

The Role of Community and Family Supports in Helping People Improve Their Complex Health Conditions

Happy Wednesday, folks! This is Melody Riefer with Advocates for Human Potential. I am more than happy to welcome you to the third in a series of four webinars that are looking at issues around integrated health and the way that impacts behavioral health services.

As we begin, I just want to remind you of a couple of things. While we are sponsored by SAMHSA, the Substance Abuse and Mental Health Services Administration, the views and opinions and content expressed in this presentation do not necessarily reflect the formal views, opinions, and polls of the Center for Mental Health Services or SAMHSA or the U.S. Department of Health and Human Services. They do represent the views and opinions of the speakers.

If you've not attended one of our webinars, I want to give you a quick orientation to the room...places that you might want to pay attention to. There is a pod, or a box, for entering technical or topical questions. We have a question and answer period at the end of the presentation, but you can send your questions to us from this point forward. Just be sure and type your questions into the box labeled "Tech and Topic Questions," and we'll get those.

If you have any issues with sound or images, you would also place those questions or comments in that same box; and we'll respond as quickly as possible.

We would love for you all to talk with each other, and you can do that via the "Participant Chat" box. Sometimes people like to say that they're on the line and where they're from or what type of program they work in. It's a way of building a little bit of community over the months and years that these webinars have been produced. A number of you have gotten to know each other, and we're always happy to see that; and we're always happy to see you on the line.

Then finally, just want to let you know that you can get Continuing Education credits for participating. What you would need to do is at the end of the webinar, click the link to complete a very brief quiz to get your Continuing Education credit; or just click on the link to be able to print a Certificate of Participation without having to do the quiz.

Now I would like to invite you to give us a brief synopsis of what you think of when you hear the word "family." The screen is going to change; and we would invite you to, in the new box that just popped up, write in a word or two. What do you think of when you hear the word "family"? Is it biological? Is it about some type of relationship? I see some "ohana." That's fantastic. A number of you are responding with some really great ideas about what pops into your head when you hear the word "family."

For some of us, those are warm, fuzzy words. For others, it might be more challenging than that. So don't feel like you have to censor too much of what it is that your experience is. I'm going to give you just another second or two to type in the words that come to your mind, and thank you so much for participating.

Now I'm going to tell you about the folks you're going to hear from today. We're really lucky because we have two informed and experienced experts, who are going to talk to us about the role that community and family support play in helping people manage complex health conditions.

Anita Fisher is the Director of Education with NAMI San Diego. She also serves as a Steering Committee Member for the Recovery to Practice initiative, which is the initiative that sponsors these webinars. She'll be speaking to us in just a bit; but we're going to start by hearing from Deb Werner, who is a Senior Program Manager at Advocates for Human Potential. Deb has a great deal of experience, particularly in the area of family and children services, both in substance abuse recovery as well as behavioral health issues and homelessness.

Deb, I would invite you to lead us into this exploration; and thanks for sharing your expertise.

Great, thank you so very much, Melody.

The Role of Community and Family Supports in Helping People Improve Their Complex Health Conditions

It is wonderful to be here with you all today and talk about one of my favorite topics to talk about, and that is families and the importance and roles of family in healing and recovery, and also thinking about family recovery and how we work together to improve our lives.

As Melody mentioned, I'm Deb Werner. I'm a Senior Program Manager with Advocates for Human Potential. I'm also the Project Director for SAMHSA's Women, Children and Families Technical Assistance and Training Project and the Task Lead with the Homeless and Housing Resource Network.

What I'm going to do is I'm going to give you – I have more slides here because we wanted to offer them to you as resources than I'm going to spend a lot of time on. So I'm going to give you a little bit of a tour as we get going sort of thinking about what families are. I always like to start as kind of the basics...like across our communities, what are families?

Families...we tend to, when we think about families, we think about love; we think about support. We had some words in there like "dysfunctional" or "challenging." But families are also one of the core bases for how our communities work. Families are household units; they're economic units; they are the primary way that we pass on our cultural traditions and teach how to interact with other people. So they really form the basis of socialization of our children. They're the basis for child rearing.

