

Family Work during the Covid-19 pandemic

Note:

This document does not seek to replace any guidance issued by the Trust or employing organisation. In addition, circumstances are changing at some speed and further comment/suggestions are welcome as the situation evolves.

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During these unprecedented times, many clinicians are being asked to reduce/cease all non-essential face-to-face contact with clients and their families as a means of limiting the spread of the Covid-19 virus. Although clearly the right course of action, it can leave some of our service users and their families isolated and under significant additional stress. Maintaining contact and retaining engagement with services at this time is to be encouraged wherever possible. Some of our service users will find themselves experiencing significantly more family contact due to household isolation and quarantine restrictions, whereas some who live more independently will be facing higher levels of isolation. Each brings with it increased stress and the increased risk of relapse.

Each organisation will be producing its own recommendations at this time, and seeking out new ways of reaching out to clients – via telephone, SMS, conference calling and various Apps and video link technologies. With these new media come challenges. Family Intervention, as an evidence-based approach, has always promoted face-to-face contact as the ideal means of developing rapport and sustaining relationships. The impact of direct physical presence, without any mediating technology, has huge influence in terms of a persons' body language, ability to build relationships, develop trust - and importantly in family work, their ability to demonstrate and model skills.

However, the current climate means that to continue to offer Family Intervention we must embrace alternatives.

Telephone sessions

The most common method of maintaining contact with families is likely to be telephone contact. Clinicians will find it necessary to decide whether contact is informal (as a way of maintaining engagement and “checking in” with the family until face-to-face contact resumes) or as a means of delivering a more structured session. Clinicians will need to make this decision on a case-by-case basis and maintaining supervision links will assist with this. In either case, it is worth considering the following points:

Prepare for the call in advance

- Make sure you find a quiet place to make the call and minimise any chances of being disturbed.
- The call will possibly be of an hour's duration. A hands-free or speaker phone will be more comfortable. Consider how the family will access the call. Will you be using a conference style with family members calling in from different sites, or will they be using one phone on speakerphone? In practice, the family using one phone on speakerphone is often more successful and encourages interaction at their end.
- Preparing a script will come across as unnatural, but consider what you want to say and what the session needs to cover. Page 11 in the manual will help with this.

- Will the family need any visual prompts or handouts? How will these be shared in advance? These can be mailed or emailed to the family members, with clear instruction to read in advance of the session (i.e. general information, psychoeducational materials) or with the family discouraged from looking at them in advance of the session (i.e. prompt sheets for communication skills). See specific session guidance for more detail.

Have a plan and be clear about what you want to achieve in the session

- Before you make the phone call, think about the purpose of the call. For example, do you want to gather assessment information, share information or work on a specific skill? If you are clear about what you want to achieve, it will be easier to measure whether you were successful.
- Pages 11 and 12 in the manual will help with this.

Speak clearly and be concise

- Try and speak in a clear way, avoiding lengthy sentences. Shorter sentences will help maintain concentration and or prevent people getting “lost”. Try and maintain a clear structure and don’t be tempted to hop from one subject to the next. Modelling the communication skills will help here!

Remember the ground-rules

- It is important to ensure that ground-rules are established once the assessment and formulation are complete. These will help the family members in their interactions at home, assist in their management of family meetings and help clinicians manage conversations/keep focus within telephone contacts.
- Additional helpful ground rules to consider (or reinforce) in relation to telephone contact are,
 - Taking turns to speak/one person speaks at a time
 - Say your name before speaking (helpful in large family groups)
 - Minimising distractions (TV off, other mobile phones on silent etc.)

Remember the family members have no non-verbal cues from you

- Unless you are using video, family members will have no idea if you are smiling, nodding or shaking your head! Without visual cues you need to communicate everything verbally. Be mindful of your tone of voice and make sure it matches the message you are trying to convey. Although family members will not be able to see you, they will quickly pick up if you are distracted or unsure.

