



Choosing a family assessment tool

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This information sheet was developed as part of the workshops held at the November 2014 *EPION Think Tank on Family Work*. It is intended for EPI programs in Ontario to use as a tool to promote discussion within their own organization and networks. There are 7 information sheets in total coming from the EPION Think Tank on Family Work. They are:

- Tips for EPI staff in working with families: What family members want you to know
- How to develop a family support network that is not dependent on EPI staff to convene
- Supporting families when their loved one comes in conflict with the law
- What other EPI team members need to know about family work: How everyone on the team can help support the family
- Choosing a family assessment tool
- Helping families at time of discharge: What do families need to know when their loved one is transitioning into the adult mental health system?
- Self care for family support workers

About this topic

EPI programs may want to integrate an assessment tool into their work with families for a variety of reasons. This information sheet is intended to highlight some benefits and challenges in using family assessment tools and provide a few tools for consideration.

Why use an assessment tool?

- An assessment can be a starting point in working with family members
- Could give you guided questions, providing a bit of an 'agenda'
- Can indicate who needs immediate support
- Drives service plan / intervention
- Good to use with families that might not overtly express concerns
- Can give families more 'specific words' to what they are feeling and or permission to be getting support for themselves
- Can be used to track changes / outcomes
- Could be good for programs with no Family Support Worker to hone in on what's going on
- Can help with determining community partnerships based on needs e.g. needs that are outside the scope of your service
- Can help move family through recovery

Before adopting a tool, the program needs to be clear on its purpose: e.g. to guide treatment, for initial assessment only, or to assist with outcome measures. Depending on the purpose, a program may consider more than one tool.

Drawbacks

- If the assessment session is too scripted, can get decreased engagement and connection
- If used – can identify several needs – may be difficult to be met in a specific service especially with only 1.0 FTE
- Makes you focus on the problems NOT the strengths/hope
- Follow up (retest to track change) can be difficult e.g. sometimes when the families are still involved in care, and agree to do a retest, it's because the illness is a very large part of their lives still and the results of retest may not show "improvement". Would this be discouraging or simply point out other needed areas for intervention?
- Family worker trying to ensure that the family completes an assessment can be too labor intensive
- Retests – does it make families view outcomes / recovery more negatively?

Questions / Issues

- Where does the assessment information go/get stored/get documented?
- Separate charts (privacy but silo intervention) vs. single chart (all care can be seen; potentially more integrated and chronological)

Assessment Tools

1. **Narrative interview** (strengths based) –**FORS' Family Strengths and Needs interview** can be used
2. **Caregiver Burden Inventory** being used in Brantford, formerly used in Phoenix Program
 - a. Originally designed for Alzheimer's, researched for use in Early Intervention (Addington)
 - b. not as intrusive as some tools
3. **Texas Inventory of Grief –Early Intervention Version** being explored for use by CAMH
4. **RUNS (Relatives Urgent Assessment of Needs Schedule – EPI Version)** is being explored for use by CAMH team
 - EPI can educate family on variety of symptoms
 - Thorough assessment interview
 - Family can identify the issues AND if they would like help with it – which constitutes an "urgent need"
 - the authors are encouraging teams to use the tool and give them feedback

- can guide interventions for family – where help/assistance is identified – tailored intervention

Resources: *Where we are at questionnaire* - used by First Step (CMHA Waterloo Wellington) - Seems to be a way to open discussion in positives and negatives of coping with psychosis in a child

Assessments can be used **pre and post** used for **group effectiveness**

- Hope scale
 - RAS
- Look at different measures for different dimensions of recovery

Use of a Decision Tree

- consider the idea of creating a decision making tree by/for an interest/working group of EPION
- Determine what tool to be used at a particular time – based on need / presentation / staff availability
- Assessment can be used as advocacy to bring program changes, need for (more) Family Workers

Conclusions / Next Steps

- We need lots of tools in our 'tool box' in order to individualize service and support
- It might be best to start with narrative – then use a more structured tool if indicated
- Combination of
 - narrative (strengths based)
 - psychosocial
 - quantitative