

Webinar: Families as Partners in Employment: A Rich Resource, November 21, 2017

Start at: 16:20

Joan Rapp: Alright, so we'll get started and I welcome everyone to our series on Partners in Employment, and we're very excited today to focus on, as they say, focus on the Family. We welcome Kathleen Considine, who is a mover and a shaker in the NAMI world in Massachusetts and also has been in the New Jersey NAMI, and she's becoming one of the champions around employment, which is very exciting. So, we welcome Kathleen, who was going to give us some provocative thoughts about family's role in helping with employment. So I'll turn it over to you, Kathleen, and I apologize for the date of November 22nd, but that was the original date, so it's really the 21st. Kathleen has been a social worker, I believe she's worked in an employment program in the past. She is a parent of a person with a mental health condition, who is doing extremely well right now. She has served in many capacities, both in New Jersey and Massachusetts. She also helps with her local group in Plymouth. You all know about Plymouth Plantation and Plymouth Rock? Well, that's where Kathleen is from, and she gratefully appreciates the importance of employment in its role in recovery. Or there's a little typo there. Alright. So, Kathleen, I'm going to turn it over to you.

Kathleen Considine: Thank you, Joan. Hi everybody. So I think that I ought to first put a little disclaimer out there that, this is my opinion. This is my opinion about my family, and many of the things that we'll talk about today probably translate as well to your family. But, a little background, I have been a huge fan of employment for a long time, but very quietly, and I think it's now time for us, as family members, to speak up to make our voice heard. So by way of a little background on me, I come from a family tree that is really heavily laden with mental health conditions. I recall that my parents used to speak about various people in both their families, who were a quirky and had unusual behavior. I lived in a sometimes very tumultuous home because my dad, who was very successful as an attorney, lived with quite debilitating depression. And my sister, who was a couple of years older than I, was really lifelong, never able to reach her potential because of bipolar disorder and substance abuse, her addiction, she just had a terrible quality of life. So, I guess with that as a background, I became a social worker and married a very smart, well-educated man whose career was hampered by OCD, and our daughter became ill at 19 years old when she was a freshman in college. So, it's very different, I think for a professional when their family is affected in this profound way, especially I think for appearance. I didn't feel the same way about my sister's illness as that great responsibility that I did for my daughter. And, eventually I did turn to NAMI, the National Alliance on Mental Illness, and I'm very dedicated to the NAMI mission, which is to improve the lives of all peers and families affected by mental health conditions through programs of support, education, and advocacy. And my focus in NAMI and it reaches way back, has been on education about mental health conditions for families as well as the general public support for families. And also to increase in enhanced employment for peers through supportive employment programs. My daughter, I have always considered my daughter the expert on her illness. And for my family, that has worked quite well.

Kathleen: The goals for today, you can see the first one is to recognize the value of family involvement. I cannot stress that enough. Other things may change us, but we start and we end as family. The second is to dispel myths about family involvement and also to provide strategies for families. So let's kind of

move ahead. You can, I guess that Joan is taking care of your questions, and I don't mind being interrupted.

Kathleen: So why do we care about this? Well, I know why I care about it, and I'm not really sure who all is in the audience, who are providers, who are family members. But I know that we all do care about this, or we wouldn't be here this afternoon. About 65% of people with mental health conditions say they want to work. 75% are unemployed, but 65% of those people say they want to work, and I'd like to talk about some of the things that may be holding them back. Also, as far as Social Security, mental health conditions are the fastest growing disability for SSI and SSDI. And typically, when people with mental illness get onto Social Security, they stay. It shouldn't be so. They should be able to get on with the rest of their lives. Meaningful employment can really promote recovery, those incremental steps, the little successes really build on one another. So let's look at some of the possible barriers to why are these people are not working, that 65%? Is it a lack of early intervention into their condition? Is it limited education, criminal justice involvement, symptoms, that access to services, morbid psychiatric conditions, substance use comorbidity (like my sister), lack of accommodations on the job, failure to disclose, problems of concentration, fatigue because of side effects of the medication, problems in social relationships, having a mental illness and being a member of a minority, the level of functioning, no health and getting a job, stigma, traditional vocational programs which are train-train-train, place vs. what I support, which is place, train-train and more support. Lack of transportation in my area of Massachusetts, that is a big issue and maybe for yours, loss of benefits, disincentives about Social Security, negative views about client's ability to work, discrimination in the workplace, prior work history. There's a quote by Thomas Edison that I enjoy a lot, that is, what did he say? "I have not failed. I have just found 10,000 things that do not work." I love that. Another barrier, lack of integrated mental health and vocational services. That's the biggie. Interactions between and among these barriers to employment. So, you know, there are many people who experience all these barriers, most of these barriers, some of these barriers, and that's quite telling.

