

ROLE OF THE FAMILY IN **TREATMENT PROGRAMS**

The involvement of family members in child and adolescent services is crucial to successful treatment outcomes (Kutash & Rivera, 1995; Pfeifer & Strzelecki, 1990). The effectiveness of services for children and adolescents is believed to hinge less on the particular type of treatment provided than on the participation of the family in planning, implementing, and evaluating the services. Research indicates that, for children with serious mental health problems, the more the family participates in planning services, the more likely the family members are to feel that their child's needs are being met (Koren et al., 1997) and that they have control over the child's treatment (Curtis & Singh, 1996; Thompson et al., 1997). Furthermore, family participation promotes an increased focus on families, the provision of services in natural settings, a greater awareness of cultural sensitivity, and a community-based system of care. There is also a growing body of research that has found that family participation improves the delivery of services, as well as their outcomes (Knitzer et al., 1993).

Nevertheless, there is a growing body of evidence indicating that children from vulnerable populations (children of single mothers, children who live in poverty, and minority children) who exhibit the most serious problems are also the most likely to terminate their treatment early (Kadzin & Mazurick, 1994). Additional research is necessary to determine the factors that contribute to this early termination. In recognition of this problem, however, it is important for mental health providers to ensure that these families are actively recruited and engaged in the services that the child receives in order to maximize the potential for successful outcomes.

This goal is complicated, however, by the fact that both families and providers may be confused and hesitant about the role that family members should play in treatment efforts. This is further complicated by systemic barriers that may preclude families from fully participating in the procurement of high-quality mental health services for their children. One such barrier is the relinquishment of custody of children for obtaining mental health services.

National surveys conducted by the Bazelon Center for Mental Health Law, the National Alliance for the Mentally Ill (NAMI), the Federation of Families for Children's Mental Health, and Maryland's Coalition of Families for Children's Mental Health state that between 23 and 27% of families of children with Serious Emotional Disturbance (SED) report being encouraged to relinquish custody in order to obtain needed services for their children (Virginia State Executive Council, 2004). These families typically lack the financial resources to obtain appropriate mental health services for their children. In order to gain access to publicly-funded mental health services, many of these families pursue services available within the child welfare/foster care system (Virginia State Executive Council). To receive these services, families may be forced to relinquish custody of their child to a child welfare agency in order to access funding. Approximately 20% of those who have children with SED do in fact relinquish custody (Virginia State Executive Council). In November of 2007, Virginia confronted this issue by issuing interagency guidelines to address this practice. These guidelines provide guidance to agencies regarding the authorization of needed services to children with emotional and behavioral issues so that families are not forced to