

Our Movement. Our Moment.

#NAMIcon19



**2019 NAMI
National
Convention**

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Family Inclusion in a Recovery Oriented System of Care

Presented by:



Dual diagnosis is our sole focus

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Objectives

1. Explore the complexities of families experiencing chronic illnesses.
2. Demonstrate the application of two Evidenced Based Practices used to support the family system (Behavioral Family Therapy and the Stages of Change model).
3. Identify three strategies that support a Recovery Oriented System of Care for families.



Exercise

- Junior, a 22 year old male has recently entered a residential treatment program. He has been in three different treatment facilities between the ages of 18-22. Junior identifies that he gained some insight and coping skills each time he was in treatment, but struggled to maintain his recovery once returning home. He recently tried going back to school but failed two out of three of his courses. He's held part time jobs for limited periods of time but struggles to find something he really likes. He describes his relationship with his parents and brother as “strained” and that “they just don't get me.”
- Junior's dad just made Partner at a successful law firm. Junior describes that he works a lot and doesn't spend much time with the family. Dad has left you a couple of messages expressing his expectations that Junior “take treatment seriously this time” or he's “not paying.” Junior's dad also wants to make the treatment team aware that Junior can be very “manipulative” leading to his mom “always bailing him out.”



Exercise (continued)

- Junior's younger brother is "following the family legacy" and currently in law school. Junior shares that his brother reaches out to him often, but struggles to find things to talk about or that they have in common now that they're older.
- Junior's mom, who came with him to the admission, expresses her concern for Junior's future and around his history of substance use. She is quiet, tearful, and has a hard time saying goodbye when it's time for her to leave. She did note that the last couple of programs asked her not to be involved in Junior's care.

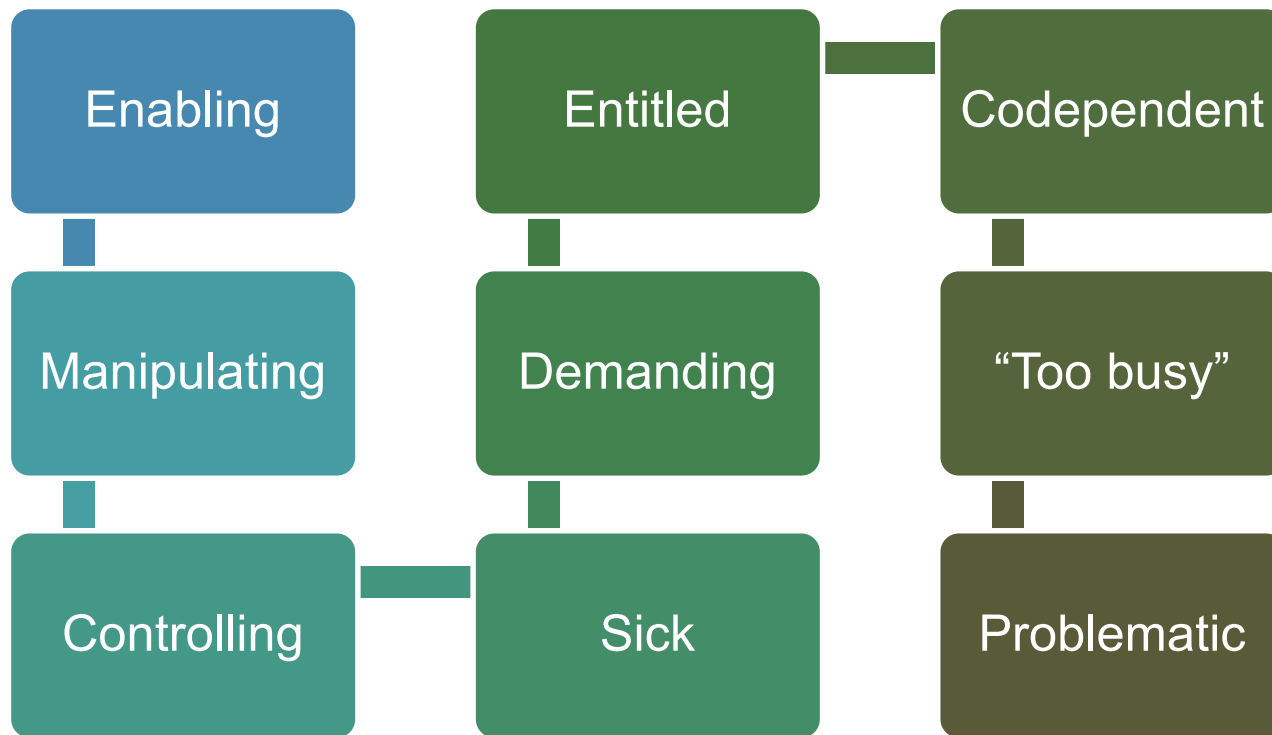


Exercise (continued)

- How would you describe Junior?
- How would you describe Junior's family?
- What are some things you would take into consideration when working with this family?