Kathleen: So let's move on to the benefits of competitive employment. Certainly employment adds meaning to life. I think that we would all agree with that. It provides opportunities to make decisions and choices and to move people towards increased self-determination. It decreases symptoms, promotes skill building and leadership. If someone's really busy at work, they don't, in my experience, in my family's experience, there is a decrease in symptoms. It creates opportunities to learn, to grow and to recover, to extend the circle of natural supports in the workplace on the job, certainly to reduce isolation and increase opportunities for socialization, to increase income. Everyone needs more money these days. You can't live on Social Security well. Contribute to the broader community, which I think that a lot of the peer community is certainly involved in right now and to generate hope by providing, by proving that recovery is real, to serve as a role model for people living with mental health conditions. It's very inspiring for peers, see that other people with mental health conditions are really integrated into the community and working. And we find that in NAMI, in programs like, In Our Own Voice, in which peers are trained to peel the onion with a variety of audiences to talk not only about the dark days, but their hopes and dreams for the future in a very realistic way. So, and also to mentor others with mental health issues on reentering the workforce. All of which represents, for me, for our family, full community inclusion.

Kathleen: So what is the value of the family as a partner in vocational recovery? Families do affect recovery, and at the same time, families really are influenced by that recovery. It is a Kabuki dance between the two, of the family influencing and then the family being affected. And as allies and

navigators, families play diverse roles, but also require are a variety of support. For example, with NAMI, the NAMI Family-to-Family Education Program, which is free and 12 weeks, and honestly is quite life altering for people who take it because to really be in a position to help and be a partner, you have to really know what you're dealing with, so that you're on the same landing strip with the person, who has the mental health condition. And research has indicated that for families, just the idea being there and available to help people in recovery is huge. And by families, I don't mean just a family in the traditional sense, but you know, a village, the family of man, a friend, extended family, whatever, people who are able to stand alongside the person, people who the peer can rely on and look to for strength, expectations, and knowledge when times are difficult. I know that that happened in our family, and then there were those cases where my daughter did not feel so along. In a very tangible basis, very concretely, families can provide good information about employment resources and support. They can provide continuous emotional support and problem solving. I think that families affected by mental health conditions are excellent problem solvers. And at least in my family's case, you know, with the things that came after, and I know that lots of families to date things before and after. And after our family became affected by this mental health conditions, we became excellent problem solvers. Everything else was like, "oh, just another problem." Families going the extra mile to collaborate together with their, their loved one and employment providers to enhance communication. I think that's kind of a new concept, at least it is for me. I had the sense when our daughter became ill that I had to step back and I kind of had the feeling that, there was someone else who knew much, much better than we did. And at times, I actually felt guilty about wanting to be involved in her life, in her care. I think we have to change that, particularly when it comes to vocational recovery. I think that we have to really stand up to the plate and be families, and be what families do, what all families do, is provide tangible support, a ride, or lunch, or help with myriad tests.

