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NHS Foundation Trust

**Meriden conference  
20 June 2018**

# **Integrating Behavioural and Systemic Approaches in a Service Context**

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# OUTLINE

Somerset's family based services &  
Integrated Family Intervention approach

Regional Flp training

The future: Family/ Network based services?  
Open Dialogue?  
Digital FI?

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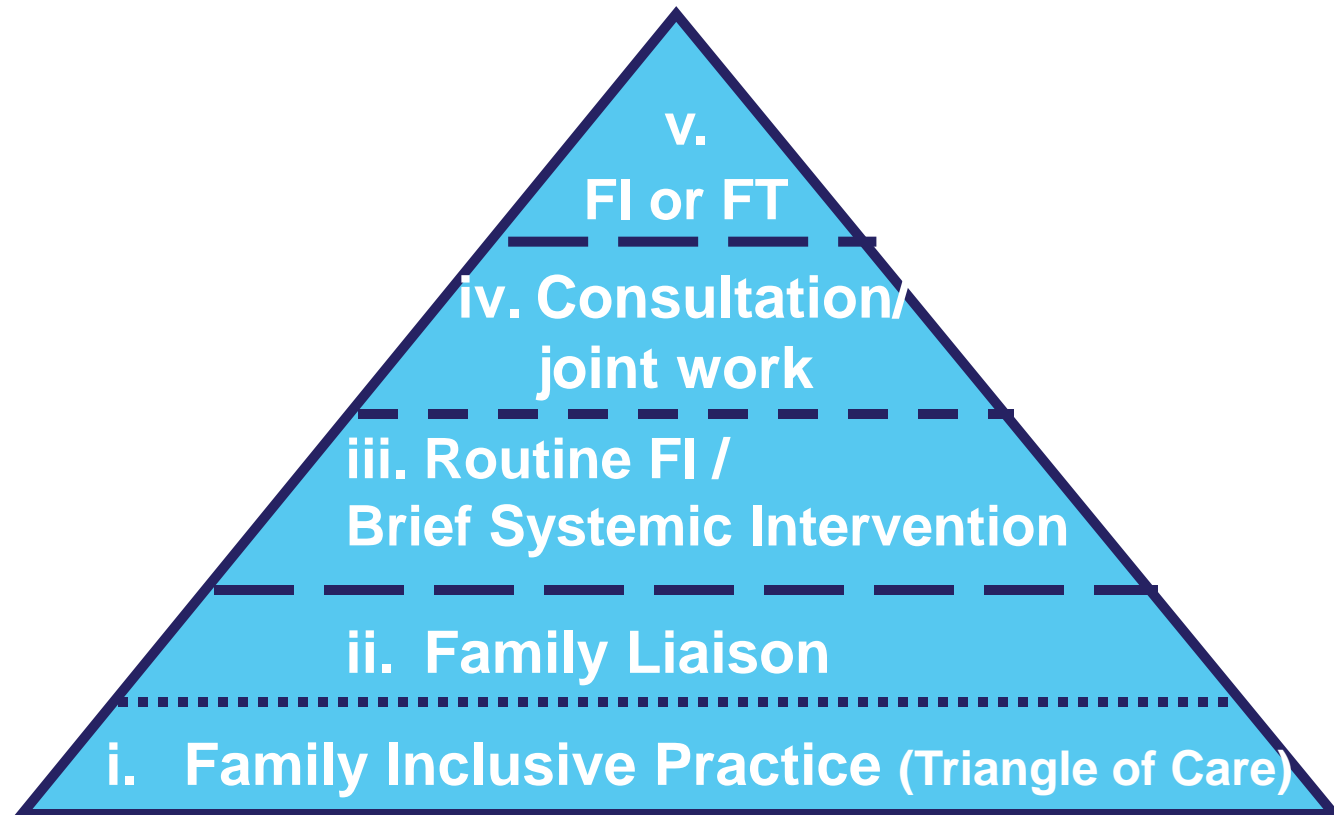
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# Somerset – family oriented service development

- 1980's- Formal Family Therapy
- 1996- Family Service for Psychosis  
(Family Intervention: 'Family Support Service')
- 2006 Routine EIP family work
- 2007 Family Liaison on the inpatient wards
- 2013 Family inclusive practice in CR&HTTs
- 2013 Triangle of Care in MH & CH services
- 2014 Family inclusive practice in CMHTs
- 2016 0-25 service/ Connect18/ Brief Systemic Intervention/ ToC/ Open Dialogue?

