Family Interventions in psychosis and bipolar disorder

This section describes the knowledge and skills required to carry out family intervention (FI) in psychosis and bipolar disorder.

It is not a 'stand-alone' description of technique and it should be read as part of the competency framework for individuals with psychosis and bipolar disorder. Effective delivery of this approach depends on the integration of this competence list with the knowledge and skills set out in the other domains of the competence framework.

These competencies describe evidence based interventions which include both the service user/patient and their family members. In this context "family" is defined as those people of significance within the service user's social/support network, not just those with a biological/marital relationship.

For some clients, the term "family" might include friends, health, social or care workers, residential services staff, and others with whom they have significant contact .

Sources:

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Kuipers, E., Leff, J. & Lam, D. (2002) *Family Work for Schizophrenia; A Practical Guide (2nd ed.)* London: Gaskell

McFarlane, W. (2002) *Multifamily Groups in the Treatment of Severe Psychiatric Disorders* New York: Guilford Press

Miklowitz, D. (2008) *Bipolar disorder; A Family-Focused Treatment Approach (2nd ed.)* New York: Guilford Press

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KNOWLEDGE OF THE RATIONALE FOR FAMILY INTERVENTION

Knowledge of the principles that inform family interventions

An ability to draw on knowledge that the aim and focus of family interventions is on helping the family manage their situation more effectively, and that they are underpinned by the following principles:
taking a positive, non-blaming approach to the family
addresses issues which impact on the "here and now" rather than focusing on the past
empowering families and helping them to manage their own situation(s) effectively
working collaboratively and recognising and respecting the expertise of individuals and families (i.e. their lived experience as contrasted to clinical knowledge and experience)
assuming that each family member is doing their best (within the limits of their

resources) to reduce stresses and to maximise wellbeing
assuming (unless there is evidence to the contrary) that the actions of family members are carried out with good intentions, aiming to support their relative and improve the situation
ensuring that the intervention focuses on the wellbeing of *all* family members
holding the belief that change is possible (and hence conveying hope)
respecting the diversity of family life, and recognising that each family is individual and has its own culture
adapting family interventions to ensure that they are inclusive, and can meet the needs of all family members (irrespective of language, age or disability)

Knowledge of the evidence-base supporting psychosocial family interventions

An ability to draw on knowledge of the ways in which the social/family environment may influence the course of psychosis and bipolar disorder (e.g. positive relationships may facilitate recovery, while critical ones may be associated with poorer outcome)
An ability to draw on knowledge of the evidence-base for FI, and of its benefits in the treatment and management of psychosis and bipolar disorder and other long term mental health conditions (in terms of reduced relapse rates and hospital admissions).
An ability to draw on knowledge of the types of family intervention practised in this field, including single or multi-family interventions, and group interventions (e.g. with carers, or siblings)
An ability to draw on knowledge that FI is recommended as an integral component of an evidence-based care pathway, and as such:
should be considered for all families living with or in close contact with a young person or adult family member with a diagnosis of psychosis or bipolar disorder
wherever practical, should include the service user for at least some of the sessions (and should include strategies to involve the service user when they are reluctant to attend)
should be offered to families in need of support, whether or not the service user engages initially
can be offered in parallel with other interventions (e.g. individual CBT, medical interventions, counselling)
An ability to draw on knowledge of when (in the course of an individual's illness) an intervention is likely to be most productive – e.g.:
the benefits associated with early intervention
families may be more willing to engage following a period of crisis and/or a hospital admission

Knowledge of psychosis, bipolar disorder and other mental health difficulties and their impact on family functioning

An ability to draw on knowledge that family interventions will need to encompass a breadth of issues/circumstances, depending on the nature of the service user's experiences, and the specific relatives involved e.g.:
helping the partner of a service user with bipolar disorder who becomes sexually disinhibited when high
helping parents to understand what is normal adolescent behaviour and what is 'psychosis'
helping children in the family understand and come to terms with changes in their relationship with their parent

An ability to draw on knowledge of mental health problems (including those that maybe experienced by family members), and how these may impact/affect family functioning and day-to-day living:
an ability to convey this knowledge in a way that families can readily understand
an ability to identify mental health problems in other family members and to address these appropriately both in the therapy session and through support, advice, signposting information and referral
An ability to be aware of the impacts of alcohol and drug misuse on family functioning and mental health problems, and an ability to address these issues sensitively but directly
An ability to draw on knowledge of the impact on family functioning of a family member with psychosis and to recognise that many of their reactions and attitudes (such as the family becoming very involved with the family member) are normal responses to difficult and stressful circumstances
An ability to draw on knowledge of the impact of fluctuating mood on the family/social network (e.g. the challenges of coping with rapidly fluctuating, "unpredictable" or otherwise difficult behaviour (e.g. during manic episodes)