Kathleen: So what are some of the misunderstandings about families involved in employment? So the first one you see on your screen is that the individual does not have supportive people that they consider family. Well, we have just said, if there is no immediate family members step up. There are family members who are extended, a friend, peer support. There's a huge amount of peer support out there who are inspiring, and who can serve as role models.

Kathleen: The second myth that you see that the job seeker doesn't want family involvement. And I'm wondering on this, just in treatment, how often consent is solicited for family involvement. And we have to be really clear that HIPAA, it's not at all involved in employment.

Kathleen: The third, the individual does not think families can be of any value to their vocational recovery. You know, that may be true. Okay, that may be true, but as we become better versed and more educated, we certainly do become more valuable in this role. And there's a great book that many of you probably already know of by Javier Amador, who's a psychologist at Columbia and also family member. The name of the book is, *I'm Not Sick. I Don't Need Help*, which kind of gives the idea that the person doesn't have any insight. And that may be true in some cases; it may not be in other cases. But the real thrust of this book is to give us all a technique, to be able to communicate in a more effective way by a technique that he has developed that he calls to leap. LEAP: to listen, to emphasize, to agree where you can agree, and to partner. I think that this book and this technique is particularly useful when it comes to vocational issues. Ah a good drink, I'm not used to talking so much!

Joan: I'll just jump in here, and say that the employment specialists, people who work in employment programs, I think we're very aware that it takes, you use your entire network, your personal network,

and your professional work to help people find, to get matched to the right employment. And so to leave the family out as part of the network, it doesn't make much sense. Whoever the person considers family, and I think everyone has somebody they consider family. And to leave those people out there, they're critical. Everyone part of the personal and professional networks, both the job seekers and the staff members, it's the whole, the whole Magilla. The vast majority of people get their jobs through personal contact. But it's more than just getting a job; it's the whole vocational process and people need support through the whole thing. There's a lot of ups and downs on the rollercoaster of vocational recovery.

Kathleen: And I think there's a new recognition, at least here in Massachusetts, with the reprocurement of some of our services, that family involvement will be routinely encouraged in recognition that families can be key allies in treatment processes and their involvement can often facilitate better outcomes. That's huge. And we know it. It characterizes family engagement as a continuous process involving collaboration to determine what is the best level of wealth, family involvement. This model will presume family education about illness and the service delivery system, and that service delivery system is going to include employment.

Kathleen: So how can families learn about ways to be helpful in vocational recovery? Well, there are many sources of, I mean there's so much information on the Center for Psych Rehab website. You know, I, I want to apologize, let's go back to that previous slide. Joan.

Kathleen: What are some of the barriers to being helpful with employment? The first point there is no one asks them to be a partner. That was me. No one asked me and so I did not get involved, but I know better now. They are repeatedly told there is no roles for them (I've never experienced that) or that they cannot participate because of confidentiality. (No, I didn't experience that). But I do know, and I do question whether providers realize the potential value of families to the individual's vocational recovery. It just, I think that slow in coming, but as I say here in Massachusetts with the reprocurement of services, I'm hopeful that thought will be evolving.

Kathleen: So then we'll move ahead to families learning about ways to be helpful in vocational recovery. Well, BU has always had so much. I first heard about the possibility of people recovering, returning to school, and being employed when I heard Bill Anthony speak several years ago in New Jersey. It was the first message of hope that I had heard, and as a result of that, my daughter was able to enroll in programs at the Center. And at the time that she enrolled she really didn't talk, but 10 months later when she graduated, she gave the speech, and went from there to an unpaid internship, and is now working for a mental health agency. She is able to, has been able to work with clients. She has her Certified Peer Specialist certificate and her a CPRP (Certified Psychiatric Rehabilitation Practitioner), and she's a part of the team. That kind of success, she has been working continuously for 16 years now. So we've been at this for a while, and she does sometimes speak, she shares her story, and here I am today as a family member who has really, I feel been successful and fortunate in the outcome so far with our family. I feel that we are very, very fortunate, but I think that you all can be, too. And as my daughter says, it's just all going to get better and better and better.