# Somerset Family Services (work in progress...)

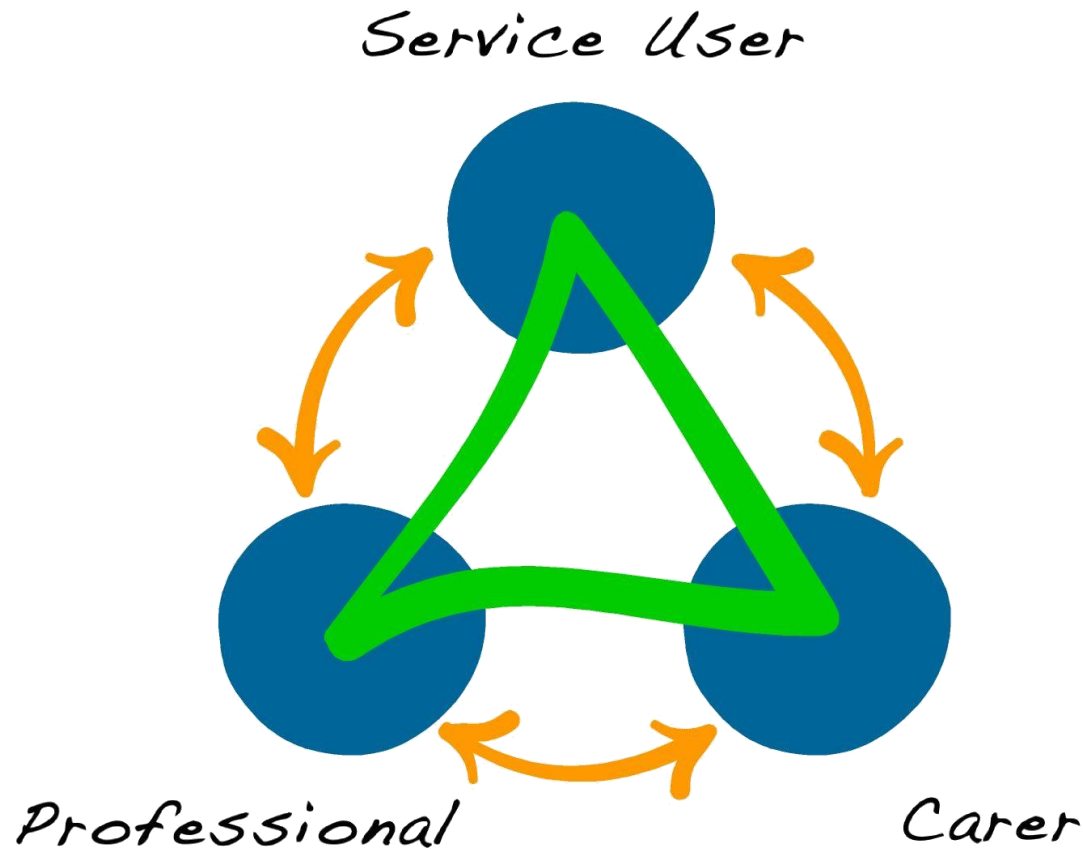


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# The 'Triangle of Care' (Worthington et al., 2013)



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© Somerset Family Liaison Team  
(2014)

# Trust strategy (2002)

## **Vision: A Family/Carer Friendly Trust**

The Somerset Partnership Trust will strive to respond to the needs of carers and families in all parts of the service.

This entails having a social network perspective to all assessments and interventions provided by our staff and the involvement of families and carers in service delivery wherever possible.

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# “A 3-way partnership”

- Good Practice Guidelines for Inpatient Wards and Community Teams on Obtaining Information from Families and Carers
- Family Liaison Service

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# Integrated Family Intervention approach

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# BACKGROUND: RESEARCH INTO IMPLEMENTATION

- ❑ Research by Fadden, Brennan and Gamble, Kavanagh et al shows that relatively few clinicians trained in family interventions (FI) go on to provide this service.

