

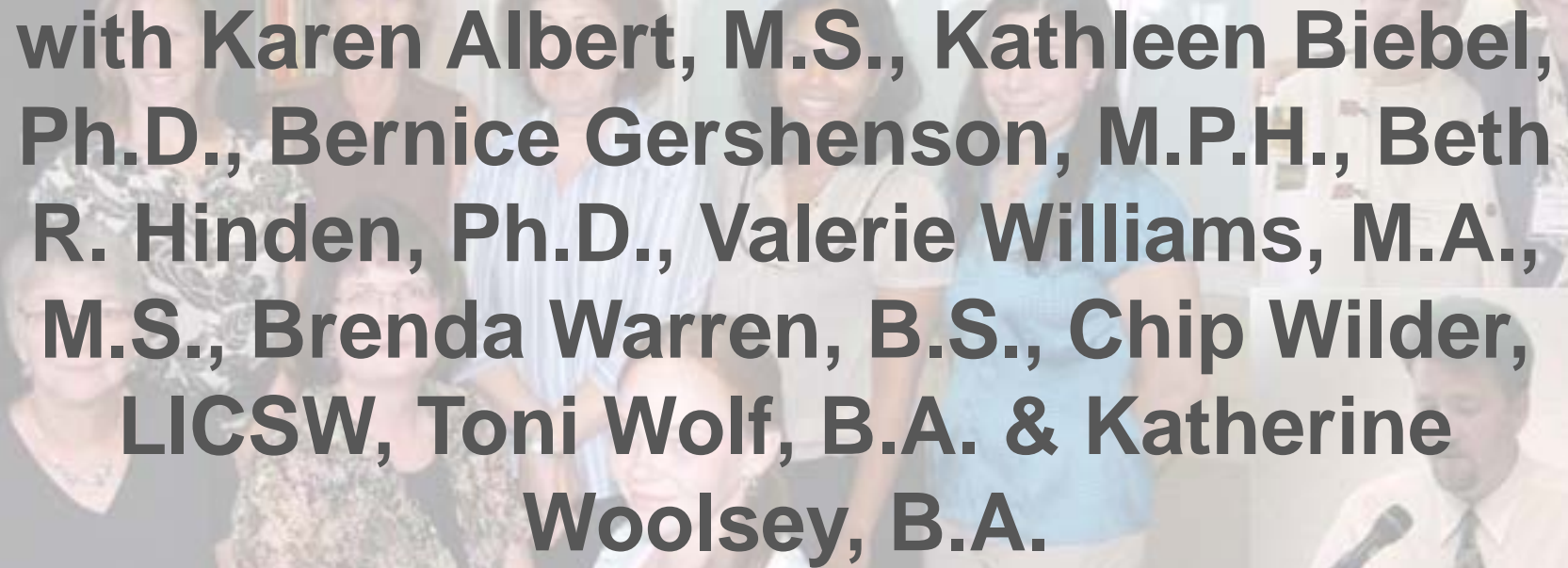
Helping Families— Shifting the Emphasis

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Mental Illness Fellowship Victoria
Corporate Breakfast
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www.parentingwell.org



with Karen Albert, M.S., Kathleen Biebel, Ph.D., Bernice Gershenson, M.P.H., Beth R. Hinden, Ph.D., Valerie Williams, M.A., M.S., Brenda Warren, B.S., Chip Wilder, LICSW, Toni Wolf, B.A. & Katherine Woolsey, B.A.

