

Working with Families Education

ABSTRACT: This paper will explore the development, delivery and content of *Family Sensitive Education* for Mental Health staff in the Hunter Region. *Family Sensitive Practice* is a combination of a professional approach towards families as partners in care, interventions with family members which provide support and education and models of service provision which include and facilitate these.

In 1996 the Family Policies and Practices Committee was formed to develop policies and practices to address some of the issues and needs surrounding the families/carer's experience. This was a joint initiative of ARAFMI and Hunter Mental Health. The committee was interested mental health staff, Head of Social Work, social workers, nurses, carers and ARAFMI committee members and staff.

The proposal for the development of a Family Sensitive Service Plan in 2000 for Hunter Mental Health was successful and a project worker was appointed. Findings from the evaluations revealed clinical staff wanted more skills in meeting the needs of family members, consultations with families and the provision of education, support and information does not occur in a structured way. What was also revealed was that this was dependant on the skills and awareness of individual clinicians and the time available to attend to the needs of families. The project ceased in 2002 and there were a number of recommendations from the project.

ARAFMI Hunter obtained additional funds in 2002 from Hunter Mental Health to provide *Family Sensitive Education* for staff in the region. Since the commencement of the education 168 staff has participated in at least one hour of *Family Sensitive Education*. The evaluations from the education have been positive and the *Family Sensitive Education* has been funded for another year.

INTRODUCTION

Over the last five years notions *about Family Sensitive practice* have evolved. In particular, Family Sensitive Practice is a concept which acknowledges the impact of mental illness on the family and endeavors to provide a service to families that is respectful, timely and includes, interventions with family members which provide support and education and models of service provision which include and facilitate these.

Families often assume a high level of responsibility for the care of their ill family member and at the same time may experience high levels of grief, stress frustration and powerlessness as they struggle to care for their family member and come to terms with the trauma of mental illness.

Many clinicians report that they find working with families satisfying and rewarding and they have a compassionate and helpful approach to families. Although at times they may experience feelings of being overwhelmed, frustrated and in conflict which may lead to them feeling helpless and ineffective. According to Zipple (1990) et al '*Practitioners may lack the information, attitudes and skills that would enable them to view the family as a resource and thus to more effectively meet the needs of these families*'.

Jubb and Shanley (2002) maintain 'the recognition of the interdependency of health status among family members is a concept in mental interventions'. Therefore to is important to acknowledge the family and their contribution in the care of their family member whilst at the same time understand the trauma of mental illness on the whole family.

According to the Sane Mental Health Report 2002 – 2003 *Family Sensitive Training (FaST) for health Workers is practically unknown outside Victoria and the ACT. Family Sensitive Practice* education endeavors to educate and support staff in their efforts to support families and offer them a framework to work within. This in turn acknowledges the difficulties that staff may encounter and offers strategies that can assist them and enhance their work with families. These practices aim to avoid blaming families, promote collaboration with them and empower families by normalising their experiences.

The following definition of family sensitive practice was adopted:

Any (work) that is performed in a way that is inclusive, understanding, and respectful of families and other carers and includes an appreciation of individual family member's developmental vulnerabilities and competencies in relation to their social and cultural roles. Bouverie Centre (1999)

In 1996 the Family Policies and Practices Committee was formed. This was a joint initiative of ARAFMI and Hunter Mental Health. This committee was made up of interested mental health staff. Head of Social Work, social workers, nurses, carers and ARAFMI committee members and staff.

The committee was concerned about the issues that impacted on families involved in mental health services. A number of policies were developed that would be of assistance to families. Over the ensuing years it became apparent that many of the needs of families weren't being addressed. To this end the committee looked at the alternatives and what the needs were.

One of the initiatives of the committee was the application for funding through the National Mental Health Strategy to employ a project worker to develop a *Family Sensitive service* plan for Hunter Mental Health. The application was successful and the project commenced in 2000 with the project worker based at ARAFMI. This was a partnership between ARAFMI and Hunter Mental Health and had a service development and educational approach.

The Family Sensitive Service Plan was to:

- To establish procedures and mechanisms in both in-patient and community settings to facilitate contact and collaborative working relationships with families.
- To address obstacles to staff being able to work effectively with carers.
- To promote the development of a range of group programs designed to meet the needs of particular populations. These would include parents, children and siblings

The Family Sensitive Report highlighted some of the strengths and limitations of current policies and practices when working with families in Hunter Mental Health. One of the outcomes of the project was the development of a Navigators Guide for families is a very useful resource not only for families but the wider community as well.

Funding was not successful to continue the project although funding was obtained from Hunter Mental Health to provide education to staff about working with families. The following are the recommendations for the two year project:

1. Keep the interest in Family Issues going
2. Staff informed about group programs
3. Fill the gaps in availability and variety in Family Education groups
4. Reach out to more family members keep them informed and engaged
5. Develop a workforce skilled in family intervention
6. Support staff as they practice family work
7. Ensure evidence based intervention are part of the service (multi family groups)
8. Implement guidelines and pathways

Working with Families Education for Mental Health staff in the Hunter began in 2002 and one of the first steps was to meet with management and staff to determine the content and create a framework for workers, to understand the families experience and to enable them draw on their current knowledge and skills.