We've also, as our societies have gotten more and more complex, they're very complex in their definitions, their roles, their responsibilities, and interactions. One of the things I'm just going to interject here that I think is really important is when you're working with somebody not to impose *your* concept of what family means, but to really work with them to say who do you see as your family? Sometimes it involves helping people to let go of the sort of television – I'm going to date myself – but the television *Ozzie and Harriet* approach, and look a little bit broader to identify those people who might be available to be supports to them or who they've been supports to.

As you can see on this slide, family networks often include godparents. They may include people's pets, which is one of the places where they really get that feeling of unconditional love. Sometimes it's spouses; sometimes it's significant others; sometimes it's stepparents, children, parents, godparents. So who is in somebody's family network is often very complex and really important to think about when we're thinking about helping people to lean on their family or how their family is impacting their symptomology or their substance use as ways to pay attention. So really helping people to think about who their family is...as well as us...who do we think of as our family?

It's very important also to make sure that when we're talking about family that we really are culturally respectful and culturally relevant so that we don't lean ourselves into something that is different, but we really are open to the perspectives of the people that we're working with.

This slide just encourages you to think about some of the families that you've worked with and who you have mimed. And think about...especially if you work primarily with individuals, try to broaden and take a few moments at some point to percolate how was the family dynamics and how did the family stressors affect this person's recovery and how could potentially resources for that family have helped that individual.

As we know, mental illness, substance abuse, homelessness, trauma, are all very, very complex issues; and they don't just happen overnight, and they don't happen in a vacuum. They affect individuals; they affect their families; they affect whole communities. So part of what we really want to be thinking about is we want to be thinking about in that bigger picture because most of the people who you see are often thinking in those larger pictures too.

There's a paper that's a resource that's available on the SAMHSA website that I did, getting close to 10 years ago now, on family-based approaches specifically around substance abuse treatment for women. One of the ways that it starts is it talks about how a family is a mobile. This was derived from something that Edith Schaefer wrote. If you think about a mobile, each individual piece on that mobile is beautiful

The Role of Community and Family Supports in Helping People Improve Their Complex Health Conditions

and stands independently; and then each also work together. So when a wind blows, it doesn't just affect one piece; but it affects the whole mobile unit. Sometimes that looks really beautiful; and sometimes if you get a gust, the whole thing goes haywire.

So that analogy kind of applies over into our families. There are ripple effects. And when they're working smoothly, it's beautiful; and when there's that big gust of wind, it's really important that you can't unlock one piece without locking the other. If any of you have ever had a mobile and all of the strings got mixed together, you can't just move one piece and expect the mobile to be fixed; but you have to actually look across all of it.

One of the things that is a really important piece is to remember that substance use and mental health problems, violence, are often intergenerational. There are a number of reasons why that's true; but this also means that particularly when we're working with our higher need families, we really want to be thinking about safety. We want to be thinking about trauma and how to be working across the whole family to prevent problems in the future, as well as addressing services now.

My friend and colleague, Kathy Eisenhower, often talks about how we ask people to make Sophie's choice and say, "We have the opportunity for you to come to this program, and you can bring your two children who are under the age of 5; but you'll have to leave the 7-year-old and the 15-year-old someplace else." Asking a family to do something like that – and I understand that there are logistical reasons – but asking a family to do something like that she calls Sophie's choice because really you can't win. You're figuring out how you're going to automatically break down that family; and how you build the healing that happens after that is very, very challenging.

We do have some slides in here that I'm not going to spend a lot of time on...thinking about what happens when families experience homelessness and trauma, and there are some statistics available to you as well. When families are homeless – yeah, this I think is one of those pieces that's important to pay attention to because each individual person, when a family loses their home, they lose that place where they're grounded.

I was actually just speaking with a colleague...this applies not just to hybrid families but to all of us...a colleague who has a house in Maine. Now, nobody in her family lives in Maine. They have no plans to go back to Maine; but still, they really want to hold onto that house that they have rented out because that, to them, is where – that's like where they get their sense of familiar. It's their family home kind of piece. So thinking about how to build that sense of home, if it's not in housing in other resources, I think is part of what we really try to create with families so that we get grounded.