Kathleen: The next slide is how can families learn ways to be helpful in vocational recovery? Well, one of the ways, that has really worked for a number of people that I know, is to participate in a NAMI support group and talk with other family members. You learn so much by sharing stories and sharing experiences that we have so many shared experiences; to speak with professional caregivers about

vocational recovery; to enroll in a Family-to-Family class, that to me is just the way to go. And I want to refer you to some research on the Individual Placement and Support model, the IPS model that I support. It's in an article, written by Mike Cohen and Deborah Becker, about the family advocacy for the IPS supported employment project. And I think that Joan is going to be able to send you a link to this article, but in it.

Joan: Actually because of copyright, I can't, but I'm putting the information into the box right now.

Kathleen: Oh, okay. All right, good. Thanks, Joan. And you can see how some NAMI groups really picked up the gauntlet on this and became pretty strong advocates, for enhancing, employment services. And I'm hoping that we at NAMI will be able to do the same thing. And I'm also thinking that perhaps in one of our Family-to-Family classes we can for advocacy class, we can have somebody come and speak about employment. And also if we can have some texts and some resources in class 10 advocacy, I think that would be a very good idea. As I've said, there's so much at BU's Center for Psych Rehab's website. That's hard to say. And also at the University of Massachusetts on Transition Age Youth, and the University of Illinois. So also, I mean, each of us is able to advocate, speak up, and trust your instincts to advocate with the Department of Mental Health, Voc Rehab, Department of Labor, the Department of Health and Human Services. Just a few weeks ago, the Secretary of Health and Human Services spoke at NAMI convention and said, you know, get in touch with me, let me know how things are going. And so I do think the invitation is there and we ought to take her up on that offer. We're certainly always able to advocate with our legislators. There's a lot to be done there, and individually, with our family member. We know how to communicate with our family members, we know how they communicate, we know what they're good at, we know what some of their weaknesses can be and their many, many strengths to share that information, with an employment specialist. And actually, I see on this also to file a formal complaint, sometimes that is, that is necessary. But to advocate, to know for our, person to be able to advocate for themselves, for us to advocate for them, with them, and to speak up. I just think that is the most important thing.

Kathleen: So, I think that pretty much finish this up the slides that we have. Are there comments? I think comments are more important than questions.

Joan: Okay. So I assume that we have a group that's comprised of people who work in services, family members, and people who are persons are in recovery. I'm just assuming that we have all of those. So we'd like to hear from every, all of them. And David, if you want to, you can unmute the phone so people can speak for themselves; or people can just hit ** on their own phone, if they wish. Just be really careful about papers, rustling papers. Do we have anyone with a question or a comment? You can type it in the box, or you can say it out loud, whichever you prefer. But before you give your question, tell us who you are, like where you come from and what you do.

Well, it's about a cps role for my off employment, employment for a family member. What for? So it's like you were helping somebody even if you were reading.

Joan: So I think that we were hearing people in the background but we're not hearing people speaking into their phone. So if you'd like to say something, could you say it into the phone?

Kathleen: Well, you know, I would like to ask everybody, how do you feel about families being involved? Is it more difficult to involve families, friends, fellow peers?

Man: We continually included those. We saw the, I worked for the VA, and we would see the veterans' desires on that to ask them as part of family cultural competency. We would get the release of information and ask if they wanted family members included on the treatment plan. And, when they did, they would accompany them, and it usually created a stronger support base than for them just to feel as if they were sort of alone. But then again, we were very recovery oriented, very person centered in our approach to things, very strengths based. So it may be more so the paradigm of the mindset that you come into that with.

Joan: Great. Which VA are you with?

Man: Now with Loma Linda in California, but when I was in Seattle, Washington, we were very, very big on incorporating families, and it also became a part of some of the CARF accreditation also to see if we were seeking that. And in the fidelity reviews that we would experience in the Individual Place and Support model, we needed to adhere to that as well.

