ADAPTED FAMILY/CARER INTERVENTIONS

Delivering evidenced-based family/carer interventions requires specialist training. The competences outlined in this section are for those with a core profession who are trained to deliver such interventions.

Further detail on the competences for family intervention can be found here (Family Interventions for psychosis and for bd web version.pdf (ucl.ac.uk)). This section will focus on the specific priorities for inpatient settings. The term "family and carers" will be used to refer to any key people in the patient's social network.

Knowledge

An ability to draw on knowledge that because an acute mental health crisis can be a very distressing time for the patient's family and carers, they should be offered support	
An ability to draw on knowledge that family/carer interventions have been demonstrated to have:	
	positive outcomes for the family/carer themselves, such as improvements in carer burden, depression, general health, and quality of life
	positive impacts on patient quality of life, functioning outcomes, and reduction of relapse and readmission
An ability to draw on knowledge that national guidance recommend evidenced-based family/carer interventions for patients in crisis	
An ability to draw on knowledge that communication skills development, problem solving, and relapse prevention are components of family/carer intervention that can be helpful when a patient is experiencing a mental health crisis	

An ability to adapt the delivery of family/carer intervention for the inpatient setting

An ability to support the patient to consider family/carer involvement in their treatment/therapy by:	
	outlining the benefits of family/carer involvement in treatment/therapy
	allowing the patients to weigh up the pros and cons of their involvement
	if relevant, collaboratively deciding when and how they might be involved
An ability to collaboratively deliver family/carer interventions which specifically focus on helping all parties cope and manage the acute mental health crisis, and include components such as:	
	sharing of information (psychoeducation and normalisation) on inpatient care and crisis (for example, the Mental Health Act and sectioning, ward processes/procedures, understanding the development and maintenance of a mental health crisis)
	staying well or relapse prevention strategies
	communication skills
	problem-solving skills specifically for managing the crisis
	helping family members develop empathy for each other's position/respect for alternative views
	stress management and crisis management techniques
	coping strategy enhancement
	motivational interviewing (for example, where substance/alcohol misuse is part of the presentation)
An ability to adapt the delivery of family/carer interventions to maximise engagement by considering:	
	a flexible structure (for example, shorter/longer sessions)
	frequency (for example, having more than one session per week)

timing (for example, offering flexible appointment times to work around family/carer availability, such as evenings and weekends)

Enhancing family communication

An ability to ensure that the delivery of communication skills is tailored to the crisis-focused formulation (i.e., mapped to the family and patient's current needs):
an ability to ensure that the family understand the rationale for a focus on communications skills and why it is important to manage crises
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 (for example, ensuring that positive feelings are expressed explicitly)
'asking for what you want' (for example, making positive requests in a clear and explicit manner)
expressing difficult feelings (for example, disappointment or anger)
An ability to help the family mentalise and understand what is going on in each other's minds and understand each other's perspectives

Problem solving with the family

An ability to draw on knowledge that problem solving with the patient and their family/carers can help manage concerns which contributed to the current crisis
An ability to draw on knowledge that problem solving should be applied to problems that have been collaboratively identified with the patient and their family/carers and relate to the current crisis
An ability to identify problems that require staff intervention (for example, difficulties accessing benefits, housing issues)
An ability to draw on information gained at assessment to understand how concerns 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 problem solving and its likely impact on family/carer functioning/stress
An ability to help the family develop effective problem-solving and crisis management skills, for example by:
discussing the benefits of the problem-solving approach in a way that is readily acceptable to the family (i.e., as a way of achieving priorities or addressing every-day challenges)
applying the problem-solving approach to crisis situations by modelling each of its elements to current issues
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 patient) 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:
ensuring all family members contribute to the identification of possible solutions (for example, 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 concerns
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, particularly considering how things can be implemented once the patient is discharged

Early warning signs and relapse prevention work

An ability to draw on knowledge of the role that the family can play in supporting the personal recovery and wellbeing of the patient	
An ability to draw on knowledge that the priority of this work is to ensure the patient and their family can manage discharge and prevent further admissions	
An ability to draw on knowledge that both early warning signs work and relapse prevention work can contribute to safe discharge planning and reduce rehospitalisation	
An ability to discuss the patient and family's experiences of hospital admission and early warning signs	
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, for example, 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 (for example, what the patient 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 (for example, 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 (for example, 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, for example, liaising with a home treatment team to ensure that the team is aware of its role	
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 (for example, change of personal circumstances and hospital admission) with the appropriate practitioners	
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 (for example, acknowledging reluctance to reflect back on periods of ill health, or fear that the patient will become unwell again)	
An ability to be mindful of the particular issues facing families where there is risk of frequent/recurrent relapse (for example, 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)