



## Tips for EPI staff in working with families: What family members want you to know

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

This information sheet presents tips and ideas for EPI clinicians when working with families. The ideas came from a workshop discussion involving family members.

### Initial Meetings

- Have EPI service provider come to the home for the initial engagement; family members do not know enough about the program to persuade young people to come and young people may not be inclined to listen to their family members
- State clearly who you are and what your role is (e.g. saying that you are a social worker is not enough, explain what a family worker might help with)
- Be cognizant that family members are new to the system, thus they need basic information (e.g. hours they can call; what the acronyms mean; policies in place; contact person - including hospital if EPI service provider knows-what and when they can expect to hear from them)
- Help family members to navigate and understand what to expect from the system
- In initial meeting, reassure the family member that it is typical for young person to fear and blame parents (e.g. that symptoms such as paranoia are often focused on family members).
- In first family group meetings ask new family members what their story is, help to draw them out

- Provide a wide range of written resources so that families can review information at a time that is good for them and to help families feel prepared when they cannot access clinic supports; families may be too overwhelmed to fully take in all of the information being told to them during meetings

### **On-going**

- Present stories of recovery to family members early in the process (important to instill hope in a very stressful and frightening time); present stories of recovery for the young person as well as family recovery stories
- Be sensitive and acknowledge the variances in terms of how the illness may play out (that there may have been a long process or an acute / fast onset); each family is at a different stage requiring different kinds of information and support
- Tell family member ‘I am here to advocate with you’; when families come to EPI they are already exhausted and overwhelmed and need help in advocating and fighting for their child. (e.g. if you can’t attend a school meeting then talk to me for a few minutes before my meeting with the school for tips and encouragement)
- Listen to what family members are saying about the young person’s state (e.g. they are acutely aware of signs that the young person may be heading towards a crisis)
- Acknowledge that you are hearing what the family member is saying; reflect back to them to ensure clarity (“I have told my story many times and I may miss something, please clarify what you are hearing from me.”)
- Understand there are variances in stories among family members and young person; listen carefully to all sides
- **Be aware and discuss with family members that they may be also worried about other aspects of their lives (e.g. what to tell neighbors, how to help my other kids, how do I manage my work, how to pay for extra expenses?); and direct them to resources that can help**

### **Community Involvement**

- Broader outreach and education to communities including family physicians and schools about signs and symptoms of psychosis and EPI programs
- Broader anti-stigma campaigns since the clients, family members and clinic staff may understand the idea of recovery but others in the community do not
- Liaise with family doctors to educate; keep young person’s family doctor informed of ongoing progress

- Provide resources of where to go during off hours
- More involvement with hospitals, when possible, provide direct connection for families / young people to EPI. Ensure that family is aware of EPI services, not just the young person who may not initially be interested
- Educate professionals who are likely to be in contact with young people, during their training phases (e.g. teacher's college, police academy, etc.)
- Provide links to other resources for other kinds of help (e.g. counselors for siblings etc.)

### **Other**

- Provide supports for young people and family members before the psychotic break occurs (either through EPI program or other community resources)
- Explore how to connect families to supports to external agencies if specific EPI programs cannot deliver programming when the young person is not involved
- Ensure supports for all families when young person does not want to be involved with EPI program

#### *Note:*

It became clear in the workshop that there are major variances in what supports family members receive when the young person does not want support from an EPI program. The variation included one family who received a year of support before the client joined the program while others did not get such support. Related, during the world cafe, several staff members mentioned in response that their clinics/computer programs would not allow family members to be a client without client involvement while others said the family had their own files that could be changed if the young person joined the clinic. This resulted in the broader idea of ensuring all family members have access to supports whether at the clinic or via external agencies such as the ones featured at the Think Tank-MDAO, SSO, FOR, other local supports.