Common view of families



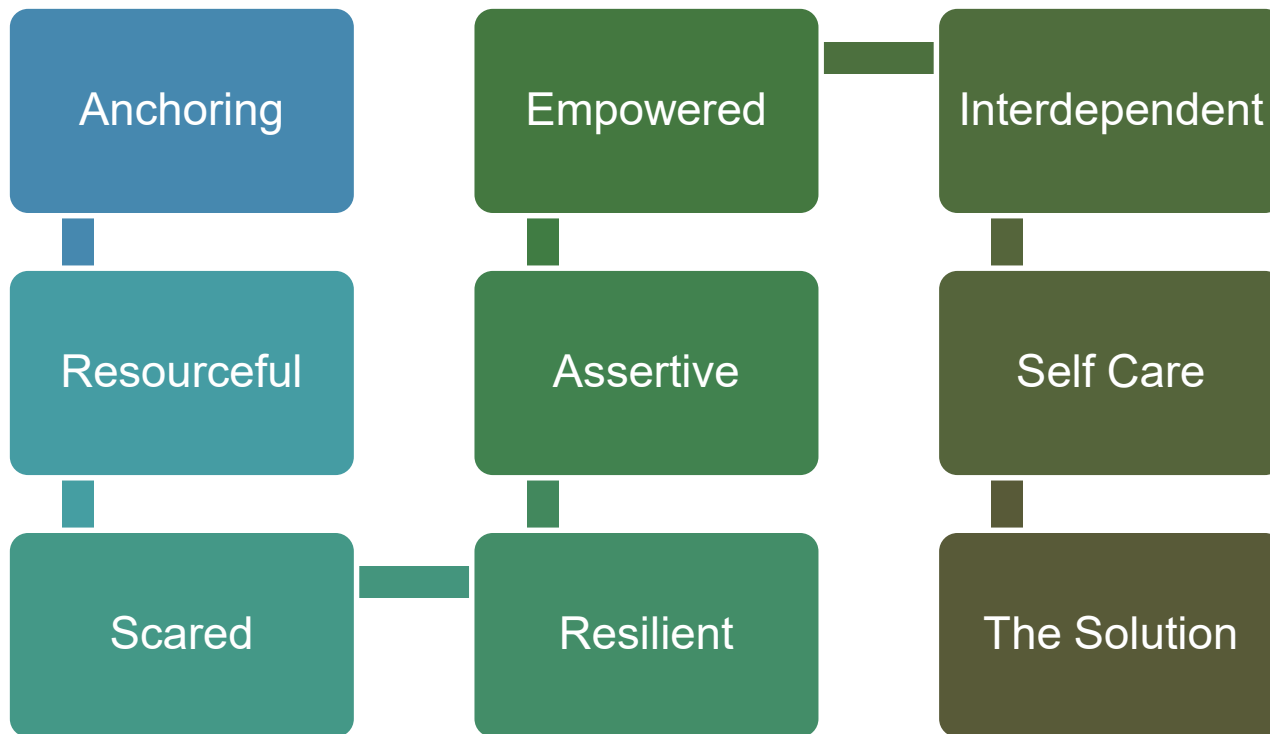


What if we shifted this view?