Then paying attention also, of course, to the losses that families experience and the separations that happen. For many of the people that we see...and I do a lot of work with focusing on families with children...but there's also the extended family network, which is very important as well. The separations...when somebody has been having a difficult time, and their family members have set boundaries around them and they're no longer accessible to them...those kinds of separations create a lot of stress for the individuals as well as the whole family. So figuring out how to help families to overcome those kinds of stresses is another piece that is really important. So I'm just going to share with you that there are these slides that talk about the impacts of trauma and homelessness on families.

I also just want to take a couple of moments to talk about the importance of addressing intimate partner violence and family violence at the same time as we're addressing behavioral health conditions because it's not always apparent which families may be experiencing violence. And sometimes it is that person who seems most interested in helping that is potentially a higher risk person because really what they're trying to do is to coerce and control somebody. And that's often not the case; but we really do want to be paying attention and making sure that as we work in families that we're really being mindful of intimate partner violence, as well as creating a sense of safety for all of the families involved.

I'm going to stop here for a moment and turn it over to Anita. That was my whirlwind tour on families in general and some of the context. I'm going to turn it over to Anita, and she's going to talk about using

The Role of Community and Family Supports in Helping People Improve Their Complex Health Conditions

family and natural supports and integrated approaches...particularly the work that they've done with NAMI. And then I'm going to come back and talk a little bit more about family-centered approaches.

Anita, are you here with us?

Yes, I am.

Hello, everyone, and thank you so much for having me today. This is really exciting for me...my first opportunity to present with the Recovery to Practice Program. Today I'm going to cover, "Using Family and Natural Supports in Integrated Care."

Just a little bit about me...I am what you call a family member. I have an adult son who lives with a mental health diagnosis which includes co-occurring disorder, a substance use disorder. So I always say we've touched every place in the system over these 17 years; and actually, that's what brought me to NAMI. It was the wonderful Family-to-Family course that got me connected and hooked, and I've worked here now for 10 years. I've been a Family-to-Family teacher and Support Group Facilitator for over 14 years now. So a lot of what I'm going to be talking about today comes from not only my own lived experience, but those of the many hundreds of people that I've met over time.

Something that we know is engaging individual family member as partners in the care process and including them in decision-making and providing support at critical points in treatment is just a win/win situation. We know that works at every level of care...integrated practice and recovery.

I want to go to the next slide here and talk about a study that was conducted by the National Alliance for Caregiving. This study...I was so excited when they approached us about this study because I don't think they looked at us as caregivers, and I didn't even think of myself...ever refer to myself as using that word as being a caregiver.

The study was conducted in 2015. They did 1,600 caregivers who were assisting individuals over the age of 18, and they used a targeted non-probability-based design that provides an in-depth look at a pre-identified population. So the findings of this study may underestimate the challenges, as the respondents were typically more educated and wealthier than the general public.

I know you will have a link to this study as well, and I'm just going to touch on a few pieces. First, the amazing number that really just shook me to the core was, wow, 8.4 million Americans care for an adult with an emotional or mental health issue. I was like, wow; I remember in the beginning, I always felt alone in all of this as a family member. But I realized that I was definitely not alone.

I know that over time, there was a study that I read by the former Director of the National Institute of Mental Health. His name was Thomas Insel; and it was called *Mortality in Mental Disorders*. This article was dated February 25, 2015. One of the things that he was speaking about was the life span of the overall population. From 1910, it was 51 years old; and now, today, it's about 79 years old...81 years for women and 76 years for men.

Well, when we think about the amount of time that other people that are providing caregiving for other types of medical conditions, it usually has a very short span that they might be providing that care. But many of our family members are quite healthy physically, although his study indicated that individuals with mental illness usually their life expectancy is shorter by about 10 years. So our caregiving time frame is usually a lot longer than for typical medical conditions.

So let's talk a little bit about who are the caregivers. In this study, most of the caregivers were female...about 80%; and many of them were caregiving for individuals. They were the ages, I'm sorry, of 45 to 64. And then they just talk about their education levels and their household income. This is important because oftentimes we find that when individuals are at certain levels socioeconomically, they end up in the situation of possibly being homeless. So this is where a lot of programs and individuals find their clients, and they think they're not connected to family.

The Role of Community and Family Supports in Helping People Improve Their Complex Health Conditions

I know oftentimes, even in our own situation, our son would be homeless; and probably when he found care, the individuals probably thought that he didn't have a family and that he was not connected to a family.

