Encouraging Consumers to Involve Family Members in the Treatment and Recovery Process

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One of the key factors in successfully implementing evidence-based practice family psychoeducation (FPE) is engaging both the person diagnosed with mental illness (the consumer) and their family members in the process. Mental health providers can provide education about mental illness to family members without the consent of the consumer. However, the first step in implementing FPE is to obtain the consent of the consumer before family members can be involved in the treatment and recovery process.

In the article “Applying the Readiness to Change Model to Implementation Family Intervention for Serious Mental Illness” by Michelle D. Sherman and Richard A. Carothers (2005) Prochaska and DiClemente’s Readiness to Change model is discussed as a helpful structure for implementing family interventions. Staging each stakeholder group (consumers, family members, etc.)...
clinicians and administrators) and applying corresponding interventions are useful in a site’s implementation of family services. In brief, the stages denote varying levels of readiness to change a specific behavior. Individuals in precontemplation have no intention of taking action, and may actually have awareness of a problem. Contemplation involves awareness of a problem and a consideration of change. Preparation involves making plans to change the behavior. In the action stage, the individual actually engages in the new behavior. Finally, maintenance involves continuing the behavioral change and incorporating it into one’s daily routine. Implementing specific stage wise interventions can facilitate action and increase the likelihood of a positive outcome.

For this article, the first four stages of change for the consumer and corresponding interventions will be reviewed to provide a framework in encouraging the consumer to include family members in the recovery and treatment process. In order to engage the consumer to discuss family involvement it is helpful to understand what stage the person is in. Knowing the stage allows the mental health provider to apply useful interventions in supporting and encouraging the consumer to include family members in their treatment and recovery process.

**For consumers in precontemplation:**
A person in precontemplation typically has no intention in movement toward change. With regard to a consumer’s desire for family involvement in treatment, they have not yet considered this or do not want their families to involved. Consumers may not want their families to know about their personal lives. They may believe that including family members in their treatment would not be helpful in their recovery or may increase any stress the relationship is already experiencing. Consumers may be fearful that their families have no little desire to participate in their treatment and recovery. The goal during this stage is helping the consumer to move from not wanting the family member involved in the consumer’s treatment to a willingness to consider the family involvement.

**Interventions:**
- Asking the consumer open ended questions about their family can start a discussion about family involvement in the treatment and recovery process. A tool that has been introduced in FPE training and IDDT training assists the mental health provider in opening up this discussion. The “Family Members and Support System” exercise asks the consumer to think about those people who are involved in their lives and provide support, who are the best people are to be involved in the consumer’s recovery, and specific how they can be helpful in the recovery process.
- Mental health providers can take this opportunity to listen to the consumer...
For consumers in the contemplation stage:
The contemplation stage typically involves weighing the pros and cons involved in the change. For work with consumers and their families, mental health providers can assist consumers in weighing the pros and cons of involving their family in their treatment. Consumers might start believing their family involvement in their treatment and recovery could be helpful, but still have some concerns. Their concerns may include that family members are too busy to participate or that family members may refuse involvement in the treatment and recovery.

Interventions:
- Mental health providers can explore with the consumer how their family involvement can be beneficial and helpful for the consumer and family. Discussing the potential of family participation to lead to a decrease in relapse and rehospitalization and improved family functioning is important.
- Mental health providers can assist the consumer by validating their feelings of worry and anxiety. Consumers need reassured that their needs are primary and that information will not be shared with the family without the consumer’s consent. Mental health providers and consumers can review the release of information form together, and can determine what specific information can be shared with family members when the consumer does decide to include family members.
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For consumers in the preparation stage:
Consumers in the preparation stage develop a plan for inviting their family to participate in their recovery and treatment. They are informed about the benefits of family involvement and believe it can be helpful.
Intervention:
- Mental health providers can provide encouragement and support for plan and follow up with the consumer.

For consumers in the action stage:
The action stage includes taking concrete steps toward the change. In the context of family psychoeducation, this would involve helping a consumer concrete steps to involve their families in treatment. Consumers have invite the family to meet with the mental health provider or told their family about family psychoeducation.

Interventions:
- Mental health providers can praise the consumer for following through their plan.
- Mental health providers can also provide support if the family decline invitation to become involved in the consumer’s treatment.
- Mental health providers can accompany the consumer to meet with the family member.

One of the factors to implementing a successful family psychoeducation program is the commitment and action of consumers to involve family members in the treatment and recovery process. To open up this discussion mental health providers can determine at what stage consumers are at and apply corresponding interventions. Specific interventions can facilitate the action needed to involve family members in the recovery and treatment process.

Sources: