

Draft



**CONNECTICUT
WORKFORCE
COLLABORATIVE
ON BEHAVIORAL HEALTH**

Parent Leadership Training

**Cliff Davis, Partner
Human Service Collaborative**

Content Revision Date: October 25, 2007

This Technical Assistance Brief was prepared as part of the State of Connecticut's Mental Health Transformation State Incentive Grant (MHT-SIG). For further information on T-SIG, go to: <http://www.ct.gov/dmhas/cwp/view.asp?a=2901&q=335038>.

This Brief was prepared under the auspices of *Yale Center for Workforce Development*, which is coordinating the workforce initiatives of Connecticut's transformation effort. For further information on T-SIG workforce activities, please contact Michael Hoge, Ph.D. at michael.hoge@yale.edu.

Your comments and suggestions are welcome. Please submit those directly to Frank Gregory at Francis.Gregory@ct.gov.

Table of Contents

	Page
<u>Task/Product description</u>	3
Methodology	3
<u>Parent leadership discussion</u>	4
A. Purpose.....	4
B. Role in building systems of care.....	5
<u>Descriptions of specific parent leadership curricula</u>	5
A. Review criteria for parent leadership training curricula.....	5
B. Descriptions of curricula in parent leadership.....	7
C. Review of selected curricula.....	8
#1: Family Leadership Institute.....	8
#2: Engaging Voice, Choice and Trust.....	9
#3: Agents of Transformation.....	10
<u>Recommendations</u>	12
A. Curriculum.....	12
B. Implementation approach.....	12
<u>Relevant parent leadership training resources</u>	15

I. Task/Product Description

This report has been prepared at the request of the Connecticut Workforce Transformation Workgroup under the CT Transformation State Incentive Grant Initiative (CT-TSIG). The report has been prepared by Cliff Davis, Partner, Human Service Collaborative, Washington, DC.

The deliverables for this report were initially described, in part, as follows:

Prepare a review paper that identifies:

- Available curriculum and best practices in parent leadership training.
- Strengths and weaknesses of the available curriculum and best practices in parent leadership training.
- Recommendations regarding the design and implementation of Connecticut's parent leadership training initiative.
- Resource documents (web links and/or hard copies if available) regarding available curriculum and best practices.

This report provides a discussion of Parent Leadership Training, a presentation and review of curricula designed to increase Parent Leadership (including a discussion of the criteria used to assess curricula), and recommendations regarding the design and implementation of Connecticut's Parent Leadership Initiative.

Methodology

The research for this project took place over 3 weeks and included two main sources of information: 1) contacts with professionals in the parent advocacy and parent training fields in which information and additional contacts were requested; and 2) internet searches for related information.

First, the author is actively involved in workforce development activities within the field of children's behavioral health, including broad contact with and support for parent advocacy. A set of national and state experts in this field was contacted by phone and email, soliciting relevant information and suggestions about additional resources to explore. These contacts included a number of state family advocacy leaders, as well as individuals who have developed and provided family advocacy training in multiple locations and settings, and led to a number of additional contacts. The discussion of Parent Leadership that follows immediately is based in large part on conversations and email exchanges with those persons.

Second, many people are committed to improving the behavioral health care of children and not all are directly connected to national initiatives. Therefore, multiple internet searches on parent leadership training and related topics were conducted to gain insight on the broader worlds of parent advocacy and leadership development. It is worth noting that there was a strong correlation between the recommendations of the experts contacted in this research and the findings of multiple internet searches.

II. Parent Leadership Discussion

A. Purpose

In the span of a few decades, perceptions about parents of children with behavioral health disorders have moved from parents being the primary cause of those disorders to being their child's best resource. This significant change in perspective (not yet fully embraced by all behavioral health professionals or parents) has strongly impacted the nature of the relationship between behavioral health care professionals who are intent on addressing each child's disorders and caring parents, trying sometimes desperately to find solutions to those disorders. Parents and other caregiving family members are advocating taking more active control of the care of their children with complementary supports, information, and access to resources coming from established helping systems.

Parent leadership in Connecticut was recently defined as follows:

The capacity for parents to interact within society with purpose and positive outcomes for children. (Agents of Transformation Brochure, 2007.)

