

Family Work in Early Psychosis – A One Day Conference **June 2008, Birmingham**

Martin Atchison and Alison Corns

This event was developed following the work that the Meriden Programme has done around early intervention over the last few years. A number of training courses have been delivered across the country specifically for early intervention staff, so it was felt that a learning event on the subject would be well received.

The event was attended by sixty people from all over the country, some of whom had completed the 5-day BFT EI specific training course delivered through the Meriden Programme. There was a very positive and lively atmosphere at the start of the day.

PRESENTATIONS

The Evidence Base For Family Work in Early Psychosis

Grainne Fadden

Gráinne began by giving a summary of national issues and an update on the national picture on behalf of Dr Jo Smith, Consultant Clinical Psychologist, Joint UK National Early Intervention Lead, who was unfortunately unable to attend. Gráinne briefly covered the growth of early intervention services over the last 10 years and how the evidence base for EI services is developing rapidly. The economic benefits of early intervention services have also been described in a recent paper produced jointly by The Department of Health, the National Institute for Mental Health in England and the Carer Services Improvement Partnership entitled 'Economic Modelling and Early Intervention in Psychosis in England'. EI services naturally lend themselves to working more closely with families yet training in family interventions in EI teams is inconsistent nationally. In her presentation, she summarised the current literature on family work with families in the early stages of psychosis. Gráinne went on to outline how the Meriden Programme had delivered training to teams from across the country that were keen to develop practical skills in working with families. She thoroughly explored the experiences of families leading up to their contact with EI services and how in effective EI services, family interventions are crucial if positive outcomes are to be achieved.

A Carer's Experience of Behavioural Family Therapy in an Early Intervention Team

Michele Gladden

The audience were then privileged to hear from Michele Gladden, a carer from Worcestershire with a presentation entitled 'How our view changed with a map'. Michele has two sons, both with psychosis, with an age difference of fourteen years. She spoke about her eldest son becoming unwell and the huge impact that had on the family. Readers will be familiar with the themes of guilt, grief, loss and anger that Michele eloquently spoke about. She also described the family's total lack of understanding at that time, about feeling the need to keep going as best they could without advice or guidance as to what to do or how to cope. Over subsequent years the family struggled to deal with the ongoing problems, and when her youngest son became ill it led to overwhelming feelings of guilt and despair and a long period off work for Michele.

However, Michele went on to describe how Behavioural Family Therapy was like a different type of map for the family. It helped the family to make great improvements in their

understanding of the mental health system, their appreciation of the importance of communication and their ability to develop helpful ways of dealing with situations. The contrasting experience of her sons demonstrated how services had improved, but additionally provided clear evidence that BFT is often crucial to families in touch with Early Intervention Services.

Models of Delivering Family Work in Early Psychosis Services

Frank Burbach

Frank Burbach, Consultant Clinical Psychologist, Somerset Partnership Trust, then went on to speak about the training programme that he has developed over recent years. Once again, the idea that working with families is a fundamental aspect of EI services was highlighted. The service offered in Somerset has Carer Consultants contacting families in order to engage them, and specific posts on wards which look to support families. The model of family work used has similarities with BFT in terms of principles and processes, but also includes some CBT and systemic approaches. Implementation of family work is addressed in detail, and the Family Interventions (Research, Skills, Theory) in Psychosis Course (F.I.R.S.T.) has produced some very impressive results in terms of interventions with families.

The Practicalities Of Implementing Family Work In Early Psychosis Services - How To Support It Happening

Tony Gillam

Following lunch the programme welcomed Tony Gillam who is the Clinical Manager with the Worcester Early Intervention service. His presentation entitled "Working with families in the early phase of psychosis", focused on some of the practicalities of how to make family work happen and how a team can support this. He gave advice on focusing initially on accessing training, and for family work to become a key component in staff development. He also emphasised considering all family members in the initial assessment and involving all members in care and forward planning as well as ensuring that all individuals felt supported and receive education that they require.

Clinical Issues and Examples of Family Work in Early Psychosis Services

Dan Pearson

Our final speaker of the day Dan Pearson, who is a Consultant Therapist at the PEIR Early Psychosis Service in Leicestershire Partnership NHS Trust reflected on families he had worked with, and gave examples of families on their journey through family work. He felt that by focusing on engagement in particular, establishing individuals' attitudes to the problem, whether there is a problem, as well as whose problem it is and what problems are prioritised. He also felt it useful to establish what the attitudes were of individuals to talking, and to ascertain in sessions if there was willingness to talk, where they would, and to whom they would talk. He gave a comparative discussion on hope and hopelessness. In Early Intervention in psychosis he felt there may be a rollercoaster of hope and despair in families' experiences. Reliance on hopefulness depended on the agency and nurturance of others.

