A Guide to Using the Family Connections Materials:

Lessons Learned

Over the past decade, we, the Family Connections team and our community partners, have worked together to develop an approach to strengthen the capacity of Early Head Start and Head Start staff in dealing with parental depression and related adversities. From the beginning, the goal of Family Connections has been to develop training approaches and consultation strategies that could be made available to all Early Head Start and Head Start centers. In that effort, our first objective was to develop the approach and then test it in several Early Head Start and Head Start programs in the greater Boston area over several years. In those partnerships, we provided training, mental health consultation, observations, classroom interventions, and ongoing supervision to the mental health consultants who collaborated with us in implementing the program. The outcomes of that experience are The Family Connections materials. These materials include information on depression and related adversities; detailed workshops; strategies for working effectively with children, families, and other staff; and a guide to assess a program’s readiness to take full advantage of this approach. This process also revealed lessons in best practice.

We offer the following observations from our own partnerships with Early Head Start and Head Start programs in order to provide direction about how to use the Family Connection materials most effectively. While everyone’s needs, strengths, and resources are unique, we encourage any program to consider the following tips before trying to build their capacity to address issues of mental health in the families they serve.

Improving the services delivered by your program requires change. Positive change requires time, energy, commitment, resources, and leadership in order to take root. It also entails reflection and professional growth among program staff. The Family Connections Readiness Guide, found in the Family Connections materials, offers a way to inventory and reflect on your program’s resources, needs, and gaps in the area of mental health. This is an essential first step toward considering how prepared your program is to change. Rather than determining whether a program is ready to change, this method offers a way to determine the level of readiness. In this way, the Family Connections materials can benefit any program seeking improvement in their ability to support the mental health of the families they serve regardless of their starting point. For example, even if your program does not have substantial external resources in mental health and family support, an engaged staff that works collaboratively and is interested in learning more about the impact of depression on children and families is a strong foundation for a training program using the Family Connections materials.

2. Program Director Involvement and Leadership is Essential.

A key component of the success of the Family Connections model is the active presence of a program director who is invested in increasing mental health awareness within his or her program. The director’s commitment to involve staff and build their skills and understanding in the area of mental health is crucial. Recognizing that mental health and wellness are important components of children’s and families’ development is also important.

Specifically, directors must be willing to allot the time necessary for training, support and supervision. Program leadership should strive for:

- Clear and on-going communication of goals, and commitment to the practical time and resources of staff required to meet those goals
- Designation and support of workshop leaders and mental health consultants
- Commitment to attending all workshops with their staff
- Coordination of outreach efforts with existing or needed mental health resources.

When using the Family Connections materials, the director’s participation requires a careful balance of responsibilities and roles. As a leader, it is important that the director remain a strong voice of support for the successful implementation of this approach. This includes providing consistent supervision and support for other identified leaders within one’s team, as well as an overall interest in and commitment to the process. While some tasks may be delegated to workshop leaders, it is vital that the director actively participate in the process and attend all key meetings. When the director and staff learn and process information together, there are several important benefits:

- A common and consistent language and knowledge base is created
- The director models the importance of reflection as part of professional development
- The entire staff works together in decision-making

Collaboration encourages the best plan for both staff and families.

3. Training Must Include Staff Across Roles.

The Family Connections training materials are designed to provide a framework that leads to valuable group learning experiences for professionals with varying levels of mental health knowledge who work in a variety of disciplines and roles. In our experience, training groups often include teachers, assistant teachers, supervisory staff, consultants in mental and physical health, and directors and their administrative staffs. While this diverse mixture can at times be challenging, the experience of training together as a group promotes an environment of shared experience and a group commitment to change.

Training groups will likely be comprised of supervisors and staff. This combination is another unique opportunity with challenges and benefits. Training sessions can be an ideal time to discuss topics that involve the staff as a whole, such as program climate and communication. In our experience, supervisors can and should participate as learners in training, and share not only their knowledge and leadership abilities but also explore their own areas of concern and augment their own knowledge and skills. For managers, this often involves being outside the role of managing or evaluating supervisees during training. However, it does not mean that the supervisor should relinquish her position of authority to take action on some of the suggestions that may emerge from the training.
Creating a safe atmosphere during training is essential for full staff participation. Experiences in the group can be used to support the staff members’ efforts to explore new ideas and improve skills. Participating in workshops together also provides opportunities to demonstrate mutual respect while gaining new understanding and problem solving as a team.

Consistent, supportive supervision within a program is vital for the successful implementation and sustainability of the Family Connections training approach. Often in busy early childhood programs, time for supervision is considered a luxury and may be easily forgotten or replaced with other needs. However, for a program to serve families effectively, staff must be given the opportunity to explore their challenges and successes, both individually and with a supportive supervisor.

