



# Standards for “Family” Inclusion

***Integrating Significant People  
into  
Treatment & Recovery Services***

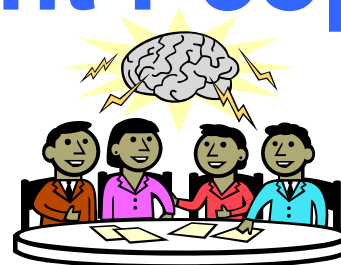
# Introduction of Presenters

- Kathleen Cantwell, B.S.W.  
*Family Resource Network*
- David Dinich  
*Family Training & Advocacy Center*
- William Holt, M.S.S.  
*Horizon House, Inc.*
- Edie Mannion, M.F.T.  
*Training & Education Center of the Mental Health Association of SE PA*
- Max Molinaro, Ph.D.  
*Philadelphia Connections*

# An Expanded Definition of “Family” to “Significant People”

For the purposes of enhancing recovery, “FAMILY” does not mean

- just biological relatives (*parents, siblings, children, extended relatives*)
- And not just legal kin (*spouses, adoptive parents, adopted children*)



- **BUT ALSO INCLUDES:**  
“People in a person’s life who significantly affect their recovery from behavioral health challenges in positive AND/OR negative ways”

# Examples of “Significant People”

- Biological parents
- Adoptive or step-parents
- Biological children
- Adopted children or step-children
- Siblings or step-siblings
- Extended relatives  
(*grandparents, grandchildren, aunts, uncles, nieces, nephews, cousins, etc.*)
- Spouses or partners
- Friends
- Roommates or housemates
- Involved neighbors
- AA or NA sponsors
- Clergy
- Boarding home proprietors
- *Others*

# Definition of “Family Inclusion”

- Facilitating treatment and recovery by effectively and appropriately engaging and involving SPs of participants in services.

- *And* -

- Offering SPs opportunities to participate on advisory boards and other methods of evaluating and improving policies and services in agencies and systems

# Who We Are

The members of the Family Resource Network represent families through these organizations:

- **Mental Health Association of SEPA: *Training & Education Center and Parents Involved Network***
- **Family Training and Advocacy Center**
- **Family Support Specialist**
- **NAMI: *Philadelphia Affiliates & Groups: North, Northeast, Northwest, West Educational Group, Hispanoparlamente***
- **PA Recovery Org. Achieving Community Together (PRO-ACT Phila.)**
- **Northeast MH/MR Center: *Psychoeducational Program***
- **Philadelphia Connections**
- **Additional participants: *Community Behavioral Health, Consumer Satisfaction Team, Department of Behavioral Health, Main Line NAMI, Philadelphia Compact***

# What We Do:

## OUTREACH & ADVOCACY

- **OUTREACH:** to increase referrals to our member organizations, measured through referral tracking forms
- **TRAINING & ADVOCACY:** to help systems become more family inclusive
  - Standards for family inclusion*
  - Police training to be sensitive to family needs*
  - PA Psychiatric Leadership Council*

## What we hope you get from this discussion:

- An understanding of the problems that led to the development of integrating significant people into treatment & recovery services
- An understanding of initial steps taken in implementing these standards in Philadelphia
- Your support in OMHSAS expanding pilot sites for these standards statewide

# Challenges & Problems that Led to Development of these Standards

- **WITHOUT STANDARDS:** Research is not translating into practice even though better treatment & recovery outcomes are associated with certain evidence-based or best practices in family interventions
- **WITHOUT STANDARDS:** In Phila. people in recovery were rarely educated, asked or offered choices about these best practices
- **WITHOUT STANDARDS:** Family service providers surveyed report that referrals are mostly from sources other than providers

# Challenges & Problems that led to Development of these Standards

- **WITHOUT STANDARDS: Widespread misunderstanding of state & federal confidentiality laws**
  - Training in best practices for various scenarios that promote family inclusion without violating laws is lacking*
  - Fear of lawsuits from clients needs to be balanced with fear of lawsuits from clients' family members*
- **WITHOUT STANDARDS: Training initiatives only lead to temporary changes**
  - Administrative support in changing policies and procedures is required for permanent changes in practice*

# FAMILY ATTITUDE SURVEY: RESULTS OF 2 QUESTIONS

## **Confidentiality Questions: Family Resource Network's *Family Attitudes Survey: 11/08 to 11/09.***

Over the past twelve months, the Family Resource Network gave out questionnaire's about staff beliefs and attitudes about consumers' significant people (family, friends, relatives, etc.). The survey was given to case managers, therapist/counselor staff from day or other provider programs, and some systems managers.

