



INSTITUTE FOR BEHAVIORAL HEALTHCARE IMPROVEMENT

Family  
Institute



For Education Practice & Research

# Consumer Centered Family Consultation: An Overview and Opportunity for Providers

Family Institute for Education, Practice &  
Research

and

Institute for Behavioral Healthcare  
Improvement

[www.nysfamilyinstitute.org](http://www.nysfamilyinstitute.org)

[www.ibhi.net](http://www.ibhi.net)

# AGENDA

1. Hello and introductions
2. About the Institute for Behavioral Healthcare Improvement and the Family Institute
3. What is Consumer Centered Family Consultation (CCFC)?
4. What is a learning collaborative?
5. Questions and answers

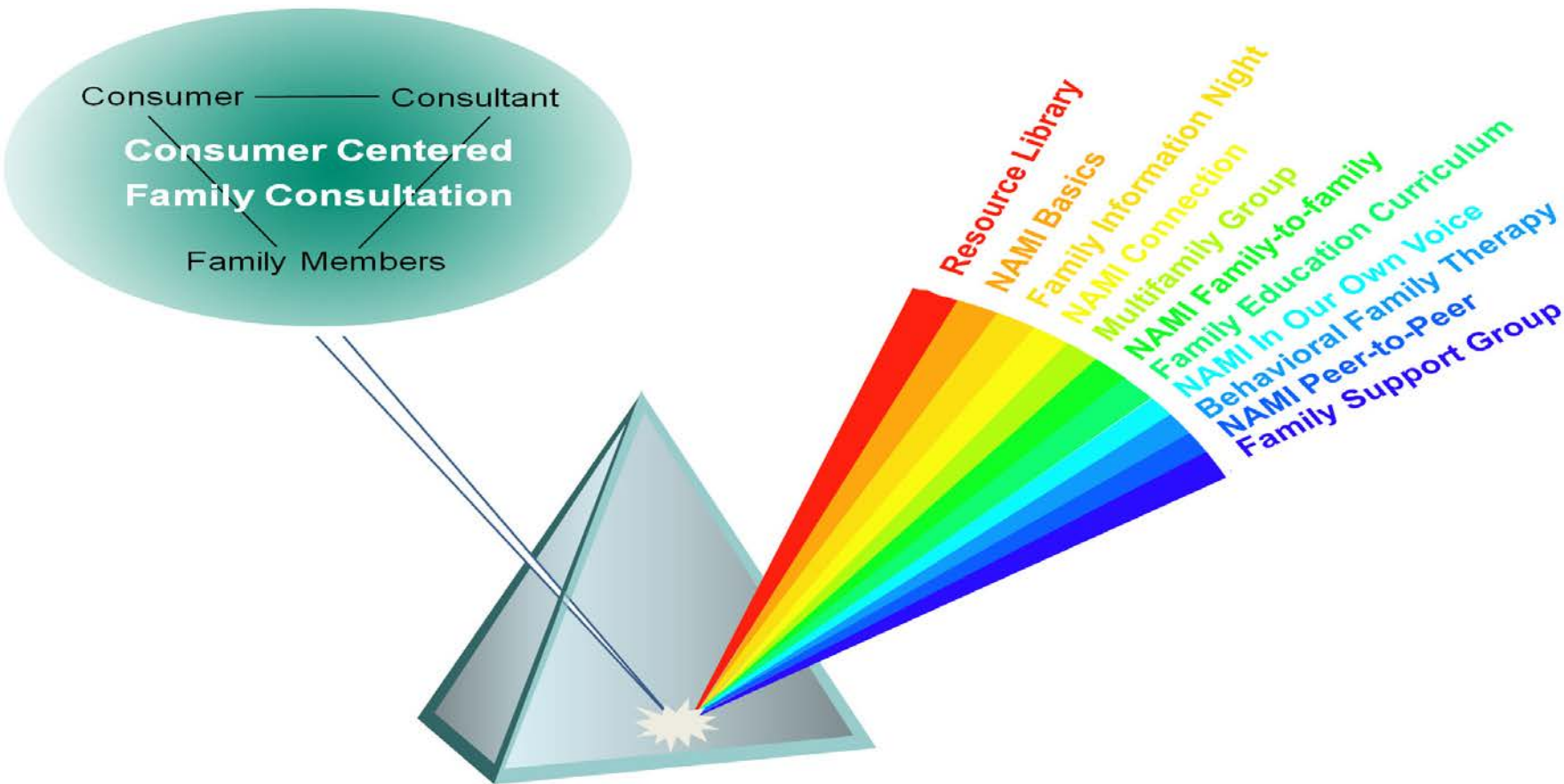
# The Institute for Behavioral Health Improvement (IBHI)