## **Difficulties experienced:**

- ❑ Inability to prioritise FI due to the service environment
  - ❑ The FI approach taught appeared not to 'suit' many families and clinicians therefore had difficulties engaging families.
- 
- ❑ *Given these difficulties we decided to develop our own training to set up family intervention services and established a Somerset-wide service of four family intervention teams (1996-2000).*

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**In the 1990's there were  
2 CAMPS:**

**Family Therapy vs. Family Management**

**Systemic vs. Behavioural (Cognitive-Behavioural)  
Therapy vs. Psychoeducation**

*In Somerset we developed an integrated approach  
drawing on the best of both traditions*

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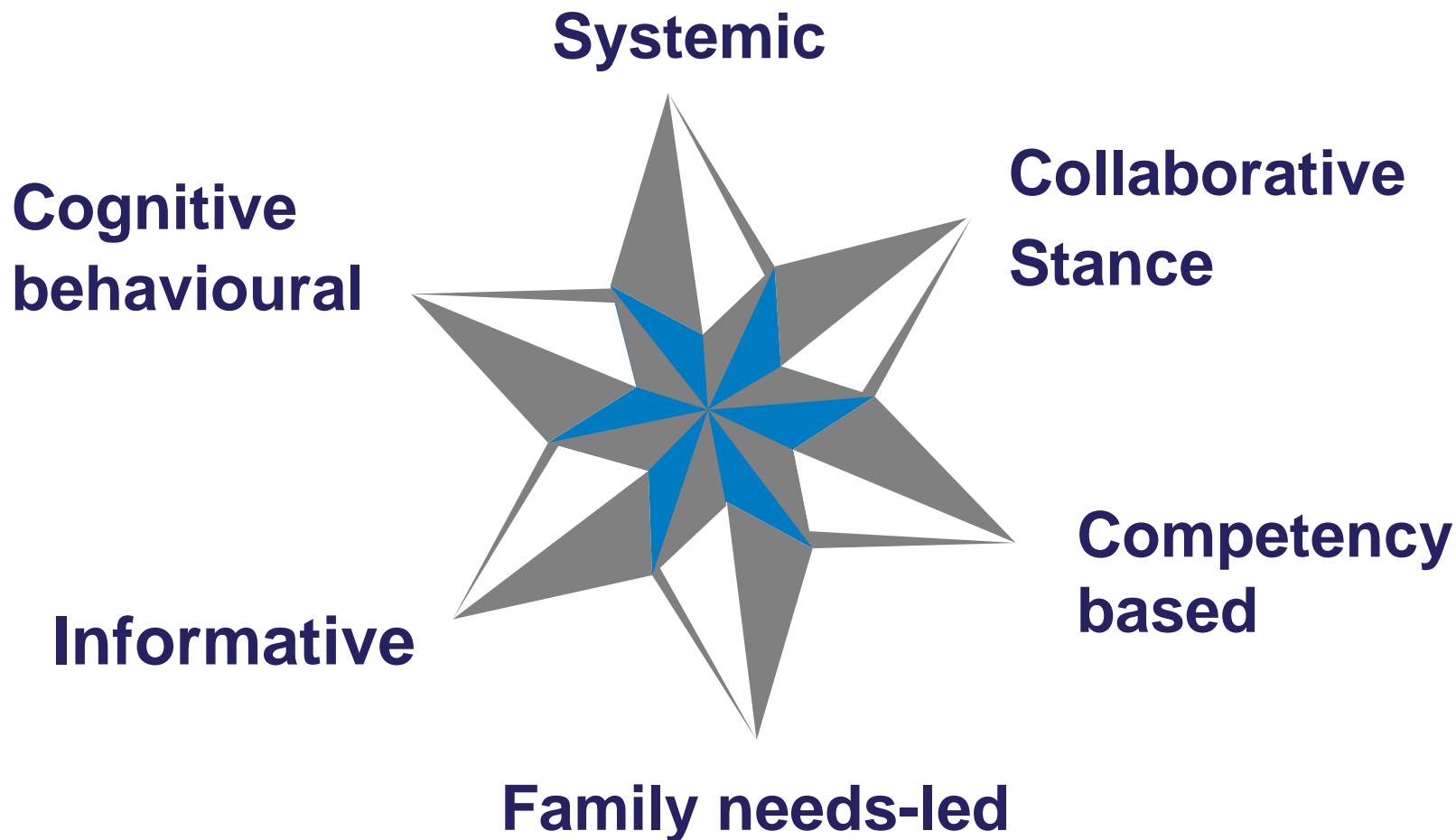
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# CLINICAL APPROACH (1996 & 2006)



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# Integrated Family Intervention: THE HISTORICAL CONTEXT

2 PHASES ?  
3 PHASES ?  
5 PHASES ?

?