So this is a little bit about who they are caring *for*, and most of the individuals are under the age of 40. Almost half live in the same household, and there's a reason for that. I look at that bullet, and we all know that even with receiving Social Security income, that is not enough for individuals in any state. I'm in California, so it definitely is not a state where you can afford to live independently a lot of times just on Social Security benefits and Medicare and Medi-Cal. So a lot of times, again, the individuals are living with their family members. They have the co-occurring disorder as I mentioned. I hear that and have lived that situation more often than not.

Usually, the average time that the respondents in this study said that they are doing this "caregiving" even 24 hours a day oftentimes. This is also because they are providing a safety. They're also providing a safety net for their loved ones. I know that some of the study indicated that if their loved one was possibly having suicidal ideation, a lot of times they didn't get a lot of rest because they were busy being vigilant and watching their loved ones. So it seemed to provide a longer kind of care.

Also in preparing for this presentation, I looked up – there was this acronym that I wasn't even familiar with...like ADLs and IADLs. And I said, "What are those?" Instruments of activities of daily living...I didn't even realize that's what we were doing. We were providing that for our son, where we helped him to get to different places with transcription and helping with preparing his meals, managing finances, helping him with his medication management. So oftentimes, we didn't even realize that that's what we were...his caregivers.

I was even thinking over the last couple of weeks about the word...calling us "caregivers." We know that we want to use a recovery-oriented language. I saw in another article where they said, "We are facilitating recovery." And that's what we all want for our family members, our loved ones. So I said maybe we should call ourselves recovery facilitators...that we're doing recovery facilitation, instead of calling us caregivers because I think that that gives you a feeling that you're going to have to be dependent on someone for a long period, but that's not what we really want to see.

So let's talk about defining family and natural support. We know that as Deb talked about earlier, it's not necessarily blood family; it's not necessarily a parent or a spouse. It could definitely be very, very good supportive friends. There was a little quote that I found: "Family is not always about blood. Sometimes it's about who is there to hold your hand and support you when you need it." And it brings me to some of the many wonderful people that are my colleagues and people that I have met who are peer or family members. And I've heard so many stories over time.

One of them was about a very dear friend who was an individual with lived experience. She loved to keep herself very much together and her hair done. When she went through a pretty rough period, she ran into the person who was doing her hair all the time. And she said, "I'm so glad to see you; I hadn't seen you in a while." And she opened up and shared with her about her mental health challenges. She didn't know that at the time...the hairdresser...that this person ended up living in a board and care for a period of time.

And that hairdresser made a point of going to pick her up every week from that board and care and do her hair for her at no cost. And she began to open up more to this hairdresser about her life and some of the things she'd been through, and that was a very warm and trusting relationship. And I know that because that hairdresser happened to also be my hairdresser whom I met through this person.

And over the years, I know that many years later when the individual, who was both our friends, had another challenging situation, that's who they reached out to. Yes, she did have blood family that was local; but she felt more comfortable with her treatment person reaching out to her to assist her during that

The Role of Community and Family Supports in Helping People Improve Their Complex Health Conditions

transition period from her particular challenge at the time. So that's why looking at what those community supports are, or those supports are, may not necessarily be that blood family.

So what are some of the ways that you can engage family and natural support?

That would be a question that all of you on the line today who provide care and treatment and assistance to people...how would you do that? How would you get that information from them about who can support them?

Some things that I kind of pulled together is the principles of family-centered care. And again, whoever that intentional family might be, but just including them, I definitely understand. Family members always talk about HIPAA and how the providers cannot talk to us. I hear that so much I actually did an article in our last newsletter about that...about that we can share information because I'm sure that is very helpful to you when family is able to share information about, well, what was going on pretty recently? What has been going on with that individual that can be helpful to you as you help them?

So we like to think of it as a partnership. Who is that person that should be part of that partnership team in order to help that person get back onto that path of recovery? So we're talking about collaboration. Many times, as we saw in the earlier slides, they reside with their family members. So we know that there should be a collaboration about what's going to go on and what can be changed to help it be a more successful transition back into that family environment.