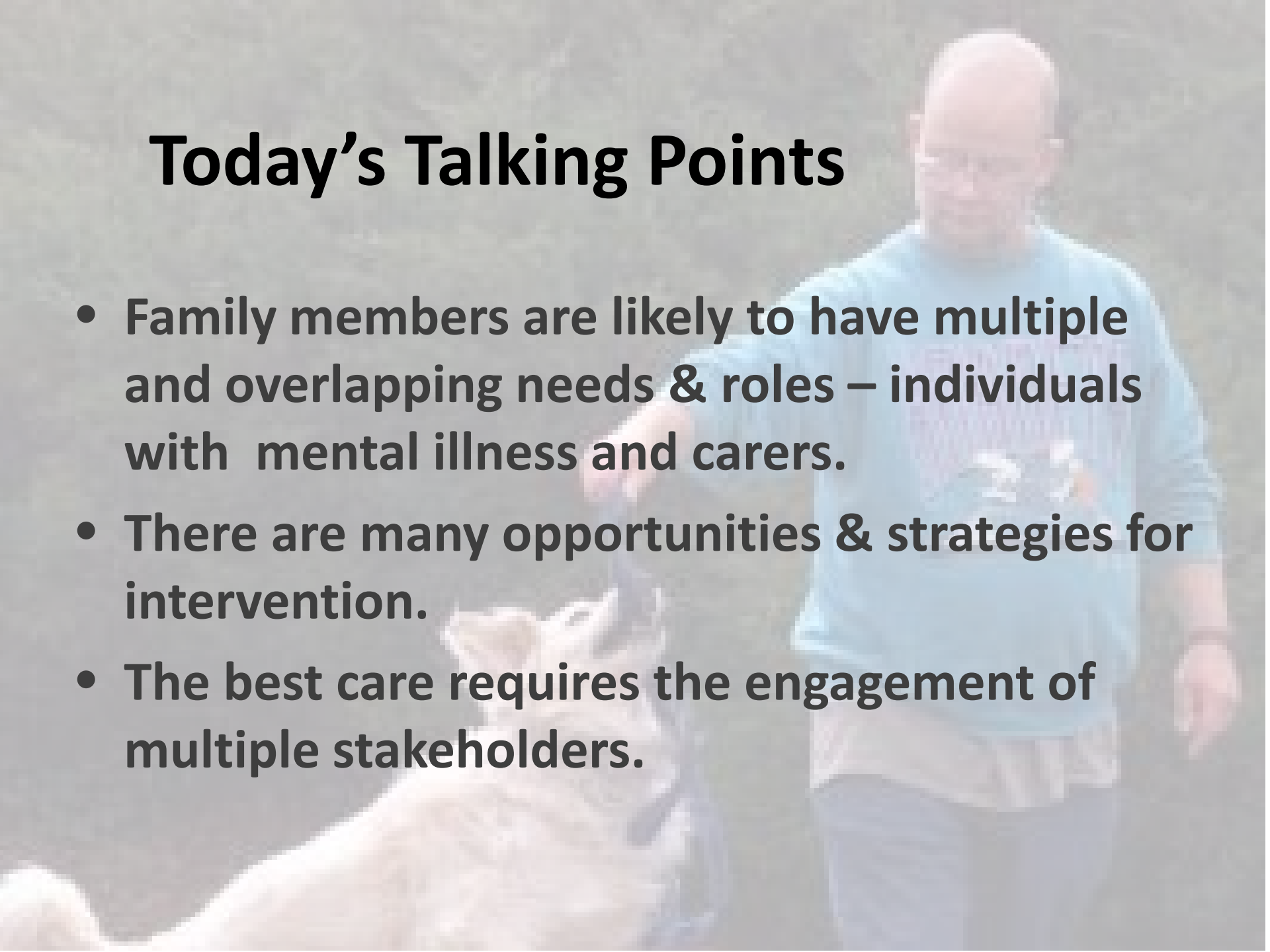
Disclosures



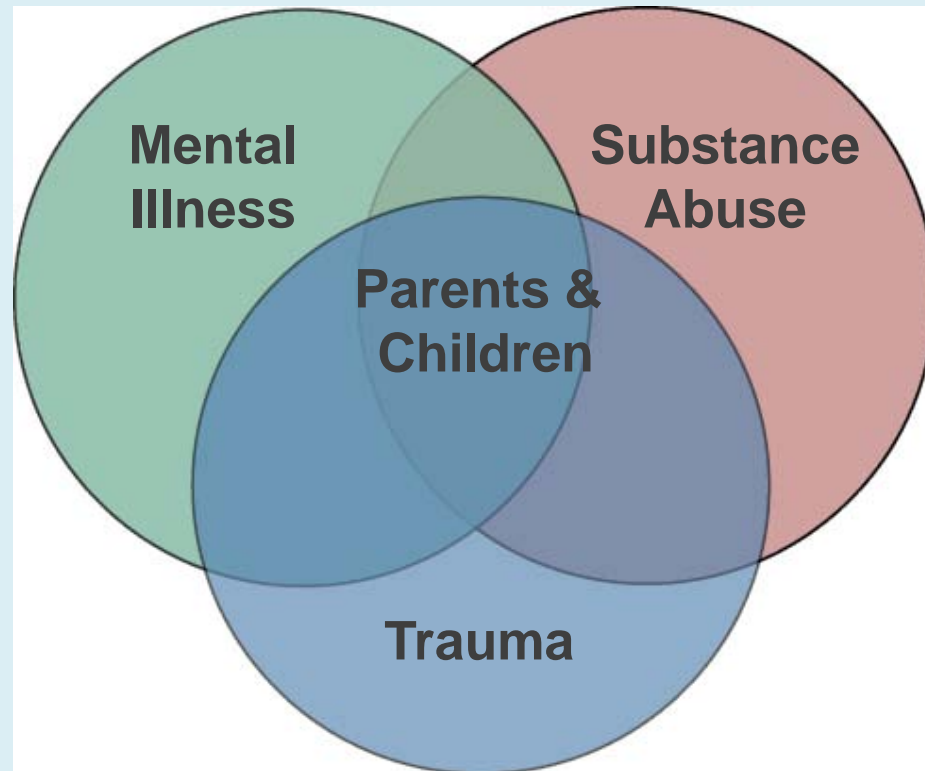
We have received support from state, federal, and foundation sources, and from AstraZeneca for non pharmaceutical research.