Shifting our view of families



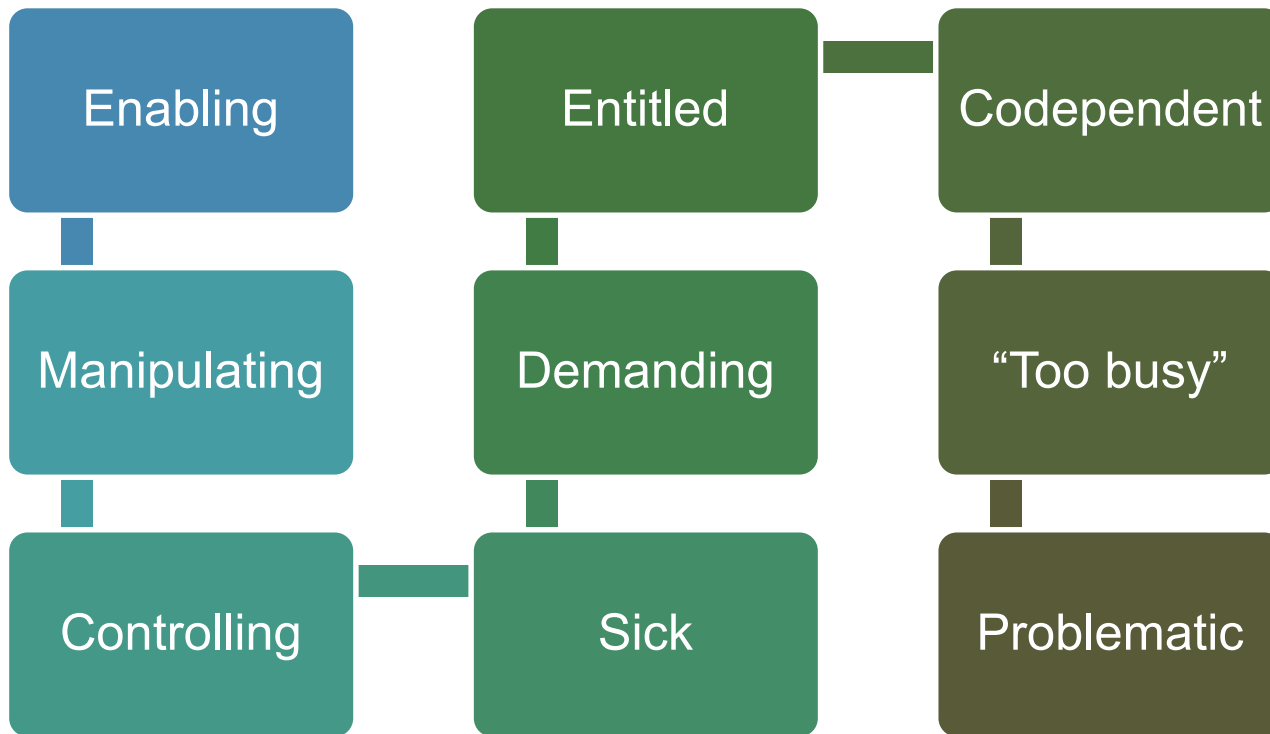


Now let's look at the agency aspect

- The residential program that Junior is attending works with the individual in care only. Staff have limited knowledge, experience and training with family systems. Their program is not familiar with the benefits of including families in the treatment & recovery process.
- What are some things you would take into consideration when working with this agency?



Common view of agencies



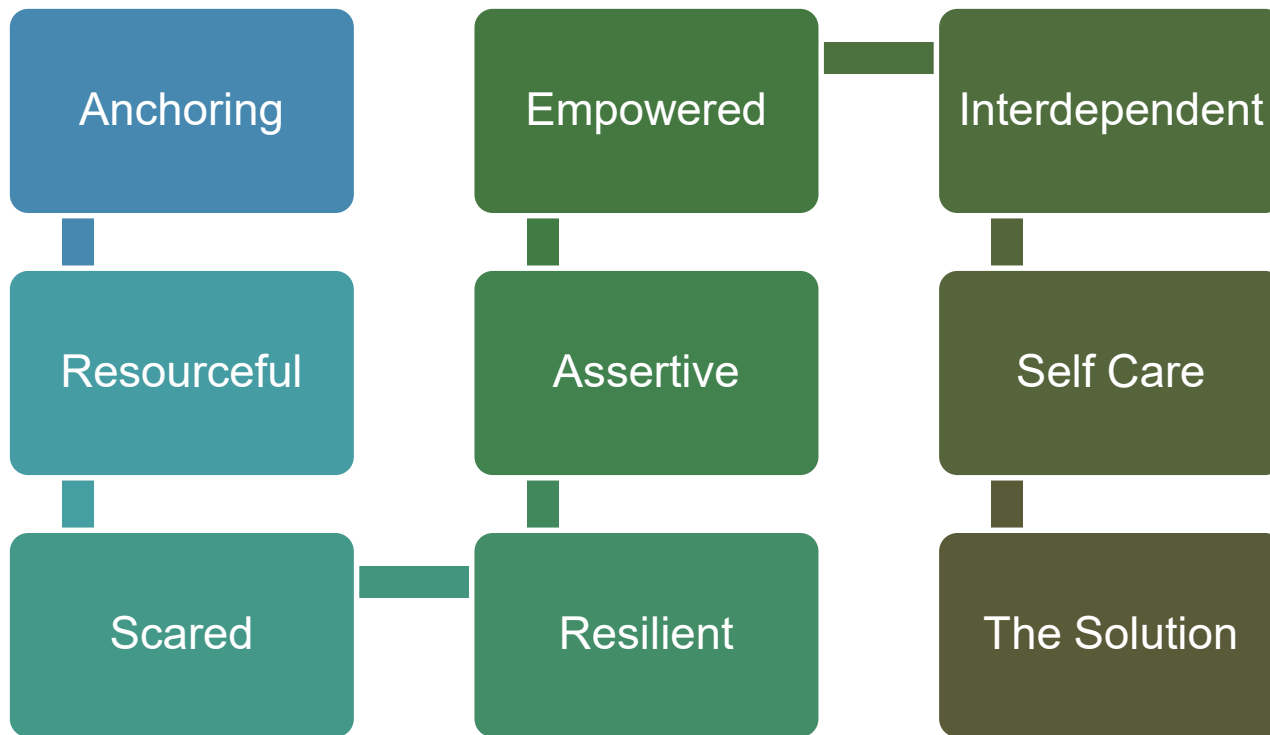


What if we shifted this view?