- Organized in 2005
- Independent Not For Profit (501C3)
- Dedicate to helping organizations serving people with behavioral health problems to get better results
- Website is [www.IBHI.net](http://www.IBHI.net)
- Peter C. Brown, Executive Director

# The Family Institute for Education, Practice and Research (at URMC)

- Organized in 2002 and has worked with over 200 agencies in a variety of settings
- Provides training and implementation support for agencies that are adopting evidence based family-involving approaches for people with severe mental illness
- Offers training and consultation related to evidence based practices as well as organizational changes related to the successful implementation of those practices
- One core offering is Consumer Centered Family Consultation (can also be called person centered family consultation)

# Consumer Centered Family Consultation



Are your families important to you?

Why or why not?

How do you define your “family”?

Do you want someone to support you (in some way) when the going gets tough?



# 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 sessions
- 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 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 prevent avoidable hospitalizations and to help facilitate linkage with outpatient services by involving people's natural supports in meaningful ways

Why should providers care about  
this?

Why should someone consider  
family interventions?

# “Missed Opportunities” When Families Are Not Engaged

- Broadening the network or “team” of people who can work together to assist consumer
- Relapse/readmission prevention is typically most effective when early warning signs of relapse are identified and monitored
- Increased revenue by increasing “show rates” in outpatient settings, and when people are transitioning from more restrictive settings into outpatient settings
- Improved consumer views about and satisfaction with treatment and their relationships with practitioners

**Families play an active role in the  
lives of persons with severe  
mental illnesses**

# Families (Can) Provide:

- Crisis Intervention Help
- Case Management
- Counseling
- Help with Basic Needs
- Socialization and Rehabilitation Opportunities
- Advocacy

# Family Work as Best Practice

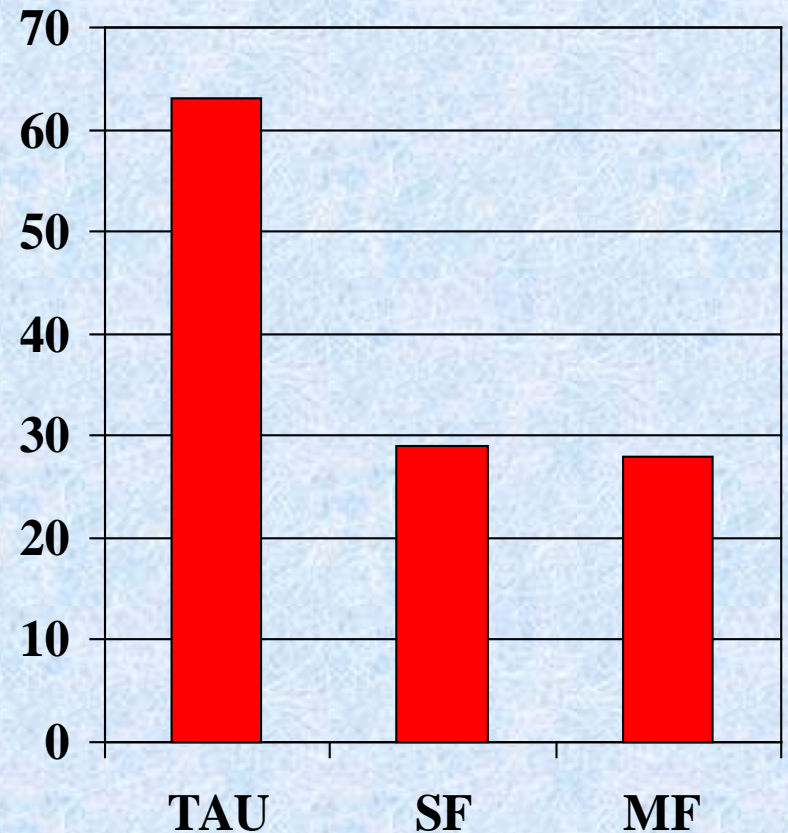
People with mental health concerns who have on-going contact with their families (or wish to) should be offered a family based intervention which provides a combination of:

- ← education about the illness
- ← family support
- ← crisis intervention
- ← problem solving skills training
- ← practical guidance

# Impact of Single-Family, Multiple-Family, and Combined Approaches on Relapse Rates in Major Outcome Trials

- Average relapse rates across 11 RCT's (N = 895)
- Mean length of treatment = 19.7 months

McFarlane, W. R., Dixon, L., Lukens, E., Lucksted, A. (2003). Family psychoeducation and schizophrenia: a review of the literature. Journal of Marital and Family Therapy, 29(2), 223-245.