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# PHASES

## **2 PHASES:** Modern vs. Post-Modern

## **3 PHASES** (Dallos & Draper):

- 1950s to mid 1970s: First Order Cybernetics  
A focus on Pattern & Process
- Mid 1970s to mid 1980s: Second Order Cybernetics  
Constructivism  
A focus on Beliefs and Meanings
- Mid 1980s onwards: Social Constructionism  
A focus on Social & Cultural Contexts

“Integration may well  
become the fifth phase of family  
intervention for schizophrenia...”

(Bertrando, 2006)

**Phase 1: Conjoint family therapy (1955-1965)** – FI aimed at modifying family communication patterns to resolve psychopathology

**Phase 2: Antipsychiatry (1965-1975)** – family therapy became linked with the idea that schizophrenia is an epiphenomenon of the distortions of Western Society.

**Phase 3: Milan systemic therapy (1975-1985)** – an approach focusing on relationships & helping people with schizophrenia recognise their position within the family/ other systems.

**Phase 4: Psychoeducation (1985–2005)** – an approach aiming to help family members cope with problems brought about by the illness & encouraging medication adherence.

**Phase 5: Integrative phase (2006 - )** New phase of family interventions merging different approaches to give more effective help to all members of families with schizophrenia.

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## **From 2007 Lobban & Barrowclough began to develop their psychoeducational FI approach from one ‘based on an individualistic CBT approach’ to a ‘SYSTEMIC CBT framework’**

- Lobban & Barrowclough (2015). An interpersonal CBT framework for involving relatives in interventions for psychosis: Evidence base and clinical implications. *Cognitive Therapy and Research*, 1-18.
  - “ This paper presents an interpersonal framework for extending the more familiar cognitive behavioural therapy model of psychosis to include the role of relatives’ behaviour in the process of recovery.”
  - “Our framework highlights the dynamic interaction between service users and relatives’ behaviour.”



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# Cognitive Interactional analysis

- A Systemic & Cognitive-Behavioural formulation
- A therapeutic tool

***Presented at the first Meriden conference 2000***

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# Principles, Concepts & Content of Family Work **(Meriden Conference, 2007)**

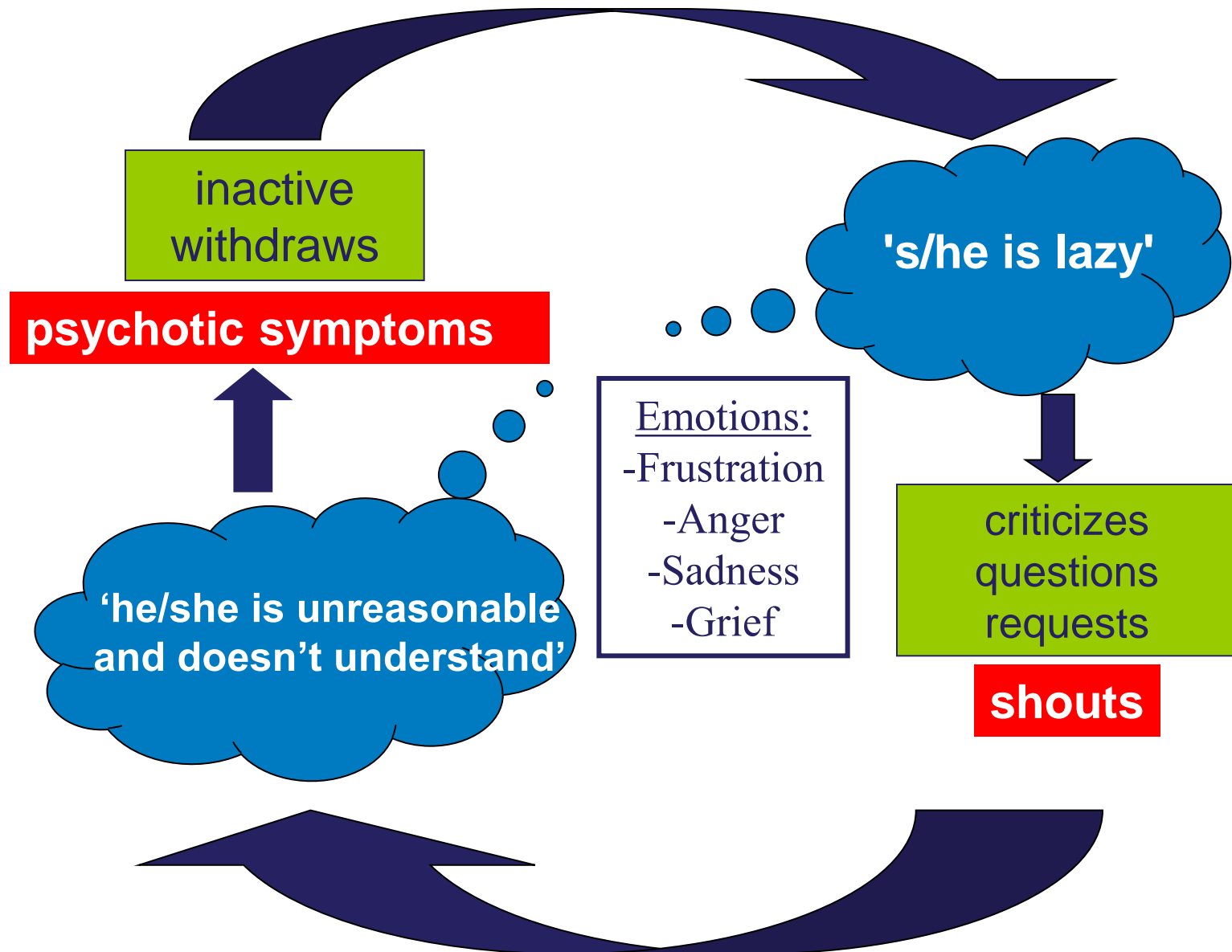
## □ Family work ‘core principles’ (Fadden 2006: 162-4)