Make sure you listen carefully

- Give the call your full attention. Family members will quickly pick up if you are moving around, answering emails or doing other activities.
- Demonstrate your own active listening skills, paying particular attention to encouraging the speaker with the use of verbal indications (“uh-huh”, “yes” etc.) and the use of clarifying questions. This is an ideal opportunity to model skills.

Summarise the session at the end

- At the close of the session it is helpful to summarise what has been covered, and to ensure that everyone is clear about what is expected of them. Clinicians may also find it useful to send a follow-up email.

- It is helpful to be clear about what was agreed during the session, what between-session practice/activity is required, who is responsible for carrying out which tasks and when you will call again. Doing this as a family group ensures everybody has the same information and reduces the risk of misunderstandings.

Specific considerations:

Engagement

- Engaging with a family without face-to-face contact will have its challenges. Some services will choose to not formally engage new families in Family Intervention at this time and will prioritise work elsewhere. However, some families will still appreciate workers “checking-in” on their wellbeing at this stressful time – which may assist in engagement in more structured family work at a later date. For those families who choose to pause family work, again, checking in may also be appreciated.
- Given that services may well be under significant pressure, co-working opportunities may be limited. Given that it may be also be easier for the family to communicate with one practitioner at a time over the telephone, a single worker may be preferable. Access to peer/formal supervision will be especially important.

Assessment and Formulation

- Although not ideal, individual assessments can be relatively easily undertaken over the telephone.
- Offering to provide a written copy after the session for the family member to review/comment upon may be helpful. However, care must be taken in terms of confidentiality of individual information – if you are doing this, always ensure the privacy of any email addresses or postal arrangements.
- Without visual cues it will be difficult to undertake an observed problem solving assessment – it may be necessary to pay particular attention to the reported aspect. Where possible, ensure each family member is able to contribute to the discussion to ensure balance.
- Expanding the question “*Do you have someone to discuss your problems with? How often?*” as part of each individual interview may also assist in gathering information on current problem solving skills/experience.
- When considering your formulation, you may need to discuss any priority areas with the family. Current circumstances may warrant a more focussed intervention (i.e. information on staying well and crisis management).

Information sharing

- Ensure that the ground rules are in place and the family are in a position to give the session their full attention.
- Be aware that concentration is often more difficult when using the telephone and people may tire easily. You may need to deliver, shorter, more frequent sessions. Be clear on the topic you/the family want to address and keep to that topic where possible.
- Preparation is essential. What is the aim of the session? What do you wish to achieve? Use your formulation and any previous questions the family have asked. Sending out written material in advance may be particularly helpful. The family can then read the material and use the session to ask questions/generate further discussion. This also applies to any video/YouTube materials available.

- If undertaking an information sharing session, the primary aim is for the family to better understand the experience of the service user. Try not to talk too much, use core counselling skills and encourage the service user to contribute as much as possible.
- Given current circumstances, it is to be anticipated that many families will be under additional stress which may well impact on their own mental wellbeing. Acknowledgement, and normalisation, of this is important. Information sessions may also include stress management principles for the whole family, including anxiety management principles, mindfulness techniques, the importance of maintaining healthy roles and routines (sleep, diet, exercise etc.).
- The Information section in the “Caring for Yourself” manual may provide additional resources or offer pre-session activities.
- <https://www.meridenfamilyprogramme.com/download/recovery/caring-for-yourself/CFY%203%20-%20Information.pdf>

Staying Well Planning

- The section on Relapse Management within the “Caring for Yourself” manual can provide some excellent pre-session reading, particularly for family members.
- You may wish to offer an individual telephone session with the service user to explore the rationale for the work and consider how best to manage the session. Remember, this can be a sensitive or distressing topic for some individuals.
- A simple staying well plan can be devised at this point through telephone discussion, with key signs and responses addressed. A more detailed plan using the card-sort exercise may be agreed at a later date. Templates for this can be found in both the BFT and “Caring for Yourself” manuals and can be posted/emailed in advance. Either the clinician or elected family member can act as scribe.
- Note: Although the card-sort exercise can be an excellent way of identifying early signs, caution should be taken if undertaking this without visual cues. There are numerous cards and it can be confusing and overwhelming if the rationale and instructions are unclear.
- <https://www.meridenfamilyprogramme.com/download/recovery/caring-for-yourself/CFY%206%20-%20Relapse%20Management.pdf>