Today's Talking Points

- Family members are likely to have multiple and overlapping needs & roles – individuals with mental illness and carers.
- There are many opportunities & strategies for intervention.
- The best care requires the engagement of multiple stakeholders.



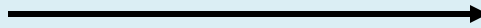
A Whole-of-Family Approach: *Families are the focus of mental health promotion, mental illness prevention, treatment and rehabilitation*



Intervention



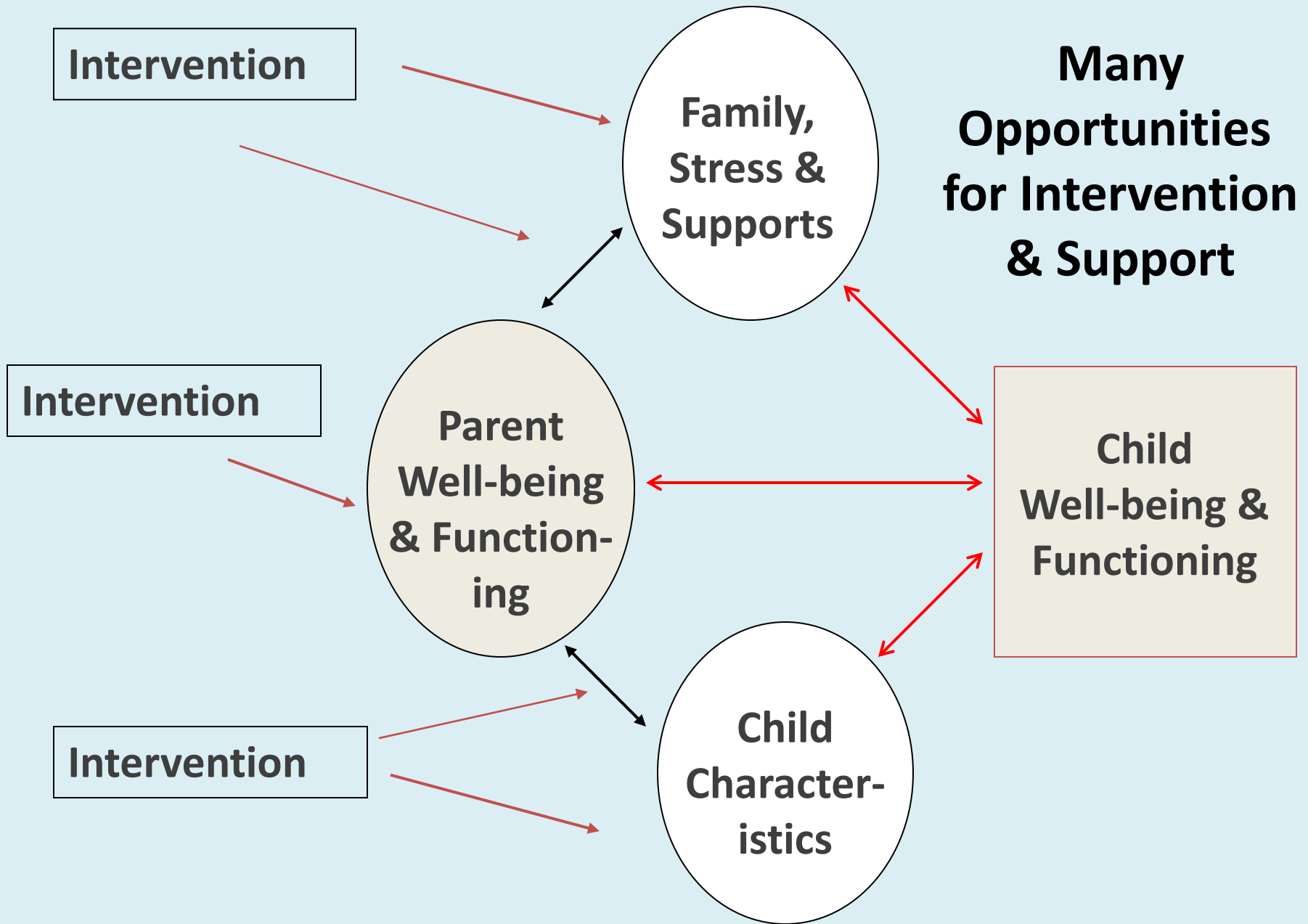
**Parent's
Well-being &
Functioning**



**Child
Outcomes**



“Old Thinking”



What does it mean to serve families?

What skills, resources & supports can be put into place to support the optimal functioning of parents & children, & promote positive relationships in times of stability & in anticipation of times of difficulty or crisis?

It takes a village...

- Multigenerational & developmental approach
- Recovery in adults: achieving goals & reducing adverse outcomes
- Resilience in children: supporting strengths & addressing needs

What does it take to create the village?
(& not be too overwhelmed...)

