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The Family Model [English and Spanish versions]

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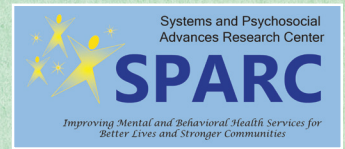
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Issue Brief

The Family Model

Dr. Adrian Falkov

Introduction

Family Focused Practice is a key therapeutic component of contemporary mental health practice.¹ Family Focused Practice acknowledges that individuals living with mental illness are members of family systems, and that recognition of parents, parenting, and children/young people is a vital part of clinical assessment, support, and recovery. Existing workforce training, funding mechanisms, and service delivery approaches tend to focus on individuals' needs, which creates barriers that limit the capacity to address the broader needs of parents, their dependent children, and key others in the family.

The Family Model

The Family Model supports Family Focused Practice by providing an overarching and comprehensive way to think about an individual's needs within their family and social context.²⁻⁴ Its theoretical underpinnings are drawn from biopsychosocial and developmental approaches which represent the complexities of multiple systems in which human beings develop, and in which mental illness occurs. The approach incorporates constructs from mental health, human development, family relationships and parenting, together with a service interface and ecological wraparound.

The concept of "Family" is understood in a broad sense, and extends beyond the nuclear family to focus on relationships and interactions with all key individuals in one's life.

The Family Model posits that mental/physical illness in one family member can affect others and that they, through their understanding and responses can, in turn, influence the experience of the individual(s) affected by illness. It emphasizes the reciprocal role of relationships in determining both good and poor outcomes for all family members.³



The Family Model provides clinicians and managers with a brief, accessible, and practical approach that supports collaborative ways of working with individuals and their families in which one or more members experience mental illness. The Family Model can be implemented by staff of varying experience and professional backgrounds.

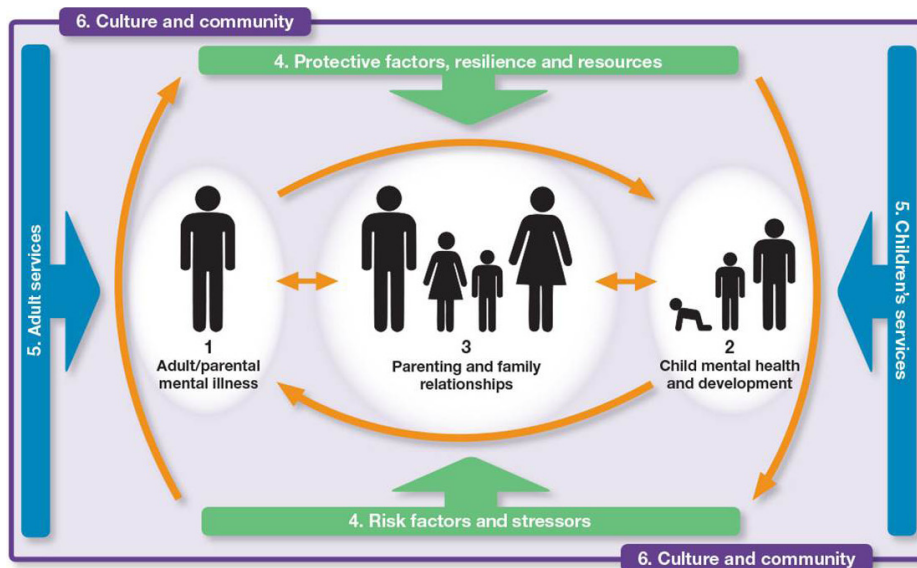
Core Components

The Family Model is a visual illustration with 6 distinct domains and 10 interconnecting arrows, which together provide an understandable, comprehensive and practical way of thinking about the impact of mental illness on parents/caregivers and their children. The domains include:

- Adult/parental mental illness
- Child mental health and development
- Family relationships (i.e., parenting, marital and sibling interactions)
- Risk and protective factors
- Services for children and adults
- Cultural and community influences

The arrows indicate considerable interactivity and interdependence between the domains, with communication between all individuals occurring in a reciprocal pattern when one or more individuals in a family is unwell. How the core components, i.e., the domains and arrows, interact with and influence each other determines the quality of an individual(s) adjustment within his/her family, as well as the adequacy of the whole family's adaptation to living with the individual(s) affected by illness.

Figure 1: The Family Model



- **Create a visual tool.** The Family Model diagram provides a tool to facilitate work with families by helping clinicians to visually identify and map ways in which family members are connected.
- **Provide clinician support.** Clinicians can use a card with a diagram of The Family Model on one side, and a series of questions relevant to each of the 6 domains on the other side. This provides prompts for a clinician who may be anxious about having conversations focused on the experience of parenting, impact of parental symptoms on children and parents, the wellbeing of children and the strengths shown by the individual despite being unwell.

- **Facilitate collaboration between service user/families and clinicians.** The Family Model supports collaboration between the service user(s), family members and the clinician/treating team and helps guide the conversation, gather information, and develop a practical family focused care plan.

Using The Family Model

The Family Model can be used as a tool to foster engagement and facilitate thought about connections between symptoms and relationships, while highlighting a family's strengths and difficulties. It can be used in single or multiple sessions lasting one to two hours on average. The ultimate aim is to develop a collaborative family focused care plan by facilitating understanding about illness, improving communication, and allowing more open discussion about difficulties and strengths. It can provide a space for children and young people to ask questions, and allow parents to respond more openly. This approach can also assist in devising practical, age-appropriate strategies for change so that each person can respond in ways that are manageable for themselves and supportive of the individual(s) with mental illness. Specifically, The Family Model can be used to:

- **Guide collecting information.** It can be used to guide clinical consultations by using the visual structure to facilitate information gathering and analysis.

Next Steps

Achieving a culture of Family Focused Practice will require significant reform of the mental health service system. An important first step is the development of a practice model, such as the Family Model, that supports the acquisition of portable, durable, family focused skills that are relevant to practice across a spectrum of service settings.

A Family Model training manual is currently being piloted. Next steps include the dissemination of the model through the development of an online, web-based, skills focused training program for practitioners with associated material for managers. See www.thefamilymodel.com for further information.

Visit the Systems & Psychosocial Advances Research Center at <http://www.umassmed.edu/sparc>

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