The themes of the presentations were developed in the three workshops that ran for the remainder of the afternoon.

WORKSHOPS

Examples of family work in early psychosis services – Dan Pearson

By Martin Atchison

In his workshop, Dan focussed on the issues of engagement and how important it is to inspire hope in families. He began by asking everyone in the group to complete a puzzle. The solving of the puzzle (or otherwise) was dependent on challenging your own assumptions about how the puzzle could be tackled, and neatly stressed the relevance of assumptions that we will all make about families in clinical work. Without constant checking and questioning of these assumptions, relationships can be affected, communication can become strained and it is difficult to engage families effectively.

Dan then asked us to consider recent family contact, and have discussion in smaller groups about different experiences of engaging families. I was able to consider a recent experience of a family disengaging from family work, and felt that the initial engagement session had been too straightforward, that the family had seemed to agree take part in family work before I met them. This experience linked with the next part of Dan's workshop, which looked at hope and hopelessness. Members of this family had very little hope that things would improve and this certainly impacted on the family's attitudes to family work. Dan pointed out the link between a lack of hope and depression and gave examples of how clinicians can work towards instilling hope in families.

Somerset Family Intervention Approach – Frank Burbach

By Michelle Palmer

This workshop was facilitated by Frank Burbach who offered participants the opportunity to explore some of the issues associated with integrating cognitive-behavioural and systemic approaches to involving families in early psychosis care. From the beginning, the session was very interactive with Frank eliciting suggestions for issues that should be covered from those attending. A little time was spent thinking about the theory behind both cognitive-behavioural and systemic approaches to family intervention and the integration of these approaches, from perceptions of families as causing mental health difficulties, through research on expressed emotion putting the focus back on families in a more positive way, to the need to respond to families in a flexible way. Frank then went on to talk about how family interventions training has developed in his service, noting that 'finding suitable families to work with' did not seem to be so much of a barrier following training in this integrated approach (consisting of a year-long course). Frank also stressed the importance of moving away from perceptions of a 'powerful expert therapist trying to fix the family system' towards a more collaborative approach, with professionals working alongside people from wherever they are at. He suggested that discussions should be informed by a variety of therapeutic models but that the tone should be informal, with the therapist eliciting, rather than steering, the tone and pace of conversations with families.

The focus of this session then turned to exploring the circular nature of causality, getting away from a linear perspective and therefore the potential to place blame. Examples were given, based on the slides used in Frank's talk earlier in the day, to demonstrate different ways of looking at how cognition and behaviour might be interpreted by different members of the family in difficult situations and how a therapist might intervene to best effect. It was noted that professionals are often trained to work with individuals in terms of exploring pros and cons, looking for exceptions to problems, considering alternative perspectives and developing possibilities for the future but that they also need to be able to do these things with families. The importance of mental health workers being authoritative but not authoritarian, and collaborative in their work with families was noted and it was suggested that continual evaluation and contracting between all those involved (professionals, family members, service users) could help in developing meaningful partnerships in care.

Implementation of family work in practice

Gráinne Fadden and Tony Gillam

This workshop was delivered by Tony and Grainne. The group considered the five tips for delivering family work that Tony had presented in his workshop. These were:

- When doing initial assessments show from the start that you are there for the family as well as the client
- Make family work a requirement of the job
- Have a waiting list for family work and review it frequently
- At the same time, encourage people to ignore the waiting list and opportunistically work with people on their caseload!
- Discuss BFT in clients' CPAs and workers' SDRs (performance reviews) and any other acronym you can think of!

This led to animated discussion of all of these topics with delegates sharing experiences and ideas on how these could be achieved. The discussion could have gone on for much longer, and an hour was certainly not long enough for such complex issues. What was striking was the disparity in different parts of the country. Some clinicians reported that there was no family work of any sort available where they were working and they did not know where to start. In other areas, services were well-developed

Final Plenary session

The day ended with a summary of key themes from the groups, and questions and reflections to speakers and the larger audience. What was noticeable was that unlike many events where proportions of the delegates leave at various points during the day, everyone stayed right to the end.

Final reflections at the end of the day that were echoed by the audience were an agreement on the usefulness of the day. Most of the people attending the day were clearly enthusiastic and the day had a very vibrant feel to it. There was some feedback around how the lessons learned from the day would be taken back and discussed within teams, and the energy from the day would have a galvanising effect on teams across the country. There were requests for further similar learning events on different aspects of family work in early psychosis

(Sam, can you add in some good general quotes from the feedback for the day as whole, and if there are any about specific presentations or workshops these could go after the different sections