



**Office of  
Mental Health**

# **Working with Family and Natural Supports in Personalized Recovery Oriented Services (PROS)**

# Presenters

Steve Vroman, MS

Program Specialist II

OMH Bureau of Rehabilitation and Care Coordination



Susan Friedlander, LCSW

Director, Community Integration and Wellness

OMH NYC Field Office



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# Training Goals:

1. Participants will review the important role family, friends and other Natural Supports (NS) play in supporting an individual's recovery and achievement of their life role goals.
2. Participants will learn how to provide and document services delivered to collaterals.
3. Participants will identify other strategies for engaging families and friends.



# Family and Friends



Being genetically related doesn't make you family. Love, Support, Trust, Sacrifice, Honesty, Protection, Acceptance, Security, Compromise, Gratitude, Respect, & Loyalty, is what makes you *family*.



# EBP: Family Psychoeducation

- Family Psychoeducation (FPE) is an evidence-based model for partnering with participants and families in overcoming mental health barriers to achieve life role goals. (SAMHSA)  
<https://store.samhsa.gov/product/Family-Psychoeducation-Evidence-Based-Practices-EBP-KIT/SMA09-4422>
- FPE is not family therapy. The family is not the focus of the treatment. The goal is that practitioners, consumers, and families work together to support recovery.



# What are the benefits of FPE and family involvement?

- Significant reduction in relapse and frequency of hospitalization  
(Penn & Mueser, 1996; Dixon & Lehman, 1995; Lam, Knipers, & Leff, 1993; Falloon et al., 1999)
- Increased participation in vocational services  
(Falloon & Pederson, 1985)
- Employment rate gains of two to four times baseline levels, when combined with evidence-based Supported Employment  
(McFarlane, Dushay, Stastny, Deakins, & Link, 1996; McFarlane et al., 1995; McFarlane et al., 2000)
- Increased family wellbeing  
(Dixon et al., 2001)



# Working with families and natural supports in PROS

- IR-FPE/IFS service is informed by the practices, values and benefits of evidenced-based FPE but modified for PROS
- In addition to IR-FPE/IFS, natural supports can be engaged in multiple PROS services
- Services provided to natural supports count toward program participation and may help the provider to capture additional units



# Why is important to collaborate with family and NS in PROS?

- Normalizing---we all rely on our "people"!
- Enhances individual's independence from system
- Opportunity to mitigate barriers by increasing support
- Reinforces skill-teaching
- Builds hope and confidence





# Key Definitions

# Part 512 PROS Regulations: Collateral

- (1) a significant other or member of the PROS participant's family or household, academic, workplace or residential setting, who regularly interacts with the individual and is directly affected by, or has the capability of affecting, his or her condition; and
- (2) identified in the individualized recovery plan, and approved by the individual, as having a role in services and/or is identified in the pre-admission notes as being necessary for participation in the evaluation and assessment of the individual prior to admission; and
- (3) not a staff member of the PROS program or any other mental health service provider except when the staff member is participating in services in his or her role as the recipient's collateral, and not in his or her staff member role.



# Collaterals: PROS Regulation and SOC

- WSM (Part 512.5)
- Clinical Treatment (Part 512.5)
- ORS (Part 512.5)
- FPE/Intensive Family Support (Part 512.5)
- Billing (Part 512.11)
- Assessment (SOC)
- IRP (SOC)



# Person-Centered Language

- Family of Choice – may include people who live with or provide non-paid support to an individual such as friends, roommates, significant others, peers, clergy, etc. as well as parents, siblings, spouses, children, other relatives, foster family, etc. or others;
- Natural Support—captures a broader community inclusion perspective and differentiates from paid caregivers.
- Defined as “family” by the individual receiving services.



# Consent

- Obtaining consent is a **required** aspect of working with natural supports.
- The person decides who will be involved and what will be shared.
- Practitioner should be aware of any “restricted” information before meeting with natural supports.
- Ensures that the person is actively engaged in the decision-making process and has control over personal information.
- Permission should be documented on standard consent forms.



# Engaging Families and Natural Supports in PROS CRS Services

# Assessment

SOC 2.3: "Natural supports are identified and included in the assessment process as appropriate."

Example: Participant's sister is invited to provide feedback about person's shopping and cooking skills.