- A genuinely positive attitude towards families
- Acknowledgement of the family’s skill & expertise
- Understanding the intention behind the action
- Every family has its own culture

## **We would add the following-**

- An understanding of family systems & how they evolve over time
- An ability to explore unhelpful patterns of interaction in which all family members have been caught up, despite their best intentions
- An ability to enable conversations in which every family member feels understood, families recognise their strengths, and feel empowered to make beneficial changes

# COGNITIVE INTERACTIONAL ANALYSIS





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# COGNITIVE OR BEHAVIOURAL INTERVENTIONS

Person with psychosis

Relative

## Behavioural Interventions

**GOAL SETTING  
POSITIVE REINFORCEMENT  
BEHAVIOURAL ACTIVATION**

## Empathic reappraisals

**"He/she is feeling  
overwhelmed"/  
"struggling with a  
serious mental health  
problem"**

## Empathic reappraisals

**"He/she is  
concerned/ cares  
about me and is  
trying to help"**

## Behavioural Interventions

**Communication Training (BFT)  
"It really makes me feel cross  
when you ... Please do ..."**

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# THERAPEUTIC CONVERSATIONS – DEVELOPING ALTERNATIVE PERSPECTIVES

## Exploring pros and cons

eg: *“What are the drawbacks and benefits of taking the medication?”*

## Looking for exceptions to the problems

eg: *“When was the last time you didn’t obey the voices?”*

## Considering alternative perspectives

eg: *“What alternative ways are there of looking at the situation?  
What would your friends say?”*

## Developing possibilities for the future

eg: *“It’s good to hear that you have had some success in managing your voices on returning to college. What does this tell you about your coping abilities and what may be possible in the future?”*

# *"A different world"*

'A shared containing space' N=7  
Allen, Burbach & Reibstein, 2012

- At the heart of this approach is the collaborative therapeutic relationship where everyone's views are valued and respected.
- If the therapist(s) create a sufficiently safe space the patient and family/network members will be able to share their thoughts and feelings and find more effective solutions to their current concerns.
- During such conversations it often becomes clear that significant others have inadvertently reinforced the problem behaviours and the whole system can be enabled to change unhelpful interactional patterns through shifts in their beliefs, appraisals of one another's motives and actions, and by practicing new behaviours.

