Behavioural Family Therapy
The Meriden Family Programme

• NHS organisation.

• Programme is part of the Birmingham & Solihull Mental Health NHS Foundation Trust.

• Training and organisational development at a national and international level.
Aims of the Meriden Programme

• To support organisations in providing services that are “family sensitive”.
• To ensure that evidence-based family approaches are available to families.
• To support the implementation of government policy and guidance.
• To ensure that staff have the skills necessary for carrying out this work.
The Meriden Family Work model
(Behavioural Family Therapy)
Common Features of Family Interventions

- Provision of information
- Learning and practicing of coping skills
- Communication and problem solving skills
- Therapist-family relationship is collaborative
- Skills-deficit rather than pathological model
Family Interventions

- Evidence base mainly with psychosis
- Model has been used with other diagnoses and in different settings
Family Interventions – Applicability

The approach is also being used with:

- Eating disorders
- Learning disabilities
- Drug and alcohol services
- Older adults, including dementia
- Early intervention
- Acute Care services
- Troubled Families agenda
## Family Interventions

### Relapse Rates at 9 months

<table>
<thead>
<tr>
<th>Study</th>
<th>Intervention</th>
<th>Control</th>
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<tbody>
<tr>
<td>Falloon et al, 1982</td>
<td>6%</td>
<td>44%</td>
</tr>
<tr>
<td>Leff et al, 1982</td>
<td>8%</td>
<td>50%</td>
</tr>
<tr>
<td>Hogarty et al, 1986</td>
<td>0%</td>
<td>38%</td>
</tr>
<tr>
<td>Tarrier et al, 1988</td>
<td>8%</td>
<td>53%</td>
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**Summary:**
Relapse rates are less than 10% at 9 months after the intervention.
## Family Interventions

### Relapse Rates at 2 years

<table>
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<tr>
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<th>Intervention</th>
<th>Control</th>
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<tbody>
<tr>
<td>Falloon et al, 1982</td>
<td>17%</td>
<td>83%</td>
</tr>
<tr>
<td>Leff et al, 1982</td>
<td>40%</td>
<td>83%</td>
</tr>
<tr>
<td>Hogarty et al, 1986</td>
<td>25%</td>
<td>66%</td>
</tr>
<tr>
<td>Tarrier et al, 1988</td>
<td>33%</td>
<td>59%</td>
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</tbody>
</table>

**Summary:**
Relapse rates are generally between 30-40% at 2 years post-intervention
Family Intervention Studies: Relapse Rates at 6-12 months

Goldstein, 1978  
Leff, 1982  
Falloon, 1982  
Hogarty, 1986  
Tarrier, 1988  
Randolph, 1994

Goldstein, 1978  
Leff, 1982  
Falloon, 1982  
Hogarty, 1986  
Tarrier, 1988  
Randolph, 1994

Family Intervention  
Control

0  
10  
20  
30  
40  
50  
60

Goldstein, 1978  
Leff, 1982  
Falloon, 1982  
Hogarty, 1986  
Tarrier, 1988  
Randolph, 1994

Family Intervention  
Control

0  
10  
20  
30  
40  
50  
60
Reviews of Family Interventions

Psycho-educational interventions are essential to schizophrenia treatment.

Bustillo et al (2001):
Psycho-educational family intervention should be available to the majority of persons suffering from schizophrenia.

Family intervention should be offered to people with schizophrenia who are in contact with carers.
Behavioural Family Therapy

Outcomes

Decreases
- Relapse rates
- Family stress
- Admission to hospital
- Costs of care

Increases
- Social functioning
- Occupation
- Concordance with medication
Family Interventions

- Evidence is clear about its effectiveness
- Policy states it should be delivered to families
- Working with families increases resources available to service
An Overview of
Behavioural Family Therapy
An Overview

• BFT is, by nature, responsive to the individual needs of the family

• Characterised by a thorough assessment

• The assessment determines the content of the intervention

• A **structured** and **flexible** approach, not a rigid one
Behavioural Family Therapy
What Does It Involve?

• 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.
Format of the Intervention

• Assessment of 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.
Underlying Principles

• The approach to the family is positive
• The expertise and skill of the family is recognised
• The actions of the family are seen as their best efforts to manage the situation within the limits of their resources
• Distinguish between the actions of the family and their intentions
• Every family has its own culture
Assessment
Assessment

Assessment is in 2 parts

– Assessing individual family members
– Assessing family’s problem solving skills
Individual Assessment
Who can be Assessed?

