

## Ability to engage and to work with families and significant others

In this section the word 'family' can be used to describe biological families or partners who come together to take an active role in a client's care

### Ability to facilitate contact with the family and significant others

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 service information leaflets), with the aim of reducing anxiety about the appointment.

An ability to consider information from the referral and from the family itself to identify whether the appointment venue will impact on engagement (e.g. families who find it difficult to travel because of physical and/or sensory impairments or poor health).

where feasible, an ability to offer families who may face barriers to access, a choice of appointment venue.

### Ability to engage all family members

An ability to engage all members of the family attending the session in an empathic, respectful and even-handed way:

an ability to give each member of the family the opportunity to communicate/participate.

an ability to show an interest in all communications, including the behaviour, drawings and play interactions of any younger children who are present.

An ability to make explicit and value the unique perspective of each individual on the functioning of the family.

An ability to facilitate the involvement of individuals who have a restricted capacity to participate (e.g. through developmental, sensory or emotional problems).

### Ability to communicate with family members

An ability to tailor the language, pace and content of the session to match the strengths, abilities and capacities of the family.

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

An ability to work with an interpreter, for example:

meeting with the interpreter before sessions to agree how they will operate, and to identify any key issues, e.g.:

identifying those members of the family for whom the interpreter's services are required

discussing issues relating to confidentiality

checking that the interpreter understands technical terms and/or concepts and can communicate these accurately (and agreeing a process for checking that these have been understood by the family (including any children or young people)

self-monitoring during sessions to ensure that the language used can be interpreted accurately (e.g. speaking slowly and clearly and using short, unambiguous phrases, avoiding jargon, clarifying any terminology that the interpreter does not understand)

An ability to check regularly that the family understand what is being said to them.
An ability to summarise information the family has conveyed in order to check that this has been understood accurately.
An ability to help the family 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
an ability for the therapist 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 develop a positive alliance**

An ability to draw on knowledge of therapist factors which help develop a positive alliance (e.g. being respectful, warm, friendly, open and affirming).
An ability to maintain a non-judgemental, non-blaming stance.
An ability to work in a culturally sensitive manner.
an ability to be respectful and valuing of diversity and difference of experiences, approaches and opinions.

**Ability to use and respond to humour and play**

An ability to use humour as an aid to help clients (e.g. to normalise their experience or to reduce tension), but also recognising its risks (e.g. of invalidating feelings, acting as a distraction to/ avoidance of feelings, or creating “boundary violations”)
An ability to respond to clients’ humour in a manner that is congruent with its intent, and responsive to any implied meanings

**Ability to promote understanding about the service/interventions on offer**

An ability to explore the family’s expectations of their involvement with the service and to identify any concerns they may have about engaging with the service.
An ability to generate a sense of hope for positive change, by for example providing information on the service and intervention/service options.
An ability to ensure that all family members understand:
how the service will manage confidentiality.
when and how information will be communicated to other agencies.

### **Ability to work in partnership with the family.**

An ability to work in a manner that is collaborative and aims to empower families by:
helping each family member to identify their goals and objectives.
translating technical concepts into “plain” language that families can understand and follow.
sharing responsibility for agendas and session content.
promoting joint formulation and problem-solving.
acknowledging that the clinician and the family bring different but complementary expertise.
reinforcing and validating insights of family members.

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

An ability to monitor the level of engagement throughout the intervention.
An ability to identify threats to engagement which arise from:
in-session issues (e.g. family members withdrawing from the intervention because they feel guilty or blamed).
practical issues (e.g. the family's transport to the service, working hours).
social issues (e.g. the stigma of mental health problems, and fear of discrimination).
An ability to recognise and explore any impacts of the family's previous experiences of mental health services and other statutory services on their current engagement.
An ability to detect and manage the impact of psychological factors that might impact on the family's capacity to attend sessions, process information and learn new skills (e.g. family illness /substance misuse).
an ability to manage these factors (e.g. by sequential or parallel interventions)
An ability for the clinician to use supervision to reflect and act on any threats to engagement that arise from their own behaviours.

### **Ability to engage the family in routine service user participation**

An ability to engage the family in routine service user participation by working in a collaborative manner which involves the family in decisions about their care.
An ability to involve the family in the routine evaluation of interventions/services.
An ability to involve the family in the planning of service developments where appropriate.