Family Engagement Yields Results in Integrated Dual Diagnosis Treatment

“I just got a lovely note from a mom who went to our last group thanking us for all we do. It was cool. Those sorts of things make the hard days bearable and the great days better.”, wrote Alice Nichols, CSS Director at Labette Mental Health in Parsons, Kansas.

Engaging families in the treatment of consumers with dual diagnoses is a critical component of SAMHSA’s Integrated Dual Diagnosis Treatment (IDDT) treatment model. And for good reason. In their Integrated Treatment for Dual Disorders book (Noordsey, et al, 2003) the authors note four primary reasons to involve the family:

1. Twenty-five to fifty percent of consumers live with family members, even more have regular contact
2. Family stress has significant effects upon symptoms of both mental health and substance abuse
3. Families want to learn.
4. Dual Disorders increase the risk of problems for client and families.

Agencies often find it difficult to engage families outside of times of crises. In an effort to help agencies find new and better ways to approach family interventions and education, the KU School of Social Welfare hosted Susan Gingerich, LMSW, a well-known expert in the field of family interventions. She spent two days in October of 2005 with participants from IDDT sites. The first day was for all agency staff, and focused on types of family interventions and how to engage families in treatment. She shared the most recent research that indicates having family programs reduced relapse rates 25 to 75 percent! She shared ways to increase consumer willingness to have families participate. This included simple things as asking “with whom can we share your successes?” instead of only asking who to contact in an emergency; increasing our idea of who is “family” and including siblings, children, aunts, and supportive friends, neighbors, clergy, etc.
The second training day was devoted to setting up a structure for implementing family outreach and educational services, and Susan helped each agency set their own goals for increasing family involvement. This is where Alice Nichols, LSCSW and Misty Mustain, T-LMLP, CADC, developed and refined a successful plan to increase family engagement at their agency. They set themselves several tasks:

1. Having case manager and agency staff fill out family questionnaires with their consumers. This questionnaire asked the following questions of consumers:
   - If you could have someone close to you involved in your treatment, who would that be?
   - Would you be willing to sign a limited release of information to further involve them in your treatment?
   - Of your family and friends, who is supportive to you?
   - Of those who are supportive, who do you think would be interested in learning more about mental health and treatment services?
   - What would be helpful for your family or supportive friends?
   - What information would be helpful for you?
   - Are there any services involving supportive family and/or friends you would like to see at our agency?

2. In team meeting they wrote out a list of family members and/or friends to target.

3. Solicit interest and topics for multi-family groups, calling them “Recovery Support Classes”

4. Meet with agency PR person to promote group

5. Increase family awareness in individual and team supervision

6. Study materials in IDDT (Noorsey) book related to families

7. Create packets of handouts on various illness, dual diagnosis issues, etc for case managers to use

8. Hire or designate a family worker

9. Have staff retreat focused on increasing family involvement.

In an effort to support all the IDDT sites expansion in family services, each agency has the ability to participate in a monthly “Family Consult Call” with Susan Gingerich and KU IDDT trainers. She shares her expertise; IDDT sites exchange ideas of what is working, and what challenges they have; and each site can re-energize their efforts to reach out to and engage family members.
Through the course of several months, Alice and her staff have been able to use their plan to create a database of interested family members and supportive friends. The agency uses this database to send out reminders of upcoming meetings of Recovery Support Classes at the agency. Topics for these classes are set by the participants, and as new topics come up, they are noted for future meetings. Response has been great, with multiple families enjoying the education and support. Alice noted, “we even have family members calling to express their apologies for missing a meeting”.

Finding meaningful ways to engage family members and provide education is a challenge in today’s fast-paced world of mental health practice. However, the benefits for those we serve, their families and their friends, extends to those who provide the care. Helping consumers locate natural resources for social support is a huge step in recovery from the symptoms of both substance abuse and mental illness. It’s a challenge worth taking up!

Resources:


From SAMHSA’s IDDT Handout for Families, available for free at: http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/cooccurring
What can family members and significant others do?

- Get support for yourself. Join a family support group and attend self-help groups.
- Support your loved one's efforts in their recovery process.
- Be clear that you care about your loved one, but that you can set limits around disruptive behaviors.
- Understand that relapse is part of the recovery process.
- Recognize that your loved one's self-esteem and understanding about the effects of substance use will improve with the recovery process.
- Have patience. Dual recovery may take months or years.
- Listen. Be positive. Do not criticize.
- Get information for yourself. The more you know, the more you will understand recovery and the more helpful you can be.
- Use your information and personal experience to advocate for dual disorders treatment.
- Work with your loved one's dual disorders team. Your loved one's recovery process may benefit from your hopeful support.

Please feel free to contact the IDDT Trainers/Consultants at KU: Dianne Asher or Taunia Locker: 785-864-4720.

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