# 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



# 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 utilization of EBP and principles of family involvement that we know “work”

# 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

## 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

# CCFC: Engagement and Planning

Engagement conversation(s) with consumer



Pre-planning meeting(s) with consumer



Outreach conversation(s) with family/supports

Family/supports involvement:

It all starts with a *conversation*  
with the consumer

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



What is this guide about?

This guide helps adults with mental 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 recovery goals and treatment.

## Decision Guide Consumer Centered Family Consultation

This guide helps adults with mental health concerns and their providers. It's a tool for making decisions about whether to involve your family members or friends to help with your recovery goals and treatment.

### Step 1 Thinking about Involving People

Let's talk about people who care about you and people you trust. Let's talk about how they might help support your recovery. This is important because studies show treatment is more effective and recovery is better when we have support from people important to us. When families feel supported, they are better able to assist their loved ones. Involving others is **your choice**, and **you decide** what kind of help, if any, you prefer. Family or friends may help you by:

- Providing information that helps develop a quality service plan
- Providing information about warning signs and triggers for relapse
- Being part of a staying well plan, and agreeing to help in difficult times
- Encouraging and supporting your recovery efforts
- Learning about your mental health needs, and how to respond in ways helpful to you
- Learning about your goals, and how to support your efforts to achieve them

### Step 2 Discussing Concerns

People may have concerns about including family or friends in their treatment. If so, we can discuss these so you can make the best decision for you.

Here are some common concerns:

- In the past, when my family members met with a clinician, it was uncomfortable or upsetting
- I'm concerned that you, my clinician, will listen more to them and take their side instead of mine.
- I'm worried you might change your opinion of me.
- I don't want to burden others.
- I want to protect my privacy.
- The people I want to include don't want to be involved.
- If I ask and they refuse, I'll feel hurt or rejected.
- I want to manage my mental health concerns on my own.
- Involving others would be too stressful.
- Other concerns.

Let's talk about any other concerns you may have...

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**Step 3 Possible Support People**

Let's think about people in your life, either family members or friends, who support you in difficult times, or those who help you to achieve your personal goals.

- Who do you spend holidays or birthdays with?
- Who do you turn to for support or help when you need it?
- Whose praise or encouragement makes you feel good?
- Who phones, emails or sends you letters or cards?

List who you might consider involving in your treatment and recovery:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Step 4 1<sup>st</sup> Meeting & Beyond (Describe CCFC or other type of involvement)**

Consumer Centered Family Consultation involves one to three meetings between you, your supports and your clinician. It's an opportunity for your supports to learn important information about your treatment and how to support your recovery. *You* are at the center of all decisions – who to invite and what topics to discuss. At the first meeting, we usually connect with one another, and later typically will review important information that *you* want discussed, such as:

- General guidelines about how family members or friends may support you
- Your treatment program, team and services and who to contact with concerns
- Mental health diagnoses, treatments and services
- Additional resources from the treatment program, agency, and community that may help you and your loved ones

**Step 5 Pros & Cons of Family/Supports Involvement**

Is the Consumer Centered Family Consultation right for you? Together let's come up with a list of your pros and cons...

Pros \_\_\_\_\_ Cons \_\_\_\_\_

**Step 6 Next Steps**

Involving others is an important decision. Make it carefully. Before you choose, here are steps you may wish to take:

- If **YOUR** decision is to move forward with CCFC... the most immediate next step... is to have a pre-planning meeting (between the consumer and practitioner)
- Give a copy of the Consumer Centered Family Consultation brochure to your family member or friend to read
- If you're unsure, agree to talk about it later
- If you're not comfortable with this, we'll put it aside



For consumers who chose to involve families (NYS),  
how many conversations occurred during the  
engagement process?

