

Report on Family Work in Early Psychosis course (16th-20th May 2011)

Venue: Uffculme Centre, Birmingham

Delivered by: The Meriden Family Programme / Birmingham & Solihull Mental Health NHS Foundation Trust

The Meriden Family Programme has an excellent reputation for its work, known as Behavioural Family Therapy (BFT), with families where one member is experiencing psychosis. It is also very well known for running courses to train people in this way of working. The inclusion of Family Interventions in the NICE guidelines on Schizophrenia (NICE, 2010), and the current politics of evidence based practice (Larner, 2004) mean that practitioners who work in the fields of psychosis and / or family therapy, need to be familiar with BFT. As a Systemic Family Therapist working in a Child and Adolescent Mental Health Service (CAMHS), where I often work with young people and their families who are in the early stages of possibly developing psychosis and find themselves thrown into a world of fear and chaos, I thank FPSA for funding me to attend this course.

The course description promised to cover the following topics:

- Literature review on family work in early psychosis
- The response of families
- Issues relating to grief, loss and other emotional reactions in families
- Diagnostic uncertainty
- Confidentiality conflicts
- The needs of siblings and young people
- Communication skills
- Problem solving skills
- Integrating different models of family work in early psychosis services
- Implementing family work in early psychosis services

Whilst most of these topics were well addressed, I felt that the course fell short on two areas: the wide range of emotional reactions family members can experience and / or express were not sufficiently addressed and contrary to promises, I don't think any models other than Behavioural Family Therapy were integrated. From my own perspective I also think that proportionately little time was spent on exploring how the BFT model informs therapists when challenges arise in therapy or when families are experiencing very complex and multilayered difficulties.

However, I was in the minority in the training group, and these issues may seem much more prominent to me because I work as a Systemic Family Therapist in CAMHS. I was the only Family Therapist, and although a couple of other people had some practical experience in Systemic Therapy, I was the only person coming dominantly from a Systemic theoretical framework. I tried

my best to suspend my dominant beliefs and allow myself to engage in some different ideas and significantly different ways of working. The BFT model, although it advocates working collaboratively, does come from a more expert theoretical framework than which I am used to. Whilst I value the importance of information-giving in terms of psychoeducation, and often incorporate this into my current way of working, I struggled with the way in which families are 'assessed' in their communication skills and problem-solving skills, so that they can be 'taught' the skills in a set fashion. However, as I said, perhaps my experience, work context and systemic perspective, have impacted on my experience. My peers were almost exclusively positive about the BFT model, and although a few had had some experience with family work, most were fairly new to family therapy. I wonder also how their experience in Early Intervention teams, and working with people experiencing psychosis on a daily basis (whereas for me this is only part of my work), influenced their positive acceptance of BFT.

The training group was fantastic. I felt at my ease fairly quickly, and was pleasantly surprised how friendly and welcoming people were. This was really important, as there was a lot of small group work in order to experientially learn the ideas and techniques. To this end, the trainers were excellent. They were all clearly experienced in both family work and early psychosis, and provided current relevant examples of clinical practice and awareness of organisational issues in implementing family work in this context. The venue was excellent, with refreshments and good quality food provided. We tended to sit together at breaks and meal times which helped the group to form and trust each other, which in turn helped to get the most out of the experiential learning.

The handouts and information provided were extensive and of high quality. We were provided with a family work manual, reference lists, copies of Powerpoint presentations and various leaflets relevant to family work in early psychosis. There was a wide range of books and other materials available to browse every day, so that you could have a look through if you were thinking about which to buy.

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References:

Larner, G. (2004). Family therapy and the politics of evidence. Journal of Family Therapy. 26: 17-39.

National Institute of Clinical Excellence (2010). Schizophrenia: Core interventions in the treatment and management of schizophrenia in adults in primary and secondary care (updated edition). National Clinical Guideline Number 82. Leicester and London: The British Psychological Society and The Royal College of Psychiatrists.