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

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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

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

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

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