

SECTION 3.13

WORKING WITH FAMILIES

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Families play an important role in adolescent development. Research shows that positive youth development is associated with a family environment characterised by close family relationships, strong parenting skills, good communication and positive adult behaviours (Aufseeser, Jekielek and Brown 2006). Good family relationships and communication positively influence adolescent sociability, reduce the incidence of substance misuse and risk behaviour (Fleming et al. 2010) and act as a protective factor for the young person's psychosocial wellbeing.

Conversely, young people who experience low levels of family cohesion have been shown to be more at risk of suicide, substance abuse and mental health problems (Toumbourou and Gregg 2001).

Understanding how to work with families and how to help young people who do not have family support are important skills for youth services and workers.

THE NATURE AND ROLE OF FAMILY

The structure of families in our society has undergone significant change in the last 50 years. Whereas once most children grew up in a home with a mother, a father and siblings, today that family model is more difficult to find.

Relationship breakdown and re-partnering is increasingly common (AIHW 2011) and young people may experience a number of family transitions, which can have significant effects on their development. The conflicts and stresses young people are exposed to during family dissolution or the re-partnering of parents can have negative effects on their mental wellbeing and their adjustment to independent life (Cartwright 2006). Conversely, when young people receive appropriate parenting and support, these transitions can help them to develop greater resilience and self-determination (Cartwright 2006).

According to the AIHW (2011), in the 20 years from 1986 to 2006, the proportion of families defined as a couple with dependent children fell from 45 per cent of all families to 37 per cent. The proportion of single-parent families increased from 8 per cent to 11 per cent in the same period.

In 2006-7, most adolescents (99 per cent) aged between 12 and 17 were living with parents. Seventy seven per cent were in couple families, with 22 per cent in one-parent families (which included

blended, step and foster families). About 28 per cent of young people aged 15-17 had a parent living elsewhere; 78 per cent of these were fathers.

Today, young people grow up in a variety of family types, including:

- Traditional 'nuclear' families (married father & mother and their children)
- Blended or step-families – a coupled family with children who may be the biological children of the couple, as well as children from previous relationships (this includes heterosexual and same-sex couples)
- Single-parent families – with either mother or father as primary carer
- Extended families – a family group consisting of the parent(s) and children, as well as grandparents, aunts, uncles, cousins, other relatives or kin

Young Indigenous people are less likely to live in two-parent families, more likely to live in single-parent families, and are more likely to live with extended family. Grandparents are likely to play a significant role in bringing up children and young people in Indigenous families.

Many young people also live in non-parental care or shared care arrangements, where the biological parents are unable to care for their children. Carers may include grandparents, foster parents, adoptive parents or other family members.

There may also be many significant others who, although not family members, play a major role in support and care for the young person, including mentors, friends or professional carers. For a young person who is disconnected from their family of origin, these significant others may be their primary source of support.

HOW YOUNG PEOPLE SEE FAMILY

Family and family relationships are a key concern for young people. The 2011 Mission Australia national survey reporting on young people aged 11-24 illustrated the crucial importance of the family in young people's lives:

- Family relationships were the most highly valued item among young people (74.3% respondents)
- Parents and relatives were seen as the major sources of advice and support for all issues of concern
- Family conflict was an issue of major concern for a third of young people in the survey

The survey concluded that:

"These findings support the need for evidence-based integrated programs and services that promote loving and nurturing home environments and support parents and carers, vulnerable families in particular, to develop high quality parenting and nurturing relationships with children".

GUIDING PRINCIPLES FOR WORKING WITH FAMILIES

Families can play a key role in both the onset and management of major youth health problems. There is evidence that a family oriented approach to service delivery improves outcomes for children and parents (Carr 2000). However, family interventions are often not widely used in many services dealing with youth mental health or substance use problems (Leggatt 2007).

It is important for services working with young people to adopt family sensitive policies and practices that seek to engage, inform and support relevant family members

Services need to address barriers to family involvement and take steps to include them, where appropriate, as part of a collaborative approach to intervention with youth clients.

