

# **The Family Matters Group**

## **Manual for Peer Facilitators**

Created and developed by:

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*NOTE: This is a beta version of this manual. A finalized and formatted version is in the works. Contact Anjana Muralidharan ([Anjana.muralidharan2@va.gov](mailto:Anjana.muralidharan2@va.gov)) or Tracy Robertson ([tracy.robertson@va.gov](mailto:tracy.robertson@va.gov)) for more information.*

## **What is the Family Matters Group?**

The Family Matters Group is an interactive group, designed to be facilitated by a Peer Specialist, that provides a safe, non-judgmental space for individuals with mental health conditions to discuss the potential role of family in the mental health recovery process. Peer facilitators provide group members with brief fictional scenarios in which a fictional individual with a mental health condition faces a challenging situation or decision related to family and mental health recovery. Group members then discuss the pros and cons of various options for the individual in the fictional scenario. Emphasis is placed on non-judgmental stance. There is no right or wrong path for the individual in the scenario. It is up to each individual to decide whether and how to include family in his or her mental health recovery.

## **Development of the Family Matters Group**

Shirley D. Maniece, Certified Peer Support Specialist working in the Department of Veterans Affairs (VA) Maryland Healthcare System, created this group as a personal endeavor. Several important experiences influenced her development of this group.

First, Ms. Maniece was influenced by the National Alliance on Mental Illness (NAMI) Family-to-Family Program. This program is an evidence-based psychoeducational and support group taught by and for family members who have a relative living with mental illness. NAMI began offering an adapted version of the NAMI Family-to Family program, called NAMI Homefront in VA facilities around the country in 2000, to address the emotional toll of loving a Service Member or Veteran with a mental health condition and the impact those symptoms can have on everyone around them. NAMI uses a peer education model to ensure love and respect for everyone involved – the individual living with the illness and the family members.

Second, Ms. Maniece was influenced by her participation in a clinical demonstration project in partnership with Dr. Anjana Muralidharan, a psychologist and researcher at the VA Capitol Healthcare Network (VISN 5) Mental Illness Research, Education, and Clinical Center (MIRECC). Ms. Maniece and Dr. Muralidharan worked together to implement a shared-decision making tool regarding family involvement in treatment with Veterans that Ms. Maniece worked with on the acute psychiatric unit at the Baltimore VA. Discussing the topic of family with these Veterans inspired Ms. Maniece to create a group for Veteran inpatients on the unit where they could continue this conversation.

Through these experiences, Ms. Maniece recognized the importance of family, and realized that NAMI and the VA had tapped into a critical component of one's recovery journey. At a more personal level, Ms. Maniece recognized that her own biological family was not involved in her mental health recovery process, while her created supportive family of choice was very much

involved. Ms. Maniece knew she had to do her part to encourage her peers regarding mental health recovery and family. So, she created the Family Matters Group.

### **Family Matters Group Objectives:**

- Provide a definition of family
- Educate participants on opportunities for family support in the VA
- Provide a space to discuss various topics related to family and mental health recovery, including:
  - the importance of family support
  - the costs and benefits of sharing information about mental health challenges with family members
  - communication dynamics in the family
  - the time and timing to connect with family
  - when is a good time to share your mental health status with family members.

### **Family Matter Group Agenda:**

#### **1) Set Group Guidelines (5 minutes)**

Peer facilitators should set the tone for the group by helping the group develop guidelines to ensure a safe learning environment free from ridicule and expected conformity.

#### **2) Definition of Family (5 minutes)**

After discussing group guidelines, the next item on the agenda is to define “family.” It seems to be an automatic response at the mention of the word, “family,” that one thinks of their bloodline. However, family is more than that. Family is bloodline and anyone not in the bloodline who is deemed to be family. For example, a significant other, a childhood friend, or a long-time co-worker could be considered family. Family can be anyone who shares a meaningful close relationship with the individual.

This discussion provides an opportunity for group members to think through their family supports using a matter-of-fact, non-clinical approach, helping group members establish what family means to them. This helps group members think through various sources of social support they can turn to in times of need, which can lead them to consider asking loved ones for support, including people they have not turned to previously. This

discussion plants a seed regarding family support that can promote the individual's mental health recovery journey.

