

Why work with Families Anyway?



“OPEN MINDS & OPEN HEARTS”

Karyn Baker

Family Outreach and Response Program


A Family-Focused Approach to Working in Mental Health – Where are we at?

- Common in other health fields
- In mental health, fewer than 10% of families that include a member diagnosed with schizophrenia receive educational and support services. (Lehman, 1998)
- Even though there are effective interventions that address the needs of families and support the recovery of their relative



Why we don't have a family-focused approach in Mental Health

- Historically, the system blamed families
- Our practices are now trauma-informed
- Boundary Issues
- Confidentiality
- Lack of knowledge about working with families
- Time-Consuming
- Negative Experiences
- Families are “hard of heart”
- Minimal or No Contact with families
- Assumption that families will seek out or have sought out self-help/support/education



Rationale for Working with Families

- Families can and do play important practical roles in the care of their relative
- Families can play an important role in recovery – “holding the hope”
- Since the 1970”s, research has proven that psychoeducational approaches with families can reduce family member’s relapse rates – in some cases more than medication (Dixon et.al.1995)
- Families themselves are at-risk of having serious physical and mental health problems



The Family Experience of Mental Health Problems

- To work effectively with families, professionals need to understand their experience
- Families are like mobiles
- Research has classified the experience into subjective burden, objective burden, family resilience, family diversity and family recovery



Family Resilience

- Serious Mental Health Problems may serve as a catalyst for positive change in families and individuals
- The breaking down of existing patterns creates opportunities for reconstructing new ones
- In one study on resilience, 88% responded that there had been positive consequences of having a family member with mental illness.
- Many families do manage to prevail over mental illness, creating fulfilling lives in its wake.



Family Diversity

- Particular strengths and limitations
- Age, gender, and role
- Other prior or current problems
- Ethnic, cultural and social status variables



Effect on Parents

- Grief and loss
- Primary caregiving
- Guilt and responsibility
- Intrusions into the family life space, and marital stress
- Mothers prone to “tend and befriend”
- Fathers prone to “fight or flight”



Effect on Partners

- An estimated 30 – 35% of hospitalized persons are discharged to live with their partners
- Little research on partners
- Marriage problems are inevitable
- Grief and loss, difficult choices, “single parenting” and financial distress
- Feelings of frustration, isolation, exhaustion and depression



Effect on Siblings

- Grief and loss
- A sense of being the forgotten family member
- “Survivor’s” guilt
- “Replacement” Child –devastated parents look for replacement



Effects on Children

- May be the most vulnerable family members
- Grief and loss
- “Survivor’s” Guilt
- Parentification
- Caregiving



Family Recovery

- With time most families recover
- Many families feel they go through phases of recovery: *The Initial Encounter; Confrontation; Resolution*
- Young family members may experience posttraumatic reactions



What's a Case Manager to do?

- The case manager has a *therapeutic alliance* with their client recovering from mental health problems
- The goal is to develop a *working alliance* with families

How to develop a Working Alliance with families

- Initially, case managers should try to develop a rapport with families – listening to their stories, responding with compassion and focusing on their expressed needs
- Acknowledging their strengths, resources and expertise –most families are trying to do their best under difficult circumstances
- Emphasize the value of their involvement
- Help families define their involvement that best promotes recovery for their relative
- Important to do this work within an anti-oppression framework



Developing the *Working Alliance*

- Encourage families to talk about their previous experience with providers because families have often felt blamed, neglected or pathologized, they may be wary
- Be clear about your role and clarify their expectations of your involvement
- Help families to focus on their relative's strengths
- Respect where they are at in terms of their own recovery – let them set their own pace
- Help them to separate the illness from their relative



Developing the *Working Alliance*

- Teach families about mental health recovery, the mental health system and community resources
- Develop a family relapse prevention plan
- Enhance their coping, problem-solving and communication skills
- Assist families to channel their painful feelings in constructive ways
- Encourage families to take care of themselves – reduce their isolation and help them to recapture affection, humour, common interests and mutual respect
- Reinforce the Hope



Developing the *Working Alliance*

- *“As families are empowered to cope effectively with mental health problems, substantial benefits will accrue for the client and family, for professionals and the mental health system, and for society at large.” (Marsh, 2001)*



Other Options for Helping Families

- Develop partnerships with Family Programs
- Create a family designated worker or program
- Create programs for the whole family



Enough is Enough

- Not all families are willing or able to modify their patterns or to play a constructive role in their relative's life.
- Every family deserves a chance, and every case manager has the right and responsibility to say 'enough is enough'
- Case Managers need to protect themselves, practice good self-care, make necessary referrals, consult with knowledgeable colleagues



Where to refer?

- Diagnosed based
- Relationship-based
- Culturally/identity based
- Approach based



Diagnosed Based

- Schizophrenia Society of Ontario
- Mood Disorder Association
- Borderline Personality Disorder Family Group – CAMH
- Mood Disorder Psychoeducational Program – CAMH



Relationship Based

- Partners – H.E.L.P., Mood Disorders Association, TEGH Partner's Group, Lesbian/Bisexual Partner's Group
- Children - FAMESHARE



Cultural/Identity Based

- Somali Mental Health Family Program
- Hong Fook Family Program
- Mens Sana - Italian
- Across Boundaries – Families of Colour
- Toronto Western Hospital Family Groups – Spanish, Portuguese, Italian
- Lesbian/Bisexual Partner's Group



Approach

- Self-help /Support Group – SSO, MDA, FAME, Family Resource Centre
- Psychoeducational Series– TEGH, SSO Family to Family
- Individual Professional Support – Family Outreach and Response Program, FAME, TEGH
- Recovery Family Series – FOR
- Information/referral – all family program
- Advocacy – SSO, Family Council, Family Mental Health Alliance