And it includes negotiation...so working together, asking that individual if they can include that family member support in that discussion so that it can be better. Even if they say, "Well, you know, they're the problem." Yes I've heard that as well for myself; I'm the problem. But a lot of times when we're on that path to recovery and we have a discussion, then we can work out..."Oh, okay, I didn't know I was doing that." That's why I always praise the Family-to-Family course because that's where I learned about listening and learned about communication skills that I did differently over time.

And of course for everyone involved, dignity and respect.

Information sharing...I know that can be limited based on HIPAA.

And then just being open to the context of the family community.

So building a knowledge base for those of you who are the treatment providers. How do you work with individuals in building that knowledge base and for yourselves about working with families because we know that's not traditionally who you're trying to work with. So by doing that, you're able to form maybe a board when you have both family members and individuals of lived experience and get their feedback about how to better work together as a team with you and the entire family, and providing them with educational resource. Family education is the key, I always say, to helping individuals in their recovery journey.

And then of course, as I've mentioned many times, our NAMI Family-to-Family 12-week course. That is one of the best ones out there. It's an evidence-based program, and that's one of the resources that you can provide to families who come and they say, "I just don't understand." And we have over 1,100 NAMIs across the country, so hopefully there would be one nearby to refer some of the family members you may come in contact with.

Let's talk about the role of social support in health and wellness and the lack thereof. I gave you the scenario using the other social support; such as the hairdressers and that includes the barbershop. I know I've told my hairdresser more things than I ever have a clinician in my life. So that is one of the places where education...maybe you can provide some additional education for these types of locations so that when someone that they are working with is their client, they are able to do the right kind of resource referrals. So that would be one way as well.

Then let's talk about faith communities. This is very important. This is where we go first. As a culture, the U.S. is increasingly less social connected to family, friends, and neighborhoods; however, people are more likely to go to their faith communities and whatever they believe in, asking for help and assistance. I

The Role of Community and Family Supports in Helping People Improve Their Complex Health Conditions

can talk to you briefly about a program that was started here in San Diego County by our behavioral health services. They started a faith-based dialog, bringing together the faith community and behavioral health services. And now there's a training, and our affiliate is a part of that training...where we're training faith leaders about mental health and then how to speak to their congregations and their communities about mental health in conjunction with a behavioral health provider...so working together because that is one of the first places on the front line that individuals go.

I know that's where I went. There was not a phone number or a place for me, and it took me three years to find NAMI. But I was able to – I went to my church. And I said – I wouldn't even -- I had my own self-stigma at the time. I wouldn't say exactly what was going on; and, yes, I would ask for prayer but I wouldn't be really specific about what I was needing and asking for. And eventually, after talking about my situation, they asked me to bring that Family-to-Family course into the church. I still teach it myself with another church member who has the same lived experience and was trained as a teacher. We teach it there at our church every year, and we're finding great success in doing the community trainings of faith community and behavioral health here as well.

So with that, I am also going to go on and turn it back over to Deb, who is going to continue our presentation. Thank you.

Thank you so very, very much. It's wonderful to continue, and I *loved* hearing your presentation. This is fun. This is actually the first chance that we've really had to work together, so it's really nice to be able to hear and build on (inaudible) together. Hopefully this is all relevant for the people who are listening.

I did want to let you know that if you have questions for either Anita or myself, you can go ahead and put those in that "Tech and Topic Questions" box...especially if you have questions for Anita now because you won't remember those questions afterwards. So go ahead and put some of those questions in that box. We do have some time...a pretty good amount of time...reserved at the end for the questions and conversation.

As we were putting together this webinar, one of the sort of anecdotes it reminded me of is an opportunity that I had, oh, more than a decade ago now I think, to work with [Laurie Curtis]. We were working on a document around recovery competencies, is what it was, recovery competencies for behavioral health professionals that was aimed at crossing the substance use world and the mental health world. At that time, those worlds, those fields, were much less integrated with health and much less integrated with each other.

So Laurie and I spent a lot of time in conversation. One of the things that we found was how important our language was because our language for talking about some things was very different. So one of the words that we came across was the word "family." So Laurie's work has been primarily in mental health with some experience in substance use. At that time, mine was primarily in substance use with some in mental health.