It is crucial that a plan for regular supervision be developed, communicated to the staff and most importantly, followed as planned. Especially with a challenging topic such as mental health, staff need a predictable time and place to discuss questions and concerns. In addition to protected time for supervision, it is also important to observe the staff in action with families. Observation gives the supervisor a concrete and familiar place to start a conversation with staff about working with children and families. Observation offers additional insight into how individuals and staff as a whole incorporate new information into their work.

When using the Family Connections materials, leaders may experience a wide range of reactions from staff. Supervision provides the opportunity to understand how each staff member feels about the workshop topics and to generate ideas about how you can best support them. Supervisors themselves also need the opportunity to reflect, either with other supervisors within the agency or a mental health consultant. The need for support in the effort to grow professionally includes all staff members.

5. A Commitment to Improving Mental Health Includes Families and Staff.
Strategies for reaching out to families experiencing depression and/or other mental health issues are best supported through an understanding of how one maintains one’s own mental health and wellbeing. A program interested in increasing the skill level of staff to support the mental health of families must acknowledge and respond to the mental health of program staff with equal priority.

After the topic of mental health is first introduced in the program, the leaders and trainers can expect increased discussion about depression and mental health issues as staff become more familiar and comfortable with the topic. In our experiences, leaders find that staff may begin to ask about resources for themselves and their families. Others may be reluctant to share their own personal story or concerns, despite the program’s focus on and acceptance of these issues. This is the time to convey to all staff that any personal mental health issues will be dealt with professionally and confidentially, without consequence to their status or job and in a way consistent with the program’s human resource and referral policies. This can also be an excellent opportunity for supervisors to model appropriate and compassionate support for staff’s outreach to the families they serve. If supervisors themselves do not feel comfortable addressing these topics personally with staff – which is not uncommon, as we have found – the program director needs to ensure that the supervisors receive appropriate consultation and support so that they can add this skill to their supervisory relationships.

6. Regular Mental Health Consultation is a Key Component to Success.
Having a mental health consultant on site – part-time or full-time, either as an employee or through contract – is a critical component to developing and maintaining staff competency and efficacy in coping with the impact of depression and related adversity on the children and families served by Early Head Start and Head Start. We have found that it is most effective when the mental health consultant’s role is defined broadly as providing support across the system, to children, parents and staff. In such a model, children and parents are supported through direct interventions, and staff is also provided with a source of expertise that can help them incorporate information about mental health into their own non-clinical roles. Mental
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Health consultants can also work with the program in a more system-wide approach, working with the director and leadership team to build policies and procedures and build staff capacity in responding to mental health needs – all in support of the goal of improved mental health and wellness for all members of the program community. In our own staff team of consultants, we have found it very effective to partner mental health clinicians and early childhood educators, blending the two perspectives in providing consultation and training in the Family Connections model. This is the blend that you will be seeking in bringing the Family Connections approach to your own program. A trusted mental health partner who knows your program and staff will be an important player in your team.


Even exciting, new learning experiences can make us feel vulnerable. It takes courage and patience to rethink current practices, try something new, and see the process through the inevitable rough patches. With this in mind, the Family Connections materials are designed to be used in modules, spread out over time. With any change, tackling too much at one time can feel overwhelming.

Focusing on one module at a time allows the program to use and digest new information. Involving staff in the decisions that will affect their work will improve their commitment to change and the process of developing their practice. Working one step at a time and valuing small successes along the way can ease anxiety and empower staff. It is helpful to remember that integrating new information for professional practice is a long-term process and is most effective when built over time. In our experiences with many Family Connections sites, we found that spacing apart the trainings at least one and one-half months while having active discussions about what was covered and applying it in the classroom on a continuous basis allowed for the greatest amount of staff change. For the staff to know that there are regularly scheduled trainings every six weeks or every other month also is reassuring in that it means there will be a continued forum to discuss key ideas and mental health issues.

Final Comments

We are excited to bring the Family Connections model and materials to you and your program. We hope that you find the various training and educational materials useful, and that our approach helps you achieve important goals for your program’s development and overall quality. We encourage you to reflect on your own experience as you use the Family Connections materials and develop your own lessons learned along the way. We wish you the best of luck in taking on this exciting challenge!
For more support on this topic please see the following Family Connections materials:

**Short Papers:**
- Self-Reflection and Shared Reflection as Professional Tools
- Supportive Supervision: Promoting Staff and Family Growth Through Positive Relationships

**Other:**
- The Family Connections Readiness Guide

**Acknowledgements**