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- Integrated psychoeducational/CBT & systemic approach (Burbach, 1996, 2013; Burbach & Stanbridge, 1998)
- ‘Cognitive interactional’ approach (Burbach & Stanbridge, 2006)
- Brief, focused, resource-oriented, solution-focused approach (7 phases)

Burbach (2016) BRIEF FAMILY INTERVENTIONS IN PSYCHOSIS - a collaborative, resource-oriented approach to working with families and wider support networks. Chapter 8 in Pradhan, Pinninti, Rathod (Eds.) Brief Interventions for Psychosis: A Clinical Compendium SPRINGER

# This intervention can be described in terms of 7 overlapping phases:

1. The provision of information and emotional and practical support
2. Identification of patient, family and wider network resources
3. Encouraging mutual understanding
4. Identification and alteration of unhelpful patterns of interaction
5. Improving stress management, communication and problem solving skills
6. Relapse prevention planning
7. Ending

## 4: Identifying and altering unhelpful patterns of interaction

- Explore sequences of behaviours (or ‘circularities’) regarding specific incidents (maintenance cycles)
- Draw a ‘cognitive interactional cycle’ with the family
  1. clarify the problem,
  2. explore antecedents and establish sequences of behaviour,
  3. explore appraisals of each other, emotional reactions & responses,
  4. explore alternative understandings.
- Often realise they have been misinterpreting each other’s motives & inadvertently reinforcing the problem behaviour.
- Results in increases in mutual understanding, improved emotional climate and can also help identify specific targets for intervention.



## 5: Improving stress management, communication and problem solving skills

- Collaboratively develop stress management skills e.g. Yoga, meditation, relaxation, exercise, breathing exercises (joint activities can also help strengthen relationships)
- Practice following the BFT guidelines for clear, direct and positive communication:
- e.g. rather than criticizing, practice making a positive request: “It really makes me feel cross when you... please do...” (also active listening, expressing positive feelings and expressing negative feelings).
- Practice problem solving skills- family meeting to work through the 6 stages.



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## 7: Ending (each session/ the therapy)

- Review progress & reflect on key 'learning points':

*"How did you find today's session?"*

*Can you think of one thing that you can take away from our meeting today?"*

- Encourage the family to make some notes/ provide them with a bullet point summary of 'key points' to help consolidate (each session a 'mini intervention').
- Discuss how to maintain new strategies and prevent or respond to 'lapses'.

Do this in detail in the last planned session:

- *"What will you notice if the worries start to invade your life again?"*

*What triggers do you need to look out for?*

- *"What will you do if you notice unhelpful habits/ problems creeping up again?"*

*What strategies will you use to 'nip this in the bud'?*

*What qualities will you draw on to overcome this?*

- *Who else can support you to resist the voices/ beat (the bottle/ drugs)?*

*How can they best support you?"*

# Lots of similarities between approaches...

- But there is a different emphasis...
- Aim of psychoeducational approaches- to help people to develop their coping strategies
- Aim of systemic therapy- to help people to rediscover their personal power/ agency and return to their own systems of support.
- Focus on Strengths & Solutions

# Focusing on positives / exceptions

- When a client reports something which appears to be new or different (this is often done with little emphasis and could easily pass unnoticed):
  - “How is that different from the way you might have handled it (one week/one month ago)?”
  - “Do you remember a time when you talked about difficult issues without...(it leading to an argument / him withdrawing)?”
  - “Have you ever had this difficulty in the past? If yes. How did you resolve it then?”
  - “What would you need to do to get that to happen again?”

# Exploring ‘solution sequences’

“What is different about the times when...  
(you are getting along; s/he expresses how she feels, etc)?”

“How do you get that to happen?”

“What difference does it make to you when...,  
how does it make your day go differently?”

“Who else noticed?”

# The case for co-work (Burbach, 2016)

- Facilitates a stable therapeutic relationship - this provides sufficient justification for any small increase in staff costs.
- The quality of the therapeutic intervention is significantly enhanced if co-therapy is employed.
- Continuity of support (secure base)
- consistent messages
- supervision and support
- modelling
- attending to multiple voices, **reflective conversations** and collaborative therapeutic practice

# Reflective conversations

- Tentative (not instructive or directive) conversations between co-therapists where a range of ideas is offered for the family to consider, comment on and incorporate where they seem appropriate.
- These conversations need to be brief, genuine and positive in nature, use language which is easily understood by the family, emphasise solutions rather than problems, and be respectful and valuing of the family.
- These conversations can be highly effective if conducted sensitively but this approach does not suit all families so it is important to seek the family's feedback.