So when we talked about the word "family," what Laurie first thought about when she thought about family...the first kinds of families that came to mind were the families such as Anita's, where you have parents who are helping support or take care of an individual who has a significant mental health problem. And sometimes there is tension in those dynamics, and sometimes those dynamics work really smoothly.

For me, when I first think of families, working primarily with women with substance use disorders, it's women who are also responsible not only for themselves but also their children. So when you think about those two kinds of families, right away one has children, the other doesn't necessarily have children in the first mind's eye. Now, we've since learned that oftentimes there *will be* children involved. It really starts to shift how we think about what the family supports and what family-centered approaches are really necessary.

The Role of Community and Family Supports in Helping People Improve Their Complex Health Conditions

So I want to encourage everybody to make sure that when you're thinking about family that you're thinking broadly...not just about one specific type of family that you're working with, but some of those broader kinds of areas.

A lot of this derives from some of the work that we've done around women's substance use disorders. One of the old adages that used to always be talked about is that alcoholism and addiction are a family disease. And that's talked about frequently and recognized often, but many of our services instead of focusing on families and family supports have focused much more on individuals...often removing them from the context of family and then saying, well, family should come for an individual group instead of really focusing on the needs and integrated approaches for the different pieces of families.

I'm not going to spend a lot of time on this, but the evolution of family-centered approaches within particularly services for pregnant and parenting women has kind of gone from having no services available to starting to recognize that family is very important. We have many evidence-based practices specifically around family approaches for adolescents, also approaches for women. We also have expanded our family approaches within other systems. So we have family courts available within the children's system of care. There has been increasing recognition...and, of course, within the mental health system and a recovery-oriented system which really kind of focuses on that evolution.

Now we're also paying much more attention again in terms of family-centered approaches because of the opioid epidemic and the focus on how to effectively address neonatal alcoholism syndrome and help families that are affected by opioids.

In terms of how we help families to succeed, we really used to think that if we just had kids go with their parents to something that that would be enough. What we've found is that actually, oftentimes children have services and needs on their own. And the same is really true for parents. Oftentimes, the idea of family involvement was to dump a whole lot of responsibilities onto parents and just assume that they will be there to do those things for people, whether they want it done or not. And what we've found is, of course, that families need education; families need support; and that it isn't just make sure that they're there, but actually helping to meet not just the individual's priorities and service needs but also how to help families and individuals to provide that kind of support.

We developed this continuum of family services in that paper that I mentioned earlier, and I think that it very much still applies into some broader-based pieces where we really start with no family focus. Sometimes family is not even addressed within the treatment planning context..."Oh, this person doesn't have any family." So then the treatment planning approach goes on to just focus on them as an individual and what they may need in building some relationships.

But what we've found is building alternative family is also very important and valuable, but sometimes people also maintain some of those other relationships. Identifying and helping to engage and identifying what kind of relationships families can have together is really a valuable piece, so that initial piece of family is address within the context of the individual's services.

Then moving into programs for household heads, but you have childcare available. You might have some educational programs available for parents but not a whole lot of services...into services becoming available not just for that individual but also for the children or family members who are most close, and so using that comprehensive approach into families' services and family-based treatments.

I want to also just remind everybody that family is important. Oftentimes for family members there isn't an automatic, "Of course I want to engage and participate, and I'm looking so forward to going to that behavioral health care provider." The level of engagement is a little different. Oftentimes, family members feel like they are doing it *for* the individual who is that primary client...so it's a favor to Mary that I'm going to go to the program with her. And ideally, instead, families start to feel like they're getting something out of it too and that it is helping them with their burden as well because people are carrying so much with them...particularly higher need families.

The Role of Community and Family Supports in Helping People Improve Their Complex Health Conditions

It can be very difficult to manage all of those different things that Anita was talking about in terms of helping support people with medications or how they pay their bills or how they're going to ride the transportation to get to the program or to address some of those different other pieces if people are having bad days. That's all very difficult for families. So helping to not just have them come so that they're once again doing something, but they're actually receiving some benefit from participating.

So I love the idea of recovery facilitators rather than thinking about caretakers because it *is* empowering, *and* also family members can also get inspiration from each other; and that makes it, I think, easier to be in the those supportive kinds of roles.