Our Work is Informed by Research & Practice

- **Survey & ethnographic studies of individuals & families over time**
- **National surveys & site visit projects**
- **Development & testing of our own interventions**
- **Consultation & training to numerous federal, state & local policy makers, providers, consumers & family members**

Key Ingredients for Success with Families when Parents have Mental Illnesses

- Family-centered
- Strengths-based
- Trauma-informed





Key Ingredient: Family-Centered

- **Integration of adult & child services**
- **Interagency collaboration**
- **Funding to meet needs identified by families**

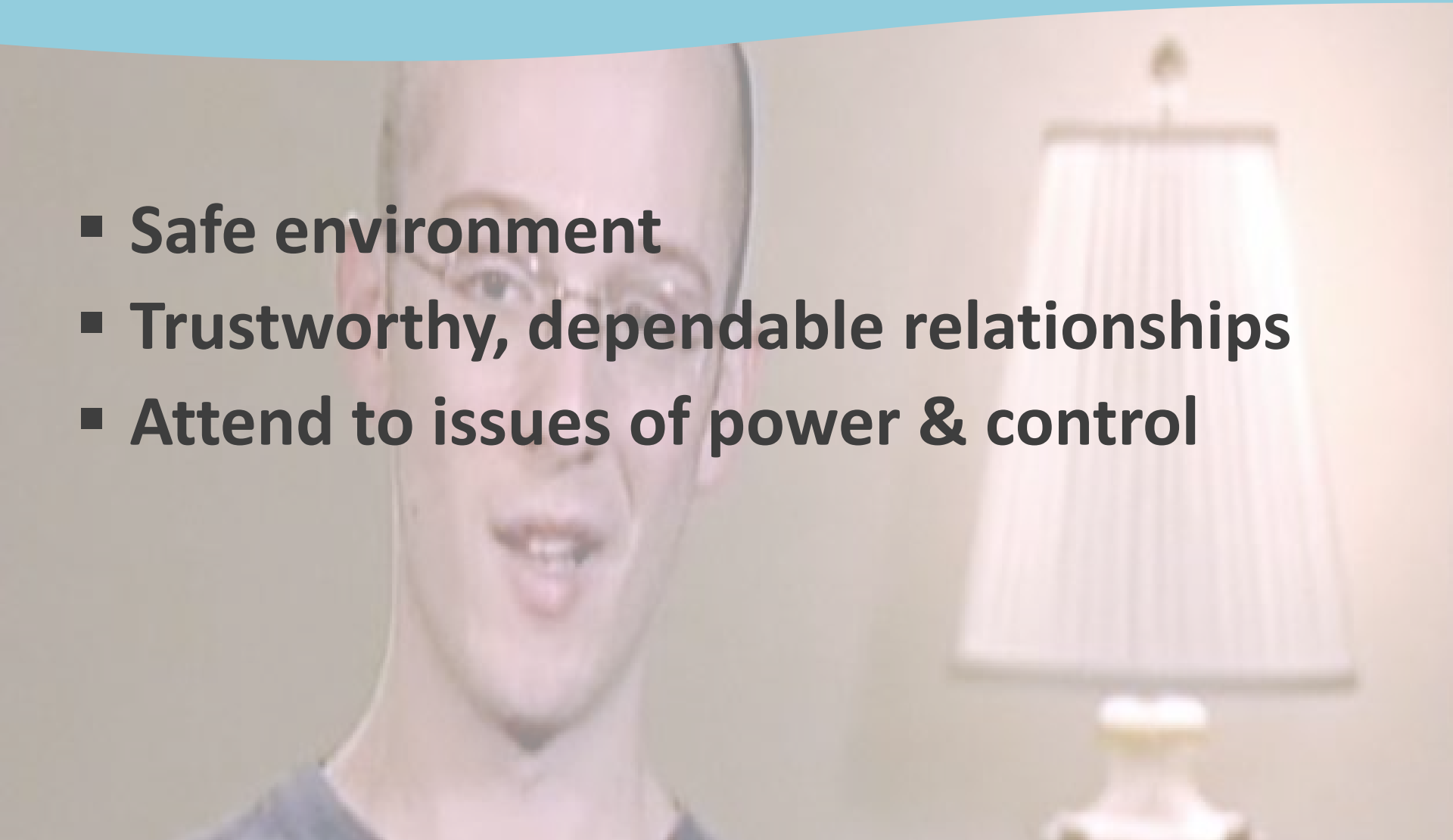
A photograph of a young child with light brown hair and blue eyes, wearing a grey long-sleeved shirt and blue denim overalls. The child is standing in a bathroom, looking directly at the camera. The floor is tiled, and there is a significant amount of crumpled white toilet paper scattered around the child's feet. In the background, a white toilet is visible. The text 'Key Ingredient: Strengths-Based' is overlaid on the top half of the image in a large, bold, black font.

