

Facts and Myths about Involving families and/or Significant Others

Many times we hear things that may be facts, myths, and rumors and they may affect our decision in our treatment and our decisions about involving family and/or significant others (s/o). We are trying to answer some of these issues.

1. MYTH: Many clinicians see HIPAA as a barrier to talking to or listening to families without their clients' permission.

FACT: Even if the client is saying they don't want their family or s/o involved it does not prevent the clinician from listening to them. Often times they may be able to offer new information that is important and can help in the treatment process.

2. MYTH: Families don't want to be involved

FACT: For some families that is true. They've been burned out by the member's illness and the system and have lost hope. However there are a group of families who would like to help if they can. They may need some education about the illness, hope that the member can improve, and some guidance about the way they can be helpful toward their member's recovery. They may fear being blamed for their member's illness or fear that, if they get involved, the treatment team will walk away and leave them with more responsibility than they want or can handle.

3. MYTH: Clients don't want their families involved in their treatment.

FACT: Many clients live with their families or significant others and may involve them in informal ways, but if those people don't understand the treatment goals, they could sabotage the efforts unintentionally. To prevent this from happening, it is important for the clinician to encourage their client to allow their families to be part of their recovery team.

4. MYTH: There is no payment available to work with the families.

FACT: In some cases that is true, but there are some instances where Medicaid covers some of these interventions. See DMHAS website: <http://www.ct.gov/dmhas/cwp/view.asp?a=2901&q=490584> section 2 (Tools for Programs to Develop Capacity/Infrastructure)

Every member of the treatment team wants the client to reach their treatment goals including the families. In the long run, people often get better more quickly and their treatment runs just as efficiently when the family is involved.