Risk and resilience*

An ability to draw on knowledge of factors that can promote resilience in the service user, and those that might place them at risk, e.g.:
family factors (e.g. extended support networks vs family conflict, physical and mental health issues within the family
social and environmental factors (e.g. secure housing and secure employment vs low income and poor housing)

An ability to draw on knowledge of safeguarding principles and practice (in relation both to vulnerable adults and child protection)
An ability to manage risk within the wider service context, including an ability to conduct a risk assessment where this is indicated
An ability to draw on knowledge of, and to follow, relevant policy and procedure relating to risk management, including:
safe working practices
lone worker policy
conditions under which confidentiality can be breached and information can be shared in order to manage risk

*****competences relevant to the management of risk are detailed in the relevant section of the competence framework

Knowledge of factors that influence the ways in which family interventions are delivered

An ability to draw on knowledge that FI is one aspect of the care pathway and is delivered within the context of a wider provision of services (e.g. medication, individual social interventions, care co-ordination)
an ability to draw on knowledge that offering FI does not preclude the use of other interventions (such as CBT)
An ability to identify ways in which the local service context presents opportunities and/or barriers to the routine implementation of family interventions, and (if required) an ability to identify effective solutions, e.g.:
identifying and working with "key players" or "family work champions" who can advocate for family interventions
ensuring that team members are knowledgeable about the potential benefits of a a structured family intervention

where there are limited staff with experience of family work, implementing joint working across teams, or reciprocal arrangements between teams
An ability to adapt interventions so as to meet local service requirements and resources, e.g.:
offering adapted interventions within acute care (i.e. sessions focusing on engagement and information sharing or the family's involvement in discharge planning)
offering time-limited sessions (i.e. maximum of 6 sessions in a primary care setting)
delivering components of FI as stand-alone interventions (e.g. problem solving)
signposting to support from mental health services and organisations (including the voluntary sector) and to self-help materials

An ability to ensure that decisions regarding the interventions offered to the family are based on an assessment of family need (and are formulation-driven)
An ability to take into account the family's view regarding the content and structure of the family intervention, and to recognise that this will vary from family to family

Knowledge of the core components of family interventions

An ability to draw on knowledge that assessment should determine how, and in which order, the components of FI are delivered, and that interventions commonly include:
sharing of information (psycho-education (including normalisation)
staying well or relapse prevention strategies
communication skills
problem-solving skills
helping family members develop empathy for each other's position and respect for alternative views
stress management and crisis management techniques
"coping strategy enhancement"
motivational interviewing (e.g. where substance/alcohol misuse is part of the presentation)
An ability to draw on the knowledge that the core components of FI are neither fixed nor static and are based upon a collaborative formulation with the family
An ability to draw on knowledge that core to the intervention is the promotion of the family's ability to learn coping skills and to put these into practice
An ability to draw on knowledge that psycho-educational approaches are based on a teaching/coaching model and use theories of learning that focus on:
helping families practice new skills, emphasising positive reinforcement of specific behaviours and avoiding hostile criticism or coercion
promoting skills development in the family using observation, imitation and modelling
promoting skills development (e.g. by helping the family practice skills within sessions and eliciting constructive feedback from all participants)
An ability to draw on the knowledge that homework or "between session practice" is an important component in effecting and reinforcing change.
An ability to appreciate that (in relation to substance misuse) intervention strategies may need to be consistent with the client's stage of change

An ability to draw on knowledge that family members' appraisals and beliefs will influence their emotional reactions and behavioural responses, and that working with these is an important component of the intervention, including for example, their:
beliefs about mental health issues

beliefs about the interventions on offer (including psychological and family therapies, and medication)
beliefs about the current situation
sociocultural beliefs
intergenerational beliefs
beliefs related to the family lifecycle

FAMILY INTERVENTION: ENGAGEMENT AND ASSESSMENT

Ability to initiate contact and engage the family in an assessment

An ability to work as an integral part of the care pathway/care team for the service user and their family, and:
to identify, in collaboration with the family, the appropriate level of support to meet their needs
to communicate (verbally and in writing) information about FI to other clinicians involved in the care of the service user (e.g. sharing relevant assessment information with care co-ordinators/medical staff)
to liaise with other members of the care team to ensure consistency, avoid duplication and ensure FI is explicitly included in the care plan

