

## **Involving family members, carers and significant others**

An ability to judge when and how to involve family members/carers/significant others in the therapy

### **First contact**

Where first contact is planned, an ability to begin the process of engagement prior to the initial appointment by providing information about the service and the nature of the initial appointment (e.g. by sending information leaflets), with the aim of reducing anxiety about the appointment

Where the first contact is unplanned (e.g. following an emergency admission), an ability to address and contain distress in both the client and their carers

### **Ability to engage all family members, carers and significant others**

An ability to engage family members/carers/significant others in an empathic, respectful and even-handed way, including:

an ability to give each person the opportunity to communicate/participate

an ability to show an interest in all communications

An ability to make explicit and value the unique perspective of each person

An ability to help people who have a restricted capacity to participate (e.g. because of developmental, sensory or emotional problems)

### **Ability to communicate with family members, carers and significant others**

An ability to tailor the language, pace and content of the session to match the strengths, abilities and capacities of the family/carers, including:

an ability to alter the pace and content in response to heightened emotion and stress

An ability to decide whether and how to involve an interpreter (e.g. when the first language of family members/carers is different from that of the professional working with them)

An ability to check regularly that the family/carers/significant others understand what is being said to them

An ability to summarise information the family/carers/significant others have conveyed in order to check that it has been understood accurately

An ability to help the family/carers/significant others feel comfortable and confident to ask questions when they are uncertain or confused (e.g. by responding positively to questions, validating the appropriateness of questions, or actively prompting them to ask questions)

An ability to provide answers to questions in an honest and straightforward manner, including:

an ability for the clinician to be clear when they need more information in order to answer questions, and to seek this information from an appropriate authority or source

### **Ability to promote understanding about the service/intervention**

An ability to explore the family/carers/ significant others' expectations of their involvement and to identify any concerns they may have about this
An ability to generate a sense of hope for positive change (e.g. by providing information on the service and treatment)
An ability to ensure that family members/carers/ significant others understand:
the rationale for treatments/interventions
how confidentiality is managed
whether, when and how information will be communicated to other healthcare professionals

### **Ability to work in partnership with the family/carers/ significant others**

An ability to work in a manner that is collaborative and aims to empower families/carers/ significant others by:
helping them to identify their concerns, goals and objectives
offering information including psychoeducation about eating disorders, and translating technical concepts into plain language that families/carers can understand and follow
sharing responsibility for setting session agendas and content
promoting joint formulation and problem-solving
acknowledging that the clinician and the family/carers bring different but complementary expertise
reinforcing and validating insights of family members/carers

An ability to draw on the intervention model being applied to help families/carers/ significant others identify how they can best support change, e.g. helping families identify ways in which:
their behaviour can inadvertently maintain or exacerbate eating disorders (e.g. accommodation to the illness, avoidance, over involvement, reassurance giving, defending the illness against the clinician's efforts to engender change)
they can support changes in eating
they can support clients around mealtimes (both during and after)
they deal with problematic behaviour related to eating disorders (e.g. fridge raiding)

### **Ability to manage challenges to engagement**

An ability to monitor the level of engagement throughout the intervention
An ability to identify threats to engagement, e.g. arising from:
family members/carers/ significant others withdrawing because they feel guilty or blamed
heightened levels of distress (e.g. due to significant deterioration in the client's health)
An ability to recognise and explore any impacts of the family/carers/ significant others previous experiences of services on their current engagement
An ability to detect and manage any psychological factors that might impact on the family/carers' capacity to process information and learn new skills (e.g. mental health difficulties, substance misuse)