I'm not going to spend a lot of time on this, but I do want to emphasize this goes back to that place where it gets very complex. When you have one person and that's the only person you're paying attention to, it's pretty easy to identify...well, it's not easy, but you can identify some of what those core areas are and help them to try to figure out and provide those links. But when you start adding family members into the mix, it gets pretty complex in terms of how you're going to start to approach.

This is also part of why it's so important to be really helping people because of the question of, "Where should we live?" Now we're paying attention not just to the closest resources and the fact that I need transportation, but you may be paying attention to one person's substance use problems, so you want to avoid some areas which help promote craving; another person's job and how they can have access to that transportation; and then the school district environment and what the school is going to look like. So just those small kinds of decisions that families have to go through can be very, very difficult.

If you have a family that is resilient but doesn't have a lot of skills and tools, then it becomes that much more difficult. They really do need some support in helping to figure out how to make these decisions rather than having it just focusing on one person, as case management often does.

So I'm out of time. I've touched on this already, but thinking about how we can really reduce the stress burden on the families. And part of what that does is it also promotes the wellness for everybody in the family. So all of these different pieces that help families to come together are really valuable and part of what I think Anita also was speaking to. And they also improve outcomes for women, for children, for families, and for communities when we can start to really think about how we help whole families to heal and how we build community resources for families.

The last piece that I'll just kind of mention as we move into the questions and comments is SAMHSA, when talking about recovery, often refers to health, home, purpose, and community. For many people, that connection with family is one of the primary pieces of what builds their sense of purpose...that place where they get that sense of satisfaction. So helping to integrate that part, I think, is really, really valuable.

And then on one of these it also talks about stability...that families play a very important role in terms of building stability for individuals and helping people to move forward in their recovery.

So with that, I will wrap up and look forward to questions and dialog. Thanks, everyone.

Thank you so much, Deb and Anita, for the information that you've shared with us. I know this is such a *huge* topic, and I look forward to being able to talk about family and community supports more on future webinars.

I was thinking as you all spoke about my own experience as a person in recovery and how my family was involved and *not* involved in that process. I was particularly thinking about that in relationship to integrated healthcare and how much easier it was to involve my family when what I had to deal with was physical illness. When I had surgery, it was not a problem to call my mom and say, "Can you come be here?"

The Role of Community and Family Supports in Helping People Improve Their Complex Health Conditions

But when I was being admitted to a psychiatric hospital, I was afraid to call her. In fact, I had my sister-in-law call her because I didn't want to be the one to tell her. And there's that tension between the ways we think about the complex issues and the complex health concerns that we have. And I think that we can benefit from looking at examples of how families work together in other settings and use that to leverage some strength and some benefit to each other.

There were some really great questions that came through, and I want to pose these to you.

First of all, Anita, someone asked about – they were concerned that it took you three years to even find NAMI. So the question is: "What would have helped you find support sooner...looking back on it?" Are there ways that we can help people get connected to support sooner?

Well, I think about the time...like I was saying, it was 17 years ago. So I had a computer and I had the Internet, but it still wasn't quite as robust with information at the time. So I think now – and I can tell by the sizes of our classes here at our affiliate – the number of people. So people are definitely able to find us much easier now with the Internet. But I think it was just the time.

So certainly social media and computer access has helped; that's great.

Deb, what resources are available to help family members understand behavioral health? So like for me being afraid with my mom...can you share some resources with us or point us in a direction for helping bridge that gap?

Sure, I mean, NAMI I think is actually a great source of resources in terms of helping families to understand. There are also some children's books that are available in terms of books. There are many community networks. The WCF Program has a website, which we can put into the Chat box...the Women, Children and Family Technical Assistance and Training site that has some resources related to families with children.

I'm not sure I'm hitting exactly on what your question is, (multiple voices). But aside from those kinds of resources, there are more things that hit people from the head. I think it's those pieces that are from the heart that are also very, very important to have access to...those pieces that say, "I am not alone," kind of going back to your question with Anita. That there are other people and other resources or other places that you can go, whether it's a mutual self-help program or other people that you can talk to or websites to learn more and share more and be able to help do some of that problem solving.

Yeah, I agree with you on that.

I think a really important question and a couple of folks asked this, what about people who have no family...either one of you?