An ability to set-up an initial meeting with family members and to promote engagement with a family intervention by explaining its rationale, key components and potential benefits
An ability to establish a relationship of trust and respect between family worker and family members, for example by:
employing core clinical skills such as empathy and understanding, warmth, active/attentive listening
conveying respect for, and understanding of, the family's experience
demonstrating both consistency and flexibility (e.g. ensuring that sessions start at the time agreed, but being flexible and accommodating with appointment times; offering sessions regardless of how engaged their relative (the client) is with family work, avoiding the re-arrangement of sessions)

Ability to promote engagement and maintain a working alliance with the family

An ability to promote family engagement by:
taking a positive, non-blaming approach to the family
establishing a connection by relating to each family member
ensuring that the intervention addresses the wellbeing of *all* family members
holding the belief that change is possible and offering the family hope
working in a consistently collaborative manner
recognising and respecting the family's strengths and the expertise held by all members of the family
modelling the use of effective communication skills (i.e. active listening, conveying empathy, acknowledgement of the family members' role and experience)
promoting the importance of positive communication
An ability to draw on knowledge that because engagement can take varying lengths of time (depending on the issues which affect the family) it is a process that cannot be rushed.
An ability to convey genuine enthusiasm and confidence, and a belief in the value of the approach for the individual family.
An ability to identify and work with any difficulties in engagement that emerge, by employing

a variety of strategies, such as:
using interviews with individual members of the family and identifying their goals
focusing on the issues that the family see as priorities
acknowledging concerns regarding previous experience of services
discussing scientific evidence and reflection (based on experience) of the ways in which the approach has helped other families
offering a clear explanation of content of the intervention and discussing this carefully with the family
being flexible about the location for family sessions (e.g. within the family home wherever practicable but in other settings if this is more appropriate or acceptable)
allowing the family time to reflect and the opportunity to ask for further information or clarification
using supervision

Ability to work with another therapist (co-working)

An ability to draw on knowledge that decisions about working as a single therapist or co-working will be informed by factors such as:
the FI model of choice
whether the intervention is single-family or offered in a group context
the skills, stage of training and experience of the family worker (e.g. where a more experienced co-worker can facilitate the development of a less experienced colleague)
the size of the family group (e.g. co-therapy may be advantageous with larger families)
whether the location in which the session is offered presents a potential risk (e.g. whether sessions take place in a clinic vs home environment, or there is out-of-hours working)

An ability to make positive, constructive and effective use of co-working, by:
ensuring that the family is informed about co-working arrangements and discussing how this will work
modelling a trusting, collaborative, supportive relationship with co-worker
modelling effective communication and negotiation skills with co-worker
jointly planning the content/structure of sessions and allocating roles/delineating tasks
offering effective in-session support to co-workers (e.g. helping each other to keep to task, commenting on the process of the session, offering alternative perspectives)
dividing tasks where appropriate or offering parallel sessions (e.g. when working with large families, when family members become distressed, or there are young children involved)
ensuring that there is effective debriefing after each session

An ability to make use of co-working as an opportunity for skill development that can be particularly effective when
newly trained practitioners work with more experienced practitioners
there has been a break in practice and/or a need to build confidence
working with specialist/unfamiliar issues (i.e. Autistic Spectrum Disorder, co-existing substance misuse, visual impairment)

Confidentiality and consent

An ability to draw on knowledge of issues of confidentiality which usually arise in the delivery of FI (especially in relation to sharing and disclosing information and the exercise of a duty of care to both service user and family member), and an ability to convey the principles that will apply:
that all members of the family have a right to confidentiality
that the management of risk may necessitate breaching confidentiality (e.g. when safeguarding issues are apparent)
An ability to work with any confidentiality issues that arise in an empathic and reflective manner, for example by:
starting a dialogue around any potential confidentiality issues (rather than seeing the issue as polarised)
explaining/exploring the benefits of sharing information
exploring concerns regarding the sharing of information
clarifying what information can be shared in the family context and what is to be kept confidential (e.g. whether information gained from individual members of the family can be used in family sessions)
managing family support needs where the service user refuses or withdraws consent to share information with them

An ability to draw on knowledge that consent may change in any family member during the process of FI, and to recognise and work with this should this be the case
An ability to record FI assessments/contacts in accordance with organisational policies and procedures, including informing family members about:
the type of information that is stored (e.g. individual assessment data, family assessment data, records of sessions/contacts)
how information is stored (e.g. whether data is held in the clients file or whether family members will have their own individual case files)
the nature of third party information and how this is stored (e.g. who will have access to the information, whether the client will be able to view information relating to individual family members, and vice versa)

