support.				
I understand that mental health and/or substance use challenges are chronic medical illnesses and not a flaw.				
I have an open mind about medication. I know that it can be effective in conjunction with therapeutic support for some people and ineffective for others.				
I understand the importance of both resiliency and recovery, accepting that a person may also experience a return of symptoms, recurrence, or relapse as part of the process.				
I understand a parent or caregiver may not have the tools necessary to positively support their loved one and may want me to actively listen to what I can offer to assist them in strengthening those skills or locating resources.				
I understand that the most crucial component to effective family partnership is relationship-building and part of that means sharing brief, relevant pieces of my own story beyond my professional education and expertise.				
I reflect on the policies my office has in place and feel that they support family partnership, or I bring my concerns to a supervisor and advocate for change.				
I feel comfortable asking for support and advice from my supervisor(s) and/or colleagues when I would benefit from it.				
I check-in regularly about the effectiveness of my self-care strategies and how manageable my workload is to avoid burnout and compassion fatigue.				
Beliefs and Biases Total Score *Find your total score by adding up the number of 1s, 2s, and 3s that you gave yourself and enter the number in the box provided.*				

Effective Communication	Never (0)	Rarely (1)	Often (2)	Frequently / Always (3)
When initially partnering with families, I am clear about privacy standards—letting them know what we can and cannot talk about regarding their family member—and office policies—including fees related to canceled or missed appointments and why such policies are in place.				
I clearly communicate to families when and why I would be obligated to recommend their child seek crisis care because of language, behavior, or actions indicating self-harm.				
I make eye contact when culturally appropriate, address each person by name, and use their correct pronouns.				
I communicate with families based on their culture and values to the greatest extent possible, approaching them with cultural humility, asking clarifying questions, and seeking to understand each family's individual circumstances.				
I avoid jargon, explain acronyms, pause often during conversation to ask for any desired clarification, and solicit input and feedback.				
I resist interrupting family members and actively listen, paraphrasing what they've shared to ensure I understand their perspective.				
I pay attention to nonverbal cues and respond appropriately.				
I do not use language or facial / body language that may demonstrate blame or shame to families.				
I focus on the strengths of the person I am supporting when communicating with family members and invite family members to take a strengths-based perspective when appropriate.				

Effective Communication (continued)	Never (0)	Rarely (1)	Often (2)	Frequently / Always (3)
I ask families what has and has not worked for them and their family member in the past.				
I acknowledge that I am a newcomer in a dynamic with years of shared history and make time for the family to share as much as they are comfortable with at the pace they prefer.				
I take notes during meetings with families and review these notes with families before the end of the meeting to ensure families feel that I am listening and understand their situation.				
I include family in the designing of the goals of those seeking support and incorporate these in treatment plans—using the family's language.				
Families and the individual seeking support choose their preferred methods of support after reviewing options rather than me dictating what they "should" do.				
I communicate with families in their preferred method after asking whether text, phone call, e-mail, or another form of communication is best for them.				
I enlist support from translation services when communicating with a family whose primary language is not the same as mine.				
When family members reach out with a question, I reply to them in 48 business hours or less.				
I complete professional development about effective communication with families.				
Effective Communication Total Score *Find your total score by adding up the number of 1s, 2s, and 3s that you gave yourself and enter the number in the box provided.*				

Supporting Families' Understanding	Never (0)	Rarely (1)	Often (2)	Frequently / Always (3)
My office and/or workplace has a "Family Resource Center" where families can pick up flyers and/or pamphlets about mental health and substance use resources in their primary language.				
After initial meetings with families, I give them a welcome packet with information about the recovery process that includes websites and/or phone numbers for family support services.				
I connect a family to the local or state family-run organization in my area for support and information by visiting www.ffcmh.org/our-affiliates				
I offer families specific strategies to utilize when their family member is experiencing a mental health or substance use crisis and immediately following.				
I explain what co-occurring diagnoses are to better help families understand the intersection of mental health and substance use.				
I acknowledge that supporting a family member with mental health and/or substance use challenges can be exhausting and I offer families resources to reduce caregiver strain and stress and promote self-care and community care.				
Supporting Families' Understanding Total Score *Find your total score by adding up the number of 1s, 2s, and 3s that you gave yourself and enter the number in the box provided.*				