(Burbach, 2016)

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## HEE funded FI training 2016-17: 10 taught days & 6 months supervised practice

3 March 2016 Introductory event (Exeter)

1. Exeter: 7 March - 22 March
2. Bodmin: 21 June - 13 July
3. Bristol: 19 September - 11 October
4. Exeter: 28 November - 21 December

65 EIP clinicians!

## 2018

23 January 2018 Introductory event (Exeter)

1. Exeter: 22 January – 28 February
2. Bristol: 19 March – 1 May

41 EIP clinicians!

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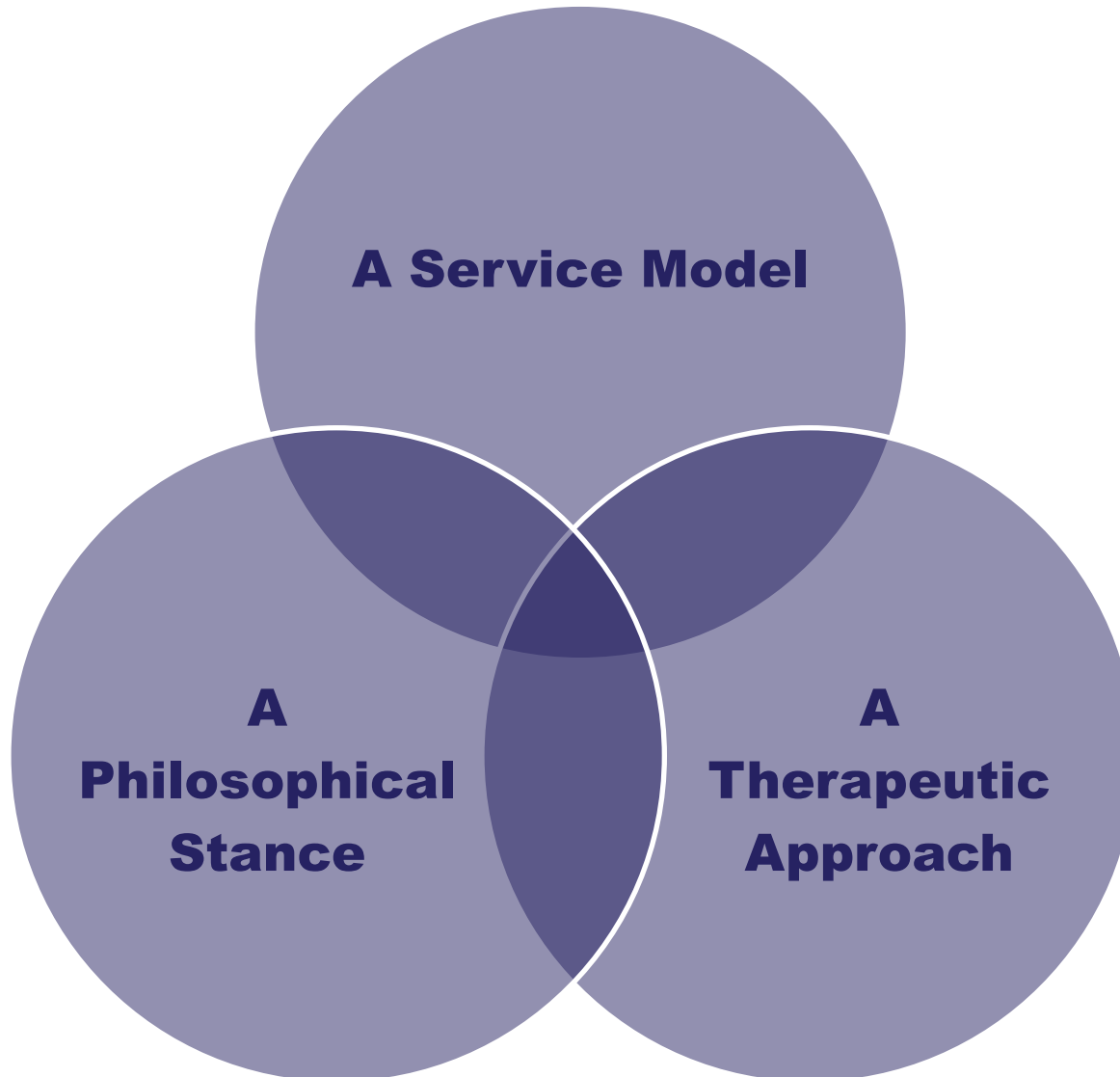


# Somerset – 3 phases of family oriented service development ?

1. Specialist Family Therapy/ Intervention  
(Integrated Family Intervention)
2. Family Inclusive Practice (Triangle of Care) &  
Family Liaison
3. Open Dialogue ?