Assessments specific to family interventions*

An ability to draw on knowledge that assessment is an on-going process which starts at baseline and continues throughout the course of the intervention
An ability to draw on knowledge that assessment and engagement interweave, and that assessment may include opportunities to promote engagement (e.g. by developing rapport, allaying concerns, providing reassurance (e.g. that a parent is not to blame for the situation) or dealing with significant misconceptions about the intervention)
An ability to conduct a comprehensive assessment which includes consideration of:
the ways in which the family communicate together
the family's ability to address, and find solutions to, issues as they arise
consideration of the family as a "problem solving unit", identifying strengths as well as areas which need to be developed
specific goals and areas for development at both an individual and family level
An ability to conduct an assessment of each individual within the family, as well as assessment that considers the family as a group.
An ability to ensure that the rationale for the assessment process is explained to the family
An ability to ensure that the assessment process is not overpowering to the family and that it is carried out in a supportive (as opposed to critical) manner

An ability to conduct an individual assessment with each family member which includes:
general background information (e.g. biographical detail, information about personal health and wellbeing, contact details)
their knowledge of the service users' experiences and difficulties (e.g. nature of the disorder, clinical management, factors that help/exacerbate the situation, perceived prognosis)
their key appraisals and beliefs about the mental health difficulty and current situation
the effects of the problems faced by the family and their coping strategies (e.g. impact of the disorder, difficulties experienced, personal coping strategies, factors that would help/support continuation of the family member's role)
daily life pattern (e.g. what activities, how often, with whom, desired activities, how often, with whom)
their personal goals (helping them to specify SMART* goals, individualised and achievable within the timeframe of the intervention)

* SMART = Specific, Measurable, Attainable, Realistic and Timely

An ability to conduct a whole family assessment which includes consideration of:
family communication skills (e.g. communication styles, demonstration of listening skills/expression of specific communication skills, individual roles, family dynamics)
problem solving and negotiation skills (e.g. evidence of being able to identify an issue, generation and evaluation of potential solutions, ability to negotiate/agree and plan a course of action)
patterns of belief and behaviour within which problems occur (including intergenerational patterns) and how these are maintained
Where the family structure or situation is complex, an ability to work with the family to develop a genogram or a support "mapping" exercise
to understand who key members of the family are
to understand where each person gets most support from
An ability to draw on knowledge of, and to employ, structured interview schedules which support comprehensive clinical assessment
An ability to draw on the knowledge of, and to employ, standardised measures

An ability to conduct a risk assessment to determine if there is any risk to anyone inside or outside of the family
An ability to recognise when further interventions may be needed in order to address significant pre-existing or recently developed risk factors (e.g. abuse or violence)

*****General assessment and risk management competences are identified in the relevant sections of the framework

Ability to work with the family to develop a formulation

An ability to work in partnership with the family to develop a collaborative formulation, which sets out:
a summary of the family unit, their current levels of functioning, presenting problems and current situation, including:
an understanding of how individuals/the family have coped with problems associated with the mental health difficulty
any triggering events and maintenance factors
the main concerns of the family, and any difficulties associated with the home situation (including any interfamilial disagreements or areas of conflict)
any existing strengths held by individuals or the family as a whole
any goals/aims held by individuals or the family as a whole

resources that the family can deploy to enhance problem solving (based on observable or reported specific behaviours rather than speculation or inference),
external resources that the family can draw on
areas that need to be focused on in relation to achieving individual goals
areas that need to be focused on in relation to family problem solving
an intervention plan that clearly sets out which aspects of the FI will be delivered and in what order of priority

Ability to help the family generalise specific skills by practising them outside clinical sessions

An ability to introduce the rationale for between session practice/"homework" (a means of enhancing the efficacy of the intervention and embedding skills in everyday family life).	
An ability to work with the family to identify specific homework tasks in order to reinforce learning and generalise the use of skills in "real life"	
	an ability to encourage family members to identify and set up their own homework based on their personal goals
An ability to describe the function and purpose of "family meetings" when these are used as a component of the intervention (family time established in the absence of the family worker, held between clinical sessions and continuing once the intervention is complete)	
An ability to establish whether family meetings are taking place, whether the family find these useful, and to employ specific strategies should difficulties arise, e.g.:	
	providing (and if required returning to) the rationale for family meetings
	suggesting specific tasks for completion within family meetings
	setting aside time to ask for feedback on family meetings at the start of each clinical session
	explicitly asking the family to meet outside of sessions
	contingency planning (listing all potential obstacles and then systematically exploring and countering each one)
	employing a shaping strategy (reducing expectations and praising/ increasing positive reinforcement of each small step that has been achieved)
	demonstrate flexibility (e.g. allowing families to complete things "in their own way" as long as the main objectives are met)
An ability to encourage the family to evaluate their family meetings in a structured manner (e.g. do they take place; is it clear what topics are to be discussed; does everyone have their say?)	