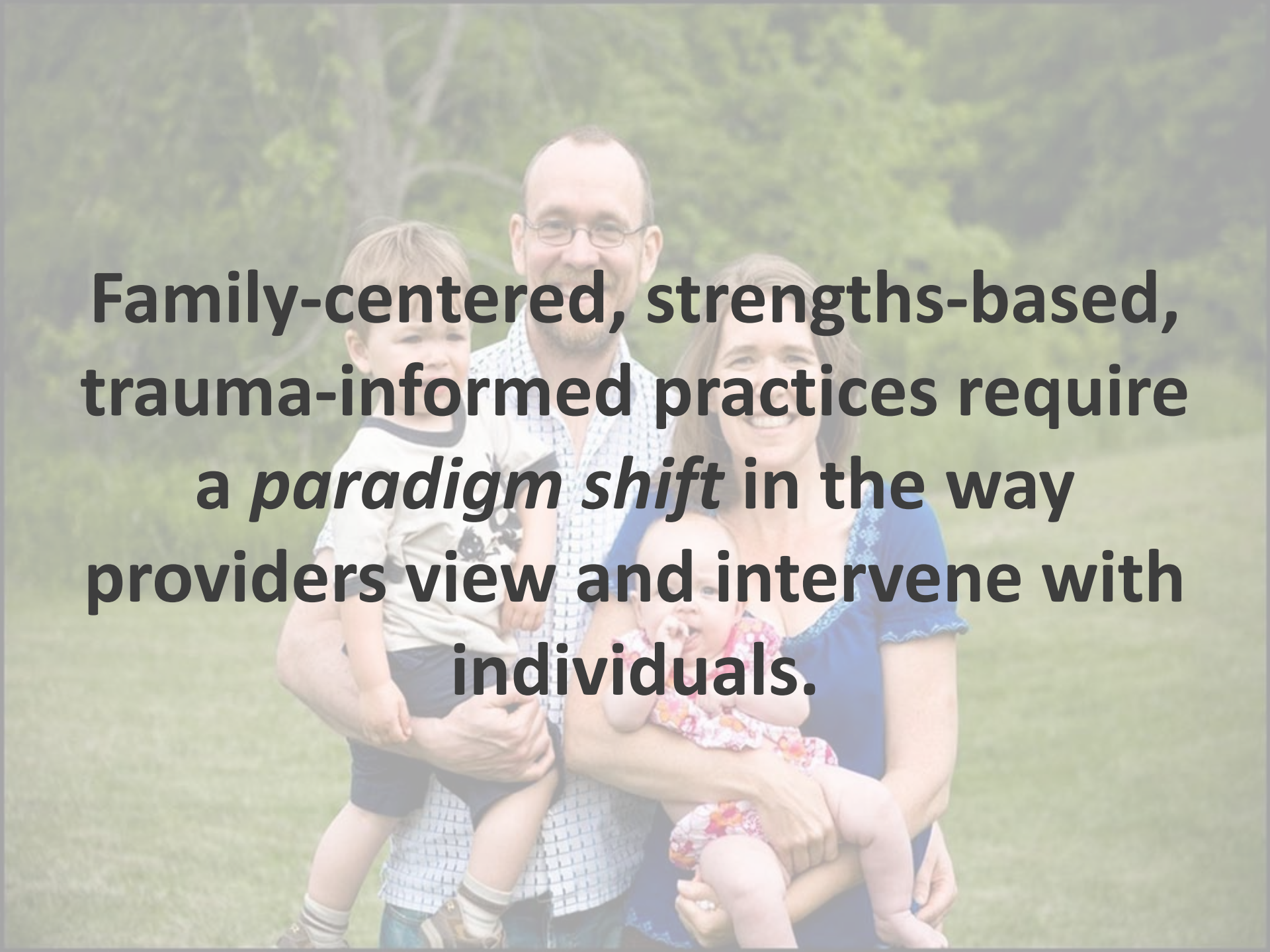
Key Ingredient: Strengths-Based

- **Non-judgmental approach**
- **Support of positive role models**

Key Ingredient: Trauma-Informed

- Safe environment
- Trustworthy, dependable relationships
- Attend to issues of power & control



A photograph of a family of four standing outdoors in a grassy field with trees in the background. The father, wearing glasses and a patterned shirt, holds a young child in a white t-shirt. The mother, wearing a blue top, holds a baby in a floral dress. The text is overlaid on the image.

**Family-centered, strengths-based,
trauma-informed practices require
a *paradigm shift* in the way
providers view and intervene with
individuals.**

Leveraging Partnerships to Create & Coordinate Services for Families

- Changing the business we do
- Changing the way we do business





Create New Strategies: Family Options

- **Recovery & resilience are family matters (family-centered, trauma-informed)**
- **Family goal planning based on strengths & needs assessment (strengths-based)**
- **Family Coaches, Program Director & Clinical Consultant (psych rehab)**
- **Family team of professional, natural & peer support providers (wraparound)**

The Family Options Implementation Study: The Research Question

What does it take to implement an intervention for families in an agency traditionally focused on providing psychiatric rehabilitation services to individual adults?



Implementation Study Themes:

Creating...

- The workforce capacity
- The organizational capacity
- The community capacity



The Workforce Capacity

- **Identify skill sets for working with families**
 - MH/Child welfare, adults and children, strengths-based, family focused services
- **Recruit staff with relevant experience**
 - Balance characteristics with credentials
- **Educate staff to intervention model**
 - Literature, researchers/consultant experts in parental mental illness, site visits