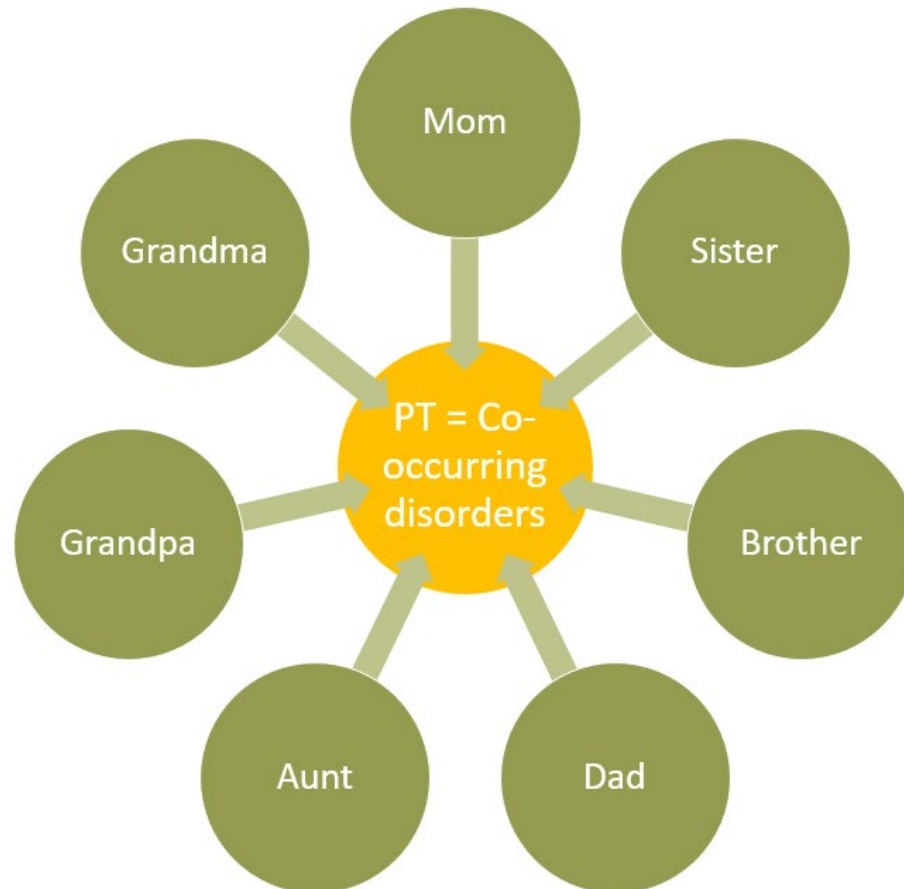


Shifting our view of agencies



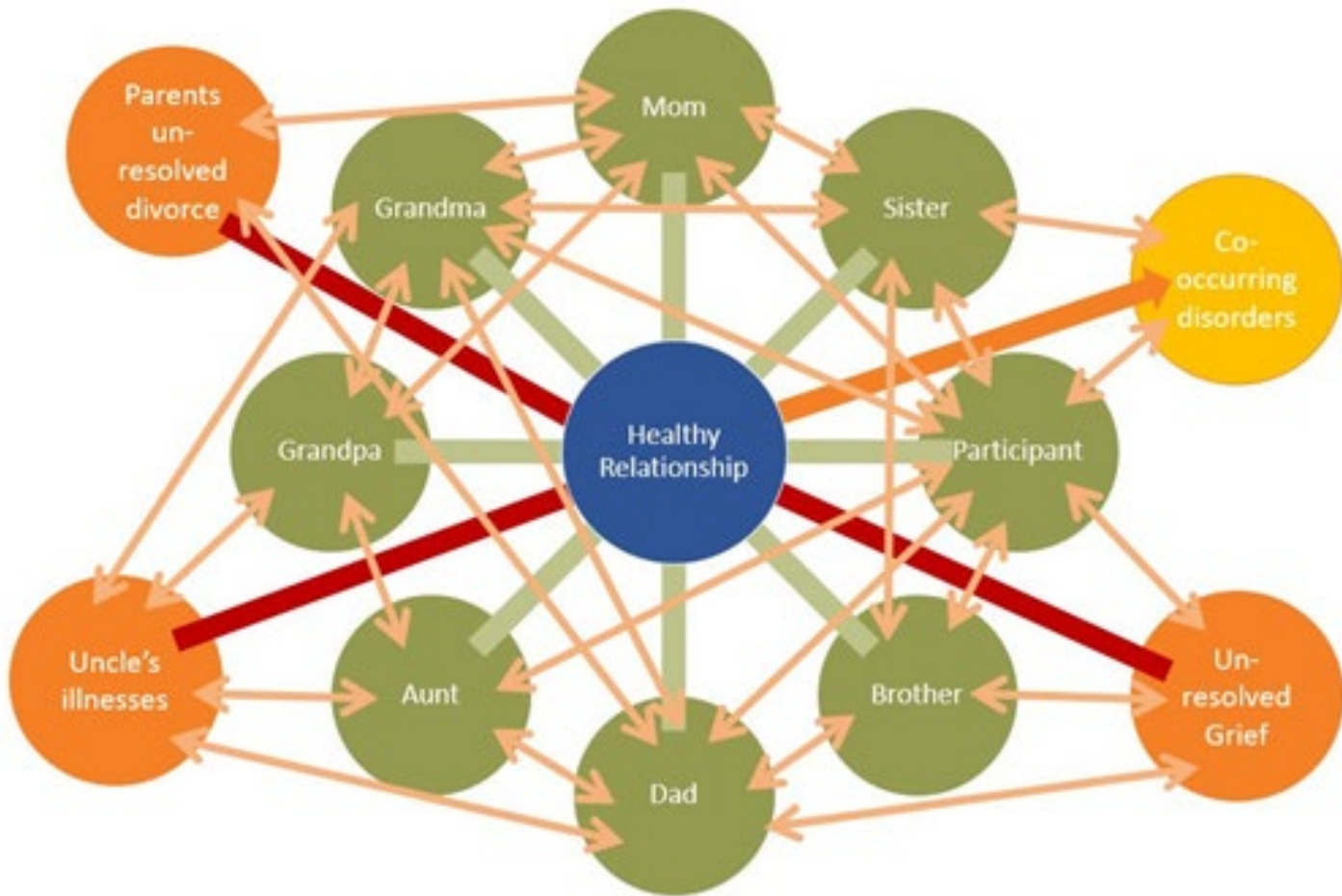


Families are complex





