

Creating the organizational capacity to serve families with parental mental illness:
The implementation of Family Options

Kathleen Biebel, Ph.D.
Katherine Woolsey, B.A.

with Joanne Nicholson, Ph.D., Valerie Williams, M.A., M.S.,
Karen Albert, M.S., Bernice Gershenson, M.P.H., Elizabeth
Aaker, B.A., and Brenda Warren, B.A.
Center for Mental Health Services Research
University of Massachusetts Medical School

February 26, 2008

*Funding provided by Astra Zeneca

Longstanding partnership between
EO, Inc. and UMMS

- ◆ 12 years
 - 1996 - Family Project
 - 1997 - NIDRR Parenting Options Project
 - 1999 - Family Legal Support Project
 - 2002 - SAMHSA Strengthening Families planning grant
- ◆ 2005 - FAMILY OPTIONS
 - Intervention
 - Research
 - ◆ Outcomes
 - ◆ Implementation

Family Options

- ◆ Family Options is an evidence-informed psychiatric rehabilitation intervention, developed and tested within the context of a community-based agency setting
- ◆ Core concepts (Family-centered, Strengths-based, Empowerment, Family-driven & self-determined, Availability & access, Recovery & resilience, Liaison & advocacy, Engagement & relationship building)
- ◆ **FO focus on parent, child, and family**

Family Options

- ◆ FO Participants...
 - Have a mental illness that affects daily living
 - Are currently receiving or have previously received mental health services
 - Have at least one biological or adopted child living with him or her between the ages of 18 months & 16 years
- ◆ Served 29 families with 52 children
- ◆ Workforce
 - 3 Family Coaches
 - 1 FO Director
 - 1 Clinical Consultant

Research question

- ◆ What does it take to implement an intervention for families living with parental mental illness in an existing and traditionally structured adult-serving mental health agency
 - Paradigm shift from "thinking about adults" to "thinking about families"
 - Focus on creating the organizational capacity to implement a family-centered, strengths-based intervention for families

Methods

- ◆ Interviews with informants directly involved with intervention (n=9)
- ◆ 100 interviews over 23 months
- ◆ "What's been happening with the implementation process?"
- ◆ Tape-recorded and hand-written notes
- ◆ Coded interviews
- ◆ Data saturation achieved at 48 interviews
- ◆ 4 major thematic areas

Findings

- ◆ Create institutionalized processes and procedures (e.g., flex funds)
 - Develop "the rules"
 - Look to existing processes for guidance
- ◆ Develop purposeful tools (e.g., goal planning)
 - Marry the meaning with the method
 - Support of leadership and experts
 - Revisit tools over time

Findings

- ◆ Establish ongoing formal and informal lines of communication
 - Significant effort at the front-end
 - Capitalize on existing processes (regularly scheduled meetings)
 - Communication needs may change over time
 - Know what you're talking about

Findings

- ◆ Create mechanisms to maximize resources
 - Prioritize learning about each others' needs and resources
 - Work smarter, not harder
- ◆ Nurture in-house champions
 - "Danger" of only having one champion
 - Goal of top-down, bottom-up commitment
 - Recognize each others' value

Value added....

- ◆ Contribution to growing field of implementation research
- ◆ Contribution to providers, agencies, and systems interested in serving families where a parent has a mental illness

Contact information

- ◆ Kathleen.Biebel@umassmed.edu
 - 508-856-8717
- ◆ Katherine.Woolsey@umassmed.edu
 - 508-856-8734
- ◆ www.umassmed.edu/cmhsr
- ◆ www.parentingwell.org