In particular, it is important to take steps to engage and include fathers (and other significant men in the young person's life) who have often been marginalised or less involved as consumers of health or community-based services (FACHSIA 2009).

BUILDING RELATIONSHIPS AND WORKING WITH FAMILIES

Engaging and working with the family of a young person is a vital part of early intervention and treatment approaches – especially with young people experiencing mental health, substance use or other psychosocial problems.

Family means different things to different people and in different cultures. In some CALD families, parents act as the mediators for young people in their relationships with health and other services. Building a relationship with these parents, and gaining their support and participation is therefore essential.

Different cultures may hold different expectations and attitudes about health, help-seeking behaviour and the role of services. Approaches you might normally take with young people (such as explaining confidentiality, seeing the young person alone, and encouraging independent decision-making by the young person) may contradict family and cultural values, and so need to be handled carefully.

The family context for young Indigenous people is also different to the familial constructs for most non-Indigenous young people. Family is a broad context, and many people who may not be related by blood are family within the kinship system. It is important to understand the family influences and structures of the young people you are working with.

No two families will be alike. You will need to tailor your approach to working with a young person's family to the individual and the circumstances.

THE YOUNG PERSON IN THE CONTEXT OF THEIR FAMILY

In some cases, parents or carers will present seeking help to deal with problems in family functioning, or for assistance in managing their adolescent. If a young person has come with a parent or carer, spend some time with the parent or carer either alone or with the young person. Remember that it is also important to meet with the young person alone.

When working with a young person, an important part of understanding who they are is understanding how they "fit" in their family and how their family works. You can use the HEEADSSS assessment (see chapter 3.2) to explore their family situation and the quality of the relationships between family members and the young person. Ask the young person to describe their family to you to help you identify who is important in terms care planning, making decisions about information-sharing and working out who to include as part of the intervention process with the young person.

Even if you are working primarily with the young person, it can be helpful to observe the interactions of the young person in their family because it allows you to:

- Assess and understand the dynamics of the young person's relationship with their parents or carers
- Observe how family members interact and communicate with each other
- Identify how different family members define the "problem"
- Gain a history of the onset of the young person's or family's problems and an insight into some of the contributing factors
- Work out the roles that parent(s) and other family members play in the maintenance of the situation and their role in attempts to deal with the problem
- Facilitate communication between the parents or carers and the young person
- Assist family members, particularly parents or carers, to identify their needs in relation to the young person's concerns

Parents may need information and education about the young person's concerns, as well as guidance in how best to respond to their adolescent and what role to take in supporting any treatment interventions. In particular, they may need support on how to deal with risk-taking behaviours the young person may be involved with – e.g. substance use, sexual activity. Provide them with reassurance and support to dispel any fears or anxiety. Respond to the parents' concerns while respecting the young person's right to confidentiality.

When meeting with the family, remember that everyone has:

- The need to be heard and understood – listen to the parents' concerns and acknowledge that you have heard and understand their perspective
- The need to not be blamed – family members need to be able to discuss the factors involved in causing or maintaining the young person's difficulties without feeling at fault
- The need to be included – engage family members as partners in a collaborative approach to the care of the young person
- The need for information – depending on what you have negotiated with the young person in regard to sharing information, provide the family with information about the young person's concerns; possible treatment approaches and the role of the parents or carers and family members in supporting the young person and any treatment plans. (Headspace 2008)

BUILDING UNDERSTANDING

Adopt a positive, supportive approach to working with the family. Providing education and information to members of a young person's family may be important. Family members may know very little about normal adolescent development and the changes that occur during adolescence (including the physical, emotional and cognitive changes; the 'moodiness' of adolescents; the growing need for independence; the role of peer relationships; etc.).

If the young person has mental health, substance abuse, or other psychosocial or behavioural problems, you can provide education and reassurance about the nature of the problem, its effects on the young person's functioning, and management approaches.