The objectives for *Family Sensitive Education* included the following:

1. Increase mental health staff knowledge about families of people with a mental illness
2. Improve mental health staff attitudes about working in partnership with families
3. Increase the amount and quality of contact between mental health staff and families

Sessions were designed around experimental learning through discussions with mental health staff. During the period 2002 – 2003 twenty one - one hour sessions were offered. At this time one hundred and sixty eight mental health staff have participated in this education. Four one hour sessions were offered to staff. The FaST video series, Bouverie Centre, ‘No Flowers or Chocolates’ or ‘Hanging in There’ were shown depending on which video was relevant to the area of work. The other sessions focused on the Trauma Model, Sources of Stress, Pyramid of Family Care and the NEWS acronym.

These models were drawn from the FaST series videos developed by the Bouverie Centre; Lefley’s (1988) conceptual model - cumulative sources of stress; Pyramid of Family Care developed by Sutherland Mental Health and the NEWS acronym developed by the Bouverie Centre.

All sessions were evaluated and feedback from staff was very positive. Staff were asked to answer the following six questionnaires.

1. Relevance of the information **Very Good Good Fair Poor Uncertain**
2. What was the one thing you found most useful in the session
3. What is one of your practices when working with Families that you feel positive about?
4. As a result of today’s session what key message would you like to convey to families?
5. Comments about today’s session?
6. Suggestions for future sessions?

Listed below are excerpts from the evaluations

Similar comments were recorded on numerous occasions from staff

	<i>Very Good</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Uncertain</i>
1. Relevance of the information	47.4	49.7	2.3	.6	0

2. What was the one thing you found most useful or interesting in the session?

- Reinforced the way in which I try to work
- A new perspective- ‘Seeing things from the Families view’
- The discussion after the video re: our thoughts
- Revision of attitudes re Families
- Importance of families being involved, heard and validated
- The use of models
- Reminder of the trauma and viewpoint of families
- Awareness of our work processes
- Great- got us all thinking and talking about our ideas and thoughts
- Cumulative sources of stress - need to reduce blame
- NEWS acronym

3. What is one of your practices when working with Families that you feel positive about?

- Understanding the trauma Families are experiencing
- Identifying their strengths
- Validating difficulties
- Empathy for their situation
- Michael White’s work (externalising and eliminating blame)
- Aiming for collaboration
- Identifying Family strengths
- To be as helpful/informative as I can
- Listening to what they and feel
- Inclusion when possible and support
- To be respectful of cultural differences and beliefs

4. As a result of today's session what key message would you like to convey to families?

- There is hope
- We are there for Family members
- Families need care and education
- Empathy
- I care and what can I do for you?
- Push harder – you'll eventually get to us
- We care
- Listening and trying to assist where I can
- The nursing staff is there to help the family as well as the patient
- To aim for a collaborative and honest approach
- Hope and stages of grief

5. Comments about today's session?

- Excellent and great to see staff being encouraged about other ways to respond empathically to families
- Very refreshing to go over attitudes
- Interesting, Informative, very helpful for me to think about families
- Impact on staff is positive
- Sources of stress impact deeply on the Family
- Reminds me of how I worked when newly appointed
- Friendly/real
- New perspective to trauma- Families experience
- Good to be reminded one of the most basic aspects of care for consumers and carers i.e. RESPECT
- Very thought provoking
- The Models/Framework good prompt/checklist
- Reinforced my understanding that my dealings with families are on the right track
- A timely reminder

6. Suggestions for future sessions?

- To continue to use examples it is a powerful learning tool
- More of the same - bringing abstract concepts to the practical day to day work
- To revise basic skills and apply
- More time to allow for full discussion
- Longer sessions
- Hearing from Families
- Regular sessions
- No specific topic ideas but more of the same
- Talk up ARAFMI more!

From feedback and discussion with staff it was agreed to engage Playback Theatre and hold a breakfast which was funded by Nursing Research and Practice Development Unit. Playback theatre is a spontaneous, improvised and interactive form of theatre. In playback theatre the audience and the players are both involved in the creation of the drama. It combines elements from storytelling pre-literary theatre and psychodrama. Assisted by the conductor, members of the audience and the players are both involved on the creation of the drama. The spontaneous enactment of the personal stories connects people by honoring the dignity, drama and universality of their stories.

Breakfast and Playback Theatre was held on 2 December 2003. Participants were asked to complete a questionnaire answering the following six questions

1. Has the session increased your understanding of the issues that family's face?
2. Was playback theatre helpful in identifying barriers for you as a worker in working with families?
3. Do you identify with any of the following barriers in working with families?
(tick those relevant):

Frustration
Conflict
Mixed Feelings

4. Could you give an example of something you would do differently when working with families as a result of this session?
5. Has this session given you an appreciation of the value of your contribution when working with families?
6. Playback theatre is a valuable learning tool:
 Comments/recommendations for future sessions:

Playback Theatre was a very moving experience as staff recounted stories from their daily experiences. The stories they told were very poignant, stirring strong emotions in the audience and they shifted through a myriad of feelings, from laughter to tears as each story was told. Playback Theatre and Breakfast was attended by twenty seven mental health staff and six nursing students.