- **Develop targeted trainings to address challenges**
 - Psychosocial rehab specialists address goal planning with families

The Organizational Capacity

- **Develop tools & resources to identify family strengths & goals**
 - Family strengths assessment form
 - Family goal form
- **Operationalize protocols & procedures**
 - Maximize what exists, e.g., petty cash
 - Develop what doesn't exist, e.g., flex funds
- **Facilitate communication pathways among ALL components of agency**
 - Internal marketing
 - Resource sharing, information exchange

The Community Capacity

- **Locate sustainable resources for families**
 - Logistics meetings re: families' needs and strategies to access services
- **Nurture new relationships with community agencies**
 - Informational events, kick-off, trainings
- **Reinvigorate existing community relationships**
 - Reintroductions, face-to-face meetings
- **Leverage partnerships to coordinate services for families**
 - Team meetings with providers to coordinate and maximize services




Enhance Existing Strategies: provide *family-informed...*

- Supported housing
- Supported employment
- Supported education
- Peer support
- Services for children & youth

A group of seven people, four men and three women, are smiling and posing for a photo. They are all wearing white t-shirts with "McGill Rowing" printed in red. The background is a light blue wall with a framed abstract painting. The text "Some Final Suggestions:" is overlaid in large, bold, black font.

Some Final Suggestions:

- Integrate services, coordinate & collaborate.
- Educate colleagues in other disciplines & fields, e.g., primary care, child welfare.
- Engage key stakeholders, e.g., youth & adults, parents & family members, as partners to achieve their goals.



**“My children give me
strength, they give me hope,
they give me the will to
survive...”**

a mother with mental illness

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