Burbach & Stanbridge (2009) Setting up a family interventions service. In Lobban & Barrowclough, A casebook of family interventions for psychosis. Chichester: Wiley-Blackwell  
Stanbridge & Burbach (2014) 'Family Needs, Family Solutions: Developing Family Therapy in Adult Mental Health Services' In McNab & Partridge, Creative Positions in Adult Mental Health: Outside In – Inside Out , London: Karnac  
Burbach, Sheldrake & Rapsey (2015) Open Dialogue in Somerset? Context, 138: 17-19.

# What is Open Dialogue?





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# Open Dialogue

- The mainstream service for all serious functional mental health problems, started in 1984
- Measuring outcome data & publishing research since 1988
- Best known for their work with psychosis

At 5-year follow up:

67% had never been exposed to antipsychotic medication;  
79% had no symptoms; 73% working or in education

- Key aspects:
  - Mobile crisis intervention teams
  - Network approach
  - Importance of continuity e.g. the same staff continue the work from the first meeting
  - Importance of openness

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# 7 Core Principles of OD

- Immediate Help
- Social Network Perspective
- Flexibility & Mobility
- Responsibility
- Psychological Continuity
- Tolerance of Uncertainty
- Dialogism (& Polyphony)

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# The 12 Key Elements of Fidelity to Dialogic Practice in Open Dialogue

(Olson, Seikkula, & Ziedonis, 2014)

1. Two (or More) Therapists in the Team Meeting
2. Participation of Family and Network
3. Using Open-Ended Questions
4. Responding To Clients' Utterances
5. Emphasizing the Present Moment
6. Eliciting Multiple Viewpoints
7. Use of a Relational Focus in the Dialogue
8. Responding to Problem Discourse or Behaviour in a Matter-of-Fact Style and Attentive to Meanings
9. Emphasizing the Clients' Own Words & Stories, Not Symptoms
10. Conversation Amongst Professionals (Reflections) in the Treatment Meetings
11. Being Transparent
12. Tolerating Uncertainty

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# So is Open Dialogue simply a type of Systemic Therapy?

**YES**

- Collaborative socio-constructionist type of Family Therapy

**No**

- Radically different service delivery approach
- Dialogism/ polyphony to create words for traumatic memories stored in the body
- Like other professionals Systemic Therapists have to learn to listen more/ differently and ask fewer questions/ talk less!

# What's the difference between Open Dialogue & Integrated FI?

## **OD service model**

- Similar to EIP (family oriented; FI core)

## **OD therapeutic approach**

- Similar to IFI (collaborative meetings to encourage dialogue and emotional connections; reflective conversations)
- IFI more explicitly goal oriented
- IFI uses a wider range of techniques (behavioural, cognitive behavioural, solution focused, narrative, dialogical)
- IFI therapist perhaps asks more questions

# Increasingly the CQC is asking Trusts to evidence the implementation of ToC



## ToC may become a mandatory, formal scheme of accreditation

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# ***Cutting access and waiting times by delivering family intervention online***

Digital Solutions conference,  
Manchester, May 2016

**Dr Frank Burbach**

Head of Clinical Psychology & Psychological Therapies,  
Somerset Partnership NHS Foundation Trust

**Richard Andrews**

Founder and Chairman Healios

**Identifying factors that influence the implementation of  
digital family interventions in an early psychosis service**

Frank R. Burbach and Laura E. Bond

Paper submitted to Journal of Family Therapy, 2018

# Healios brings two pioneering digital services to help support the SOMPAR EIP team



*Patient & family*



## Healios Online Family Intervention

*The only UK online and clinician-led family intervention service built upon the Behavioural Family Therapy model to address patient and family unhealthy behaviours driving poor outcomes in psychosis*



## Healios Decision Tool

*Patient health status 'in the home' sent by patient and/or carer via Healios app to NHS Treatment team dashboard allowing:*

- *Early warning for change in patient status*
- *Enables NHS team to prioritise resources*
- *Improved clinical decisions*



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