SPECIFIC COMPONENTS OF FAMILY INTERVENTIONS

Ability to establish therapeutic ground rules for family meetings An ability to collaboratively establish ground rules with the family, and to document them in a way that the family can readily refer to (e.g. via handouts or flipcharts) – for example:

- only one person speaking at a time
- talking directly to the person, not about them
- allowing everyone to take turns and sharing speaking time equally among the family
- minimising distractions (e.g. by turning off television/mobile phones, removing pets)
- agreeing start and finish times (including whether or not there is to be a break)

An ability to facilitate and maintain a calm, safe atmosphere:

- by adhering to, and maintaining, ground rules
- by modelling and demonstrating effective communication skills
- by agreeing what will happen if someone starts to act in an aggressive or threatening manner

Ability for the therapist and the family to share information

An ability to convey the relevance of family education/information as a key component to all forms of family intervention

An ability to draw on knowledge that the timing of information sharing, and the level of detail offered, depends on the course of the individual's presentation, and that:

- information sharing in the early stages of an intervention should be undertaken in a way that is ensures that the family is neither overwhelmed or frightened
- because information may take time to assimilate sharing of information is usually an on-going process.

An ability to share information in a way that:

- acknowledges the service user as an expert on the disorder
- acknowledges family members as experts in their own experience
- enables family members to share their own information and understanding of the situation between themselves
- instils a sense of hope and recovery in both the service user and family members

An ability to identify family members "lay model" of the problems they face and identify ways in which beliefs and appraisals may influence their own and the service users recovery

An ability to draw on knowledge of wider health/mental health problems and how these additional issues are understood by family members.(e.g. anxiety, depression, physical health issues, substance misuse)

An ability to tailor the way in which information is conveyed to ensure that it is readily understood by the family, for example by:

- taking care not to use jargon
- using a variety of media so as to take account of preferred learning styles (e.g. visual, experiential)
- taking into account the family's first language and adapting teaching methods/materials accordingly (e.g. using translated materials/literature)
- identifying and working with varying literacy levels
- taking into account the age and cognitive/developmental stage of individual family members

An ability to make use of the expertise of other professionals, where appropriate. (e.g. liaising/co-working with the wider care team, and involving other specialists such as medical staff, pharmacy, occupational therapists, substance misuse specialists)

An ability to promote learning by maintaining a low stress, relaxed atmosphere with minimal distractions/interruptions, for example by:
collaborating with the family to set a clear agenda
establishing and using clear ground rules
modelling of effective communication skills by the family worker
using the home environment wherever practicable

An ability to be alert to the potential emotional impact of the information being shared
An ability to respond sensitively when emotionally difficult material is discussed (e.g. considering genetic vulnerability, involving young children in education sessions, discussing risk issues and suicide, grief and loss), by:
paying attention to the emotional content and impact of the information (e.g. not moving on if family members become distressed)
acknowledging difficulties in coping/coming to terms with the situation they find themselves in
showing an understanding of reactions such as anger and denial, and how these responses may relate to a grieving process
responding flexibly and allowing enough time to allow the family to explore sensitive issues and to absorb information
agreeing with the family who should attend specific sessions (e.g. agreeing that young children should be present at some (but not all) of the information sharing sessions, when siblings of a young person with psychosis should be present)
An ability to listen to the views of family members in a non-critical, respectful manner while offering new information which may help the family develop a new/fuller understanding (e.g. when working with those who hold different explanatory models of mental health, or those with deeply held personal or spiritual beliefs)

Early warning signs, relapse prevention and "Staying Well" work

An ability to draw on knowledge of the role that the family can play in supporting the recovery and wellbeing of the service user
An ability to draw on knowledge of early warning signs/prodromal work and its evidence base, and that:
early warning signs are usually evident at least a week and often several weeks in advance of relapse
individuals will display both common and idiosyncratic signs with a similar pattern or "signature" in advance of a relapse
identifying and responding to signs in a timely and appropriate manner reduces the likelihood of relapse

