

Engagement Session-BFT

Introduction:

The engagement session is the first step in Behavioral Family Therapy. It is important to establish an atmosphere that is conducive to having family more involved in the Veteran's care when meeting with a Veteran and or a family member for the first time. It is vital to provide a warm, open environment where the Veteran and family can tell their stories and also ask questions about previous family involvement at the VA. Discussing and addressing barriers to family work up front will facilitate a positive experience for families and make it most likely that they will decide to pursue participating in BFT. Below is an example of an engagement session to be used as a guide when meeting with a Veteran. Many of the questions can also be used when meeting with family members.

First BFT engagement session

Developing an alliance with the consumer and setting the agenda (5 minutes)

I want to thank you so much for making the time to come today. I am Melissa Huber, a social worker at the VA and I will be working with you today to help you consider options about having your family work more closely with your treatment team and get some more information and support to help you and your family. We want to help families get the skills and information they need to become more involved in supporting their relative's treatment and recovery; your involvement is crucial. We know that people have different kinds of relationships with their families, so we want to understand how this might work for you.

What we have in mind is discussing with you the role your family might play in your recovery and your preferences about their participation. Should you choose to pursue that participation, we are interested in helping you invite your family to come meet with me. During the session with your family we will discuss how they might become involved in your care and find support for themselves. For example, when I meet with your family, I would offer them options including

- Ongoing individual family sessions
- Consult with an individual provider for short term family work
- Occasional family education seminars offered at the VA
- Community resources including NAMI Family to Family

Today my primary goal is to get to know you and your situation a little better and explore with you about if and how you think your family might become involved in your care.

The clinician then presents the agenda for the session:

1. getting to know more about the consumer.
2. understanding how the consumer thinks about current problems.
3. learning about the consumer's family.

4. discussing if and how the consumer's family might become involved in treatment services.

Understanding the consumer's background (8 minutes)

I would just like to get a chance to know you. I would like to understand a little more about your circumstances and situation. Maybe you could tell me a bit about yourself, including your living situation (where you live and who you live with) and what you like to do in your spare time.

So tell me a bit about yourself? (Inquire about background and activities).

How old were you when you first started getting mental health treatment?

What was that for?

How did that go for you?

Have you been hospitalized?

Do you know about how many times?

How has that gone for you?

Clarifying the consumer's conceptualization of the current psychiatric problem (5 minutes)

I'm pleased you decided to come in today and explore the possibility of having your family a bit more involved in your treatment. Before we talk about your situation with your family, I would like to understand a bit more about your current situation. I would like to talk a bit about that, okay?

How have things been going for you over the past few months?

What has been going well?

What are the kinds of emotional problems you have been struggling with over the last few months?

How have you been handling these problems?

Adapted from Family Member Provider Outreach Manual (FMPO): Glynn, Cohen, Dixon, Drapalski 9/17/10

How is that working for you?

Have you been given a name or diagnosis for these problems?

What does that term mean to you?

What do you think causes this?

What are the helpful things you can do to get better?

What makes things worse?

Why do you think this happened to you?

What do you think about the medications used to treat the problem?

Do you have any concerns?

Identifying the members of the consumer's family and nature of relationships

(10 minutes)

IF LIVING WITH FAMILY: You mentioned you are living with XXXX. How is that going? What are some of the good points about living together? Any problems?

What are some of the things you don't see eye-to-eye about?

What happens when you have a disagreement?

What are your family's thoughts about your emotional difficulties?

How do they feel about you being in mental health treatment?

Do they ask you about your appointments and medication?

Do you feel they understand what you are going through?

What would help them understand even better?

What would be some of the benefits of helping them understand your difficulties a little bit better? What are some of the goals you have for your recovery?

How could your family help you towards those goals?

IF NOT LIVING WITH FAMILY BUT CAN IDENTIFY FAMILY: Do you have family in the area?

How often do you see them?

What are those visits like?

Anyone you talk with on the phone?

What are some of the good points about those relationships?

Anything you don't see eye-to-eye about?

What are your family's thoughts about your emotional difficulties?

How do they feel about you being in mental health treatment?

Do they ask you about your appointments and medication?

Do you feel they understand what you are going through?

What would help them understand even better?

What would be some of the benefits of helping them understand your difficulties a little bit better? What are some of the goals you have for your recovery?

How could your family help you towards those goals?

IF CONSUMER IS HAVING DIFFICULTY IDENTIFYING FAMILY: *You mentioned you don't have family.*

Did you used to have family you were close to?

What happened there? (IF STILL ALIVE) Do you think about resuming contact?

What might that be like?

What are your concerns about that?

If something important happened to you, whom would you tell?

Who helps you when you are ill?

Are there other people who care about your welfare?

I wonder if any of them might be a resource to you in your recovery?

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What are some of the goals you have for your recovery?

How could your family help you towards those goals?

Determine the consumer's willingness to have family be engaged in treatment and choose who that would be (5 minutes)

Has your family (or XX) had any contact with your treatment team while you have been in treatment?

Who was that (was it anyone we have discussed?)

What has that been like for you?

Have there been any problems?

Do you have any concerns about that?

Have you wanted your family to have a chance to talk with your treatment team?

It is important to come to some conclusion about which family member, or family members (ranked) that consumer is considering for involvement.

Given what we've discussed about (XX, YY, and ZZ) whom do you think would be the best to have involved in your care? And is there a second person you would consider if XX could not be involved for some reason?

If the consumer is neutral or reluctant about family involvement, the clinician continues with the section directly below.