It should be noted that this definition does not focus on children with disabilities but recognizes such leadership as a natural element of parenthood. Leadership may carry increased poignancy or urgency if a child has disorders or impairments, but advocacy by parents is a natural function of caring about and for their own children. Therefore, parent leadership efforts must increase the broad capacities of parents to understand and express their family needs, and to work within established helping systems to create better outcomes for children, regardless of ability or disability.

The State of Connecticut, within the workforce development component of its TSIG Initiative, plans "to increase participation of parents in the behavioral health workforce by helping them develop the skills necessary to more effectively advocate for their children and families. This advocacy would take place on multiple levels, including:

- 1) "Facilitate parents' participation in the broadly-defined behavioral health workforce as participants in their child's treatment team and advocates for their needs.
- 2) "Assist parents to develop advocacy skills that they may then employ in the function of Family Advocate on behalf of other families and their children involved in the behavioral health system. Parents will be supported to develop skills that will make them competitive for employment in family advocacy organizations and provider agencies.
- 3) "Assist parents in developing skills to participate in shaping state policy, thereby moving the state toward a more family-driven system. Examples of this involvement might include: consultation regarding state agency (e.g., DCF) policy development; legislative activity; and participation in RFP review for award of

clinical service contracts.” (Parent Leadership Training Initiative, Connecticut Workforce Transformation Workgroup, 2007)

B. Role in Building Systems of Care

The initial articulation of a “system of care” (Stroul and Friedman, 1996) described a foundation of shared values built collaboratively by the many stakeholders in children’s mental health. One of three “core values” described the necessity for parents to be affirmed and supported in the control of their child’s care, while one of ten “guiding principles” stated, “parents are full partners in all aspects.” This system of care articulation gave parent advocacy in children’s mental health a level of legitimacy previously absent, and in the past two decades several national advocacy organizations and a plethora of state and local family advocacy organizations have emerged, demonstrating increasing knowledge and capabilities to play meaningful roles in publicly-funded helping systems.

These organizations have also caused the development of numerous learning curricula to train large numbers of parents and other caregivers to become more effective in their advocacy and work on behalf of children with mental health needs and their families. This common step towards developing competencies in caregivers reflects the underlying values of the system of care approach, the efforts for more than 20 years to empower parents, and a true change in how helping systems help families. The approach proposed by the State of Connecticut in the Parent Leadership Initiative, while progressive, is nonetheless in-line with emerging public policy and funding decisions in other states.

III. Descriptions of Specific Parent Leadership Curricula

A. Review Criteria for Parent Leadership Training Curricula

This report is biased towards competency-based training approaches. In particular, three types of competencies are important within an effective system of care: *Attitudes* form the foundation of an individual’s approach to advocacy and can be impacted by training activities that invite the individual to name and explore his/her beliefs; *Knowledge* gives an individual factual data about child development, child mental disorders, treatment approaches, systemic actions, and other relevant areas that can be shared and held in common with other system stakeholders; and *Skills* reflect an individual’s ability over time to combine attitudes and knowledge into actions that are effective in improving the quality of life for each child and family.

The review presented in this report is based on the author’s perspective of “best practices” in developing attitude, knowledge, and skill competencies within the system of care, gained through direct experience and with input from a variety of parent advocacy experts contacted during this project. The six criteria described below, developed specifically for this project, were used to assess Parent Leadership training curricula, as presented in section III.B.

1. Employs effective adult learning principles – Adult learning requires that persons motivated to learn about an issue be given multiple opportunities to explore their attitudes and new knowledge in the context of their existing attitudes and knowledge, recognizing that each participant comes to the training with unique attitudes and knowledge. Adults learn more strongly from each other through guided interactions than they learn from “experts” presenting information through lecture and written materials. Therefore, in this report a curriculum is assessed more strongly when it is structured to promote opportunities for participants to explore attitudes and work with new knowledge, and to do so in interaction with others motivated to learn about the same issue.