An ability to discuss and promote the rationale for early warning signs work within a family (rather than an individual) context:
that early identification enables a more effective response and minimises the risk of relapse or hospital admission (thereby reducing stress to both the service user and the wider family)
that working with the family enables a more "holistic" perspective (family members may notice behaviours/signs of which the service user is unaware)
that working with the family maximises resources in terms of the available strategies/support and clarifies the individual roles/responses of family members
An ability to discuss the service user and family's previous experiences of relapse

An ability to help the family develop the techniques necessary to identify, monitor and respond to the early signs of relapse by:
helping the family to identify specific early signs e.g.:
by reflecting back on changes in behaviour associated with previous relapses
by using checklists of common prodromal signs
helping the family identify a sequence and a “timeline” for early signs
helping the family reflect on and identify, triggers/“flash points” to relapse
helping the family identify and agree the appropriate responses should signs be evident (e.g. what the service user can do, what the family can do, what the service will do)
specifically discussing the potential impact of substance misuse on relapse where appropriate
documenting decisions in a way that is helpful to the family (e.g. using record sheets or written plans) and agreeing how this information is to be retained
An ability to hold in mind the risk of families becoming over-vigilant for warning signs, and to help the family discuss how they can balance appropriate observance against unhelpful sensitivity (e.g. leading to intrusive and over-controlling behaviours)

An ability to liaise with any services that are included in the agreed relapse strategy, and to communicate their expected roles, e.g.:
liaising with a home treatment team to ensure that the team is aware of its role
liaising with a school if it is expected to offer additional pastoral support or practical “wraparound” sessions (e.g. breakfast clubs/after-school provision)
An ability to ensure that the relapse strategy is not seen as a “one off” or static process and is reviewed at regular intervals/at significant events (e.g. change of personal circumstances, hospital admission) with the appropriate workers

An ability to deal with the difficult emotions that might be triggered by discussions of relapse, and to reinforce the rationale for engaging in the process (e.g. acknowledging reluctance to reflect back on periods of ill health, or fear that the person will become unwell again)

An ability to be mindful of the particular issues facing families where there is risk of frequent/recurrent relapse (e.g. bipolar disorder). This may include:
helping the family come to terms with fluctuations in mood and find ways of coping
helping the family to understand that a “bad day” is not always a sign of relapse (prevention of excessive vigilance or over-monitoring)

Ability to work with children of parents with mental health issues

An ability to be mindful of the particular issues facing children of parents with mental health issues, for example:
taking into account the child’s cognitive/developmental stage
acknowledging and discussing the child’s observations of signs of relapse while ensuring that they are not made to feel responsible for their parent’s welfare
acknowledging and discussing feelings that may arise if the child feels responsible for actions taken to protect their parent (e.g. feeling anxious/guilty if their actions lead to their parent being sectioned)
acknowledging the specific issues facing children of lone parents (e.g. being taken into care should a relapse occur)
acknowledging the reasons a child may be reluctant to engage (e.g. anxiety about the consequences of their actions, fear, embarrassment)

recognising that because the child may well be a young carer they will have individual support needs
providing a child who is a young carer with appropriate signposts (e.g. young carers service, appropriate contact in the school)

Enhancing family communication

An ability to ensure that delivery of the communication skills component of the intervention is tailored to the formulation (i.e. mapped to the family's needs and focused only on those skills in which the family are not already proficient)
an ability to ensure that the family understand the rationale for a focus on communications skills
An ability to use a wide range of materials to demonstrate examples of effective communication (e.g. video, role play, YouTube)
An ability to help the family develop positive communication, characterised by constructiveness and behavioural specificity, and including:
developing skills in active listening
attending to the positives (e.g. ensuring that positive feelings are expressed explicitly)
'asking for what you want' (e.g. making positive requests in a clear and explicit manner)
expressing difficult feelings (e.g. disappointment or anger)
An ability to adopt a staged approach to skills development, beginning with skills with a positive emphasis before moving on to more complex skills or skills with a more challenging focus (e.g. starting with coaching on the expression of pleasant feelings before moving on to the expression of difficult feelings)
An ability to elicit from the family, and subsequently summarise/provide, a rationale for the development of each specific skill, for example:
considering how the skill would be helpful to them as a family
asking for recent examples of times when they could have used the skill
An ability to help the family see the relevance of the skill in their everyday lives and the importance of generalising the skills outside of sessions
An ability to clearly outline and describe the steps involved in the skill.
An ability to help all family members practice the skill by demonstrating it within sessions.
An ability to model the use of effective communication skills throughout the intervention.
An ability to provide constructive feedback to the family and to ensure that feedback from family members remains constructive.
An ability to identify "homework" (between session practice) aimed at reinforcing change, ensuring that this is:
feasible (i.e. that there will be opportunities/situations in which to practice)
clearly understood (e.g. by eliciting the rationale from the family and discussing it with them)
explicitly reviewed in subsequent sessions