The feedback from staff was very positive and listed below are the results of the questionnaire.

1. Circle your rating: Has the session increased your understanding of the issues that family's face?

Strongly Agree	Agree	Unsure	Disagree	Strongly disagree
30%		66.6%	3.3%	

2. Was playback theatre helpful in identifying barriers for you as a worker in working with families?

Strongly Agree	Agree	Unsure	Disagree	Strongly disagree
26.6%	60%	10%	3.3%	

3. Do you identify with any of the following barriers in working with families?
(tick those relevant):

Frustration	93.3%
Conflict	93.3%
Mixed Feelings	86.6%

4. Could you give an example of something you would do differently when working with families as a result of this session?

- ✦ More COMPASSION and more DISCUSSION
- ✦ Continue to look at the PEOPLE NOT THE ILLNESS. - What are their issues through their eyes, feelings and thoughts?
- ✦ Look at the WHOLE PICTURE
- ✦ LISTEN
- ✦ Look at EACH PERSON as an INDIVIDUAL. Attend to each one's needs
- ✦ MORE PATIENCE in some situations
- ✦ EMPATHISE more
- ✦ Use a HOLISTIC approach
- ✦ LISTEN! LISTEN! LISTEN!
- ✦ Continue to use HUMOUR and UNPREDICABILITY as a therapeutic intervention
- ✦ "LIGHTEN UP!!"
- ✦ I think not so much differently as continually reminding myself that clients have a whole pattern of networks that I need to nurture
- ✦ More UNDERSTANDING – give more TIME and RESPECT

5. Has this session given you an appreciation of the value of your contribution when working with families?

Strongly Agree	Agree	Unsure	Disagree	Strongly disagree
26.6%	60%	13.3%		

6. Playback theatre is a valuable learning tool:

Strongly Agree	Agree	Unsure	Disagree	Strongly disagree
73.3%	26.6%			

Comments/recommendations for future sessions:

- ✦ Again & very healing
- ✦ First time at Playback theatre – I thought it was GREAT
- ✦ VERY GOOD! Would love to come again!
- ✦ Wonderful experience & learning process for me. THANKYOU!
- ✦ WONDERFUL! –Come again
- ✦ I was greatly impressed with the creativity performed and how close this translated into reality. – MANY THANKS!
- ✦ GREAT!! XX
- ✦ Again PLEASE! PLEASE! Inspirational and feel better able to cope in the workplace.
- ✦ Work with teams
- ✦ How soon can PLAYBACK come back??!?!??
- ✦ EXCELLENT morning. THANKYOU so much!!

In April 2004 ARAFMI will conduct an audit to determine the contacts James Fletcher Hospital clinical staff has had with patients' families or carers. This is the first time this outcome has been measured, and will provide valuable information to assist in shaping future service provision.

Method: To randomly select fifty (50) patient files from those people admitted to James Fletcher Hospital, Hunter Mental Health, for the period July 2003 to June 2004. The four focus areas are outlined below.

Evaluation Questions:

- 1) Determine the number of documented contacts, whether by telephone or face-to-face, individual clinical staff has had with the families and/or carers of inpatients
- 2) Determine the number of documented consultations/interviews/family meetings that has occurred between clinical staff and inpatients' families and/or carers
- 3) Identify the number of follow-up appointments that have been arranged with the family and/or carer after an inpatient has been discharged from hospital
- 4) Note the number of occasions that it has been documented in the inpatients' file that they have not consented to clinical staff making contact with their family and/or carer

The data collection of this year's audit will provide a baseline and it is expected that this particular outcome evaluation to be refined further for future audits.

Working with Families education for mental health staff has been very positive and well received and according to staff has been beneficial in assisting them gain a deeper understanding of the myriad of issues confronting families. Reports from staff are that it also has assisted them to develop positive and helpful strategies when working with families. Most of the verbal and written feedback is that staff would benefit from additional education.

Wasow in Lefley et al (1994) outlines a number of training models for clinicians when working with families and highlights some of the obstacles to training. She maintains professionals need to be proud of their work and develop a perspective which can be *both realistic - and believe in miracles!* Hatfield et al (1987) in her book highlights the components of a Model training Program for professionals who work with families, but maintains that this will be realized unless additional funding is allocated to the mental health area.

Riebschleger (2001) states '*that there is a critical need for education and training of mental health professionals about portrayals of family members in the emerging mental health practice literature*'. Staff who participate in *Working with Families* education may be more approachable and in a better position to provide information and support to families in an empathic manner. Therefore it is important that *Working with Families* education for staff to continue as it is best practice and vital to have it included in core training for staff.

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