Families are complex





It's been an Emotional Rollercoaster





The Role of Shame and Secrets



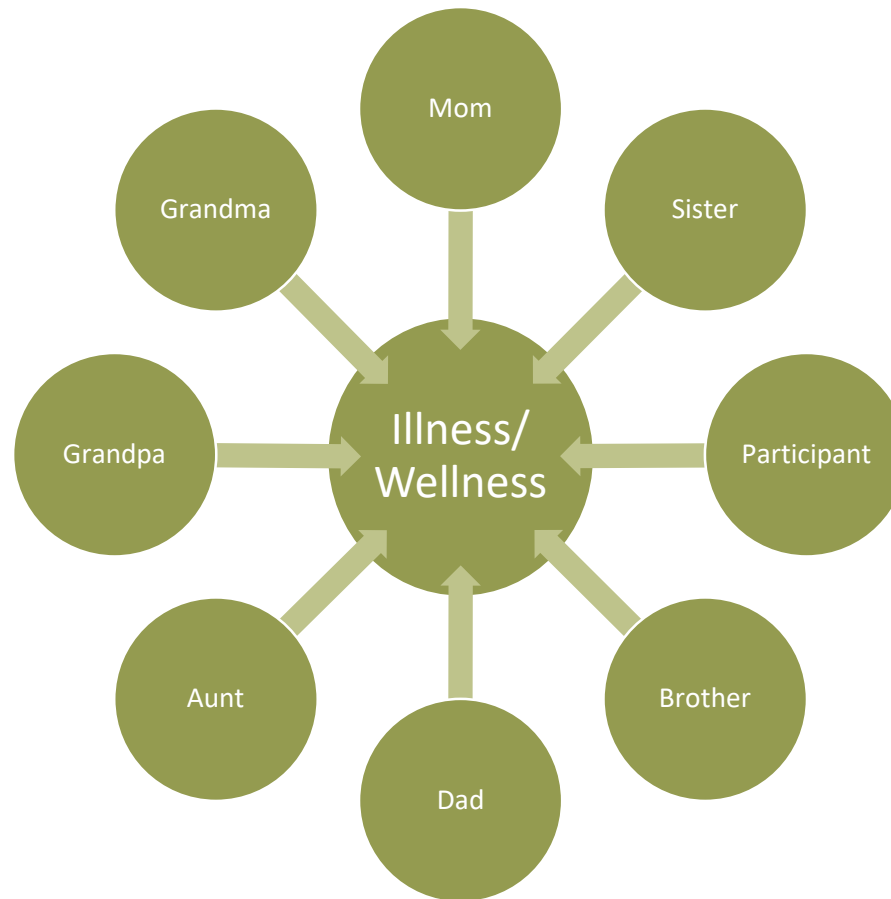