Problem solving

An ability to draw on information gained at assessment and in previous sessions to gain a clear understanding of how issues are currently discussed and resolved by the family
An ability to reassure the family that developing structured techniques for problem solving will build upon their existing strengths
An ability to provide a rationale for structured problem solving and its likely impact on family functioning/family stress, for example:
reducing stress/arguments in the family
assisting goal achievement (individual and family)

ensuring whole family participation and giving everyone a voice
encouraging collaboration and pooling of resources
An ability to help the family develop effective problem-solving and crisis management skills, for example by:
reframing the problem-solving approach in a way that is readily acceptable to the family (i.e. as a way of achieving goals, or addressing every-day issues).
applying the model in crisis situations by modelling each of its elements (even if the concept of structured problem-solving has not yet been introduced to the family)
An ability to introduce a structured model for problem solving and clearly define each of its components, which will usually include;
developing and agreeing a clear, specific definition of the problem/goal
listing all ideas that could be possible solutions
evaluating the advantages and disadvantages of solutions
negotiating the "best" solution, given the resources/situation to hand
planning how to implement the solution
reviewing the results
An ability to ensure that solutions usually involve all members of the family making changes rather than it being just one family member (such as the service user)) who has to do things differently
An ability to ensure that (as far as is possible and practical) all family members are included in the process and have a voice, achieved by:
allocating specific roles to family members (e.g. chairperson, notekeeper)
ensuring all family members contribute to the identification of possible solutions (e.g. everyone makes one suggestion)
ensuring that solutions are found by collaboration amongst the whole family (so as to guard against the imposition of a solution by one family member)
An ability to adopt a staged approach to problem solving, starting with circumscribed, behaviourally-specific problems through to more complex or emotionally laden issues
An ability to help promote the family's proficiency and independence in applying problem solving by shifting from active involvement, modelling and demonstration towards encouraging its use by the family outside of sessions
an ability to encourage the family to use the problem solving technique within family meetings as a means of generalising its use outside of clinical sessions

Ability to manage a planned disengagement

An ability to help the family act independently throughout the intervention by taking the role of "coach" rather than "team captain" , for example by:
eliciting rationales for skill development from the family, rather than providing the rationales to them
not directly doing anything for the family that they are capable of doing for themselves
An ability for the family worker to work actively towards disengagement from the family at an early stage for example:
establishing from the outset that the role is circumscribed and emphasising the time-limited nature of the intervention
ensuring that regular review occurs
ensuring that between session practice takes place (to support generalisation of skills)
ensuring that regular family meetings are established quickly
An ability to ensure that plans for ending family work are discussed with the family and that the idea of disengagement is raised with the family from the onset of the intervention.

An ability to review progress frequently in order to tailor the intervention accordingly and communicate this progress with the family effectively with a view to ensuring that:
disengagement is seen as a positive development by the family
disengagement does not come as a surprise to the family
An ability to enable the family to acknowledge progress and skill development.

An ability to discuss the possibility of “top-up” sessions with the family and to identify when these might be appropriate (e.g. at points of crisis, or in relation to significant life events)
An ability to discuss possible sources of ongoing support if members express a need for this, and to signpost as appropriate

Ability to evaluate the intervention

An ability to work with the family in writing a collaborative report of the intervention:
in situations where it is helpful to the family
where it is helpful to summarise key points of learning, or to clarify particular issues
where it is useful in giving feedback to others involved in the care of the service user
An ability to identify and complete appropriate evaluation or outcome measures, including measures completed by family members (e.g. qualitative measures and feedback sheets) and to ensure that the rationale for the evaluation procedure is explained to the family
An ability to interpret measures/data in relation to:
service evaluation (e.g. indicating where services are working effectively, and where there is scope for improvement)
areas where professional skills development is indicated

Supervision

An ability to ensure appropriate clinical supervision is in place through a supervisor familiar with family intervention or through peer supervision processes.
an ability to engage in family work supervision even when not actively engaged in family work (i.e. supervision as an effective forum for discussion of issues such as identifying families, difficulties with engagement)

Multi-Family interventions

Note: These competencies primarily relate to multi-family groups where a number of families and service users are seen together. However, they also relate to groups for family members (held in the absence of the service user) which run in parallel with single-family interventions