Discuss the risk and protective factors related to the problem – in particular, reinforce the importance of good family functioning as a major protective factor for the young person. Where appropriate, actively involve family members in developing and supporting a management and treatment plan. Where possible, identify specific roles that family

members can take to support the young person's treatment:

- Maintaining a regular routine (including healthy eating, sleeping and exercise; attendance at school; and limits on computer usage)
- Encouraging adherence to treatment plans
- Supporting the young person to maintain social connections
- Keeping the lines of communication open with the young person
- Supporting them to attend appointments with specialist providers

STRENGTHENING FAMILIES

Adolescence is a period of major transition and challenge not only for teenagers, but also for their parents.

Parents play a powerful role in influencing the way children and young people learn to manage their emotional reactions and impulses. Research clearly demonstrates the importance of effective parenting in positively influencing healthy child and adolescent development (Bennett and Rowe 2003). The greatest changes to the brain during adolescence are in those parts that are responsible for functions such as impulse control, judgement, emotions and organisation. The way a parent interacts with their teen directly influences the development of these regulatory mechanisms in the brain and helps shape their ability to develop crucial emotional self-regulation skills (Siegel & Hartzell 2004).

Parents play a critical role in helping their adolescent sons and daughters negotiate the complex physical and emotional transitions of adolescence. Effective parenting involves both managing challenging behaviours on the part of the young person, while also helping them to develop a healthy sense of self-worth, autonomy and identity.

Many parents, however, feel unequipped to effectively parent their rapidly changing adolescent. Parents who seek services for young people may be experiencing 'normal' parental challenges that arise as their adolescent navigates the trials of a changing body, fitting into peer groups, forging an independent identity for themselves and challenging family rules and values. Even though these issues may fall into the category of normal behaviour, they can nonetheless lead to conflict, arguing, disconnection between parents and teens, frustration and despair for both parent and teenager.

Parents may need support to understand and respond effectively to their teenager's behaviour and moods, as well as skills to manage more confronting and unacceptable behaviours, such as dangerous risk-taking, aggression towards family members or disrespectful behaviour.

Effective skills for parenting adolescents include:

- Adopting a parenting style that is warm, firm and allows for increasing independence while encouraging greater responsibility (Bennett and Rowe 2003; Hawton 2013)
- Setting appropriate limits while giving reasonable freedoms and privileges
- Sharing good times, actively building the relationship and maintaining communication with the teen, even when the young person may be disconnecting from them
- Identifying those behaviours that are more serious and require active intervention by the parent (e.g. risk-taking; regularly breaking agreed-upon rules; aggression) and what behaviours to let go of because they are “infuriatingly normal” adolescent behaviours (e.g. messy bedroom; choice of clothing; loud music; etc.) (Bennett and Rowe 2003; Hawton 2013; Phelan 1998)
- Handling rule-breaking in a calm, consistent and fair manner
- Managing their emotions when faced with challenging or unacceptable behaviours by the young person, and maintaining a climate of respect in the family
- Using reflective listening skills to listen to their teenagers concerns or worries in a non-judgemental way, without problem solving or advising (Hawton 2013)
- Initiating communication about difficult or uncomfortable topics (e.g. sexuality; drugs and alcohol; going to parties; and challenging behaviours)
- Helping the young person to develop:
 - » Their capacity to understand, regulate and appropriately express their emotions
 - » Cognitive and social competence
 - » Skills for problem-solving and cooperation
 - » Resilience in the face of interpersonal, emotional and academic difficulties

MAKING REFERRALS

Many young people require referral to specialist services as part of a comprehensive assessment and treatment approach for their mental health or psychosocial problems. Carefully explain to the family the reasons for the referral and the processes involved. The family can play a major supportive role in assisting the young person to access specialist providers – such as GPs, Psychologists, Social Workers, Psychologists or specialist services – such as Adolescent Mental Health or Drug & Alcohol Services.

Where there are ongoing family issues or conflicts, or where the family issues are a major contributing factor to the maintenance of the young person’s problems, it may be necessary to refer the family for specialist family counselling. Provide information about other support services and networks for the family.

