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CENTER for INTEGRATED  
HEALTH SOLUTIONS

Circle of Support for Whole Health  
Overview of “Consumer Centered Family  
Consultation (CCFC)”

Training Session #3: Face-to-face meetings with the client and the  
identified member of the client’s circle of support

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## AGENDA

- Where we are in the CCFC process
- CDP approach to face-to-face meetings
- Helpful hints and the NY experience
- Comments & questions

## Poll Questions

1. Since the last training webinar, have you started to talk to any client's circle of support?

YES NO

2. Since the training have you explained the consultation model to any client's circle of support (what it is and how it may be helpful)?

YES NO

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### Consumer Centered Family Consultation *Approach Flowchart*



## Let's Chat

What concerns/worries you about implementing the CCFC approach?

Phase 1 – Engaging with client

Phase 2 – Outreach and engaging with family / supports

Phase 3 – Face-to-face meetings with everyone

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### Guiding Principles



**Natural Supports**  
**Collaboration**  
**Shared Decision Making**  
**Self-Directed Recovery**

## Consumer Centered Family Consultation Short-term Intervention

### 1-5 meetings

- Consumer
- Family/chosen supports
- Clinician

### Similar to other consultations

- Information & goals of the consultation are solicited from the consumer & family
- Education is provided
- Information & choices are given
- Follow through is up to the consumer & family



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## At this point in the CCFC process...

### Phase 1 of the CCFC process

**Practitioner has informed and engaged the client in a way that results in a decision to reach out to a specific member of the client's circle of support.**

- Explained the purpose and benefit
- Explored the circle of support
- Addressed worries and concerns of the consumer

**Practitioner and consumer have also established who will be invited and what the consumer wants/needs from the family member.**

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## At this point in the CCFC process (cont.)...

**Phase 2 of the CCFC process**

**Outreach / invitation to the identified member of the consumer's circle of support has been done**

**The "Game Plan" has been developed between practitioner and consumer**

**Family / supports have agreed to a meeting**

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### **CCFC: Engagement and Planning**

Engagement conversation(s) with consumer



Pre-planning meeting(s) with consumer



Outreach conversation(s) with family/supports

## Phase 3 of the CCFC Model

- ❑ Beginning – Connect with everyone
- ❑ Middle – Figure out what people want and might be willing to do
- ❑ End – Make recommendations and develop a plan

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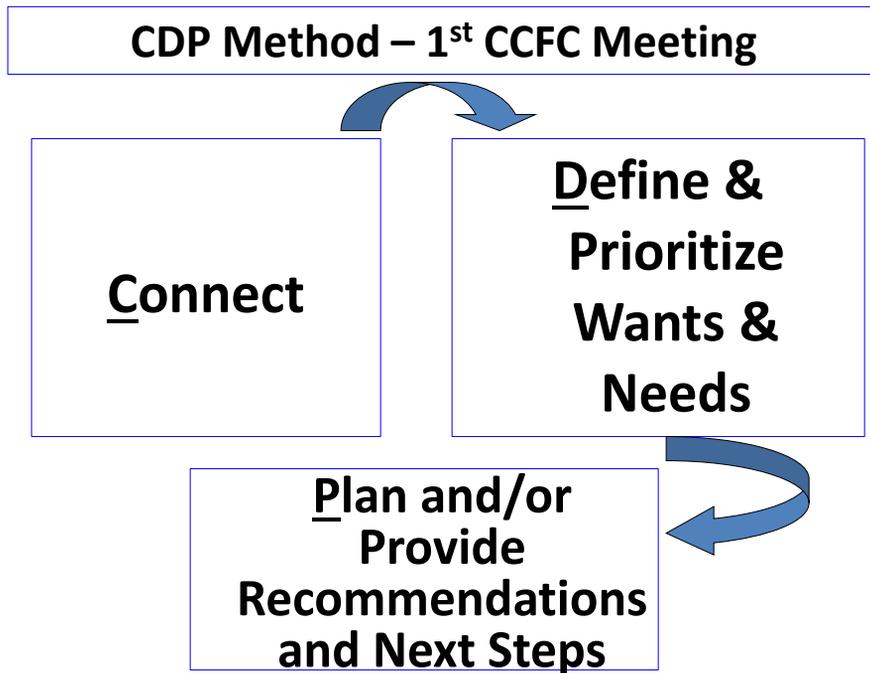
### Reminder - CCFC Bottom Line:

**All 3 stakeholders *choose* to be in the same room, at the same time...**

**And have conversations about:**

- 1) What's going on in their lives**
- 2) Clients' current involvement with the organization's services in integrated care**
- 3) Clients' important health goals**

**Purpose: Find a match between what the client needs from the family member and what the family member is willing and able to do.**



### Connect (the beginning)

During this phase the goal is to get to know one another by doing the following :

- Have a brief casual conversation the first few minutes
- Restate the purpose of the CCFC as it relates to the client's recovery goal – provide and overview of the meeting
- Support the consumer in a safe environment
- Provide optimism about recovery for the consumer and possible solutions to assist with their goals
- Recognize and reinforce strengths including personal and social resources

## Connecting Tips

Try to spend at least 5 minutes connecting at the beginning of the CCFC

Take your time with connecting - You will get down to business in a matter of moments

One goal of connecting is to try to lesson the anxiety of everyone involved in the CCFC

Encourage everyone to share something (preferably about themselves) “outside the illness”

The practitioner starts the sharing to show how it is done – be prepared

The more genuine you are the more genuine the others will be

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## Define & Prioritize Wants & Needs (the middle)

**During this phase the focus is to make everyone aware of the want and needs of the consumer in order to assist with their recovery goals. It is recommended that:**

- The tentative agenda be set by consumer and practitioner prior to meeting for structural purposes
- You spend 20 to 30 minutes discussing the specific topic(s)
- You want to elicit reactions from all the participants to know what each member is thinking – hear all perspectives
- Communicate that although the wants and needs of the consumer take precedence, the family may still express their wants and needs and hopefully there is a possibility that they can all be managed
- Prioritize concerns, wants and needs

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## Define & Prioritize Wants & Needs Tips

- Have paper available for everyone to use
- Make everyone aware that the practitioner is taking notes to help with defining and prioritizing wants and needs - happy to share these notes with everyone
- Remind the participants that the CCFC is to assist the consumer with their goals, but the practitioner will explore everyone's view in order to make a plan on how to proceed
- When the practitioner feels that they have an understanding of the concerns and priorities, s/he begins listing the priorities (which helps "set up" the next piece – making recommendations)
- Check-in several times with everyone about whether the priorities and needs are accurate, missing anything or should be re-ordered

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## Plan and Make Recommendations (the end)

The focus in this phase is on what to do next after the agenda has been defined, prioritized and approved by the consumer. The practitioner's role is to:

- Make recommendations
- Develop a plan with the consumer and family to best meet the needs and wants that were prioritized
- Provide information, education and develop next steps

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## Plan, Make Recommendations and/or Provide Next Steps Tips

- This is the phase where everyone is putting their heads together, deciding next steps and leaving with a plan in place
- Always remember to include everyone in this process, this way there is a greater likelihood of ownership from all parties involved
- The role of practitioner is to make recommendations for next steps – use your expertise!
- Most often, there are issues that need a follow- up meeting if they were not addressed in this CCFC

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## What are Some Examples of Ways Families can be Involved?

- Receiving written materials
- Setting up a weekly or bi-weekly check-in call between family and client about the goal (e.g., managing diabetes; supporting substance use decisions)
- Transportation to/from job interviews
- Periodically attending treatment sessions to learn best ways to solve problems and support client
- Participating in sessions to educate family about client's condition and ways to be helpful
- Family learning what to do (e.g., how to communicate with client; who to call; steps to take) if client begins experiencing troubling symptoms of any condition

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## Keep in Mind...

Recognize the consumer's & family's strengths

Demonstrate empathy & understanding

Connect the benefit of a consultation to supporting the consumer and his/her goals

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# Lessons learned from the NY Experience

**\*Surveys completed by agency administrators and  
frontline staff (2008-2009 implementation project)**

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## Practitioner Participation (N=110)

- 110 out of a pool of possible 518 trained staff returned a completed survey (21%)
- 65% of agencies are represented by at least one staff response (N = 31 out of 48)
- In terms of agency representation, the five NYS OMH Regions were well represented:

Central – 63%	NYC – 46%
Hudson Valley – 73%	Western – 78%
Long Island – 67%	



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## How Might We Describe the Staff?