Joan: I'd like to point out a study that was just done two years ago at the VA in Bedford, Massachusetts, just west of Boston, where they were trying to get more veterans to participate in the supported employment program. So they did a control study, one group went alone, and the other group brought a family member. Which one do you think got more people into supported employment?

Man: More than like the family member. We did a similar study a couple of years ago.

Joan: By about 600% more people. So. Okay, we have some. We have some questions here. You can take a look at. The first one is from Tonya in Illinois, Employment First Manager for the Department of Health Services, I think. She says, "Do Family-to-Family class options exist in a distance-learning format for those who might not be able to get there?" That's for Kathleen.

Kathleen: That's an excellent question, and as of now, it is not in that kind of format because the dynamics of the class are so important. Families as well as peers, often feel so isolated and sometimes they really do feel like pariahs. So the idea of coming together, I mean, I have taught Family-to-Family classes where there were people in the class who wanted the shades pulled down because they were so ashamed to be there. So, it's really, it may become something that for practical purposes is offered in distance learning, but not currently.

Joan: I remember meeting a couple and their daughter had been ill for about 15 years and they said they had never spoken to another human being other than her doctor, about anything to do with her issues. That's remarkable. Okay. We have, Delete, I think the name is Katie. Katie is in for Delete, Canadian Mental Health Association, New York region. "Ontario is part of our strategy strategic plan in the next three years to involve families more in individual's recovery and vocational goals. This will be useful to bring to the team to assist our workers in involving families." Wonderful. Great to hear from you. Did you ever hear at Port Colburn? That's near where my family is from in Ontario.

Woman: I have a question on the phone.

Joan: Yeah.

Woman: "You had mentioned earlier that HIPAA didn't apply to employment, and I was curious what you meant by that."

Kathleen: Oh, thank you. Yes, well. Is there an echo? Can you hear me? Anyway, I think that we are all very conditioned to confidentiality surrounding HIPAA, and, it's a nonissue. I mean, there are so many jokes about HIPAA, but this is kind of a joke. It has nothing to do with employment.

Joan: The question is primarily about electronic medical records. It doesn't mean there are no confidentiality issues involved with vocational services, especially because you're still obtaining medical records from other places. And so those, there are all kinds of protections and those; some are Federal, some are State, similar from CARF and so forth. So, it's not that there's no confidentiality records, but there are greatly exaggerated I think is what Kathleen was saying is that, there's a lot of room for our dialogue with families, and it's not that the families are going to be doing it behind the family members back. This whole Webinar is about partnership and that's sort of a 3-way partnership between the family member, the person who's the job seeker, and the provider.

Woman: So we worked for a mental health agency. So we're, and we follow the IPS model, and so we're bound by HIPAA. We have to follow HIPAA. There's no gray area for us.

Kathleen: Well, so let me ask you then, do you involve families?

Woman: We do if we have a release of information from the client, but only if the client wants their family members to be involved. Just like with following the IPS model, we can't talk to an employer on the client's behalf unless the client has signed in ROI for us.

Kathleen: I'm wondering about a couple of things. As far as, I know a lot of peers who said to them, do you want to work who say, No, I don't want to work. And I think that can be a lot of reasons why. I think it can be fear, I think it can be lack of confidence, I think it can be stigma. And so I'm wondering, is motivational interviewing used much in as far as his bringing people to the point where are considering, like getting a job?

Man: We use it here.

Kathleen: Oh, terrific. And also as far as soliciting consent for family involvement because, you know, to say, well, you know, do you think that things would go better with your family? Can you talk a little bit about your family? Is that the kind of thing that happens? I don't know.

Woman: We have a lot of very in depth discussions with our clients about disclosure and the different types of disclosure and how involved or not involved the different, ROIs would be. So we definitely have these discussions with them, but like I said, we're bound by HIPAA with where we work. And so yeah.