# Assessment

- Strategies for learning about about family & natural supports:
  - Who do you live with?
  - Best friends? Dating?
  - Family of choice, who is important in your life?
  - Mentors? Faith-based? Team coach?
  - Who do you call when you have good news or are upset?
  - Who do you celebrate birthdays/holidays with?





# Wellness Self-Management

"Designed to develop or improve personal coping strategies, prevent relapse and promote recovery. Such services may be provided to recipients **and/or collaterals** for the benefit of the recipient and may include **but are not limited to:**"

- Coping Skills Training
- Disability Education
- Dual Disorder Education
- Medication Education & Self-Management
- Problem-Solving Skills Training
- Relapse Prevention Planning



# WSM Examples

1. CST: Meet with participant and his friend to brainstorm how friend can go with him to a college orientation and provide support and calming techniques.
2. Dual Disorder Education: Meet with parents to provide information about impact of binge-drinking on mood and job performance
3. Relapse Prevention Planning: Meet with participant and roommate to work on WRAP plan.



# WSM Small Groups for Natural Supports

Increase support for participants by providing WSM groups focusing on MH issues & services as well as community-based supports. Some examples:

- Disability Education: Recovery, Understanding Symptoms of Mental Illness, PROS 101 for Natural Supports, NAMI, Care Coordination, Benefits, Housing, Employment, etc.
- Dual Disorder Education: Co-Occurring Disorder Treatment, Tobacco Interventions, Use vs. Abuse, etc.
- Relapse Prevention: WRAP, recognizing warning signs
- Medication Education: Understanding Medication, Side Effects, Adherence



# Engaging Families and Natural Supports in PROS Clinic Treatment Services

# Clinical Counseling and Therapy

- Part 512: “...a service designed to provide goal-oriented verbal counseling or therapy, including individual, group and family counseling or therapy, for the purpose of addressing the emotional, cognitive and behavioral symptoms of a mental health disorder or for engaging, motivating and stabilizing persons with a co-occurring mental health and substance abuse (including alcohol) disorder, and the related effects on role functioning.”
- Engage family for the purpose of addressing symptoms of mental health disorder and effects on role functioning
- Staffing (scope of practice) considerations



# Medication Management

- Part 512: “...service is intended to include medication trials which are adequate in dose and duration, as well as assessments of the appropriateness of the individual's existing medication regimen through record reviews, ongoing monitoring, and consultation with the PROS participant and/or collateral.”
- Focus on impact of medication regimen
- Can meet with collateral without participant
- Staffing (scope of practice) considerations



# Symptom Monitoring

- Part 512: “...involves the continuous process of monitoring a recipient's symptoms of mental illness, as identified in his or her individualized recovery plan, and his or her response to treatment, within the context of other support and rehabilitation services. Such service may include consultation with identified collaterals.”
- Can be provided by any PROS staff
- Relevant feedback is shared with medical staff.



# Engaging Families and Natural Supports in PROS ORS Services



# ORS

- Part 512: “...designed to provide ongoing counseling, mentoring, advocacy and support for the purpose of sustaining an individual's role in competitive, integrated employment.”
- Part 512: “...A minimum of two face-to-face contacts with the individual and/or identified collateral, which include ongoing rehabilitation and support services, must be provided per month...A contact may be split between the individual and the collateral.”
- Typically refers to employer or co-worker but could also be other natural support focused on maintaining employment.
- Consent and Disclosure

# Example: ORS with Collaterals

- 30-minute contact is a joint session with the collateral and the participant
- 30-minute contact is split between the collateral only (10 minutes) and a combined meeting with collateral and participant (20 minutes)



# Engaging Families and Natural Supports in PROS IR Services

# Family Psychoeducation/Intensive Family Support (FPE/IFS)

"IR service designed to provide information, clinical guidance, and support to collaterals and PROS participants...for the purpose of assisting and enhancing the capacity of a collateral to facilitate an individual's recovery."