## **FAMILY ATTITUDE SURVEY: RESULTS OF 2 QUESTIONS (continue)**

166 participants answered the following question:

1. “Imagine that you have a consumer in your program and the significant people (SP’s) of this consumer know that the consumer is in your program. Based on your conversations with the consumer, the SP’s’ appear to be no threat to him/her. Even so, confidentiality requirements will still prevent you from listening to any information that a significant person tries to give you unless you have the consumer’s permission.”

Responses:

<u>STRONGLY AGREE</u>	<u>AGREE</u>	<u>DISAGREE</u>	<u>STRONGLY DISAGREE</u>	<u>NOT SURE</u>
<b>27</b>	<b>33</b>	<b>49</b>	<b>44</b>	<b>13</b>

## **FAMILY ATTITUDE SURVEY: RESULTS OF 2 QUESTIONS (continue)**

137 participants answered the following question:

2. “Imagine that the family of a consumer knows that their family member is in your program, and based on your conversations with the consumer, the family is no threat to him/her. However, confidentiality requirements will still prevent you from giving even general information about family resources (such as a family support group) to families without the consumer’s consent.”

Responses:

<u>STRONGLY AGREE</u>	<u>AGREE</u>	<u>DISAGREE</u>	<u>STRONGLY DISAGREE</u>	<u>NOT SURE</u>
<b>24</b>	<b>36</b>	<b>31</b>	<b>34</b>	<b>12</b>



## *The 10 Standards*

- 1. The provider agency has a section in its formal agency policies & procedures concerning involving participant-approved significant people.*
- 2. At intake or early in services staff encourage participants to identify SPs and sign family-friendly release forms*



## *The 10 Standards*

- 3. Assigned staff contact identified SPs by phone to answer questions & receive pertinent information.*
- 4. Staff include appropriate SPs in treatment and recovery planning process*



## *The 10 Standards*

- 5. Staff offer appropriate resources & referrals to SPs*
- 6. Staff document SP information & contacts in formal records*
- 7. Staff use Quality Assurance Review, discuss findings and implement improvements*



## *The 10 Standards*

- 8. Staff who work with SPs have training, experience & ongoing clinical supervision*
- 9. Staff familiarize SPs with agency services*
- 10. Staff recruit SPs to serve on advisory boards or policy committees*

# Implementing the Standards in Philadelphia

Horizon House, Inc. in Philadelphia agreed to let its Targeted Case Management staff participate as the first formal pilot project for implementing these standards

# The FRN-Horizon House Family Inclusion Project: Objectives

- In February of 2009, FRN and Horizon House, Inc. (HH) agreed on a one-year project to:
  - Measure the number and amount of family involvement (FI) practices at the HH Targeted Case Management (TCM) program
  - Increase family involvement practices using the FRN The Standards as a guideline
  - Find ways to track FI practices on an ongoing basis
  - Provide training and technical assistance for HH TCM staff  
(through TEC of the Mental Health Association of SEPA)

# The FRN-Horizon House Family Inclusion Project: Guidelines / Principles

- **Agreement and active participation** of participants, their significant persons (SP's), and program staff
- Focus on **one program** and its specific needs
- Focus on **measurable changes in staff practice**
- Measure **satisfaction of consumers, SP's, and direct care staff**
- ***Changes in staff family inclusion practices and monitoring don't end with the end of the project***

# The FRN-Horizon House Family Inclusion Project: Specific Goals and Methods – Part I

- Program staff **understand confidentiality requirements:**  
Training, testing, and quick-reference
- There is a **clear picture of actual family inclusion practices** at the beginning and end of the project:  
Record reviews: 3-month sample
- There is an understanding of **what is most important to SP's, consumers, and direct care staff**, and their level of satisfaction with current practice:  
Interviews – meetings

# The FRN-Horizon House Family Inclusion Project: Specific Goals and Methods – Part II

- **Program staff receive training in:**
  - Confidentiality laws (various scenarios involving SP contact)*
  - Who is and is not appropriate for family inclusion*
  - Skills for negotiating with participants about FI*
  - Skills for family consultation*
- **Supervisory staff receives ongoing consultation on challenging cases:** monthly staff meetings
- **Monitoring and improvement of FI practices continues after the end of the project:** permanent changes in Quality Improvement review



# The Horizon House Perspective

William Holt, M.S.S.

