

Family Services

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Goals for Family Services

- ❑ To assure that every veteran with a serious psychiatric illness has the need for family services discussed with him/her at least yearly.
- ❑ To assure that identified family service needs are incorporated into the treatment plan.
- ❑ To assure that every medical center provides a continuum of recovery-oriented services to veterans with serious psychiatric illness and their families in order to meet the objectives specified in the treatment plan. This continuum should include Family Consultation, Family Education and Family Psychoeducation.



Definition of Family

- Anyone identified by the veteran as a supporter
- Typically the partner and/or relative
- Also may apply to friends or other members of the veteran's social network (e.g. member of the clergy, group home sponsor)



Rationale for Family Services

- 40-65% of adults with serious mental illness live with their families
 - 75% of patients with schizophrenia have contact with their families
 - Patients in psychiatric hospitals decreased by 82% between 1955 and 1988
 - Medications alone are often insufficient to maintain a high quality of life
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- Solomon & Drake, 1995; Lehman et al., 1998; Mechanic & Rochefort, 1997; Vaughn, Snyder, Jones et al. 1984

Paradigm Shift in Family Treatment Models

Tradition Family Therapy

- ❑ Family “caused” it and “has a need to maintain” the illness
- ❑ Mental disorders are just “symptoms of the real problem”

Psychoeducational Approaches

- ❑ Validates the family as essential collaborators for patient success
- ❑ Works to correct traditional view of “blaming” the family

Shift from Pathology Paradigm to Competence Paradigm



Family Consultation

- ❑ Family meeting with a trained mental health professional to resolve specific issues
- ❑ Intervention is brief, typically 1 – 5 sessions
- ❑ Consultation may be provided on an “as needed” or intermittent basis
- ❑ If more intense intervention needed may be referred to Family Psychoeducation
- ❑ Veteran may or may not be present



Family Consultation

- ❑ Clinician connects with the family
- ❑ Builds on participants' strengths
- ❑ Makes referrals to other resources as necessary
- ❑ Provides education as necessary
- ❑ Endeavors to have all participants work together to express their concerns and ideas
- ❑ And achieves a successful resolution to the identified problem

Family Education

- Set of techniques utilized to provide families with the factual information necessary to partner with the treatment team to support the consumer's recovery
- Typical topics include symptoms, prognosis, likely treatments, identifying and managing sources of stress, etc
- May be offered through written materials, one day workshops, or regularly scheduled meetings conducted over a period of time by professionals (e.g., Dr. Michelle Sherman's SAFE Program) or trained family members (e.g., the NAMI Family to Family Education Program)



Evidence-Based Practices

Family Psychoeducation (FPE)

- Family Psychoeducation (FPE) is a component of recovery services for individuals with serious mental illness that focuses mainly on supporting the well-being and functioning of the consumer – however improved family well-being is an important intermediate and additional benefit



Evidence-Based Practices

Family Psychoeducation (FPE)

Key elements of intervention include:

- ❑ Mental illness training
- ❑ Crisis intervention
- ❑ Emotional Support
- ❑ Training in how to cope with illness symptoms and related problems
- ❑ Duration of at least nine months



Evidence-Based Practices

Family Psychoeducation (FPE)

Funded 19 FPE Proposals:

- FY'05 – 3 Proposals
- FY'06 - 9 Proposals
- FY'07 – 7 Proposals

Also funded:

- Behavioral Family Therapy Training, Supervision and Consultation Proposal to facilitate implementation
- Multiple Family Group Training, Supervision and Consultation Proposal to facilitate implementation