2. Adequate documentation for assessment and implementation – A useful curriculum requires that the process and content of training implementation be documented well enough that other skilled trainers can prepare and deliver an appropriate training that is consistent with the designer’s intent. This is particularly true if the implementation design is based on training a group of trainers to implement the curriculum broadly over a period of time. Adequate documentation generally would include: competencies or learning objectives promoted by the training; specific guidance to trainers about the knowledge content of a given training session (which might include presentation scripts, outlines, and/or media supporting the learning objectives); specific guidance to trainers about the process of a given training session (which might include timed agenda, preparation details, and/or trainer’s instructions for specific activities), assuring that time can be managed appropriately and that facilitated discussions among participants are guided explicitly towards the training objectives; and specific evaluative strategies that provide immediate, meaningful feedback about training effectiveness, particularly in curricula designed to be implemented over multiple sessions.

3. Can be implemented using in-state parent trainers – The intended design of this Parent Leadership Training Initiative includes preparation of Connecticut parents to deliver this training curriculum multiple times in different areas within the State, also known as a “training of trainers” approach. The content and process design of a curriculum must be transferable to multiple trainers with varied backgrounds. In the case of parent trainers, the content and process design must recognize the importance of life experience (e.g., experience gained advocating for one’s own child) and allow persons of differing experiences to connect meaningfully to the curriculum. Most important, the recruited trainers must be able to learn how to deliver the curriculum effectively within a reasonable amount of trainer preparation time.

4. Addresses advocacy knowledge as well as advocacy skills – Family advocacy is a set of complex practices, combining knowledge about the effective care of children with special needs and their caregivers with an ability to engage and educate others who may hold different knowledge or attitudes. Family advocates are often motivated by anger or disappointment in their own life experiences, emotions which may fuel a “never-give-up” passion for others or may interfere with their ability to transmit their knowledge to others. Generally, effective curricula will help advocates understand and maintain their strong emotions while developing their ability to express them helpfully through knowledge and

skills. Activities designed to improve a participant's self-knowledge are especially important in developing advocacy skills among parents and other caregivers.

5. *Collects and utilizes quality improvement data* – The best intentions of curricula designers and trainers must translate into the development of meaningful competencies among training participants. Ideal training programs would gather data about participants pre- and post-training, as well as over time, to determine the translation of training activities into practice. Such data would be collected and regularly reported in ways that demonstrate a curriculum's strengths and limitations.

6. *Fits the Transformation Initiative's plans* – The current plans within the Parent Leadership Training element in the Workforce Development portion of the CT-TSIG Initiative call for training at least 150 parents over the first year through repetitions of a 3- or 4-day training approach in multiple locations across the state, each working with approximately 25 parents and family caregivers. In subsequent years, at least 200 will be trained per year. Therefore, the curriculum to be implemented must fit into a 3- or 4-day format and stand up consistently over more than 20 deliveries by multiple trainers.

B. Descriptions of Curricula in Parent Leadership

An exploration of current “parent leadership training” curricula revealed three primary types of training approaches in use across the county:

1) Intensive: These are lengthy classes over multiple sessions that offer knowledge in a number of relevant areas (e.g., conflict resolution, arranging meetings with elected officials, family rights under IDEA, writing letters to the editor, how child-specific teams function) and focus strongly on building bonds between the members of the training group. These approaches range in length from 6 full days, spread over a period of time, to 12 weekends spread over as many months, to as many as 20 weekly sessions.

Two examples of this type of curriculum:

Parent Leadership Training Initiative (PLTI), supported in Connecticut by the William Caspar Graustein Memorial Fund and the Connecticut Commission on Children, and included in the recent RFP from the CT Children's Trust Fund. PLTI is designed to be delivered over 20 4-hour sessions, plus an initial full day retreat, and covers community building, a community assets framework, diversity, political infrastructures, communication skills, public speaking, problem solving, action planning, understanding policy, and legislative processes.

Visions for Tomorrow (VFT) developed with the support of the National Alliance for the Mentally Ill (NAMI) Texas chapter. VFT is designed to be delivered by primary caregivers over 8, 10, or 12 weekly sessions and covers how to access school services, IDEA regulations, communication skills, problem management, coping skills, self-care, rehabilitation of mental disorders, transitions, the recovery cycle, and advocacy.

2) Moderate: These classes are designed to occur within two to four days of training time, sometimes over one intensive weekend experience but more commonly spread across several weeks. Generally, they are designed to increase self-understanding, build bonds among the participants, and impart some knowledge of advocacy skills. These curricula focus more on building effective attitudes in group participants, with less focus on conveying specific information to build knowledge competencies. Three examples of this type of curriculum are reviewed in the following section.