# Required Training for Delivery of FPE/IFS

- Past requirement: University of Rochester Family Institute; CCFC model
- New Requirements:
  - CPI “Engaging Families in Treatment”
    - “Importance of Families”
    - “Working with Families”

<https://rfmh.csod.com/ui/lms-learning-details/app/curriculum/610fe357-4e9a-41fe-a4f146078696df65>

- Working with Family and Natural Supports in Personalized Recovery Oriented Services (PROS)



# CPI “Engaging Families in Treatment” Series

- Better understand the importance of working with families to help individuals reach recovery goals
- Improve staff competency in communicating with consumers and their families about family involvement in recovery and rehabilitation
- Highlight the common experiences of family members of people with mental health conditions.
- Resources for further information on involving families



# Case Example



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# FPE-IFS Case Study

Stacey is a 23-year-old woman who currently lives with her mother Sheila and older brother Shawn. She has had several hospitalizations for depression and one suicide attempt. She completed high school and some college but dropped out due to her mental health concerns. She is eager to get a part-time job and continue her education but is fearful of not being able to handle these responsibilities. Her mother is very protective and wishes Stacey would “slow down”. Shawn is about to move to his own place.





# FPE-IFS Case Study

- Stacey and her counselor discuss her concerns and explore the possibility of involving her family.
- Stacey wants her family's support but thinks her mother will be upset. She's not sure how Shawn can help since he's moving out.
- Stacey & her counselor prepare a list of topics to discuss. Stacey says she will invite her mother and Shawn to a meeting.
- Stacey signs a consent form to include her family in a discussion of her employment and education goals. FPE-IFS is added her IRP.



# FPE-IFS Case Study

- During the meeting, Sheila and Shawn express their feelings about Stacey's plan. They are encouraging but cautious. Stacey decides to focus on getting a job first.
- She hasn't worked in a while and is not sure how she will find a position.
- Since he just landed a new job, Shawn offers to help her practice interviewing on the weekends. He'll also show her how to use employment search websites.



# FPE-IFS Case Study

- Sheila expresses her concern about Stacey getting overwhelmed or starting to have symptoms. Stacey is also fearful about relapse.
- Stacey shares the WRAP plan she developed with the Peer Specialist. Sheila is reassured to see Stacey's thoughts about her wellness.
- Stacey wants to check in with her mother to get feedback on any changes in her mood. Sheila agrees that it would help her feel comfortable too. They agree to take a weekly walk together to “check in”.
- Sheila is very worried that she won't know what to do if Stacey becomes suicidal. The counselor suggests a second meeting to discuss how the family can best support Stacey and get help as needed. The family agrees although Stacey is not sure if she wants to participate.



# FPE-IFS Case Study

- Counselor summarizes plan:
  - Stacey will pursue getting a part-time job and then focus on returning to college.
  - Shawn will help her practice interviewing on weekends and also help with employment websites.
  - Sheila and Stacey will go for a walk once a week to “check in” on Stacey’s wellness.
  - The family will come for a second session to learn about how to best support Stacey in the event she experiences suicidal thoughts.
  - The counselor lets the family know that the local NAMI chapter has started a group for young adults and their families. Stacey and her mother plan to attend.
- Counselor writes contact note to document the session



# Documentation, Engagement Strategies & Resources



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# PROS Documentation: Incorporating Natural Supports

- Assessment
- IRP including Narrative Summary
- Meeting with natural supports is a “method”, e.g. “WSM-DE: Meet with participant and mother to discuss information about depression.”
- Contact Note to document work, support billing
- Monthly Progress Note



# Activities for Engaging Families and Natural Supports

- Intentional Engagement
- PROS Open House
- Family Nights or Celebrations
- Holiday or Cultural Events
- Special Community Events
- Recovery meetings (12-step, Hearing Voices Network)



# Resources:

Center for Practice Innovation Engaging Families in Treatment modules

<https://rfmh.csod.com/ui/lms-learning-details/app/curriculum/610fe357-4e9a-41fe-a4f1-46078696df65>

National Alliance on Mental Illness (NAMI)

<https://www.nami.org/Home>

SAMHSA Family Psychoeducation Evidence-Based Practices (EBP) KIT

<https://www.samhsa.gov/resource/ebp/family-psychoeducation-evidence-based-practices-ebp-kit>





# Discussion

- How have you engaged collaterals and natural supports?
- Did you know you can provide and bill for providing certain services other than FPE/IFS to collaterals?
- What's something that you can bring back to your program to enhance engagement of families and natural supports?

# Questions?



# Thank You!

For questions regarding PROS services, please e-mail:

[PROS@omh.ny.gov](mailto:PROS@omh.ny.gov)