Multiple treatment episodes can be traumatic



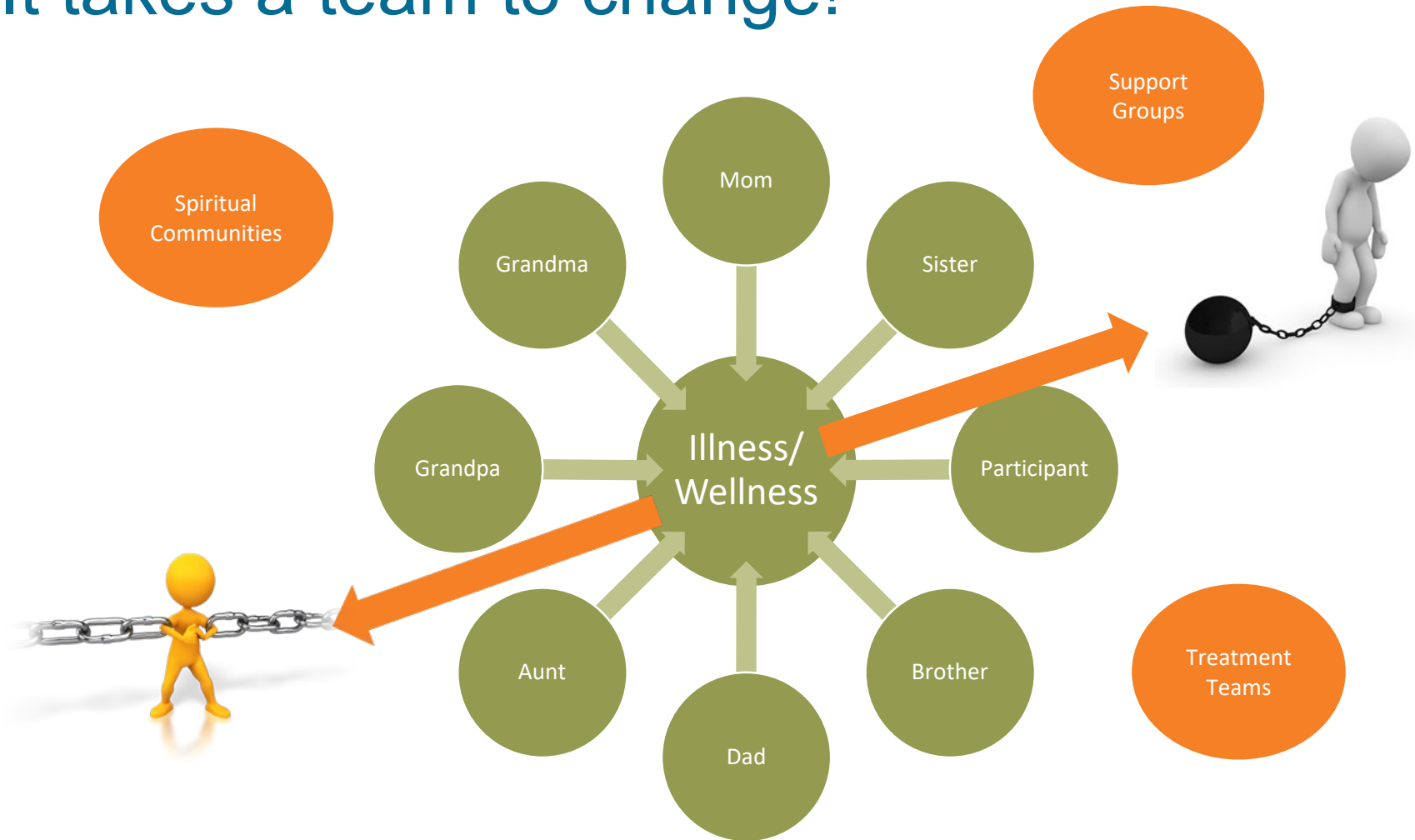


Everyone Gets a Seat at the Table...





It takes a team to change!





