COLLABORATION BETWEEN SOCIAL WORKERS AND FAMILIES OF PATIENTS WITH MENTAL ILLNESS

by

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STATEMENT OF THE PROBLEM

Over the past decade there has been a growing trend advocating that professionals collaborate with the families of persons with serious mental illness (Collins & Collins, 1990; Johnson, 1987). This perspective is based upon the belief that the family of an adult or child who has a severe disturbance is resource to mental health professionals. The investigation specifically sought to examine: (1) the extent to which social workers on an inpatient psychiatric service collaborate with the families of patients with severe mental illnesses; (2) the factors influencing collaboration; and (3) the effects collaboration has on the patient and the family.

RESEARCH BACKGROUND/HYPOTHESES

Studies to date assessing the working relationships between mental health professionals and the families of persons with mental illness are few and inadequate. While many suffer from sample selection bias, findings suggest that families are dissatisfied with the ways they are treated by many mental health professionals and the services they receive as relatives of patients (Hatfield, Fierstein & Johnson, 1982; McElroy, 1987).

Four studies attempted to determine the congruence between the attitudes and beliefs of families and professionals attempting to understand factors leading to family dissatisfaction. Smets (1982) found that while many families evidence knowledge, concern, and willingness to be involved in the patient's treatment, few were involved by their workers. McElroy (1987) found little agreement between families' perceptions of their needs and professionals' perceptions of family needs. She concluded that understanding the source of dissonance between families and professionals would require examining professionals' attitudes toward families and their theoretical orientation toward the role of various etiologic factors in the development of mental illness. Similarly, Spaniol, Jung, Zipple & Fitzgerald (1987) concluded that the discrepancy in perceptions is due to professionals not having been trained to listen to families to assess their needs and therefore not knowing what families want or need. Most recently, Bernheim and Switalski (1988) attempted to identify the underlying attitudes which they believe are at the root of the discrepant views reported in previous research. They found that staff possessed positive attitudes toward families and their involvement in treatment, but engaged in only limited efforts to significantly involve families in treatment.

While there is no research to date specifically addressing collaboration between families and mental health professionals, existing surveys regarding professional-family relationships suggest that the attitudes of professionals are a key to successfully collaborating with families (Hatfield, 1982; McElroy, 1987). Especially important are professional attitudes regarding various etiologic factors in the formation of mental illness (i.e., biomedical v. psychogenic), and attitudes toward family involvement in treatment. In order to test these suggestions and assess the impact of collaborative family-professional relationships on a psychiatric inpatient service, the following hypotheses are proposed:

1) Professionals who believe in a biomedical etiology of the patient's illness will be more likely to collaborate with families than professionals who believe in a psychogenic etiology.

2) Professionals who have a positive attitude toward family involvement in the patient's treatment will be more likely to collaborate with families than professionals who have a negative attitude.

3) In cases in which a high degree of collaboration is achieved by the family and the social worker, the family will be more involved in planning for the patient's discharge.

4) In cases in which a high degree of collaboration is achieved by the family and the social worker, the family will be more satisfied with the social work services.

METHODS

The study was conducted on the psychiatric inpatient unit of a private voluntary teaching hospital in the New York metropolitan area. The sample for the study was comprised of the family members of persons on the inpatient unit and the social worker assigned to work with each family. The study involved the administration of an interview to the patient's family member and the completion of a self-report questionnaire by the family's inpatient social worker. Data were collected as close to the patient's discharge date as possible. Voluntary consent was obtained from: (1) the patient, (2) the family, and (3) the social worker.

The major variables included in the investigation were:

1) *Collaboration*
2) *Social worker's attitude toward family involvement in the treatment*
3) *Social worker's beliefs about the etiology of the patient's illness*
4) *Family involvement in the discharge plan*
5) *Family satisfaction*

Collaboration was comprised of two major components (Worker Component & Family Component) and for each case the family respondent and the social worker independently rated both components.

The Worker Component, the worker's attitudes/behaviors contributing to collaboration was comprised of six dimensions: (1) conveying a caring attitude to the family; (2) educating the family about the patient's illness and treatment; (3) providing the family with practical advice; (4) including the family in decisions about the patient's treatment; (5) recognizing the family as an important resource in the patient's overall treatment; and (6) the family and the social worker developing mutual goals for their work together. The Family Component, is comprised of family member's attitudes/behaviors contributing to collaboration, e.g.,providing worker with information, availability for meetings, understanding the limits of the professional.

For each case the family respondent and the social worker independently rated the Worker and Family Components of collaboration. From these two data sources a cases Total Collaboration Score (TCS) were based upon (1) a combination of the worker and family respondents assessment of the degree of collaboration achieved, and (2) the level of agreement between the independent ratings of the family respondent and worker.

FINDINGS

Patients. The patient sample was comprised of 102 individuals, 59% female and 41% male. The mean age was 35. Almost two-thirds of patients were white (65.3%), 15% black, and 14%

hispanic. Sixty-three percent were single, 19% married, and 18% divorced or separated. The median length of stay in the hospital was 34.5 days. There were no statistically significant on demographic characteristics between the study sample patients (n=102) and all other patients admitted to the inpatie units of the clinic who met the study inclusion criteria.

Family Respondents. The majority of family respondents (56%) were parents of the patients, 72% were female and 60% lived with the patient at the time of the hospitalization. The mean age of respondents was 47.