- Service user
- Family members
- Those involved in the daily care and support of the service user
- Close friends of family
- Professional caregivers that are involved
Individual Assessment

- Develop a therapeutic alliance with each person involved
- Consider in which order to carry out assessments
- Each person is asked the same set of questions – this can alleviate any concerns e.g. service user may have about the process
- Allows clinician to reinforce benefits of family work to individuals
- Gives the person an opportunity to tell you their story
Individual Assessment
Goal Setting

• Important to take time to set goals with each person
• Some family members find it difficult to focus on their own needs
• Individual goals can provide the momentum for family work
• Larger goals can be broken down into smaller goals, achievable during the family work
• Goals should be relevant to the individual, not necessarily related to service user
• Important to stress that goals will be shared with rest of family during family work
Family Assessment
Family Assessment

• Focuses on the efficiency of family as a problem solving unit
• Family problem solving will impact on:
  – Levels of stress in family
  – Goal achievement
  – Sense of family’s control over life events
• Assessment is continual process
Family Assessment

• Meeting of all family members is convened in order to assess problem-solving / goal achievement abilities

• This consists of two parts:
  – Reported problem-solving
  – Observed problem-solving
Formulation

• Summarise areas of strength and areas for development in relation to communication and problem solving skills.

• Identify key areas relating to information needs / misunderstandings.

• Agree an intervention plan with the family at this stage based on their assessed needs.
The Family Meeting

Regular meetings are essential to:

- Identify goals and problems.
- Give the family the opportunity to review new skills/information.
- Assist with the day to day implementation of the model.
- Maintain improvements after family work sessions have ended.
The Sharing of Information
(Education)
Sharing of information

• Opportunity to share information about the mental health issue, the nature of mental health services, resources available

• Model uses the service user as expert/lead
  – Opportunity to describe the experience of the mental health issue (more specific/meaningful)
  – Enables parents to work with family worker to determine how sessions are delivered
Effect of Information on Families

- Improves perceived quality of service
- Increases satisfaction with service
- Family members feel less stressed
- However
  - Families having better information doesn’t produce marked and lasting change
  - Skills component crucial for family work to be effective
Staying Well Planning
Early warning signs work

• Opportunity to discuss importance of early warning signs, relapse prevention strategies

• Development of a clear Staying Well Plan

• Importance of every family member being involved/aware of their own roles
Early Warning Signs

- Families often say that they think their relative is becoming unwell, but can find it difficult to be specific about what they have noticed.

- Families often notice changes to service user’s mental health before the service user expresses any concerns.

- Clinicians seeing service user for an hour every week may not be in a position to notice early signs of service user becoming unwell.
Each person has a “relapse signature” consisting of common symptoms and features unique to that person.

Early warning signs tend to be similar each time for a particular individual.

For most people, early signs appear at least a week and often several weeks before a relapse occurs.
Staying Well Plans (Card Sort)

• Work with the family to identify things which were out of the ordinary prior to last relapse.
• Give the cards to the family
• Ask the family to sort the cards into 4 piles
  – Early signs of relapse
  – Middle signs of relapse
  – Final stages of relapse
  – Not relevant to the service user
Staying Well Plans

• Discuss with the family what they would like to happen at each stage
  – What the family can do
  – What they would like services to do
Staying Well Plans

• Complete the plan, with agreed actions at each stage for the family and the services involved

• Consider who to share the plan with, which services should have a copy and where it should be kept
Communication Skills Training
Communication Skills Training

- Expressing pleasant feelings
- Making positive requests
- Active listening
- Expressing difficult feelings
Communication Under Stress

• Strained
• Ineffective patterns of communication develop, which adds to stress
• Stop communicating
• Hostile or critical comments made
• Family don’t know what else to try
Better Communication in Families

- Reduces stress
- Gives a sense of control over situations
- Leads to more effective problem solving
- Can lessen the impact of the mental health problem
- Gives everyone a chance to have their say
Problem Solving
Problem Solving

What happens to a family’s problem solving skills when they are stressed?
Problem Solving - Rationale

• Reduces stress.
• Reduces arguments.
• Quicker problems are sorted out, the better.
• More often families meet to sort out problems, the better they get at it (family meeting is essential).
Problem Solving
The 6 Step Process

1. Pin-point the problem
2. Generate potential solutions
3. Evaluate potential consequences
4. Agree on “best strategy”
5. Plan and implement
6. Review results

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For more information, please contact:

Paula Conneely  
The Meriden Family Programme

paula.conneely@bsmhft.nhs.uk  
Tel: 0121 301 2710