*Horizon House Director of Behavioral  
Health Services*

# Implementing the Standards at Philadelphia's Community Treatment Teams

Philadelphia's Community Treatment Teams, ACT Teams for high-risk people, in collaboration with FRN and training from TEC of the Mental Health Assn., is also implementing these standards

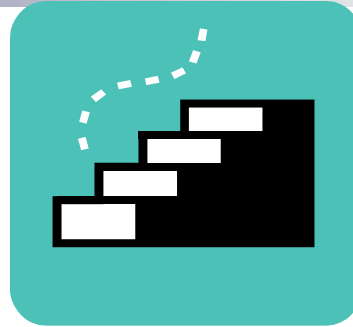
- New procedures at intake*
- Extensive training & supervision of staff*
- Assessment of changes*
- Video on family inclusion for orientation of new staff*

# NEXT STEPS:



- Implement the standards in pilot sites outside of the southeastern region of PA
- Get OMHSAS approval and endorsement of the standards
- Establish a committee tasked with determining the “right answers” as they pertain to confidentiality and significant people. This committee should include
  - MHA
  - NAMI
  - PMHCA
  - PCPA
  - Universities
  - Other

# THEN:



- Support us in developing a plan to implement the standards statewide
- Support us in developing a means to have new confidentiality practices implemented.

# To contact the presenters:

- **Dave Dinich**

FTAC

215-546-0300 ext. 3759

[ddinich@pmhcc.org](mailto:ddinich@pmhcc.org)

- **William Holt, M.S.S.**

Director of Behavioral Health Services;  
Horizon House, Inc

(215) 386-3838, Ext. 273

[william.holt@hhinc.org](mailto:william.holt@hhinc.org)

- **Max Molinaro, PhD**

Philadelphia Connections

215-546-0300 ext. 6044

[mmolinaro@pmhcc.org](mailto:mmolinaro@pmhcc.org)

- **Edith Mannion, MFT**

Mental Health Assoc. of SE PA

215-751-1800 x233

[emannion@mhasp.org](mailto:emannion@mhasp.org)

[www.mhasp.org/services/tec.html](http://www.mhasp.org/services/tec.html)

- **Kathleen Cantwell**

FRN Coordinator

215-546-0300 ext. 3259

[kcantwell@pmhcc.org](mailto:kcantwell@pmhcc.org)

# Related Publications

**Attitudes and Perceived Barriers to Working with Families of Persons with Severe Mental Illness: Mental Health Professionals' Perspectives** Hea-Won Kim & Michelle P. Salyers, *Community Mental Health Journal*, 44:337-345, 2008.

**Family Contact and the Management of Medication Non-adherence in Schizophrenia.** Joshua Wilk, Joyce West, et al, *Community Mental Health Journal*, 44:377-380, 2008.

**Principles & Practices of Psychiatric Rehabilitation: An Empirical Perspective, Chapter 10: Family Intervention,** Phyllis Solomon, *Guilford Publications*, 2008.

**Family Skills for General Psychiatry Residents: Meeting ACGMI, Core Competency Requirements,** Ellen M. Berman, John Roland, et al, and (Group for the Advancement of Psychiatry Committee on the Family), *Academic Psychiatry*, 30:69-78, 2006

**Reducing the Culture Clash in Family-Provider Relationships: A Bilateral Perspective,** Edie Mannion & Marilyn Meisel, in Lefley (Ed)., *Families Coping with Mental Illness: The Cultural Context*, 77, Jossey-Bass Pub., 1998.

**Building Collaborative Relationships With Families of the Mentally Ill,** Henry Grunebaum & Holly Friedman, *Hospital and Community Psychiatry*, Vol. 39, No. 11: 1183-1186, 1988.