- 2.43 conversations (on average)

Less than one-quarter of consumers wanted to involve their  
family/supports after an initial engagement contact

- *Any* effort made by the clinicians to engage with  
consumers about expanding their circle of support adds  
value to the service provided

Conversation itself can be empowering and validating

# 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 often wants to share some perspectives and experiences
- Discuss: how to handle “curveballs”

## Pre-Planning Meeting(s) With Consumers

After a consumer chooses to participate in a CCFC to help support their recovery-oriented goals, and in order to increase the likelihood for a successful CCFC, it is highly recommended to conduct a pre-planning meeting(s) with the consumer and the practitioner prior to the actual CCFC occurring. Reasons for this pre-planning meeting are:

- To emphasize that the consumer is in the “driver’s seat” and has choices
- To plan and list the goals/issues/topics to discuss during the CCFC (and what NOT to discuss)
- To collaboratively decide on the best method for reaching out to Family/Supports
- To prepare the consumer for the fact that Family/Supports will typically share some of their own experiences and perspectives during the CCFC
- To talk about how to handle any unexpected situations that may arise during the CCFC (e.g., what to do if the family raises a topic that the consumer specifically chose NOT to discuss during the planning meeting)

## Pre-Planning Outreach to Family/Supports

It is important that the consumer makes the decision on how they want to outreach to the people that they want involved in the consultation. The consumer may need assistance from the practitioner about how to go about doing this task. Together the practitioner and consumer will make a plan on how the outreach is going to occur. Below are some suggestions about outreach strategies. For each strategy that involves the consumer, the practitioner may suggest practicing this task a few times prior to the consumer informing their family/supports about the CCFC. The CCFC brochure is a tool that can help with all of the different methods below.

- o The consumer wants to tell their family/supports on their own.
- o The consumer wants to call their family/supports from your office.
- o The consumer wants you (practitioner) to inform their family/supports by phone. The consumer can choose to be present or not present. The practitioner should be sure to tell the consumer what will be said during the outreach conversation
- o The consumer wants you (practitioner) to inform their family/supports in person or face-to-face. The consumer can choose to be present or not present. The practitioner should be sure to tell the consumer what will be said during the outreach conversation.
- o Other: \_\_\_\_\_

## Pre-Planning Wants/Goals Assessment Tool

This tool is intended to help the practitioner and consumer start a conversation so that they can begin to identify goals and/or topics that they would like discussed and/or NOT discussed in a Consumer Centered Family Consultation.

Please answer the following questions with a rating from the scale below:

1	2	3	4
Not at all important to consumer	Somewhat important to consumer	Only slightly important to consumer	Very important to consumer

### I want my family/supports to receive:

1. More information about the treatment I am receiving ..... 1 2 3 4
2. Information about the medication I am taking and its side effects..... 1 2 3 4
3. Information about the causes of mental illness to better understand me..... 1 2 3 4
4. Help to talk about how my illness affects the whole family..... 1 2 3 4
5. Information about professional help if and when I begin to relapse..... 1 2 3 4
6. Information about things they can do to help me ..... 1 2 3 4
7. Knowledge about how to identify signs/symptoms of mental illness..... 1 2 3 4
8. Information about how to help me/them cope with my illness..... 1 2 3 4
9. Knowledge about community resources for people affected by mental illness..... 1 2 3 4
10. Other goals and/or topics that I would like to discuss include: \_\_\_\_\_
11. Other goals and/or topics that I would NOT like to discuss include: \_\_\_\_\_

### Pre-Planning – The Reality of Having a Variety of People in the Room

It is important for consumers and practitioners to recognize that the family/supports are likely to share some information about their perspectives and experiences related to someone they care about that has mental illness. The practitioner may wish to talk with the consumer about this likelihood, as part of inviting the family/supports to participate in a CCFC involves engaging all three stakeholders (i.e., practitioner, consumer, family/supports) in a conversation with the goal of providing the best possible supports for the consumer. It will be important to emphasize that although the family/supports are likely to share some of their perspectives. The way in which the practitioner and consumer may handle this discussion should be discussed in advance.

### Pre-Planning for the “What Ifs”...

Prior to a CCFC taking place it is always a good idea for the practitioner and consumer to create a plan about how to deal with unexpected situation (in other words, the “What ifs”). The following is a list of some situations that may occur. Together the consumer and practitioner should spend time in the pre-planning session(s) to discuss/strategize about these situations and how they want to handle them if they do occur.