Social Workers. Fourteen social workers, eight MSWs and six graduate interns, were eligible inclusion in the study. The workers were predominately white (93%), female (79%), with an average age of 32 years. While some of the social workers were undoubtedly aware of recent professional literature advocating collaboration, no special training was provided.

Testing study hypotheses

Hypothesis 1. There was a statistically significant relationship between the social worker's theoretical orientation and TCS ($r=.297$, $p<.01$). The more the social worker ascribed to a biologica theory of origin of the patient's illness, as opposed to a psychogenic theory, the greater the degree of collaboration achieved between the family member and the social worker.

Hypothesis 2. There was a statistically significant correlation ($r=.403$, $p<.001$), indicating tha the more positive the worker's attitude toward family involvement the higher the degree of collaborati achieved on a case.

Hypothesis 3. Since both the family respondent and social worker rated the family's involveme in discharge planning, each ratings was tested separately for its relationship with collaboration. The f that the family respondents' ratings ($r=.307$, $p<.01$) and the social workers' ratings ($r=.295$, $p<.01$ were both significantly correlated with TCS suggests support for the hypothesis of a relationship betw more collaboration and greater family involvement in discharge planning.

Hypothesis 4. A moderately high positive correlation ($r=.48$, $p<.001$) was found between TC and family satisfaction, indicating that the higher the degree of collaboration achieved on a case the greater the family member's satisfaction with social work services.

In addition to the variables included in the study hypotheses, data on other variables were gathered to assess their relationship to TCS. The results of these analyses revealed significantly highe TCS were associated with cases in which: (1) the patient's race was white; (2) the worker mentioned family's intelligence and/or psychological awareness as enhancing collaboration; (3) there were a grea number of in-person meetings between the family respondent and the worker; (4) the family and work identified at least one mutual goal; and (5) the goal of patient functioning was defined. Conversely, significantly lower TCS were associated with cases in which families who identified the skills/technique/attitude of the worker as inhibiting collaboration.

Predicting Collaboration

Each of the variables that was presumed to be a determinant of collaboration and was statistica related to TCS was included as an independent variable in a multiple regression analysis. As there w no *a priori* rationale for the order of inclusion of the variables in the equation, a forward regression model was chosen. The variables included in the regression analysis were: (1) patient's race, (2) number of in-person meetings, (3) social worker's belief about the etiology of the patient's illness, (4) social worker's attitude toward the family's involvement in the patient's treatment, (5) family and soci worker having identified any mutual goals, (6) family and social worker having a mutual goal of patie functioning, (7) family's identification of worker skill, technique, or attitude as a factor inhibiting

collaboration, and (8) worker's identification of family intelligence and/or psychological awareness as a factor facilitating collaboration. The criterion variable for the regression analysis was TCS.

Of the eight potential independent variables, five were included in the final regression equation. For four variables in the final regression equation (worker attitude toward family involvement, mutual goal of patient functioning, identification of family intelligence/awareness as facilitating, and number of inperson meetings), the slope estimates ("b") were positive, indicating that an increase in the value of the variable is associated with an increase in TCS. The slope ("b") of the final variable in the equation, i.e., the family's identification of the social worker's skill/technique/attitude as a factor inhibiting collaboration, was negative. This indicates that the mention of negative attributes of the worker by a family was associated with a decrease in collaboration.

Finally, R^2 (the coefficient of determination) indicates the amount of variance explained by the variables in the regression equation. The five variables explain 38% of the total variance in TCS. The single strongest predictor was the social worker's attitude toward family involvement, which explains 16% of the variance.

UTILITY FOR SOCIAL WORK PRACTICE

Attempts by social workers to truly collaborate in our practice with clients and families raises several complex issues; two of these involve knowledge and power. Collaborative efforts can only be successful if workers accept that families have knowledge and expertise obtained through living and working with their family member with a mental illness. While professionals possess theoretical knowledge of illness and experience from their direct patient contact, the knowledge families glean from their 24 hour-a-day experiences must be valued. Families need to be given credit for this knowledge and social workers must utilize this invaluable information in their work with the family.

Social workers must also be willing to share power with families. One recent report (Williams, 1988) suggests that professionals have great difficulty in including family members in decision making and genuinely sharing power. Within the traditional worker-client relationship, "the worker typically exercises considerable power over the client" (Hasenfeld, 1987, p. 470). Some theoreticians, such as Hasenfeld (1987) and Petr (1988), are reexamining the traditional paradigm and in its place suggest a model that recognizes the reciprocity and mutuality intrinsic to the worker-client relationship. In addition to recognizing the reciprocity inherent in helping relationships, these newer models also enhance practice effectiveness by empowering our clients (Hasenfeld, 1987).

As the collaborative aspects of practice are emphasized changes in social work education, supervision and training will be needed. These changes will require us to struggle with several fundamental questions. If the client/family is a powerful resource within the helping relationship, what impact does this have on our notions of professionalism? As we begin to "work with" families as opposed to "working on" them, do we reintroduce old debates concerning the professional standing of social work? Are all clients and families resources, or only those with whom we are in agreement about services and goals of intervention?

The conceptual similarities between collaboration and social work theory appear to provide social workers with a foundation for collaborative relationships with families of persons with mental illness. The contribution of social work theory in this regard can set a standard for the relationships between families and other professional disciplines. In this way, all parties - patient, family, professional - gain an opportunity for more effective work with each other.

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