If the consumer is positive about family involvement, the clinician skips to the section "Request to consumer to invite family to the family session".

Motivational interviewing to increase commitment to family collaboration and resolve any potential ambivalence about family involvement (20 minutes)

- Ask Open-ended Questions
- Affirm Positive Statements
- Listen Reflectively—continuing the consumer's statements, guessing feelings, moving to a deeper level of feelings (amplified reflective listening)
- Summarize what the consumer has said

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So, in thinking about involving your family in treatment..

1. Disadvantages of the status quo

What worries you about your current situation?

What kinds of difficulties have your problems brought to your family?

Have you noticed your family struggling with concerns about you?

Have you noticed your situation stressing out your family?

What difficulties or hassles have you had in relation to your current situation?

How has your situation stopped you from doing what you want to do in life?

What do you think will happen if you don't change anything?

Would involving your family offer another opportunity for change?

2. Advantages of change

How would you like for things to be different?

What would be the good things about your family helping you get a better handle on your situation?

What might be good about your family going to a support group with other consumer families?

If you could make this change and you could get better immediately, by magic, how might things be better for you?

Do you think your family might benefit from more support?

The fact that you're here indicates that at least part of you thinks it's time to do something to change things with your family.

What prompted you to meet with me?

What would be the advantages of making this change to have your family work more closely with your doctor and your treatment team?

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3. Optimism about change

What makes you think that if you did decide to put out some effort into involving your family more, you could?

What encourages you to think that family collaboration might help?

What do you think would work for you, if you decided to try to be more open to your family participating in your care?

How confident are you that you can make this change? What would make you feel more confident?

4. Intention to change

What are you thinking about encouraging your family to be more involved in your care at this point?

I can see that you're feeling stuck at the moment.

What's going to have to change for you to stay involved?

What do you think you might do?

How important is improving your situation? How much do you want to do this?

II. Decisional Balance

I want you to have the chance to think systematically about the pros and cons of involving your family in your care. Let's look at this form where we can list your reasons. What would be all the good points of having your family involved in your care? (fills out form)

What would be the negatives of having your family involved in your care? (fills out form)

Ok, now I would like you to go back and circle the most important reasons to have your family involved and the most important reasons not to have your family involved. Which reasons really count?

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Family Involvement Decisional Balance

Good Outcomes from Having Family More Involved in Care	Bad Outcomes from Having Family More Involved in Care
(e.g. relatives might feel calmer if they know the doctor, might be able to manage medication better, relatives might be able to help me more if I have a symptom flare-up, relatives might be able to help me reach some of my goals)	(e.g. might risk privacy, might feel too controlled, might lead to more fights)

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When the decisional balance is completed, the clinician asks the consumer to identify the most important positive consequence of having family involvement and negative consequence of family involvement and these are circled on the sheet. These topics can be explored a bit.

If the consumer remains neutral or reluctant about family involvement, the clinician skips to Plan and Closing session below. The consumer is told that no family session will be scheduled.

If the consumer is positive about family involvement, the clinician continues to the section below.

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Request to consumer to invite family to the family session (8 minutes)

Sounds like you think it might be a good idea for your family to get a bit more information on how they can be helpful to you and how to work with your treatment team—do I have that correct? What I find is useful is to have one session with your family. It helps me get to know them and their desires for involvement. We would be doing some discussion about your illness generally and you and your family's experience with your illness personally. Do you think it would be a good thing for them to come and see me for a session to discuss this? I am glad to hear that.

We should discuss whether you would like to attend this session with your relative, or whether you would prefer not to attend and I meet with them alone. What do you think?

OK, let's discuss how you might discuss this program with them and invite them to come. Since I don't know your family, could you show me what you might say to them? Let's say I am your XXXXX, what would you say to me?

The clinician conducts two brief role-plays—one where he/she plays a family member who wants to be involved and the other where the family member is somewhat hesitant. The consumer should be given praise for any positive behaviors (even small) and the clinician should use shaping and modeling to improve the consumer's performance, if needed. The clinician conducts brief, informal problem-solving on any other anticipated obstacles.

(After role-plays)

When could you do talk to XXX? Within the next week?

In preparation for your family coming in, I need to have you sign a release so that I can speak with them.

I think it is also important that we include your clinician in on your plans to have your family more involved.

Eventually, they will want to talk to one another so that your family can be helpful and in order to do this we should let you clinician know now so that he/she is prepared.

When is your next session with your clinician?

Do you feel comfortable talking with him/her about including your family in your treatment? What might you say?

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The clinician conducts one brief role-play where he/she plays a treatment team clinician relatively open to family involvement. The clinician may ask some questions about the extent the consumer wants this person involved (e.g., what the consumer does and

does not have shared). The consumer should be given praise for any positive behaviors (even small) and the clinician should use shaping and modeling to improve the consumer's performance, if needed. The clinician conducts brief, informal problem-solving on any other anticipated obstacles.

Plan and Closing the session (3 minutes)

The session should close with the clinician:

- *Inquiring what session was like for consumer*
- *Summarizing the main points obtained in the session, especially as they pertain to family involvement in care*
- *Make sure roi is signed*
- *Have contact numbers for family*
- *Inform patient that his outpt providers will be aware of his participation in family work*
- *Thanking consumer for attending*
- *Schedule next appointment*
- *If I don't here back from you can I call you to check in.*
- *If I don't here from your family member would it be okay to call them and introduce myself, give them information on the program.*

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