Gender: 81.5% Female, 18.5% Male

### Clinical Roles:

- 61% primary therapist
- 11% case manager
- 28% other (e.g., psychologist, recreation therapist)

### Length of time in mental health field:

- 21% less than 2 years
- 24% from 2-5 years
- 26% from 5-15 years
- 29% more than 15 years

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## How many times did it take to engage a consumer before s/he said “yes” to CCFC?

2.43 times, on average

- 19% indicated an average of 1 time
- 9% indicated an average of 1.5 times
- 34% indicated an average of 2 times
- 8% indicated an average of 2.5 times
- 17% indicated an average of 3 times
- 10% indicated an average greater than 3 times

Less than one-quarter of consumers said “yes” after initial engagement attempt

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## What was the most common stage of recovery during which consumers were approached for CCFC?

- #1 – Btw 1-3 years after acute episode (38%)
- #2 – Btw 90 days – 1yr since acute episode (22%)
- #3 – Within 90 days of acute episode (19%)
- #4 – More than 3 yrs since acute episode (18%)

40% indicated they approached consumers within 1 year of an acute episode

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## During what stage of illness did clinicians believe it was the easiest to obtain consent for CCFC?

- #1 – Within 90 days of acute episode (26%)
- #2 – There was not a significant difference (22%)
- #3 – Btw 90 days & 1 yr since acute episode (19%)
- #4 – Btw 1-3 years after acute episode (17%)

Almost one-half (45%) indicated it was easiest to obtain consent when approaching a consumer within 1 year of an acute episode

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## With whom did practitioners most often meet?

- #1 – Parents (67%)
- #2 – Spouse (14%)
- #3 – Sibling (5%)

Note: Combinations of family members present during meetings (e.g., parent plus sibling) accounted for 10% of responses

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## Where did the CCFC meetings tend to occur?

#1 – In the office (92%)

#2 – At families' homes (4%)

#3 – Other (4%)

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## What were the most commonly discussed topics with families during a CCFC?

Symptoms (#1)

Diagnosis (#2)

Teaching family how to respond to problem behaviors (#3)

Information about NAMI (#4)

Psychiatric Medications (#5)

Least commonly discussed were: Financial resources and residential resources

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## Some Sample Evaluation Items...

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

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**One very important thing to remember**

## Hope is embedded in the CCFC model...

Hope is critical to recovery  
 Hope offers a sense of connection, support & relief  
 Hope gives you company... you have one another to help combat the illness.

**Families and consumers need to hear the message of hope... and that they all have a role in recovery**



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## Poll Questions

Based on the information provided, how comfortable do you feel about getting into the same room with a client and his/her selected family members to support client via CCFC approach?

- |                |                      |
|----------------|----------------------|
| 1-Not at all   | 3-Pretty comfortable |
| 2-A little bit | 4-Very comfortable   |

What else would be helpful to increase your comfort?  
 [please use the chat box to type in your answer(s)]

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Timeline	Description
February 11, 2016	<u>Training Webinar 1</u> : How to inform and engage the client and assess the client's personal circle of support
February 25, 2016	<u>Training Webinar 2</u> : How to reach out to the member of the client's circle of support
March 10, 2016	<u>Training Webinar 3</u> : First and subsequent face-to-face meeting with the client and the identified member of the client's circle of support
Week of March 21:	Small group one hour consultation calls (groups of 5-7 grantees)
April 14, 2016	Large group Q&A and dialogue session (one hour GoTo meeting) Poll grantees, answer questions, hear from successful efforts
Week of May 2	Small group one hour consultation calls (groups of 5-7 grantees)
June 9, 2016	Final large group Q&A and dialogue session (one hour GoTo meeting)  Poll grantees and hear from grantees who successfully implemented the family consultation model and lessons learned and next steps towards sustainability



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## Comments & Questions



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