Acknowledging Family Stories & Expertise

- Background Information
- Wants and Needs for treatment
- Coping Skills
- Personal Substance Use
- Knowledge of Mental Illness & Substance Use
- Goal Setting





Acknowledging Family Stories & Expertise (continued)

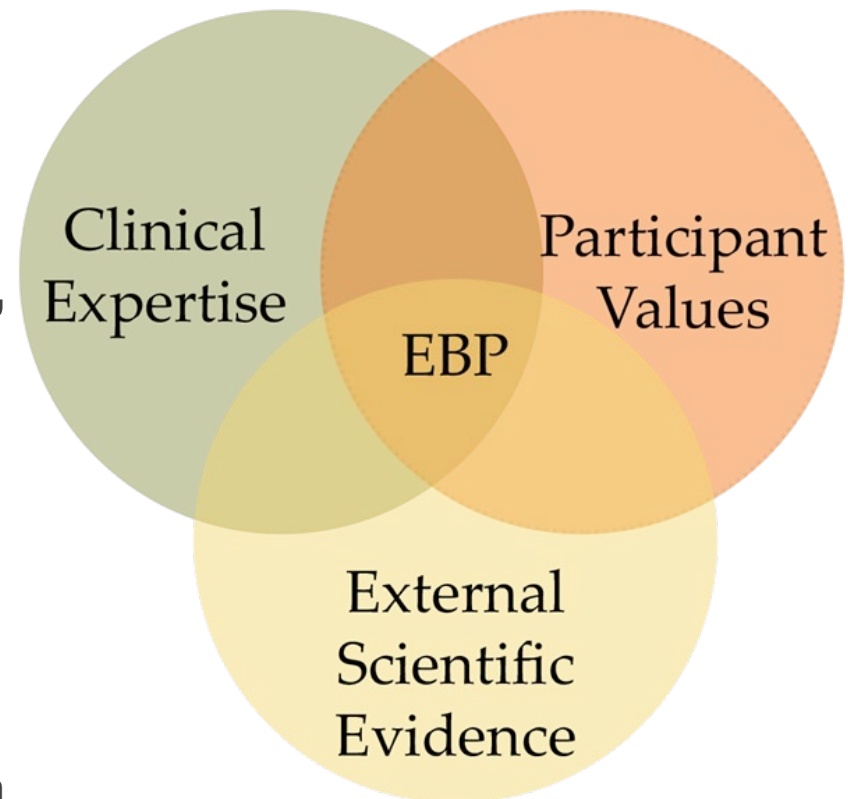
- Leisure & Social Activities
- Stereotypes around treatment, mental illness, addiction, etc.
- Medical History
- Trauma History
- Family Emotions
- Family Dynamics



Behavioral Family Therapy

- Evidence-Based Practice (EBP)
- Reduces stress in families, hospitalizations, & relapse
- Shown to result in a 20-50% reduction in relapse and rehospitalization

(Lam, Knipers & Leff, 1993, Penn & Kim, 1996, Falloon, Held et. Al, 1999).





Behavioral Family Therapy (continued)

- The purpose is to improve the relationships between individuals and their significant others as well as improve the functioning of the family as a unit.
- Process of BFT
 - Education
 - Shared Decision Making
 - Goal setting
 - CBT based
 - Motivational Interviewing





Comfort Agreement

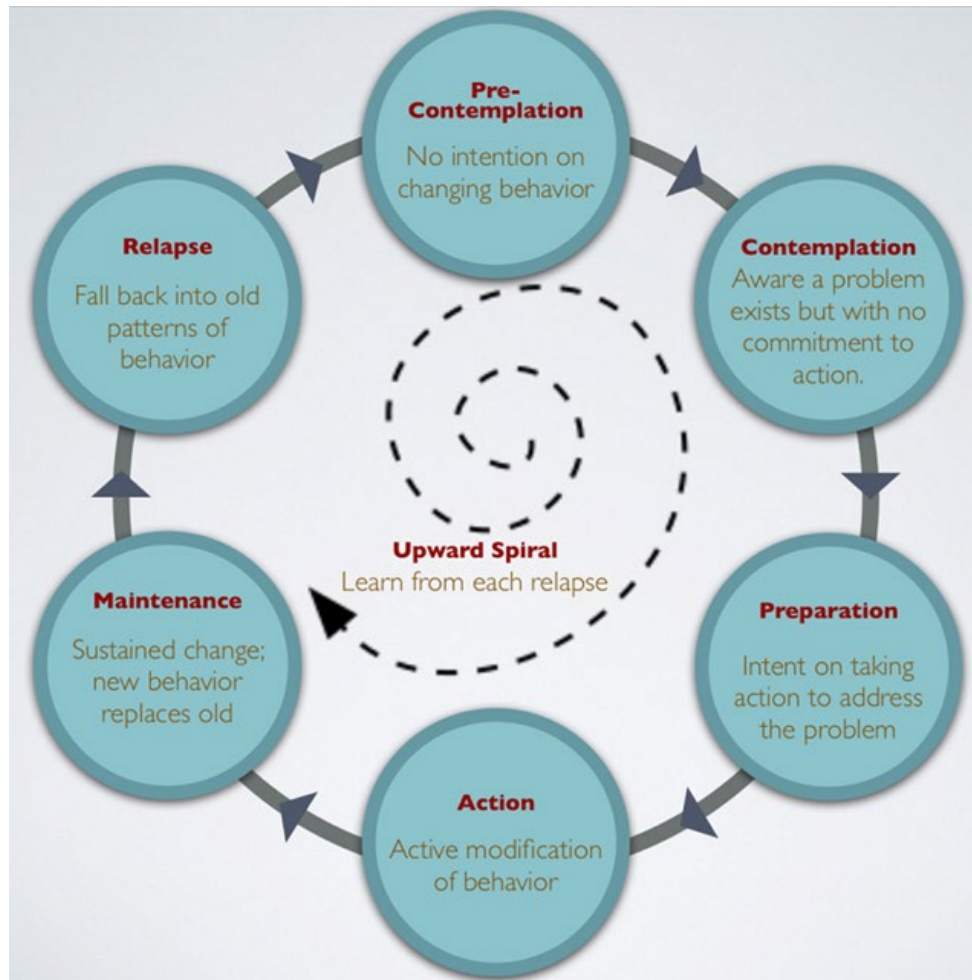
It may be helpful to set some ground rules to follow during our Family Education and Support meetings. These rules should be discussed and agreed upon by all members, and may be as general or specific as is helpful. General topics to consider may include starting on time, not interrupting, setting a standard for taking breaks if necessary, 'sharing the time', etc. Many people find it helpful to review these guidelines at the beginning of each meeting, and edit them when needed. This is a living, breathing document; that is, it may be amended in the future with the approval of all members.