Many parents themselves may be struggling with mental health or psychosocial problems, including unaddressed trauma history (Bouverie Centre 2013). These issues may not only compromise their capacity to provide adequate parenting, but may also be a major contributor to the onset of the young person’s problems. Encourage and support parents to seek appropriate help for themselves and to think about their own self-care and need for support.

ETHICAL AND LEGAL ISSUES

You will need to consider both the young person’s age and their level of maturity and cognitive capacity to consent and make decisions about treatment (Sancti et al. 2005),

This may involve a competency assessment to determine if the young person is a ‘mature minor’, as well as weighing up various factors, such as:

- The nature of the relationship between the young person and their parents
- The seriousness of the problem
- The level of risk to the young person and their safety
- The needs of parents and other family members
- The benefits of having parents/family involved
- The importance of maintaining a trusting relationship with the young person (Furlong and Leggatt 1996)

It can be challenging to balance the young person’s need for and right to confidentiality with the need to engage parents and carers. If the young person does not want their parents, carers or other family members involved, sensitively explore their reasons for this:

Examples:

“What are your fears or concerns about your parents being involved or knowing about your situation?”

“How do you think your parents would react if you were to tell them about this problem?”

“What do you need from your parents to help you with this situation?”

“What information do you want me to share / not share with your parents / family?”

Make a collaborative decision with the young person about sharing information with family members and involving their parents or carers and family members.

Where the young person is adamant that they don't want their parents involved, you can still work towards involving parents/family (unless the parents are unable to act in a protective or support manner)

Examples:

"If you could, what would you like to be able to tell your parents?"

"How would you like your parents to respond so that you felt supported?"

"What do you need from your parents to help you with this problem?"

FINDING OUT MORE...

Learn more about the legal and ethical issues of working with young people and their families in chapter 3.5 Medico-legal issues.

The Bouverie Centre – Victoria's Family Institute – provides a range of resources on working with families and how services can be more family sensitive and inclusive in their work. Visit www.bouverie.org.au

Family Relationships online provides information about Family Relationship Centres and family support services. It also has resources for young people, family members and professionals. Visit <http://www.familyrelationships.gov.au>

The Family Relationship Advice Line is a national telephone service to assist family members affected by relationship or separation issues. Call 1800 050 321 from 8 am to 8 pm, Monday to Friday, and 10 am to 4 pm on Saturday, except national public holidays.

The Triple P Positive Parenting Program offers evidence-based parenting programs to help manage behaviour, prevent problems and build strong healthy relationships. Visit www.triplep-parenting.net

The Raising Children Network has extensive resources for parents, including parents of teenagers, on its website. Visit www.raisingchildren.net.au

Information and advice is available for families and health professionals where a parent is affected by a mental illness. Visit www.copmi.net.au

Information and support for young carers is available at youngcarersnsw.asn.au

Information and resources for young carers of family or friends with a mental illness is available at www.arafmi.org

CHAPTER SUMMARY - WHAT TO REMEMBER

We know that positive family relationships help young people to develop in healthy ways and act as a protective factor against many risks that young people encounter in adolescence. The converse is also true: family environments that are unstable, unsupportive or dangerous to a young person's wellbeing can increase a young person's susceptibility to risk factors.

While your service may work primarily with young people, engaging their parents, carers or other important people in the young person's care and support can improve health outcomes for the young person.

Remember that parents and carers may need support to be more effective parents and you can play an important role in helping them to build those skills.

REFLECTION QUESTIONS

How does your service cater to the needs of young people's families? What policies/protocols does your service have in regard to confidentiality for the young person and disclosure of information to parents or family members?

What are some of the barriers/difficulties to engaging and working with a young person's family? And how can you overcome them?

What are some of the ethical/legal dilemmas you experience in working with families of young people?

What are some of the benefits you see from actively involving the family in working with the young person?

What training do you need to enhance your skills in working with families?

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