Communication Skills

- As referred to previously, communication skills are more readily taught when the family are together and using a speaker-phone (as opposed to individually dialling in to a conference line). This would be the preferred method and enables the family to more easily feedback to the person practicing the given skill. If this is not possible, “Look at the person” may be replaced by addressing the person by name.
- Page 12 in the BFT manual will be of particular help to maintain focus/structure when introducing the skill. The family will not be able to see you referring directly to your manual!
- The communication skills handout #1 (attached) may assist the family in working through the process of each communication skill. This can be posted/e-mailed in advance and may also be of help within the Family Meeting and between-session practice.
- Providing the prompt sheets in advance of the session may be appropriate for some families, but may be overwhelming or confusing for others. One way of addressing this could be to place copies of the prompt sheets in to numbered envelopes, with families instructed to open the respective sheet when requested by the clinician. A pack can be posted to the family in advance of starting the communication skills component.
- If the family have access to a computer, the prompt sheets could be emailed, or the family asked to refer to the pages within the “Caring for Yourself” manual (although the format is less helpful than the single page prompt sheets).

- <https://www.meridenfamilyprogramme.com/download/recovery/caring-for-yourself/CFY%204%20-%20Communication%20Skills.pdf>.

Problem Solving

- As with all sessions, keeping to the session structure (BFT manual page 11) will be important.
- Reinforcing the idea of practicing this skill with simple, straightforward examples will ensure complexity is minimised. You may also wish to adopt the role of “chairperson” for the first practice as a way of initially demonstrating the 6-step technique.
- Making use of the “Caring for Yourself” manual will be helpful for some families, although may be better used as a follow-up to an initial telephone session (homework/between session practice).
- Posting or emailing copies of the BFT worksheet in advance of the session will be helpful (BFT manual pages 83/84).
- <https://www.meridenfamilyprogramme.com/download/recovery/caring-for-yourself/CFY%205%20-%20Problem%20Solving%20&%20Goal%20Achievement.pdf>

Helpful resources

The Meriden web-site.

www.meridenfamilyprogramme.com

Contains helpful resources, information for clinicians and a section on Recovery and wellbeing for carers and family.

The Meriden/Rethink “Caring for Yourself” manual

www.meridenfamilyprogramme.com/recovery/what-carers-families-and-friends-can-do-to-help-themselves/caring-for-yourself

An 8 session workbook guiding carers through the principles of Family Intervention and recovery for carers. Can be used as self-directed learning or as an adjunct to telephone sessions. Contains BFT worksheets, exercises and additional tools.

Handout 1

Communication Skills

Reason

Rationale

Understanding why we might use the skill is important

- Why do we think this skill is important?
- How do we think it might be helpful to us as a family?

Relevance

Current skill level

How might the skill be relevant for us as a family?

- Is this something we are doing already?
- Can we think of a time when each of us has used this skill?
- Can we describe how we currently do this? *Who? Why? Where? When?*
- Specifically what was said and what was the response/what happened next?

Replace

Sometimes, doing things a different way might be helpful

- Introduce the steps of the skill using the handout.
- Why do we think each step might be important?

Rehearse

Practice

Testing things out while we are all together can be useful. It can be helpful to learn from one another and support each other.

- Can we each think of a straightforward example of the skill that we can practice on (nothing too complicated?)
- Taking turns, we can each practice the skill using the steps on the sheet
- Give each other helpful feedback
 - *Did the person follow the steps of the skill?*
 - *Are there any suggestions for improvement?*
 - *Repeat if you need to...*

Reinforce

Between session practice

Practice outside of sessions is important. The more we practice, the easier it gets and the more confident we become.

- Using the diary sheets, practice using the skill between sessions. Each take a note of how things go and bring the sheets back to the next Family Work session.