### **3) Discussion of VA Resources for Family Members** (5 minutes)

Next, group facilitators can provide group members education, information, and resources for family members, that group members can share with their loved ones. Ms. Maniece provided group members with a brochure (the VAMHCS Family Support for Mental Health Recovery brochure; see Appendix A for a generic version of this brochure), which detailed local and national VA resources to support family members who have a loved one with a mental illness. Ideally, group facilitators would provide group members with information and resources for family members relevant to their local community and context.

### **4) General Discussion of Family and Recovery** (10 minutes)

Next, the group facilitator poses the following questions to the group, to generate an initial brief discussion:

1. How has family impacted your recovery journey?
2. When was the last time you shared a positive experience with family?
3. What positive feelings have you experienced while on your recovery journey?
4. What can you do alone while on your recovery journey?

Each of these questions is asked for a very specific reason, as follows:

1. To introduce a clear, present status of family relations.
2. To bring to the forefront a forgotten positive family memory.
3. To explore broader positive recovery emotions and link those emotions to family.
4. To realize that there are few things one can do without the support of others.

### **5) Family Matters Interactive Game** (25 minutes)

After the discussion, group members engage in an interactive game that introduces various mental health scenarios that provoke thought, sharing, and the consideration of input from the other group members on each scenario. The scenarios and corresponding solution options are typed on index cards and distributed to the group in no specific order. (See Appendix B for scenarios and corresponding solutions; these can be printed and pasted onto index cards).

Group members volunteer to read aloud their scenario and the solution options for that scenario and may immediately share their own perspective about it. Then, the group is invited to share their thoughts and opinions about the scenario and the different options. The scenarios are designed to encourage discussion and evoke change. It is important to emphasize that people may have different opinions and that this is not about answers being “right” or “wrong.” There may be disagreements, but this is perfectly normal, and everyone should respect each other during the discussion. At times, group members will place themselves in any given scenario that is read. Group members are encouraged to share personal situations if they are comfortable doing so.

When introducing the interactive game, a possible script could be as follows:

*“Let’s do an activity now. There is an index card at each seat with a scenario displayed on it. I will ask for a volunteer to read his or her card and the four possible solutions. After reading the card, the reader will choose an answer based on his or her opinion, and why that answer was chosen. Then we will begin a discussion of what other group members would do. There are no right or wrong answers to these questions. Everyone is entitled to their own opinions whether or not you agree, I am asking everyone to please be respectful of one another.”*

In Appendix B, following each scenario, are some thoughts and considerations for the Peer Facilitator to keep in mind or use to generate discussion when talking about that scenario with the group. These considerations are provided only to be helpful. The peer facilitator is free to incorporate them into their groups or not, as they think is best and most appropriate.

Run through as many scenarios as you have time for in the group. There is no pressure to get to all the scenarios. The point of this game is to get group members thinking and talking about family and mental health recovery in a safe, respectful, nonjudgmental, and open way.

## **APPENDIX A**

*Having the opportunity to meet with my husband's clinicians and participate in his care helped improve our interactions at home and enabled me to be more supportive.*

- Partner of Veteran

## MENTAL HEALTH RECOVERY AND THE FAMILY

Family can play a crucial role in a Veteran's mental health recovery!

When family members become involved in a Veteran's mental health treatment, there are benefits for everyone in the family:

- Better understanding of the Veteran's diagnosis and treatment plan
- Increased feelings of hope
- Decreased worry/concern
- Improved well-being
- Reduction in stress
- Higher self-esteem
- Improved family relationships



## FAMILY RESOURCES

### NAMI

Offers free support and education programs for family.

1-800-950-6264

<http://www.nami.org>

### National VA Resources

#### Coaching Into Care

A national hotline that provides information about how to motivate your loved ones to seek care.

1-888-823-7458

<http://www.mirecc.va.gov/coaching>

#### Caregiver Support Line

A national hotline that provides information about caregiver support services you may be eligible.

1-855-260-3274

<http://www.caregiver.va.gov>

#### Veterans Crisis Line

A national hotline for Veterans and their family and friends in crisis, where you can get access to caring, qualified responders.