As a family, we agree to the following guidelines so that all feel respected:

- 1.
- 2.
- 3.
- 4...



Transtheoretical Stages of Change Model





Transtheoretical Stages of Change Model (continued)

- It is very common for family members to be at different stages of change.
 - A family has its own reoccurrences, including reoccurrences of hope
- Aspects of different stages
 - Can create conflict amongst family members
 - Resistance is normal
 - Storming, Forming and Norming
 - Staff responses contribute
 - Can create dissatisfaction with treatment
 - Easily shift focus off of effective treatment

Shifting to a Recovery Oriented System of Care for Families!

Person Centered

Continuity of Care

Inclusive of
other families
and allies



Individualized
and
Comprehensive

Anchored in the
Community



Person Centered (Family Centered)

- Involve families from the beginning
- Ask families to tell their story
- Foster transparency and authenticity in communication
- Collaborative & Active Decision Making amongst all
 - Mutual Responsibility
- Culturally & Spiritually Sensitive & Responsive
- Strength Based
- Recognize and reinforce recovery accomplishments
- Holistic



Individualized and Comprehensive

- Continuum of care
- Crisis Planning
- Individual & Family Goals
- Family Education & Support (BFT)
- Acknowledges the Stages of Change





Anchored in the Community

Participant Resources:

- Self-Help/Mutual Support
 - 12 step, NAMI Connection, Alumni programming
- Vocational Support – education, employment, volunteering
- Health & Wellness
- Building of a healthy & positive social network

Family Resources:

- Family Support Groups
- Al-Anon
- NAMI Family-to-Family
- Connection to meaningful activities and networks





Inclusive of Other Families & Allies

■ Family Mentoring

- Mother-to-mother, father-to-father, couple-to-couple, sibling-to-sibling
- “Give it away to keep it”

■ Family Webinars

- Education based

■ Advocacy Groups

- Such as Faces and Voices of Recovery
 - Putting energy towards change
 - Combat societal stigma





Continuity of Care

- Pretreatment
 - Admissions process – engagement!
- Treatment
 - Person Centered
 - Residential through Assertive Community Treatment
- Continuing Care
 - Recovery supports in place for everyone!
 - Stable housing, vocation and meaningful activity
 - Supportive networks – peer, self-help/mutual support
 - Practice opportunities (Comfort Agreements, communication, mutual accountability, coping skills)
 - WRAP plans!



Local Resources: Connection IS Protection!

- Veteran's Affairs: (206) 477-8282
- Seattle Indian Center: (206) 329-8700
- Asian Counseling & Referral Service: (206) 695-7600
- Recovery Café: <https://recoverycafe.org>
- WA Recovery Helpline: (866) 789-1511
- HeroHouse NW: (206) 501-3730
- CARES of WA: (206) 938-1253
- NAMI Seattle: (206) 783-9264 😊
- Churches, Synagogues, Mosques, hiking, biking, walking, etc...

Local Resources: Connection IS Protection!

- MHTTC: **206-744-9327** <https://mhttcnetwork.org>
- ATTC: **206-685-4419** <https://attcnetwork.org>



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