Joan: There are many different confidentiality laws besides HIPAA. HIPAA is primarily concerned with, electronic medical records, but there are other confidentiality laws. For example, the people who work in a VR state agency, there's a whole set of regulations, which are actually implemented on a state level. The state goes by the general guidelines from the Federal government and then issues. There are, if people are CARF accredited, they have their own standards. So there are many, those are only a couple of examples, but there are many different confidentiality issues. The thing is to know what applies in

your particular situation. And, what's the best way is to find out what the job seeker or the potential job seeker would like to do. Who would they like to be involved to help them? And then there may be people they haven't even thought of that could be involved.

Mary: Hi, my name is Mary Sapp, and I'm an IPS trainer in Illinois. And I just, this conversation is making me think of one of the things I'm, I'm on a family team in our state that is working to try to see how we can increase family supports, natural supports, and you know, involve employment specialists to help to create those relationships. And one of the tools that a colleague of mine is working on is creating an advocacy tool, kind of a one page, that will help individuals even start having conversations independently with family members and/or other natural supports, to kind of begin practicing around that and what that feels like. And as that confidence grows, if that's something that feels that they feel good about of having those conversations, how that can go into the conversation with any requirements around releases of information and making the employment specialist be sure on their end that they are respecting their clients' rights. But again, a nice way to kind of start that conversation and build individual advocacy when talking to family members about their goals and their dreams.

Kathleen: That sounds neat.

Joan: And where are you? Where are you from?

Mary: Illinois.

Joan: Illinois. From what kind of a program?

Mary: So we're with the IPS training team.

Joan: Oh, the state training team. Yup. Okay.

Kathleen: I think that one of the studies that I mentioned, the Michael Cohen study about a family advocacy for the IPS supported model, talks about NAMI groups getting involved in this. And I think that that NAMI-Illinois, has been pretty inactive. I don't know if they are right now in this.

Mary: Yeah, I believe so.

Kathleen: Are there any family members on the line?

Joan: If not, anybody who wishes to say that. I wonder if other people have come from the states or regions where families have been included, either as advocates, regarding vocational services, or on an individual basis? You find that it has sort of happens naturally, organically, or is it like the woman who just spoke, where they're trying to sort of survey people and see like what kind of structure that could there be to be inclusive. Other experiences?

Becky: This is Becky Sterling, and I'm with Virginia and the Department of Behavioral Health and Developmental Services, and I had come on board for the webinar, I think just to learn more. And my interest is that our peer recovery specialists are often helping people with employment. So anything that I can add to their skillset is beneficial, and we're starting to look at working with our Department of Voc Rehab and do some Employment First training modules and offering that to the peer recovery

specialists. And then, when we're certified peer recovery specialists, we're certifying family support partners is the same time.

Kathleen: What is the role of the, of your family support partner?

Joan: I think we have a couple of conversations going on here. I just wanted to respond to the person who spoke a little while ago about the peer support folks trying to get more involved in employment. I'm going to mention somebody from our center who has been, who has developed training and research on that particular issue. Her name was Debbie Nicolellis, and I'll put her number down here. It's just our center's number, which is, I'll write it down here, if you want to give her a call (617-353-3549). She can tell you everything we've been doing along those lines.

But I'd love to hear what other people are doing, in terms of the peer specialists, peer and family. I know I spoke to some people from Iowa, and they had some kind of peer and family program going on, but it changed healthcare organizations, and the program was dropped. So I don't know whatever became of that. But yeah, tell us more about peers learning more about vocational, services and how to be helpful and how, in fact, they might work with family members as well. I get him back.

Becky: Hi, I'm Becky. I inadvertently dropped off and had to come back on, and of course, missed most of your reply. It's been that kind of a day. But you know, I think of a couple of situations where, and this is related again to peer specialists, where the employment has come through becoming a peer specialist, and family members have almost been pleasantly surprised that the person was successful with employment. I don't think that they were resistant; I just don't think that they were able to see the possibilities because their concerns were shadowing.