3) Minimal: These are single events of 3 or 4 hours with activities aimed at developing skills, such as public speaking, gaining access to elected officials, writing letters to the editor, etc. These “minimal” events tend to aim at building numbers of persons to carry a group’s message to many places, without a strong effort to build group bonds or individual competencies. Many such events are offered across the country but do not meet the requirements of this report and were therefore not reviewed.

Each approach described above is used to increase the number of parents and caregivers actively involved in system improvement, whether on behalf of their own child or the entire group of children with behavioral health needs. As the length of the training experience increases, the opportunities to increase knowledge and skill competencies increase as well.

Approach #1 is discussed in Section “IV. Recommendations” (Recommendation 12) below, but generally the curricula for these lengthy training events were not reviewed in this project. The time requirements (of participants and trainers, plus logistics) for curricula using this approach far exceed the parameters suggested by the Workforce Transformation Workgroup in this initiative. Approach #3 may also be effective within Connecticut for specific purposes, but those brief curricula were also not reviewed in this project, appearing to be limited in depth. Curricula reflecting approach #2 were sought and reviewed, with several specifically discussed in the following section.

C. Review of Selected Curricula

#1: Family Leadership Institute (FLI) by the Maryland Coalition of Families for Children’s Mental Health. A detailed agenda was provided for this review and limited further information was learned through email exchanges.

1. Employs effective adult learning principles

FLI was designed to balance experiential learning with some specific knowledge learning that would be useful in advocacy efforts. The curriculum is flexibly designed and includes personal exercises aimed at self-exploration and rudimentary development of specific skills (e.g., Active Listening), while also offering participants the opportunity to share with and listen to each other.

2. Adequate documentation for assessment and implementation

The author received detailed agendas for 20 hours of training. A list of 8 questions was sent to the curriculum’s developer, including a request to understand what

information is provided to trainers, but answers to those questions were not returned. A subsequent email indicated that a “trainer’s manual” has not yet been developed. Information was inadequate to determine the quality of the documentation.

3. Can be implemented using in-state parent trainers

Based on the agenda, it appears that this curriculum is designed to be presented by parent caregivers, but there may be a somewhat limited pool of parents with the training skills to deliver consistent quality. Reviews of this training were very positive, but that was when the training was delivered by the curriculum’s developer. Information provided was inadequate to determine whether the curriculum could be delivered by in-state parent trainers.

4. Addresses advocacy knowledge as well as advocacy skills

The strong emphasis in FLI is on promoting parent/caregiver well-being and self-understanding, while also attempting to build support between and among participants. A brief portion of the first session and most of the second session are designed to develop advocacy knowledge, with limited focus on skill development. It appears that the intent of this curriculum is to prepare individuals to become good advocates, without extensive time or focus on the actual development of advocacy skills.

5. Collects and utilizes quality improvement data

No quality improvement data were provided for this report. Brief anecdotal supportive comments were provided by the Maryland Coalition.

6. Fits the Transformation Initiative’s plans

This curriculum could work in Connecticut. It would require that the FLI creator, Jane Walker, be brought in for consultation and probably to lead the initial training of trainers. Ms. Walker indicated in private correspondence that she would be more than willing to meet with Connecticut leaders and adapt her curriculum for in-state use, meeting specific parameters set by the state.

#2: Engaging Voice, Choice & Trust (EVCT) by Leadership International. Several descriptive documents were provided for this review, including an agenda for the two days of training, a general document explaining the underlying values for the curriculum, and a set of exercises prepared for a similar (but different) training curriculum. The curriculum’s creator indicated that the training manual could only be obtained by taking the training and that more detailed agenda and trainer instructions were currently unavailable.

1. Employs effective adult learning principles

EVCT is especially designed to engage and empower family members and youth/young adults in advocacy on their own behalf. The curriculum is based strongly on adult learning principles: the training agenda shows a primary use of experiential learning; many messages about inner strength and ability are conveyed to the participants; and intentional fluidity is built into the curriculum to allow the participants to remake their own training experience as it unfolds.