1-800-273-8255, then press 1

<http://www.veteranscrisisline.net/>



# FAMILY - SUPPORT FOR MENTAL HEALTH RECOVERY



## I am a family member. What can I do?

There are many different ways that a family member can support their loved one's mental health recovery.

### TALK TO THE TREATMENT TEAM

Ask your loved one for permission to talk to his/her treatment providers.

- Request information about his/her illness and treatment.
- Request a referral to family services or a support group.
- Share your observations about your relatives with his/her treatment team.
- Call your relative's treatment team if you have a question or concern.
- Attend regular or occasional meetings with your relative's treatment providers.

*As a parent of a disabled Vet who has required VA medical center services many times, I have interfaced with provider staff on several occasions. I have found the staff to be very helpful, dedicated, caring and compassionate not only to my Vet but to me as well.*

- Father of Veteran

### TAKE CARE OF YOURSELF

- Make time to do things you enjoy
- Make use of supports
- Talk to friends and family

### REMEMBER THAT YOU ARE NOT ALONE

- Connect with other families that have similar experiences.
- Consider attending a support group for family members.
- Consider engaging in family therapy with your loved one.
- Join a VA Caregiver Support Group!



*It is very helpful to be able to contact his counselors to get advice on how to handle situations in a manner that is beneficial to him.*

-Partner of Veteran

### PROVIDE SUPPORT

- Learn about your loved one's condition and its treatment.
- Educate other family members about his/her condition.
- Provide practical supports such as transportation and financial assistance, when you can.
- Maintain a positive, supportive atmosphere at home.
- Make efforts to include your family member in family and social activities.

### FOR MORE INFORMATION, VISIT:

<http://www.mentalhealth.va.gov/families.asp>

## **APPENDIX B**



## Scenario #1

Mary has always had a great relationship with her older sister. Mary is about to be discharged from the VA hospital and her sister knows nothing about the mental health challenges that developed while Mary was in the military. Mary does not live with her sister, but she wants to tell her sister about her hospital stay and is not prepared for all the advice and questions Mary knows her sister will ask.

What could Mary do?

- a. Change her mind and not tell her sister.
- b. Tell her sister everything is fine now and that there's nothing to worry about.
- c. Have the doctor tell her sister the details of her hospital stay.
- d. Invite her sister to a family meeting with her therapist.

### **Some Thoughts and Considerations for Scenario #1:**

\*When discussing option “a” with group members, it’s important to note that Mary has a choice to not say anything to her sister. However, this scenario describes her as wanting her sister to know. Discussion with group members could focus on why Mary would change her mind.

\*Although it may be difficult for some to speak about traumatic events, there are safe ways to share this information with family members. For example, an individual can give their treatment team permission to speak to family members about what they are experiencing by completing a Release of Information form. The individual signing the form has control over how much information is shared and with whom that information is shared.

\*If Mary wants to be there with the therapist and her sister, Mary and her therapist can discuss before the meeting what is appropriate to share or not to share. Again, this would include the completion of a Release of Information form.

## Scenario #2

John has never depended on his family for anything since graduating from school and going into the military. Now John is back in his home town and in the VA hospital on the acute psychiatric unit receiving care. He knows contacting family isn't a good idea because of the dysfunctional level of the household. John will need someone to talk to and to support him through this challenging time after he is discharged from the hospital.

What could John do?

- a. Go to a support group in the community.
- b. Connect with the high school friend he's stayed in contact with.
- c. Join an online mental health support group.
- d. Attend the VA Psychosocial Rehabilitation and Recovery Center.

## **Some Thoughts and Considerations for Scenario #2:**

\*Community supports may be intimidating as some feel civilians don't share like experiences with Veterans. The facilitator can remind group members that as human beings, we all share common experiences. People of all ages and backgrounds may experience PTSD. PTSD is not just a military issue.

\*John connecting with his high school friend may very well be a good step towards a friendship with someone he trusts.

\*Some Veterans are skeptical of online and community support groups, but this could be an option for John depending on his comfort level.