- An ability to draw on knowledge that FI can be delivered as a multi-family group intervention, and that single-family interventions may also incorporate family member groups

- An ability to manage the practicalities of group working, e.g.:
  - identifying an appropriate and accessible venue
  - identifying a co-therapist and agreeing respective roles (in order to ensure that co-working is optimised)
  - establishing an optimal group size in relation to:
    - the size of the venue
    - the nature of the group (i.e. interactive sessions may accommodate 10-12 individuals/3-4 families; more didactic "workshops" can accommodate more)
    - the "availability" of families in a small geographical area (where running with a smaller than optimal group may be preferable to imposing long waiting times)
    - planning for drop-out/disengagement (since initial cohort size will usually reduce over time)

- An ability to select appropriate participants if the group is intended to be 'targeted' – e.g.:
  - cultural, gender, age specific requirements (e.g. targeted groups for black and minority families/groups whose first language is not English)
  - groups targeting early intervention
  - groups for those in a specific relationship to person experiencing mental health difficulties (e.g. sibling groups)
  - groups for families managing specific diagnostic issues (e.g. psychosis, bipolar disorder, substance misuse)

- An ability to decide whether the group will be open to new participants over time, or will be "closed", and the advantages/disadvantages to each, e.g.:
  - benefits of open groups include:
    - ease of implementation
    - avoidance of waiting lists
    - increased opportunities to develop conflict management skills
    - flexibility of attendance (e.g. family members attending at times of specific need/crisis)
  - benefits of closed groups include,
    - a more structured framework (beginning, middle, end) and associated group processes
    - a fixed commitment from families
    - increased group cohesion, security and trust
    - a more predictable environment, stable rules and routines
    - less repetition of topics

- An ability to maintain engagement and attendance, for example by:
  - explicitly addressing the issue within the group
  - identifying any potential barriers to attendance with individual members through direct discussion (e.g. face-to-face, by phone or by email/letters)
  - using reminder strategies (e.g. phone calls, text alerts)
  - discussing the potential therapeutic benefits of attendance

- An ability to promote a safe group or multi-family environment by:
  - establishing a clear agenda/aims and objectives for the group (and for any individual sessions)
  - setting out and maintaining ground rules, including;
    - accepted modes of communication (e.g. not "talking over" each other, giving time, turn taking)
    - maintaining confidentiality
    - attendance of members during times of crisis and/or periods of elevated mood
  - effectively balancing intra- and inter-family boundaries (e.g. offering opportunity to develop less intense, more effective extrafamilial relationships within the group while preserving and validating intrafamily bonds)
  - providing opportunity for families to test out more adaptive, empathic relational styles with other families/family members before trying it out in their own family

- An ability to establish a therapeutic social environment characterised by:
  - calm, benign interactions
  - clear behavioural limits
  - carefully controlled performance expectations

Ability to employ techniques specific to multi-family group work

- An ability to interact directly with families using both individual and family therapy techniques ("self-triangulation") in order to establish a social structure for the group, for example by:
  - focusing on specific individuals, or on one family, as if in a single-family context
  - directing interaction through the therapist (e.g. by intentionally interposing self between group members)
  - explicitly inhibiting unhelpful interactions
  - using directive interventions (e.g. actively guiding structured problem-solving, blocking interruption, intervening when ground rules are broken)

- An ability to encourage and validate families' contributions to the group and to each other by deploying group therapy skills, for example by:
  - setting and eliciting group themes
  - identifying group processes
  - validating themes through use of normalisation (e.g. redefining problem affects and interactions as universal responses to the disorganising influence of mental health problems)
  - inviting responses from individuals or subgroups
  - using praise and positive reinforcement
  - explicitly encouraging intragroup social conversation

- An ability to help generate interactions between families by:
  - redirecting communications to the therapist towards family members
  - fostering interaction between families and promoting relationships across family

boundaries
encouraging cross-parenting links (e.g. a relative from one family engaging the service user from another family in unstructured socialising or focused discussion of a problem)

An ability (in more mature groups) to promote relationships across family boundaries by:
attending to, and working with, the social bonds that have developed during the group process
positively reinforcing families' ability to support one another (e.g. through praise or constructive feedback)
influencing the direction of group discussions (e.g by promoting follow-up discussion on problem solving efforts, refocusing direction of interaction/conversation or highlighting important subjects that have been 'dropped')
expanding conversation to include others (e.g. opening up a discussion between two family members to include others from the group)

An ability to appropriately evaluate the group/intervention