

## *Promising Practice*

### *Pregnant and Post-Partum Women's Residential Treatment Project*

#### **Engaging Extended Family Members in Residential Treatment**

The support of extended family members is often a critical factor in encouraging clients to complete residential treatment. Extended family members also provide key support in helping clients continue their recovery after leaving residential treatment. However, many clients complete residential treatment with minimal or no contact with an extended family member.

#### **Solution**

Residential treatment programs should have a clear process for asking clients to identify supportive extended family members, and then actively engaging those family members in some type of activity with the client, other family members, and/or program staff.

#### **Featured Story**

**Project Strong Families** (St. Monica's) in Lincoln, Nebraska asked all clients at intake to identify at least 3 extended family members (broadly defined as anyone the client considers family) who were important to them. Program staff members were expected to contact 3 extended family members within the first 10 days of treatment and invite them to attend some type of family event. Involvement of family members increased from only 5% of clients having a family member attend a program event at baseline to 78%.

In a follow up analysis, Project Strong Families found that 90% of women who had an extended family member become engaged in treatment were able to complete treatment, compared to 52% of clients who did not have extended family engaged in treatment.

#### **Lessons Learned**

- ◆ Using a broad definition of family to include extended family or people who are "like family" allows supportive others to be quickly identified.
- ◆ Specific invitations to extended family members to attend intake sessions, recreational events, or educational events are superior to simply having information available or giving family members written material.

- ◆ Engagement often begins with “no pressure” activities which are purely designed for recreation and social interaction. Family members are often hesitant to become engaged in treatment because they believe there is a hidden agenda other than simply building relationships. For example, many family members expect to be criticized for enabling a client’s addictive behaviors, or expect to be pressured to begin treatment themselves.
- ◆ Engagement of family members is more likely to occur when staff members are specifically assigned to be responsible for contacting family members.

### **Tracking Measures**

Percentage of clients who have at least one family member attend a program sponsored event (recreational, social, educational, or therapy).

Percentage of clients who successfully complete treatment.

### **Data Collection Form**

Data grid for percentage of clients with family member engaged.

### **Action Steps**

#### **Plan**

1. Designate staff member who will ask clients to identify important family and extended family members during intake.
2. Collect baseline data on percentage of clients who have at least one family member become engaged in treatment.
3. Identify which staff member(s) will contact family members, consider scripting the call, and develop mechanism for ensuring contacts are made.

#### **Do**

4. Begin contacting 3 family members within 10 days of admission and invite them to attend some type of program event.
5. Consider augmenting current program events for family (e.g., recreational events or family fun nights.)

6. Record attendance at all program sponsored events that include family (education sessions, shared meals, recreational events, intake sessions, therapy sessions) including name of extended family member and name of client.

### **Study**

7. Ensure that family members were actually contacted.

8. Count number of family members who attend program event for each event.

9. Calculate percentage of women in treatment who have at least one family member become engaged in treatment (e.g., attend a family night).

10. Ask clients and family members about barriers to becoming engaged.

11. Consider tracking treatment dropout or treatment completion rates and look for changes as family engagement improves.

### **Act**

12. Adjust invitations or types of activity to enhance family member engagement.

### **Other Stories**

**Entre Familia**, part of Boston Public Health Commission, developed a Spanish version of their guidebook for family members (majority of women in this program were Latina). The guidebook was given to family members at the time of intake or at the first face-to-face contact with a family member. In a small sample of clients, the percentage of clients who remained in treatment 30 days or more increased after the bilingual handbook was routinely distributed.

**Choctaw Nation (Chi Hullo Li)** in Oklahoma offers a family meal for residents, male partners/husbands, and extended family on the first night in residential treatment. For residents who enter treatment straight from a highly restrictive facility (e.g., prison) this is especially helpful in reconnecting client with extended family.