Kathleen: Yeah, I do know a lot of family members, who are unsure if their person is able to work. I don't think that that's an unusual reaction and to have them pleasantly surprised. I think we need to be doing more talking about recovery. I certainly feel that the certified peer specialist role is a vital one in so many respects.

Becky: And I think that it is so.

Kathleen: Yes. I'm sorry, Joan.

Becky: No, this is, this is Becky again. One of the things that we observed was that because we do the same training for the peer recovery specialist, as for the family support partner; therefore, you've got the family and the peer receiving the same training. That dynamic is very interesting also, because we're finding that it changes the family member's perspective about what their loved one can and cannot do. And kind of challenges some of the limited thinking that we've been taught as family members, or experienced perhaps. But then that's just one segment of employment. I mean, when we think of people overcoming behavioral health challenges, it's far broader than just peer recovery specialist.

Joan: Well, I'd like to think of the same principle applying to education. I'm going to make this a 3-way thing: family members, peers, and staff; and that's in terms of the real information about benefits, incentives, disincentives, and so forth. Because as I've said a thousand times, I've never met anybody that's been in this field in any capacity that hasn't gotten wrong information. And I was at a conference recently, and this woman was kind of going from person to person saying, "I've got this situation, and

I'm going to be getting unemployment insurance, and I have this, and what should I do instead?" I said, first of all, you shouldn't be asking me. You really want an expert. And I think that that 65% that Kathleen mentioned of people interested in employment, would be much greater if people really understood the actual facts about Social Security, veterans benefits, and all of that because they get so much bad information. They get so many warnings about, "Well, don't do this and don't do that because you're going to lose this. It can you lose that." And 90% of it is gossip and hearsay. It has nothing to do with the facts of the matter. And in fact, sometimes Social Security doesn't even know the rules. But find out who are the champions and the experts on this and get the information from that. And I think we'd see that 65% go up a lot higher because it's both the individual and the family members are frightened about the whole financial picture and medical benefits, and so forth. And, I hear a lot of staff people getting wrong information and giving wrong information. So I think there's like this snow storm of wrong information that is the #1 thing that gets in the way of people working. I don't know any survey that's ever been done about barriers to employment where it doesn't come up as either the first or the second thing on the list. So, I want to put in a pitch for people if they can learn it together, then they can be educated together about this whole bunch of other things.

Becky: And I want to put in a pitch for families realizing that recovery is real. And my daughter and I were talking just over the weekend about an individual and his family, and her saying, "He's not there yet, but he will be. Recovery is real. It's interesting because I think, I know when I first started experiencing recovery and thinking about recovery for other people, I was not family focused in my thoughts at all, and the dawning awareness that the individual's wellness affects the family dynamics. And then when we talk about holding hope as the individual begins to realize possibilities, it really is the family that can begin to hold that hope, and maybe see that light at the end of the tunnel.

Kathleen: Absolutely. It is a dance.

Joan: Barry mentions that he's developed a PowerPoint about veterans' benefits in relation to impact on wages and benefits. I've also developed one, so I'm suggesting that we swap. Oh, and his includes SSI and SSDI. It sounds even better.

Kathleen: Great.

Joan: Okay, we have Autumn from Wichita, Kansas, employment specialist for an IPS program. "What about the family that is over involved to the point of detriment to the person with the mental health issues?"

Kathleen: Okay, you know, I'd just like to say a word about that. I recall in the early days of our family, going to family meetings at what was a day program, a good day program, and having, there were many people from other cultures, a really broad array of cultures, and it was in New Jersey. And I found the people from other cultures were so very different in their involvement with their loved one. It was family first, and it was very different from my culture. So, I don't know, I'd like to know, I'd love to know more. What does it mean to be overinvolved? Could you expand on that a little bit? Is it a cultural thing? Is it an educational issue? Is it a socioeconomic one? What do you think?

Joan: Autumn, I think you're the one that asked the question. You got any thoughts on that?