- The family/support person brings up an issue/topic that the consumer does not want discussed? How will we (the consumer and practitioner) agree to handle the situation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- A serious argument starts between the consumer and family/supports during the CCFC meeting. How will we (the consumer and practitioner) agree to handle the situation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- The consumer becomes a little uncomfortable with what is being discussed, but is ultimately okay with the conversation taking place because s/he thinks it's important. How will we (the consumer and practitioner) agree to handle the situation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are there other “what ifs” that seem likely based on the family and/or life situation, or that the consumer is concerned about? How will we (the consumer and practitioner) agree to handle the situation(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

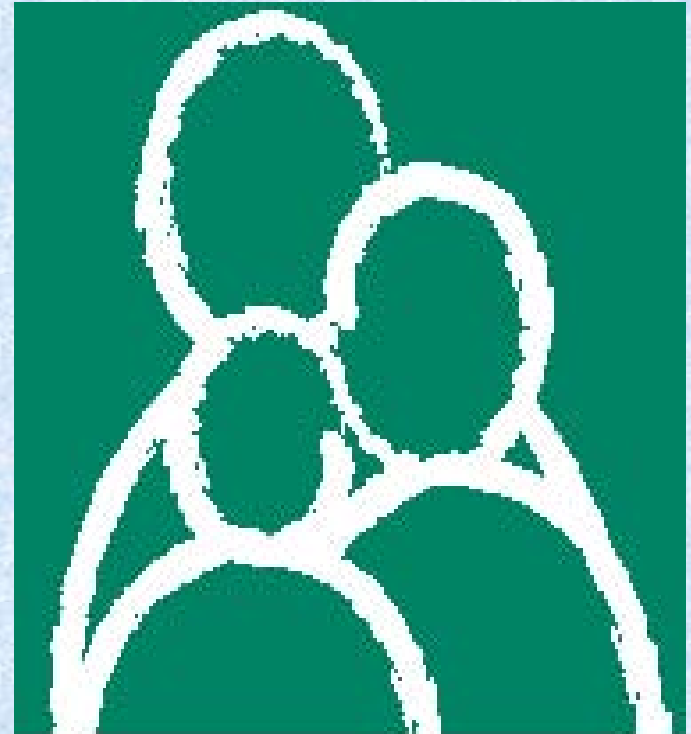
# What Now?

*Family engagement process*

*CCFC approach if consumer wishes  
to invite family/supports to participate  
in recovery*

# Example: CCFC Brochure

- A brief service for consumers of mental health services, their chosen support system, and their clinician – all working together to support the consumers' recovery process.



CCFC brochure is available on the Family Institute website (see “Resources”):  
[www.nysfamilyinstitute.org](http://www.nysfamilyinstitute.org)

# CCFC: Face-to-Face Meetings



## Connect

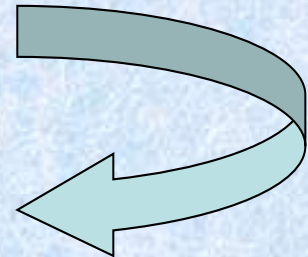
Receive Information  
Supporting  
Offering Hope  
Empathizing

## Define & Prioritize Wants & Needs

Understanding  
Acknowledging  
Prioritizing with All Stakeholders  
Setting/Refining Goals  
Managing the Agenda

## Plan and/or Provide Next Steps

Education  
Support  
Practical Guidance  
Problem-Solving  
Connecting with Resources  
Referring (e.g, NAMI)



# Similar to other types of consultations...

- Information and goals of the consultation are solicited from the customer
- Education is provided
- Information & choices are given
- Follow through and future work together is up to all parties



# Why do it? *Preliminary evidence for the impact of CCFC*

Feedback from 51 clinicians described improvements in the following:

- Family:
  - understanding of mental illness and substance use
  - involvement in supporting treatment and recovery
  - perception that they are better supported
  - communication and comfort with treatment staff
- Consumer:
  - communication with family (quality and quantity)
  - comfort with and value of family involvement
  - perception of support/understanding by others

# Some Sample Evaluation Items...

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

# Questions



**Family Institute for Education  
Practice & Research  
315 Science Parkway, Suite 400  
Rochester, New York 14620  
585-279-7903**



**Family Institute Website**

**Address:**

**[www.nysfamilyinstitute.org](http://www.nysfamilyinstitute.org)**

# Next Steps

- Contact Peter Brown [peter@ibhi.net](mailto:peter@ibhi.net) or 518 732-7178
- Indicate interest level and stipulations