

Family & Natural Support Network (NSN) Team Based Strategies

<i>Basic Team Functions that Support Family Services.</i>	<ol style="list-style-type: none">1. During team meetings ensure a client review includes discussion of a clients contact with family and other natural supports.2. Track the number of clients having contact with family or other natural supports on a monthly basis.3. Track the number of clients staff has contact with family or other natural supports on a monthly basis.4. Track the numb clients whose family or natural supports are receiving Psychoeducation from the IDDT team on a monthly basis.5. Review data tracked during team meetings and utilize this information to assist the team to engage the family/NSN.6. During team meeting and supervision review opportunities that staff can use to engage family/NSN. Utilize the following tables as a guide to strategize appropriate interventions based on both the clients and family/NSN readiness.7. Identify curriculum for use in family psychoeducation.8. Train all staff in use of the curriculum.9. Coach staff to support development of family intervention skills.10. Document family and NSN interventions in the clinical record (ISP & progress notes).
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Client and Family/NSN Interventions by Stage of Readiness

<i>Client Stage of change re: family involvement</i>	Staff Interventions
<i>Pre-contemplation</i>	<ul style="list-style-type: none"> • Assess for presence/absence of relationships <ul style="list-style-type: none"> ○ Which family or friends do you have the most contact with? ○ Which people do you miss, if anyone and would like to have in your life again? ○ Who is most supportive of you? ○ Who is least supportive of you? • Provide written information to client outlining the benefits of family/NSN involvement in their care. • Explanation purpose of releases of information and the limitations that client can stipulate • Obtain release of information for people client would like involved in their care
<i>Contemplation</i>	<ul style="list-style-type: none"> • Periodically revisit discussion about family/NSN involvement • Consider completing a decision balance re: pros/cons of family/NSN involvement • Listen for clues/language that indicates client contact with family/NSN. Use motivational interviewing to elicit client statements (desire, ability, reason, need) to improve relationships • Share with client what other clients in general have indicated were the benefits they experienced though family/NSN involvement in treatment.
<i>Preparation</i>	<ul style="list-style-type: none"> • Review with client what they would like included or not as part of family/NSN interventions. • Develop goals for family/NSN interventions (what would client like the outcome to be)
<i>Action</i>	<ul style="list-style-type: none"> • Conduct family assessments (What areas need to be addressed to improve family functioning and by extension client functioning?) • Offer individual or multifamily group interventions that focus on psychoeducation, communications skills, and problem solving. • Provide education: medications, signs and symptoms of mental health disorders, signs and symptoms of addictive disorders, alcohol and other drugs including intoxication and withdrawal syndromes, advance directives
<i>Maintenance</i>	<ul style="list-style-type: none"> • At a minimum annually review crisis plans and advance directives. Update all family/NSN contact information and responsibilities during a period of client illness.

<i>Family Stage of Change re: involvement in client care</i>	Staff Interventions
<i>Pre-contemplation</i>	<ul style="list-style-type: none"> • Use points of crisis as an opportunity to engage family members • Introduce yourself (if ROI on file) and provide contact information • Greet family members/NSN while sitting in waiting room with client or present during a home visit. • Take and return calls to family members. You may not be able to provide information, but you can listen. • Provide written brochure they can family/NSN can review at a later time outlining family interventions offered by the agency/team.
<i>Contemplation</i>	<ul style="list-style-type: none"> • Provide oral/written information about interventions/services you can provide • Offer information about benefits to client/family when families are involved with clients care • Consider oral decision balance with family regarding participation in client's care • Uses OARS (open ended questions, affirmations, reflections, summarize) when interacting with family • Listen to family member's language for indications they would like or need for things to be improved with respect to the client.
<i>Preparation</i>	<ul style="list-style-type: none"> • Referral to NAMI • Offer resource list with websites and recommended readings • Continued use of motivational interviewing to sustain motivation
<i>Action</i>	<ul style="list-style-type: none"> • Referral to agency-based Multi-Family Psychoeducation group • Offer collateral sessions with family/client with a focus on psychoeducation, skills development and problem solving. • Education: medications, signs and symptoms of mental health disorders, signs and symptoms of addictive disorders, alcohol and other drugs including intoxication and withdrawal syndromes, advance directives
<i>Maintenance</i>	<ul style="list-style-type: none"> • Provide support and information during points of client relapse and crisis • Occasional check-ins to maintain a connection and assess for changes/needs