Autumn: Are you able to hear me?

Kathleen: Yes.

Autumn: I think that the biggest issue is that the client, is the only family member that they know of with a mental illness. He's 19, and he's been very sheltered, and the parents feel like there's a lot that he can't do, they're his legal guardians. I can't speak to the client without the parents. The parents usually text me to find out about meetings or to cancel meetings, and that sort of thing, and I think it kind of gets in the way of me finding him employment.

Kathleen: Okay. Unfortunate situation.

Joan: I just went to a workshop on something very much like this at our PRA organization in Massachusetts, and it was done by the Brien Center from western Massachusetts, B-R-I-E-N, where they were using a. Oh, I'm sorry, an advocates' organization, called Advocates where they're doing a version of open dialogue. Are you familiar with that? Founded in Finland, where for somebody of his age group and where they spend an enormous amount of time at the very beginning when the person is first becoming, having difficulties with the young person in the family, and there's a whole interaction that happens. There are two people that are trained to work with the family, with the person present, and they did sort of a model of how it works, and it was really remarkable how much they were able to get done and by really spending a lot of time with the family and the youngster together, and then the young person also had their own therapist and different kinds of supports. But the work that was done with the family and the person together. Now in this case, it wasn't a focused on employment, so that would be the difference. But I think by paying attention to both of them at the same time in a sort of dialogue that the overpowering wasn't happening. They didn't allow it to happen because they had the skills to figure out how to make it come together without being, without any one member of the team being overpowered by it. So I think it's just, it's, you know, there are different personalities, and as Kathleen said, different cultures where people may be feeling left out or frustrated or whatever the feeling is. But if somehow the, you know, the solution isn't just to leave somebody out, to participate in a good way.

Kathleen: I also find with NAMI groups, whether it's a Family-to-Family group, a 12-week group where it's certainly not a support group, but the members of the class, perhaps 20-22 members of a class become very close and very supportive of one another. They're vocal in their opinions. And I think that it becomes normalizing, or in a support group, too. With the more people learn, accurate information, I think the less fearful they become; they don't feel like they've landed on the planet Mars. And it sounds like this is the young man, 19 years old, maybe he hasn't been ill for such a long time. It does take a long time to get used to this new way of living in this new person.

Autumn: Absolutely. Thank you.

Joan: I was just having a flash of current politics. I was thinking of people who were, who are sort of loud advocates about something, and you know, the solution, the desired solution may be just to find a way to get rid of them, put them out someplace where you can't hear their voices because they're making everyone upset. And so, as Americans, I guess we don't want people to be left out, but we want it to be productive, and we want it to be helpful and supportive.

Any other comments, questions, parting messages? Kathleen, do you have some like final messages that you'd like to leave?

Kathleen: Well, I do. I think that for any of the providers on the line, I think that one of your really good referrals would be to refer to the families NAMI group so they could really enhance their own situation, get back to normal living, resume some of their activities, realize that life goes on, and people continue to develop. It takes a long while to get used to the idea that you have a loved one, a child, for example, that you brought into the world that has very common, but severe disability, and that you realize, as I said, that life goes on. And that there's a quality of life, and that employment is one of the goals and one of the strategies to achieve a quality of life to be able to have an income and rent, and maybe even a date on Saturday night. So I think that that's my parting message. I can tell you that our family is in an excellent place, and I wish you all a very Happy Thanksgiving.

Joan: Thank you very much, Kathleen. It's really a great find, like a treasure, to find somebody like you that's passionate about employment and that can share these ideas. And, I hope that all of our participants will give it some thought, be willing to. If you think of something that you didn't get a chance to share today on the phone or in the chat box, please send me an email. And when I send out the recorded version to everyone, I'll be able to include what you wanted to share, and I wish you all happy holidays, and stay in touch for our next installment, which will be, towards the last Wednesday of November on Employment Collaboratives. So thank you all for your participation. Bye-bye.