\*The VA Psychosocial Rehabilitation and Recovery Center is a program that provides a variety of supports, opportunities for comradery, and certainly not least, the opportunity to learn an abundance of supportive recovery practices, for Veterans who are eligible.

### Scenario #3

Delores was discharged from the VA hospital psychiatric acute unit three days ago. She lives with her husband and their two dogs. Delores' husband works nights and cannot be contacted due to the nature of his job. He has accompanied Delores to several of her therapy appointments and is a great help to her. It's 2 in the morning and Delores is depressed and wants to talk to her sister-in-law but her husband doesn't want his sister in their business.

What could Delores do?

- a. Call the sister-in-law anyway.
- b. Call the women's ministry leader at the church.
- c. Call the Veterans Crisis Line at 1-800-273-8255.
- d. Go to sleep.

### **Some Thoughts and Considerations for Scenario #3:**

\*One point of discussion with group members could be about the risk that Delores takes if she decides to call her sister-in-law.

\*If Delores feels that she cannot call her sister-in-law because her husband does not want her to, then the Crisis Line might be a better idea and it would be someone she does not know.

\*The option for Delores to go back to sleep often leads to a discussion on the topic of avoidance and deepening depression or worrying.

#### **Scenario #4**

Marvin really wants to invite his brother to attend his therapy session appointment at the mental health clinic. However, Marvin is nervous and thinks that his brother will share things that his doctor doesn't know.

What could Marvin do?

- a. Don't invite his brother.
- b. Tell his brother not to do any talking just listen.
- c. Be prepared for whatever his brother has to say.
- d. Stop going to the mental health clinic.

#### **Some Thoughts and Considerations for Scenario #4:**

\*When a Veteran invites a family member to a recovery appointment, it is likely that the family member will have questions and input. This is not necessarily a bad thing. Support involves some give and take. Supporters want to know that they are trusted too. Marvin can ask his brother not to talk but will run the risk that he might.

\*One discussion question for the group could be, "How might Marvin benefit from his brother sharing information with this therapist?" For example, it could be that since Marvin really wants to invite his brother to a therapy session, perhaps deep down, Marvin is hoping his brother shares information that Marvin can't bring himself to share. At least then the information would be out!

\*One discussion question for the group could be, "What is Marvin afraid of?"

\*When discussing option (d), discuss with the group that this can certainly be an option, but how would this be beneficial to Marvin's well-being?



### Scenario #5

Every time Cynthia waits to see her doctor she notices several other patients have a family member accompanying them. Cynthia has no family and few friends. She really doesn't trust anyone and has not shared information about her mental health with her friends. She knows she should start to take steps to do things differently because she wants to grow towards better mental health. She goes to church every Sunday and frequents the gym and wants to take a college course towards getting a degree.

Who could Cynthia take a chance on learning to trust?

- a. Only the person she sits next to at church.
- b. Someone at the gym.
- c. The receptionist at the mental health clinic.
- d. One of her friends.

### **Some Thoughts and Considerations for Scenario #5:**

\*One point for discussion in this scenario is the importance of having multiple sources of support. The group can discuss whether it is a good idea to have just one supporter, and why or why not. This could lead to the idea of Cynthia pursuing multiple supports by choosing more than one of the options listed.

\*Another point of discussion for this scenario is that perhaps Cynthia has heard stigmatizing remarks from her friends or is embarrassed or ashamed of her illness. The effects of mental illness stigma may be at play here.

\*When discussing option (c), one point for discussion is the boundaries that a receptionist at a clinic is required to keep. They are likely not allowed to become friends with patients.

## Scenario #6

Ken has been admitted to the acute psychiatric unit at the VA and community hospitals several times a year for the past two years. Ken is now back at the VA psych unit and this time Ken has lost his apartment, but his boss is holding Ken's job only for the next two weeks. Ken has a brother and sister who both have their own homes and are married with children. He visits with them occasionally. All the shelters are full, and Ken is about to be discharged from the hospital. Ken's doctor has asked if there are any family members who could attend the next therapy session to support Ken in his mental health treatment and homeless situation.

What could Ken do?

- a. Tell the doctor he has no one.
- b. Tell the doctor about his sister and brother.
- c. Ask the doctor to call his sister and brother.
- d. Tell the doctor he would rather live on the street.

