Main Themes

- Families matter
- Family services are essential to treatment
- Engagement/Implementation is difficult

Influence on Families

- Having an acutely unwell family member disrupts family functioning (Friedman et al., 2007)
- Families often experience severe guilt, embarrassment, and self-blame (Spaniol, 1992)
Influence on Families

- Families provide the bulk of care and support (Lakeman, 2008)
- Frequently lack the knowledge, skills, and support system required to provide specialized mental health care (Bernheim et al. 1982)
Influence on Families

Families’ Influence on Recovery
• Coaching around daily-living and problem solving skills
• Assist in administering medication
• Monitor medication side-effects
• Family gatherings provide social opportunities
• Encourage and support friendships
• Support vocational/educational initiatives
  (Spaniol, 1992)

Families’ Influence on Recovery

Families’ Influence on Recovery
Families’ Influence on Recovery

- Reduces relapse and readmission rates
- Improves involvement and adherence
- Produces positive outcomes for caregivers
  - Improved morale
  - Better knowledge of mental illness
  - Feeling of empowerment
  - Reduced worry/displeasure about loved ones
  (Sherman, 2003)

Influence of Families on Recovery

- Medical treatment of mental illness is greatly enhanced with family interventions (Bustillo et al., 2001)
  - Family interventions are cost-effective (Mithalopoulos et al., 2004)
  - Community mental health care is enhanced through family collaboration (McFarlane, 1997)

Discussion

- How have you seen families involved in mental health treatment?
- What do you see as the influence of families on psychosocial rehabilitation?
Families of Veterans

CNN article, “The Uncounted” by Ashley Fantz

The Wife

CNN article, “The Uncounted” by Ashley Fantz
The Daughter

CNN article, "The Uncounted" by Ashley Fantz

Resources for Families of Veterans

- http://www.milspousesofstrength.org/
- https://couragebeyond.org/
- http://www.militaryonesource.mil/
VA Family Services

- Caregivers and Veterans Omnibus Health Services Act of 2010
- Programs across the country
  (San Diego, Eastern Colorado, Puget Sound, Boston, L.A.)
- Access to Evidence Based Practices
- Research
- Caregiver Support Program
VA Connecticut Family Services

- Local child guidance center: Clifford Beers
- Family Night
- Couples therapy
- Caregiver’s Support Program
- Evidence-based practices
- Family Resources Committee

Project Implementation

Needs Assessment

Ongoing survey of Veterans receiving mental health services at VA Connecticut
42 Veterans surveyed thus far

Project Implementation

Needs Assessment:

- Who is a part of Veteran’s family
- Influence of family on mental health
- Influence of mental health on family
- Potential programming at VACT for families
- Barriers that may prevent engagement
Project Implementation

- 52% identified “children” as their family
- 48% identified “spouses” and “friends”
- Less than half indicated that their families influence their mental health and vice versa

Needs Assessment

33% Support group for families of Veterans
31% Educational classes
26% Couples counseling
24% Family therapy

38% “No, I would not want my family to be involved in any way”

Identified barriers:
38% “I don’t think family issues are as important”
29% “Timing (i.e. we would need a late session)”
Project Implementation

Needs Assessment

Why these results?
- population of Veterans interviewed
- wording of questions
- closed answers

How do my results compare?

Project Implementation

Family Group

8 session protocol
- Open group; drop-in model
- Psychoeducational, supportive
- Didactic component followed by group discussion
- Based on Michelle Sherman's Support and Family Education (S.A.F.E.) program

Project Implementation

Family Group

Goals:
• Teach about symptoms and course of mental illness
• Opportunity to ask questions
• Reduce stigma; obtain support from peers
• Publicize mental health services
• Early intervention and open communication
• Link families with resources

(Sherman, 2006)
Project Implementation

Family Group Session Protocol Example

1. Overview of the group
2. Review goals of the program
3. Discuss confidentiality and limitations
4. Affirm family member’s dedication
5. Introductions
6. Check-in/update
7. Didactic presentation
8. Group discussion
9. Wrap up/review of resources

Project Implementation

Family Group Didactic Presentations:
- What causes mental illness?
- Depression and its impact on the family
- PTSD and its impact on the family
- Schizophrenia/Psychosis and its impact on the family
- Communication tips for families
- Self-care for caregivers/managing stress
- Telling others about our loved one’s diagnosis
- Tips to help make holidays/special occasions pleasant

Project Implementation

Family Group Beginning Stages

Approval
Logistics (location, supervision, documentation)
Recruitment
**Project Implementation**

**Family Group Recruitment**

**Family Group**

Open to all family members of veterans receiving mental health treatment at VA Connecticut

Wednesdays 5-6 p.m.

Contact Karen O’Flah, PST/Ver, at (860) 568-0039 to attend.

- Social-emotional well-being of veterans
- Improved communication and better functioning of families
- Understanding of the veteran’s needs
- Understanding of the impact of stressors
- Understanding of the importance of mental health

**Discussion**

- How are family services being implemented at your various locations?
- Have you encountered any barriers in implementation? If so, what were they?
- How might this project description inform your services moving forward?
Lessons Learned

• Systems change is hard
• Start at the “point of entry”
• Education for colleagues and clinics
• Make changes to forms/tools
• Extensive outreach to families

Thanks!

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