2. Adequate documentation for assessment and implementation

The author received a non-detailed agenda for 11 hours of training that made references to other materials not provided for this review. It appears that presentational materials, including PowerPoint slides, have been prepared, but those were not made available for review. The creator indicated that remaining information could be obtained by taking the course. Information provided was very vague and inadequate to determine the quality of the documentation.

3. Can be implemented using in-state parent trainers

A skilled trainer could probably deliver this training with effectiveness, but there may be a somewhat limited pool of parents with the training skills to deliver consistent quality. The creator is protective of “proprietary” information and would wish to be involved in any adjustments to the curriculum and the training of in-state trainers. Information provided was inadequate to determine whether the curriculum could be delivered by in-state parent trainers.

4. Addresses advocacy knowledge as well as advocacy skills

This curriculum is based on an expectation that persons, who understand themselves in a positive and hopeful light, will be better advocates – for themselves, for those they love, and possibly for others in similar circumstances. As a consequence, resource materials and knowledge learning are fairly minimal, while self learning is emphasized. One possibility for Connecticut would be to pair this curriculum with additional hours devoted to knowledge and skill development.

5. Collects and utilizes quality improvement data

No quality improvement data were provided for this report. Brief anecdotal supportive comments were provided by Leadership International, including statements such as, “It is life changing and helped in so many ways besides our leadership work.” Such comments were not helpful for this review.

6. Fits the Transformation Initiative’s plans

The EVCT curriculum might meet Connecticut’s needs but it would require adaptation and the necessary involvement of the curriculum’s creator. This curriculum is not as strong as the others reviewed, for Connecticut’s purposes.

#3: Agents of Transformation (AOT) by the Parent Support Network of Rhode Island. A 19-page Trainer’s Manual, the entire set of PowerPoint slides, and additional documentation were provided by the creator of this curriculum for review. This curriculum was developed and piloted in 2006 and has been piloted in Connecticut (through Families United) in early 2007.

1. Employs effective adult learning principles

AOT was designed to blend experiential learning with increased knowledge about family advocacy, with a strong emphasis on self-disclosure, learning from others, and

opportunities to work with new information in a small group format. Some advocacy skill development is included, especially communication and conflict management skills.

2. Adequate documentation for assessment and implementation

Based on the documentation provided, this curriculum is well-designed and supported by adequate materials. It covers 26 training hours and could be delivered over 4 days or approximately 8 smaller units. The “trainer’s manual” includes detailed guidance about how to deliver and process each activity and the slides fit closely with the activities. The creator of the curriculum offered additional assistance via email and resides in Rhode Island, close enough to be of immediate assistance to Connecticut trainers. This curriculum is in draft form but nearing completion. The creator offered to provide a CD with all curriculum materials once it is finalized.

3. Can be implemented using in-state parent trainers

This curriculum was expressly designed to be delivered by indigenous parent/-caregiver trainers in a given community or state. The curriculum would be likely to work best if trainers are trained by the creator, but that does not appear to be required. All information is well-presented, allowing a variety of skilled trainers to follow and implement the training. Parent trainers would be able to deliver this curriculum multiple times if given adequate support.

4. Addresses advocacy knowledge as well as advocacy skills

AOT uses the development of specific advocacy skills as the basis for exercises also designed to develop self-knowledge. Of all the curricula reviewed for this report, AOT appears to offer the best blend of competency development, including attitude exploration, knowledge extension and some skill development.

5. Collects and utilizes quality improvement data

The AOT curriculum has been delivered in Rhode Island (45 family members) and Connecticut (24), and qualitative information was gathered from those participants, although that information was not made available for this review. Anecdotal information through Families United was extremely positive. The curriculum was developed with support from SAMHSA and included quality improvement practices to gather qualitative information from participants, using that information to adjust subsequent sessions.

6. Fits the Transformation Initiative’s plans

The AOT curriculum appears to be a good fit with the Transformation Initiative’s plans and has already been implemented within Connecticut. This curriculum is designed to be delivered over 4 days, but Lisa Conlan, the creator, expressed a willingness to adapt it, if requested by the Workgroup. It is also designed to bring many parents and caregivers into the cadre of advocates for children’s mental health, recognizing that some among them will wish to gain more training for a higher level of advocacy.

