Choosing a family assessment tool

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
    o narrative (strengths based)
    o psychosocial
    o quantitative