

Behavioural Family Therapy

A Social Work Perspective

Outline of presentation

- Overview of national clinical programme for EIP
- The BFT model & components of therapy
- BFT practice & social work practice
- My experience as a BFT worker
- My experience as a BFT supervisor

EIP national clinical programme

- Primary objective of the EIP programme is to ensure that people who develop psychosis (1000 people in Ireland every year) receive standardised effective treatment without delay
- It recommends evidence informed treatments should be delivered as standard.
- The standardised treatments include CBT p, IPS and BFT

EIP

- Hub & spoke model

In each mental health area (300,000 pop)

Hub

- Consultant psychiatrist & intervention leads
- Experienced clinicians(MDT format)
- Oversight & governance
- Expertise & advice

EIP

- Hub & spoke model

Spoke

2 per 50,000 for each intervention

Trained in interventions

Hub creates local EIP network

- Quarterly meetings
- Sharing information/ Data
- Case discussions
- Future plans

Regular supervision in each intervention

EIP

- **Model of care** is currently with the clinical advisory group of the college of psychiatrists
- It is expected to be completed by June 2018 and to be signed off by HSE in Autumn 2018
- Mary Kelleher SW representative on National working group
- CBTp- SOP has been agreed by MDT subgroup. SW representative Caoimhne Black

EIP

- IPS – agreement with Employability and DSP. Also rolling out as part of social reform fund.
- Demonstration sites – South Lee, Meath & Mayo
- These sites are set up to demonstrate Hub & Spoke model for FEP caseload.
- External evaluation

BFT model

- Meriden family programme training in Ireland
- Since 2013 177 professionals have been trained to deliver evidence based family work. 31 trained supervisors/ trainers
- The Meriden family programme is a training and organisational development programme which has been promoting the development of family sensitive evidence based mental health services since 1998 with a particular emphasis on the implementation of family work

The evidence base for BFT

- Strong evidence base
- Relapse rates are consistently less than 10% at 9 months after the intervention and generally between 30- 40% at 2years post intervention (Falloon et al, 1982, TARRIER et al, 1988, more recent studies Bird et al 2010, Hastrup et al 2013)
- Cochrane review: Pharoah, Mari, Rathbone& Wong 2006: reductions in relapse rates, reductions in hospitalisation rates, better adherence to medication, reduced costs of care
- Nice Guidelines 2014 recommend family intervention as a core treatment for adults with psychosis.

BFT model

- BFT is, by nature, responsive to the individual needs of the family
- SOP suggests that the intervention is offered to the family asap and ideally within 2 weeks of referral to service
- Characterised by a thorough assessment
- The assessment determines the content of the intervention
- A **structured** and **flexible** approach , not a rigid one
- Skills based approach to family intervention

Underlying principles of BFT

- The approach to the family is positive
- The expertise and skill of the family is recognised
- Distinguish between the actions of the family and their intentions
- Every family has its own culture

Format of the intervention

- Assessment of the family is vital and takes place before other components
- Assessment determines how, and in which order the components of BFT are delivered
- Information about the disorder generally provided early on
- Simple skills introduced before complex ones
- Skills with a positive focus taught before those where the focus is more challenging

The components of BFT

- Engagement
- Assessment and goal setting
- Information sharing and relapse planning
- Communication skills
 - ❖ Expressing pleasant feelings
 - ❖ Making positive requests
 - ❖ Active listening
 - ❖ Expressing unpleasant feelings
- Problem solving skills
- Disengagement

Family work assessment

Assessment looks at:

- Assessment of individual family members
- Assessment of family's problem solving skills

The individual assessment

- Develop a therapeutic alliance with each person involved
- Each person is asked the same set of questions
- It gives the person an opportunity to tell their story

The Individual assessment

Looks at:

- Understanding of the problem and treatment
- The impact of the relative being unwell on the person
- Daily routines
- Setting personal goals
- Any other issues

Family assessment

- Meeting of all family members is convened in order to assess problem solving/ goal achievement abilities
- This consists of 2 parts:
 - reported problem solving
 - observed problem solving

Formulation : planning sessions

- Summarise areas of strength and areas for development in relation to communication and problem solving skills
- Identify key areas relating to information needs and misunderstandings
- Agree an intervention plan with the family at this stage based on their assessed needs

The family meeting

Regular meetings (without the family worker) are essential to:

- Identify goals and problems
- Give the family the opportunity to review new skills and information
- Assist with the day to day implementation of the model
- Maintain improvements after family work sessions are complete

BFT intervention

- Regular sessions with the family worker (approx 10 sessions)
- These sessions usually take place in the family home
- Ground rules established around how to feedback to absent members and what to expect of each other during meetings
- A suitable time for their own family meeting discussed and agreed

BFT intervention

- Sessions last approx 1 hour
- Each session has a similar format - review goals, review practice between sessions, introduce new skill, practise new skill, summarise and set date for next session

BFT and Social Work

- At least 40% BFT workers are social workers
- 18 social workers (58%) are BFT trainers/ supervisors
- Social workers have been the champions in the development , promotion and delivery of BFT intervention in the absence of full programme being implemented to date

BFT and Social Work

- Underlying principles of BFT model is similar to social work philosophy and principles
 - works with the “person in context “
 - Sees the person and their family as “the experts”
 - Partnership and collaborative approach
 - Strengths focused
 - Focuses on the here and now

My experience as a BFT worker

- BFT training in Nov 2013
- Offered this intervention to a number of families since then
- More recently focusing on FEP
- Have offered to families with different diagnosis
- Accreditation early 2017

My experience as a BFT worker

- The feedback from families has been very positive
- I like the approach
- Structured but flexible
- Gives the work a focus
- Recovery oriented
- Fits very aptly with social work values & skills

My experience as a BFT worker

- SOP supports our practice
- Clinical supervision is inherent
- Attend supervision provided to supervisors/ trainers at national level
- Avail of peer supervision from co supervisor

BFT supervisor & Trainer

- 5 day trainer & supervisor course in May 2015
- Trained 10 staff along with co trainer/ co supervisor in January 2016
- Provide regular supervision (usually monthly) along with co supervisor to BFT workers in the Mid west area.
- These supervision sessions are well structured and follow a set format

BFT supervisor & Trainer

- Minutes are kept by supervisors and sent to entire group prior to each session
- The sessions give BFT workers an opportunity to reflect on cases and keeps them updated on national progress. We also incorporate an educational aspect where we occasionally review a particular skill or component of that skill and use the DVDs to assist
- Gather monthly stats and send to national office
- The feedback from supervisees to date has been very positive

BFT model – a social work perspective

- The model works!
- It is effective and an evidence based intervention

Thank You!