Best Practices for Family Partnership	Never (0)	Rarely (1)	Often (2)	Frequently / Always (3)
Before reaching out to family members, I obtain the permission of the individual seeking support if they are legal adults.				
If granted permission from a legal adult, I welcome families to participate in regular meetings with their family member and me at the earliest appropriate stage.				
I am intentional about creating a welcoming environment, including having a clean and comfortable waiting room and office. I strive to have optimal noise levels, lighting, and temperatures; comfortable furniture; water and tissues available; and decor that does not overstimulate.				
I set up my office to communicate my belief that the family and I are a team. For example, I do not sit behind a desk but rather face-to-face as a group.				
I let the family and their family member know where they can reset if they need to remove themselves from the environment.				
I keep appointment times, give advance notice when an appointment must be moved or canceled, and apologize on the rare occasions when emergencies require last-minute cancellations.				
I understand that families in crisis have extenuating circumstances that sometimes result in late or canceled appointments and create policies that are compassionate and fair.				
I am curious about barriers to partnership and seek to reduce or eliminate these barriers when they arise, checking in with families with curiosity and exploring alternative means of support.				
I ask families about their family member's successes and challenges navigating other systems, such as education, health care, housing, peer support, etc. and I offer strategies and resources to support them.				

Best Practices for Family Partnership (continued)	Never (0)	Rarely (1)	Often (2)	Frequently / Always (3)
I co-create agreements with families about using respectful language, avoiding blame, and other positive communication techniques to support an effective meeting.				
I share conflict-resolution practices, offering families strategies to use outside of the meetings.				
When families express hesitancy about a certain subject or practice, I respond with validation and compassion.				
I educate myself on new practices for family partnership.				
Best Practices for Family Partnership Total Score *Find your total score by adding up the number of 1s, 2s, and 3s that you gave yourself and enter the number in the box provided.*				

Note: If you provide telehealth options, please complete this section. If that is not something your organization/agency offers, you may skip this section and continue to the scoring on page 10.

Best Practices for Partnering with Families via Telehealth	Never (0)	Rarely (1)	Often (2)	Frequently / Always (3)
I give families information about telehealth's benefits and risks, as well as instructions on how to use our telehealth portal, and I obtain written consent for its use before partnering with families via telehealth.				
Families have the opportunity to attend a telehealth practice session where we review best practices, answer questions, and orient families to our telehealth portal.				
I review professional expectations for telehealth with families, including being fully dressed, abstaining from alcohol and other substances during meetings, and alerting me if there is anyone within earshot of the call who I cannot see on camera.				
I remind families to have a fully charged device and/or a power cord within reach to reduce interruptions and unintended disconnections.				
I explain next steps should a session accidentally become disconnected, including a phone number at which someone in my office or I can be reached if we cannot log back on to the telehealth portal.				
I normalize technological difficulties, remain patient as families acclimate to telehealth, and communicate confidence that we can effectively partner via this modality.				

Best Practices for Partnering with Families via Telehealth (continued)	Never (0)	Rarely (1)	Often (2)	Frequently / Always (3)
I explain best practices to help families maintain their own and their family member's privacy while engaging in telehealth, including attending meetings alone in a quiet room with a "Do Not Disturb" sign or using headphones when that is not possible.				
I require families to be safe during telehealth calls, compassionately ending the call if someone is attending a meeting while driving, walking, or engaging in another activity that puts their physical safety at risk.				
I discuss ways to minimize distractions and interruptions, including muting phones, setting deliveries to occur outside the meeting time if possible, having childcare, or providing children with activities and snacks for family members who will not be present.				
I discuss our protocol when an unavoidable interruption occurs.				
I work with families to build strategies to reduce interruptions that become frequent.				
When I notice that a family member or family has become distracted from the telehealth session, I ask questions to bring them back into the conversation.				
I check in with families as to whether telehealth or in-person meetings are preferred from time to time and if applicable let families know that they have the option to return to in-person meetings.				
Best Practices for Partnering with Families via Telehealth Total Score *Find your total score by adding up the number of 1s, 2s, and 3s that you gave yourself and enter the number in the box provided.*				

Scoring Your Assessment

Record the total score you received for each section in the chart below. Reflect on your scores for each section in the space below each section title. Look back on which items you gave yourself a high score to identify your strengths. Notice on which items you gave yourself a lower score and reflect on specific skills and strategies you could improve upon. Use the "Strengths" and "Areas for Growth" boxes for these reflections.

Beliefs and Biases	Effective Communication	Supporting Families' Understanding	Best Practices for Family Partnership	Best Practices for Partnering with Families via Telehealth

Strengths

Areas for Growth

Building Your Skills

Now that you have identified which aspects of family partnership you could build upon, visit www.ffcmh.org and www.nfstac.org for resources to help you develop necessary skills and strategies.