IV. Recommendations

A. Curriculum

It is recommended that the CT Workforce Transformation Workgroup support the implementation of the Agents of Transformation curriculum in its Parent Leadership Initiative. Of the curricula reviewed in this project, AOT is best-designed to support ongoing growth in parent advocacy and is better-documented than most, offering clear, detailed directions for activities and instructions to guide trainers. More importantly, this curriculum has recently been piloted with a group of Connecticut parents under the auspices of CT Families United for Children's Mental Health. The pilot curriculum was positively received by the initial group of trained parents. The developer of AOT lives in Rhode Island, convenient to Connecticut, and has provided consultative support to FAVOR across a number of years.

B. Implementation Approach

Choosing a curriculum to implement is one of the easier components in the process to develop and sustain effective parent leadership around issues in children's mental health. The following recommendations regarding the implementation of parent leadership training address areas of context, logistics and support surrounding the curriculum delivery. These recommendations have emerged as a consequence of the research conducted while preparing this report and reflect knowledge gained from many different parent training approaches.

1. Make Connecticut-specific modifications to the content of the AOT curriculum. The Agents of Transformation curriculum was in draft form at the time of this report, with final revisions underway in response to the pilot implementation in CT and a similar pilot in Rhode Island. The creator of the curriculum expressed a willingness to make adjustments as may be requested by the Workforce Transformation Workgroup before the curriculum is finalized and implemented. One recommended modification would be to include specific information for parents about Connecticut KidCare.

2. Align the curriculum timing and the Workgroup's expectations about training hours. The recent implementation of the AOT curriculum in Connecticut was conducted in a 26-hour format, spread over 4 days of training. It is strongly recommended that the Workgroup support the 4-day training format, although the creator of AOT expressed willingness to adjust the content to a different time format, if requested.

3. Ensure broad recruitment and training of parent trainers. The recommended curriculum has already been delivered in Connecticut through Families United but it is critical that no one advocacy organization be singled out (or that trainers include only parents who are members of a specific family-advocacy organization). Connecticut is fortunate to have a number of local and state organizations providing advocacy on behalf of families whose children have mental health needs. Connecticut also has broad diversity among its citizens, including those with mental health needs. Therefore, it is important

that recruitment efforts for trainers in this initiative focus on including and preparing a very diverse pool of trainers, AND that support of parent trainers recognize the diversity of support needs that may be presented by that pool of trainers.

4. *Prepare targeted training to develop training skills in parent trainers.* It is important that parents and other caregivers who will deliver this training be prepared, but the relative skill levels among members of the trainer pool are likely to vary. Some will be experienced in training, while some will not; some will be experienced in public speaking, while some will not; some will be experienced in flexible responses to special training group circumstances, some will not. Individual members of the training pool are likely to need special assistance in preparing to effectively deliver the training curriculum.

5. *Commit resources to ongoing support of parent trainers.* Once the pool of trainers is prepared to deliver this curriculum, they will benefit from ongoing supports, including at least: sit-in review and supervision; coaching from experienced trainers; on-call problem resolution whenever a session is in progress; real-time functional evaluations, reviewed with a supervisor; back-up trainers when necessary; between session problem-solving; and celebrations of success. It may be helpful to create opportunities for Connecticut parents to co-train this curriculum with the creator. The implementation of the parent leadership initiative should prepare for these and other on-going supports.

6. *Assign a coordinator to manage training session logistics.* Trainers need to focus their time and energy on preparing to successfully lead individual class sessions and should not also be burdened with the logistics of training sessions. A full-time coordinator may be needed to make all of the arrangements for the proposed 4-day training groups and to support the trainers for each group while the sessions are underway. Further, making such arrangements requires a specific set of skills that are not likely to be present in all of the individuals trained to deliver the curriculum.

7. *Ensure local adaptability in logistics and approach.* All communities in Connecticut are not the same; each training group will be unique. The implementation design should include some flexibility for local communities to schedule and deliver this curriculum with adaptations meeting local needs. For example, the primary mode of scheduling training groups may be over four weekend days, but some communities or training groups may work better with 8 half-day sessions spread over as many weeks.

