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HEALTH SOLUTIONS

Circle of Support for Whole Health
Overview of “Consumer Centered
Family Consultation (CCFC)”

Training Session 1: Getting Started

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Timeline	Description
February 11, 2016	<u>Training Webinar 1:</u> How to inform and engage the client and assess the client's personal circle of support
February 25, 2016	<u>Training Webinar 2:</u> How to reach out to the member of the client's circle of support
March 10, 2016	<u>Training Webinar 3:</u> First and subsequent face-to-face meeting with the client and the identified member of the client's circle of support
Week of March 21:	Small group one hour consultation calls (groups of 5-7 grantees)
April 14, 2016	Large group Q&A and dialogue session (one hour GoTo meeting) Poll grantees, answer questions, hear from successful efforts
Week of May 2	Small group one hour consultation calls (groups of 5-7 grantees)
June 9, 2016	Final large group Q&A and dialogue session (one hour GoTo meeting) Poll grantees and hear from grantees who successfully implemented the family consultation model and lessons learned and next steps towards sustainability

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Agenda

- **Background and why we're doing this**
- **The plan for this learning community**
- **Consumer Centered Family Consultation (CCFC) overview and training begins**
- **Discussion and Q&A**



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Why is one's social network important?

- An individual's social network is one of the most significant factors in building personal resilience, managing stress and chronic health conditions, and promoting health and wellness.
- Individuals who have experienced significant BH difficulties are at greater risk for a limited social support.
- BH and PC organizations do not typically establish routine approaches to explore and engage the consumer's circle of support as a resource to promote health and recovery.
- A recent special edition in APA's Health Psychology Journal (2014) emphasized this point through a comprehensive review of the research literature demonstrating the important role of social networks in adult health. (<https://www.apa.org/pubs/journals/releases/hea-0000103.pdf>).
- In fact, one recent review concluded that the influence of social relationships on risk for mortality is comparable to that of smoking and alcohol consumption (Holt-Lunstad et al., 2010).



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Benefits of Evidence-Based Family Involvement and Challenges

Benefits

- Reduced relapse rates in schizophrenia by 20-50%
- Fewer/less severe symptoms and greater stability
- Improved compliance with medication
- Improved family knowledge, functioning and coping
- Reduced family member distress (e.g., anxiety, depression)
- Greater hope, empowerment and life satisfaction for family member

Challenges

- High demands on service providers, consumers and family members
- Long duration of services
- Relatively extensive training required
- Reaches relatively small number of consumers



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Why the Consumer Centered Consultation Model?

- The literature provides inadequate guidance on highly practical and feasible models to guide practitioners in exploring the client's circle of support.
- Involving others as part of the person's health plan needs to align with the principles and values of shared decision making, self-determination, client centeredness, recovery, and whole health.
- Evidence-based approaches such as Multiple Family Groups have been challenging to implement and sustain.
- There is a place for a brief, practical, and consumer directed approach that engages one or more members of the consumer's "Circle of Support" in supporting the consumer's goals.



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Let's Define "Family"

- Many different ways to define family. Family can be blood relatives, non-blood relatives, immediate, extended, blended, significant others, close friends, clergy, etc.
- Most important is that consumer defines who's in his or her family and support network.
- Worth noting: 1 in 4 people in U.S. diagnosed with a major mental illness = lots of family members.



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Consumer Centered Family Consultation

Consumer Centered Family Consultation (CCFC) is a brief, education-based engagement and consultation service that is typically completed in one to five meetings

It promotes collaboration among adult consumers of mental health services, members of their family or social network, and service providers to support each consumer's recovery

The focus of CCFC is the person/consumer with a behavioral health issue (the focus is not the family or traditional family therapy)

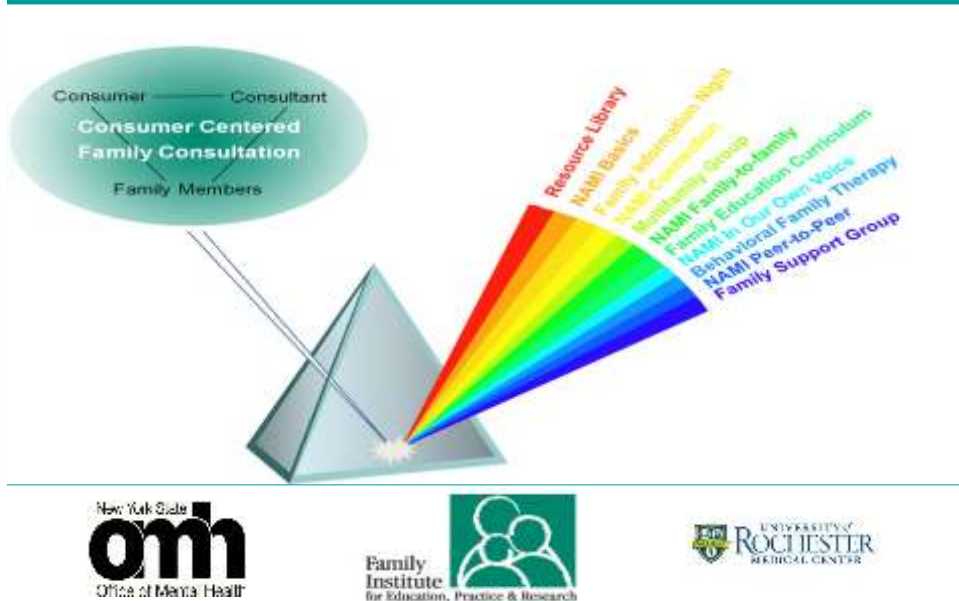
There are specific shared decision-making tools embedded in the process of engaging people and their natural supports