This is Deb; I'll start. There's a young woman who lived with us her senior year in high school whose mother actually was my children's childcare person when they were younger, and neither one of her parents were really able at that point to take care of her. She now has her own behavioral health issues...and there's an expression that's not coming to my mind, but she's not interested in seeking help at this point. But she *does* know that whenever she does want to seek help that I am a person who she can call and I'll do whatever I can to support her.

And I would not show up necessarily unless she's probed for are there some other people who have played a significant role in your life who you might want to reach out to. But that question...I think she would think of me. But a provider would not necessarily think of asking about sort of those people such as myself.

There are often people who develop peer relationships as well who become kind of extended family members. Sometimes it involves just thinking a little bit broadly to identify whether there *are* some existing family members. Sometimes people have had such a difficult family life that they need to, and

The Role of Community and Family Supports in Helping People Improve Their Complex Health Conditions

choose to, completely sever from those families and can actively be thinking about how they're creating a new family. And that is also valuable.

But having somebody who can participate...I think you gave the hairdresser example...who becomes one of those primary allies and connects, and you can recognize as part of family. Usually most of us actually when we think we don't have family, we often find that we actually do.

Yes, and I was going to...(multiple voices)...oh, sorry, go ahead.

I was just going to say I'm sure you have some thoughts on this.

Yes, and I was going to piggyback on something you said about the peer support. That's what I have seen within our programs...is that oftentimes when the individuals are enrolled and sometimes they have the psychosocial clubhouse models, and they meet other people who become their support. I know that there were even situations when one time we found our son in jail; and I said, "Why didn't you call us?"

He said, "Well, I thought that you guys were done with me."

And I know that oftentimes the individual thinks I've blown it so many times, or whatever, that my family doesn't want anything to do with me. So they may not reach out. Even in our peer-to-peer class, we have family members that speak towards the end of the course; and they just kind of share that perspective.

I remember it was close Mother's Day that I mentioned...I said, "If you haven't reached out, it's okay to maybe reach out and see. Maybe they would love to hear from you." And I remember someone just started crying in the class; and she said, "You know, I am going to reach out to my mother." So I think sometimes just encouraging them that their family members are probably or may not be done with them, as they may think, but also again the support that they build.

Someone, I believe, that's in one of the peer programs that...I recall someone saying "building that intentional family" or that person that they trust. And that's who they call on or they say if something happens. We even have a form here, Emergency Response Plan, that a person can fill out. It's kind of like the Vial of Life that they may have; I think that's all over the country. But they start off...they say, "Who do I call to come and get my cat if I have to go into the hospital?" So they also have that available to say who they want that community or intentional or family contact to be in those instances.

That's all such very helpful information, and I hate that we're out of time. But you both have given us so much to reflect on.

Deb, you mentioned SAMHSA's principles and dimensions of recovery in home health community and purpose and that certainly, when you think about family, the impact on those four dimensions when it relates to family...be it a family of choice or a family of blood...there's so much room for involvement and important involvement.

We're *really* glad that Recovery to Practice was able to look at family issues and community support as well...be it a hairdresser or a gym or a church...that as providers, as clinicians, it's important that we look more broadly at the world that people live in. And Recovery to Practice is grateful for being able to address such a broad topic.

We are offering CMEs for prescribers and doctors that looks at more recovery-oriented services. This includes co-occurring disorders. So I hope that those of you who are doctors will take advantage of that.

We want you to continue your learning and have made available, both in the download materials and on this slide, some additional resources. Check it out; see if these are topics or resources that would be helpful to you.

The Role of Community and Family Supports in Helping People Improve Their Complex Health Conditions

We offer a quarterly newsletter, and the most recent newsletter was just released. If you didn't get it, it means you're not on our list; so please go to the SAMHSA website and request the newsletter, and you will get it.

Our next webinar is going to be on September 13th, and we're going to continue to look at our discussion around recovery-oriented practices in integrated care settings.

Credits...take the quiz; get a continuing education credit. Check out our previous webinars. Check out the newsletter. Check out the website. We are doing all of this so that you can have access to cutting-edge information and knowledge and build a continuing community of learners and people committed to recovery-oriented practice.

Thank you for being on this webinar. Let us know if you have any questions. You can contact us via the links on this page. Have a great day!

Presenters, thank you for your time and your knowledge.

This concludes our webinar.