8. *Develop and manage a communications plan for this initiative.* Effective communication is critical to successful implementation, and this initiative will have a number of different audiences. First, communication with potential training participants must be targeted towards large numbers of parents and caregivers representing many different cultural groups, all socioeconomic and educational levels, and varied experiences with helping systems as they have sought help for their children. Second, professional helping systems (e.g., mental health clinics, schools, family physicians, child protection) will be essential in identifying parents and caregivers appropriate to the training classes and must understand the purpose and process for the initiative. Third, citizens at large must understand the importance of parent leadership training, creating opportunities for

different persons and organizations to step forward and assist implementation (i.e., a neighborhood church offering space and child care to support a training class).

9. Plan to address support needs of participants. Parent leadership training is likely to introduce information and strategies that evoke immediate and strong responses from some parent/caregiver participants, especially if they come to the training after difficult or unsuccessful experiences in accessing appropriate care for their child. Trainers may be able to helpfully address some of those responses but the infrastructure must be in place for others to respond when it is not helpful or possible for the trainer to assist effectively. Additionally, resources to address childcare and transportation needs for training sessions should be made available for those who could not otherwise participate.

10. Consideration is needed for possible long-term support to training groups. One consistent finding in parent leadership development across the country is that many training classes become longer-term support groups for many of the parent participants. The experiential learning strategies generally employed in such training often lead to the development of significant relationships among at least some members. These informal support groups can contribute meaningfully to the quality of care for individual children and families, and they offer ongoing opportunities to expand and support the numbers of parents engaged in system-building activities. Support of these emerging groups is likely to be a cost-effective investment for the helping system.

11. Develop resources to extend the parent leadership training initiative past the planned first year. An aggressive one-year investment in parent leadership training is an important step forward in Connecticut's system of care but consideration must also be given to extending this investment across multiple years. Life events are likely to pull parent participants out of individual classes, as well as parent trainers out of training, creating the need for the supply of parents and caregivers to be restored regularly. Likewise, families will "age out" of the system as their children grow and their needs change, so a steady supply of trained parents will need to be ensured through ongoing training and support activities.

12. Develop more training opportunities beyond this "moderate" approach. Many different formats for parent leadership training have emerged nationally because many different types of training approaches are needed for the long-term sustainability of family advocacy. Once this parent leadership initiative is planned and underway, consideration should be given to more intensive training opportunities (e.g., PLTI or VFT) for smaller numbers of parent advocates who are likely to move on to broader system advocacy. Consideration should also be given to shorter, "minimal" training opportunities to serve two purposes: 1) to supplement the AOT curriculum in specific knowledge areas; and 2) to engage a wider pool of parents and caregivers, especially those unable to commit adequate time to completing 4 days of training.

Relevant Parent Leadership Training Resources
(presented here in the order of appearance within the report)

Information about Connecticut Families United for Children's Mental Health may be accessed at: <http://ctfamiliesunited.homestead.com/>

Information about PLTI, supported by the William Caspar Graustein Memorial Fund, may be found at: www.wcgmf.org/

Information about the Parent Leadership initiative from the Connecticut Children's Trust Fund may be accessed at: www.ct.gov/ctf/lib/Agreements_and_Assurances.pdf, which includes information about PLTI.

Information about Visions for Tomorrow may be accessed at: www.namitexas.org/programs/visions.html

Information about the Family Leadership Institute may be found at: www.mdcoalition.org/fli.htm Additionally, the author of this report has copies of the daily agendas for FLI and has permission to share those agendas.

Information about Engaging Voice, Choice and Trust may be accessed at: www.leadershipinternational.net Additionally, the author of this report has copies of brief agendas for EVCT but was asked not to share them with anyone else.

Information about Agents of Transformation may be accessed at: www.psnri.org/html%20docs/overview/visionmission.html Additionally, the author of this report has copies of detailed daily agendas and all PowerPoint slides for AOT. The author has permission to share those documents in this project but not to distribute them further.

The monograph referenced on page 3 of this report is:

Stroul, B.A., & Friedman, R.M. (1996). *A system of care for children and adolescents with severe emotional disturbance* (Revised edition). Washington, DC: National Technical Assistance Center for Child Mental Health, Georgetown University Child Development Center.