CCFC provides an opportunity to help by involving people's natural supports in meaningful ways, as well as helping people (consumers and family members) connect to the things that they want/need



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Consumer Centered Family Consultation



The Plan

3 - Meetings for online CCFC overview and practice (90 minutes each)

2 - Small group consultation calls

- Come prepared to discuss experiences doing CCFC engagement and beyond

2 - GoTo meetings to discuss how things are going for practitioners

- Come prepared to discuss experiences doing CCFC engagement and beyond

Agenda for Each Meeting

Meeting 1 - CCFC overview and engagement with consumers/participants re: engagement tools - Decision Guide & Preplanning Guide

Meeting 2 - Outreach and engagement with client's Circle of Support re: CCFC Brochure, Tips for Engaging with Family Support

Meeting 3 - Explaining the CCFC approach:

- Phase 1 (“connecting”) during 1st 5-10 minutes of face-to-face CCFC
- Phases 2 and 3 of the first CCFC meeting (i.e., 2 = Defining and prioritizing goals; 3 = Making recommendations and next steps); follow-up CCFC meetings and providing additional consultation



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Agenda for Each Meeting (cont.)

2 - Small group consultation calls – How are things going for practitioners using the tools and the CCFC approach?

2 - GoTo meeting for entire learning community to discuss how things are going – Come prepared to discuss experiences doing CCFC engagement and beyond



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Problems with Implementing Family Services for People with SMI

Consumer (and family's) preferences often left out of the process

Engaging consumers regarding this issue is not always easy for practitioners



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Challenges with Implementing Family Oriented Services

The problem: Despite overwhelming evidence that it's effective, family involvement typically does not occur. WHY?

- Consumer (and family) preferences often left out of the process
- Engaging consumers regarding this issue is not easy
- People of different cultural groups may have different preferences and expectations

People want and need different things at different times

Boyer CA, et al. *Am J Psychiatry*. 2000;157:1592-1598.; McFarlane WR, et al. *Am J Orthopsychiatry*. 2000;70:203-214.; Olsson M, et al. *J Nerv Ment Dis*. 1999;187:721-729.; Resnick SG, Rosenheck RA, Lehman AF. An exploratory analysis of correlates of recovery. *Psychiatric Services*. 2004;55:540-547.; McFarlane, WR., et al. (2003). *Journal of Marital and Family Therapy*, 29(2), 223-245.



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An Effective Approach to Involving Families/Supports Must:

Address consumers' concerns regarding family or other supports involvement

Promote consumers' control of care

Educate consumers regarding benefits of family involvement and participation in care

While working toward promoting principles of family involvement that we know are effective – in other words, do the things that “work”



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Common Experiences of Consumers (and Practitioners)

Consumers are angry/frustrated with families and don't want involvement

Initially, there simply are no family members

Consumers want their families involved only in specific ways

Consumers sometimes don't go to appointments, and have nobody supporting them to do so

Consumers are worried family involvement will take away their own control

“Burned bridges”

People are traumatized (consumer; family)

Families say “no” to involvement if asked

Families don't know how to be involved in helpful ways (so are either distant/detached or are involved in unhelpful ways)



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Question:

How do practitioners address these issues via CCFC?

Answers:

- 1) Practical engagement process
- 2) Semi-structured consultation process
- 3) Doing what we know (via research) helps in these situations



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Family/supports involvement:

It all starts with a *conversation* with the consumer



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CCFC: Engagement and Planning

Engagement conversation(s) with consumer



Pre-planning meeting(s) with consumer



Outreach conversation(s) with family/supports



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CCFC Bottom Line:

All 3 stakeholders *choose* to be in the same room, at the same time...

And have conversations about:

- 1) What's going on in their lives**
- 2) Clients' current involvement with the organization's services in integrated care**
- 3) Clients' important health goals**

Purpose: Find a match between what the client needs from the family member and what the family member is willing and able to do.



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Some Sample Evaluation Items...

Items/Questions rated by 57 respondents (the extent to which they believe CCFC had an impact on the following):	% of Participants who indicated "strongly agree" or "agree" for this item
Improved family/supports involvement in supporting clients' recovery efforts.	66%
Positively impacted my therapeutic relationship with clients on my caseload.	63%
Resulted in better "adherence" or "compliance" with mutually determined treatment goals.	56%
Improved clients' willingness to discuss and be more "open" about their personal lives.	59%
Improved my clients' focus on their recovery oriented goals.	55%
Led to improvements in clients' overall quality of life.	53%
Led to improvements in clients' mental/behavioral health conditions.	51%



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Let's Get Started



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**Tools to help with conversations
with consumers**

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Decision guide for involving family or friends to support treatment and recovery

What is this guide about?

This guide helps adults with whole health concerns and their clinicians. It's a tool for making decisions about whether and/or how to involve family members or friends in support of whole health goals and treatment.



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Let's take a closer look at the Decision Guide



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Planning Meeting(s)

(Prior to family outreach; if client has already consented to family involvement)

1-2 conversations between consumer and practitioner

Emphasis: Consumer is in the “driver’s seat” and has choices

Plan: the goals/issues to discuss during CCFC (and what *not* to discuss)

Plan: outreach method to family/supports

Prep: the family will share some of their perspectives and experiences

Discuss: how to handle “curveballs”



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Let's take a closer look at the Pre-Planning Tool



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Questions



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