### **Some Thoughts and Considerations for Scenario #6:**

\*When discussing option (a), one point for discussion may be why Ken would say he has no one when he has siblings he is in contact with. Is it possible that Ken could be making an assumption that his siblings do not want to support him? Or perhaps he feels he would be a burden on them? This may not be the case - perhaps Ken's brother or sister is willing to support Ken simply because he is family.

\*When discussing option (b), one point for discussion would be, what happens next? Hopefully, telling the doctor about his siblings could help bring up a discussion as to whether Ken would like to involve his family or not.

\*When discussing option (d), it's important to acknowledge that living on the streets can be a valid choice even if safety is an issue. There are veterans who feel quite safe living on the streets, and sometimes family can be toxic.

### **Scenario #7**

Tammy has just been diagnosed with a serious mental illness. Now she has the answer she's been looking for. She understands why she's been doing some of the things she does and is ready to engage in treatment. However, Tammy doesn't know if she should tell her new housemate of three months about her diagnosis .

What could Tammy do?

- a. Take a risk and not tell her housemate.
- b. Post her therapy schedule on the refrigerator.
- c. Invite her housemate to the therapy sessions.
- d. Give her housemate brochures about her illness.

### **Some Thoughts and Considerations for Scenario #7:**

\*One point of discussion regarding this scenario is whether or not Tammy can trust her new housemate. Discussion could focus on whether it matters that they have only been living together for a few months, and if the answer would be different if they had known each other for longer.

\*Another point of discussion would be whether telling the housemate could possibly be helpful, and in what ways. For example, if Tammy begins to have outward symptoms, or begins isolating, it might be helpful for the housemate to know what is going on. Maybe having Tammy's therapist help explain some things to the housemate would be helpful in the understanding of possible symptoms Tammy may have.

\*Another point of discussion with the group could be, how much information should be shared with the housemate? How much information is too much information? On the one hand, educating another person about one's illness may help increase empathy and understanding. However, sharing too much could have a downside. The pros and cons of sharing information and how much to share could be discussed.

### Scenario #8

Twice a year Tyrone and his mother visit his grandfather and twice a year after the visits, Tyrone is admitted to the hospital due to suicidal ideation. Tyrone knows the war stories his grandfather always shares are a trigger and makes Tyrone very sad because of his own war stories. Tyrone views himself as weak because he is unable to manage his PTSD and his grandfather seems fine.

How could Tyrone prevent those suicidal thoughts when visiting his grandfather?

- a. Tell his grandfather to stop sharing war stories.
- b. Stop visiting his grandfather.
- c. Ask his mother to attend a support group, so she can learn more about PTSD.
- d. Practice self-care when he visits his grandfather.

### **Some Thoughts and Considerations for Scenario #8:**

\*When discussing option (b), it is important to emphasize that this is a valid choice. Sometimes leaving a situation or setting a boundary is a must, in order to take care of oneself.

\*When discussing option (c), the group could talk about how this might be helpful to Tyrone. If his mother attended a support group, this might help her understand that his grandfather's war stories are a trigger for Tyrone. This might encourage her to talk with Tyrone's grandfather and help him understand.

\*When discussing option (d), the facilitator can ask the group to brainstorm some examples of self-care for Tyrone.

\*Another option that is not listed: perhaps Tyrone and his grandfather could attend a support group, to help his grandfather understand why Tyrone gets triggered from his war stories. They can possibly learn how to help each other.



### Scenario #9

Stephanie had been living on the streets for six months and is now in the VA emergency room due to complications after being attacked. A Peer Support Specialist recognizes Stephanie and offers to visit with her while she is in the hospital. This Peer wants to help Stephanie get back on track. However, Stephanie is not sure if she wants anyone to be around her because she likes being alone.

What could Stephanie do?

- a. Not talk to the Peer.
- b. Accept the Peer's offer.
- c. Tell the hospital staff not to let anyone know she's in the hospital.
- d. Ask her doctor to send someone else to help her other than the Peer.

### **Some Thoughts and Considerations for Scenario #9:**

\*One topic for discussion is whether this Peer is someone Stephanie trusts. If so, why would it be helpful to talk with him or her?

\*Stephanie has a choice whether to talk to this person or not. One point of discussion is how boundaries could be considered since they already know each other.

\*When discussing option (c), it's important to emphasize that this is a valid choice. The group can discuss whether this choice would be beneficial to her recovery, or if having some support could be a better option.

\*Option (d) is a valid option as well. There are times when talking to a stranger is better than talking to someone you know. For some people this may be the case. The group can discuss whether there are there boundaries to be considered here too.

## Scenario #10

Michael has been experiencing thoughts of suicide and is ashamed to tell anyone. Michael was raised in a very religious environment. He knows his family cares about him, but he also knows they will view him as being a weak person. Although he doesn't live near his family, he still feels ashamed to tell anyone how he feels.

What could Michael do?

- a. Call 1-800-273-8255.
- b. Join a support chat group online.
- c. Keep a journal of his moods.
- d. Reach out to his family anyway.

### **Some Thoughts and Considerations for Scenario #10:**

\*Regarding option (b), Michael could certainly join a support chat group online if that is something he feels comfortable with. It's important to note that for this option he would need access to a computer and the Internet. If this requires going to a public place (for example, the library), then privacy may become a concern.

\*Regarding option (c), while keeping a journal might be helpful in the long-term for his recovery, Michael is feeling suicidal right now. Facilitators can discuss with the group that a more immediate solution might be needed.

\*Regarding option (d), the group can discuss the pros and cons of reaching out to family. Michael admits that he knows his family cares about him, so he could potentially take a chance on reaching out to them. However, it is possible that Michael's family is toxic and or non-supportive. If this were the case, should Michael still reach out to them given how poorly he is feeling? One point for discussion could be whether imperfect or mixed support from family is better than no support at all.

## Scenario #11

Kate has been self-medicating and now she has been confronted by her partner. Kate is not ready to share the trauma she experienced while in the military. Kate's partner is a civilian and knows nothing about the military. Kate is leaving soon for the residential PTSD program.

What could Kate do?

- a. Avoid answering her partner but later write her story down in a letter and give the letter to her partner before leaving for the PTSD program.
- b. Tell her partner, "You wouldn't understand."
- c. Share only what she is emotionally ready to share.
- d. Provide her partner with brochures and information on PTSD and family support groups.

### **Some Thoughts and Considerations for Scenario #11:**

\*Regarding option (a), the facilitator can emphasize that this is a valid option for Kate if she feels she can do it. One point to consider is that Kate is about to start an intense treatment experience, so she may want to prioritize getting help before explaining herself to her partner.

\*The facilitator can emphasize with the group that it's okay to not be ready to talk about trauma, especially when one hasn't the tools or the support to be safe mentally, emotionally, and physically after the talk.

\*Another topic for discussion is how having brochures about PTSD symptoms might be helpful to Kate's partner and her family. Education can help build empathy and understanding in family members and help them feel more empowered.

## Scenario #12

Ronald has been a leader for all his adult life. He's been out of the military for two years and has been unable to secure a job due to his heavy drinking. Ronald has been living off his service connection funds, which is not enough for him and his family. His brother-in-law has offered Ronald a job with a few requirements. Ronald must join an AA group and maintain weekly attendance. He must also attend anger management classes and get help for depression.

What could Ronald do?

- a. Continue to do as he has been doing.
- b. Tell his wife to get a job.
- c. Do what his brother-in-law is asking of him.
- d. Check into the hospital as an effort to increase his service connection funds.

### **Some Thoughts and Considerations for Scenario #12:**

\*One point for discussion with the group is the pros and cons of counting on receipt of service connection funds or attempting to increase one's service connection. On the one hand, access to service connection funds is something that Veterans earn when they sustain a service-related injury or ailment. Accessing these funds is a right. On the other hand, counting on these funds while not taking an active role in your own recovery can have negative consequences.

\*Another point for discussion is the brother-in-law's requirements for Ronald. The group can discuss whether these requirements are reasonable and realistic for Ronald.

\*Another discussion could be about if Ronald's wife does get a job, that could incur more bills such as childcare, transportation costs, etc.