eLearning resource on The Family Model

A collaboration between
School of Nursing & Midwifery QUB,
Akershus University Hospital, Norway, HSCB
and Dr Adrian Falkov

Overview

- Why need for eLearning resource
- Who is the eLearning resource and course for
- Development of eLearning resource
- Access to eLearning resource
- What does the course consist of; examples
- *Examples of course content throughout the presentation*

QUEEN'S UNIVERSITY BELFAST | SCHOOL OF NURSING AND MIDWIFERY

HSC Health and Social Care Board

Think Family

AKERSHUS UNIVERSITY HOSPITAL

CYPSP Children & Young People's Strategic Partnership

Why the need for an eLearning resource on The Family Model?

- HSC Professionals need knowledge and skills to engage families when parents have mental illness
- The Family Model can be used as a framework to help HSC professionals engage families and has been endorsed by HSCB
- HSCB commissioned study identified that HSC Professionals have limited awareness of The Family Model and skills and knowledge to use it in practice
- HSCB commissioned study of HSC professionals' FFP found that majority of HSC professionals had not received Family Focused, Child Focused or Think Family training
- Only 19% of the sample (n = 173) are aware of The Family Model (TFM), (Falkov 1998, 2012) and even fewer use it to guide their FFP (n = 85, 10%).

Why need for eLearning resource (NI)?

- Some HSC professionals indicated that face to face training could be supplemented by online training, “I think e-learning would support…specific days…formal conferences…eLearning is great in terms of supporting and revising” (**P26, Psychiatrist, AMH**)

- Need better access to training on The Family Model

- eLearning resource on The Family Model contains footage of the model being used in practice and aims to increase HSC professionals’ knowledge and skills to engage in family focused practice

Development of eLearning resource

Team involved

- International collaboration – meetings in Switzerland, Norway, Sydney & NI from 2016 - 2018
- Funded by QUB, HSCB & Akershus University Hospital
- Service users and professionals reviewed course and provided audio
- Educational Sheakspeare company employed to create video footage

Use of eLearning resource within adult mental health and Children's services

- Northern Ireland:
  - eLearning resource will be hosted on the regional HSC learning centre website @ **www.hsclearning.com**
- Norway:
  - Open access in Norwegian and English
  - AUH: mandatory course among Child Responsible Personnel (CRP according to 2 Health Acts)
  - Presented in all Health Trusts, used in several Users' Orgnizations
- Australia:
  - Web-links to all the modules available at Akershus University Hospital (AUH)– open access

Why Family Focused Practice?

Why Family Focused Practice?

In developing this course, three broad questions helped to emphasise the links between individuals, family relationships, mental health, and parenting:

- Why would parent's mental health (MH) not be relevant to their children?
- Why would children's MH not be relevant to their parents?
- Surely any person's MH difficulties are relevant to every other person in a family.

FFP is an approach that emphasises the family as the unit of attention as opposed to working solely with an individual. Relationships are at the heart of family life and are a fundamental determinant of the course of both health and mental health.

Moderate to severe parental mental health challenges are common and may adversely affect all family members in different ways. Various estimates indicate that 20-40 % of adults in contact with mental health services have dependent children.

Importantly, despite the impact of parental mental health challenges and many barriers to FFP, there is a lot that can be done to assist and support all family members when a parent or child (or both) experience mental health challenges.

'Family' by Vilde, age 4 years, from Norway

Course Page

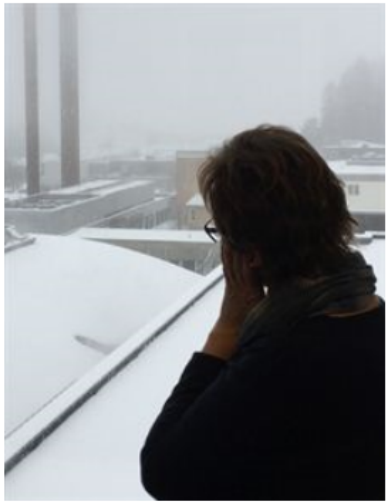
Why The Family Model (TFM)?

Experiences of parents who are service users

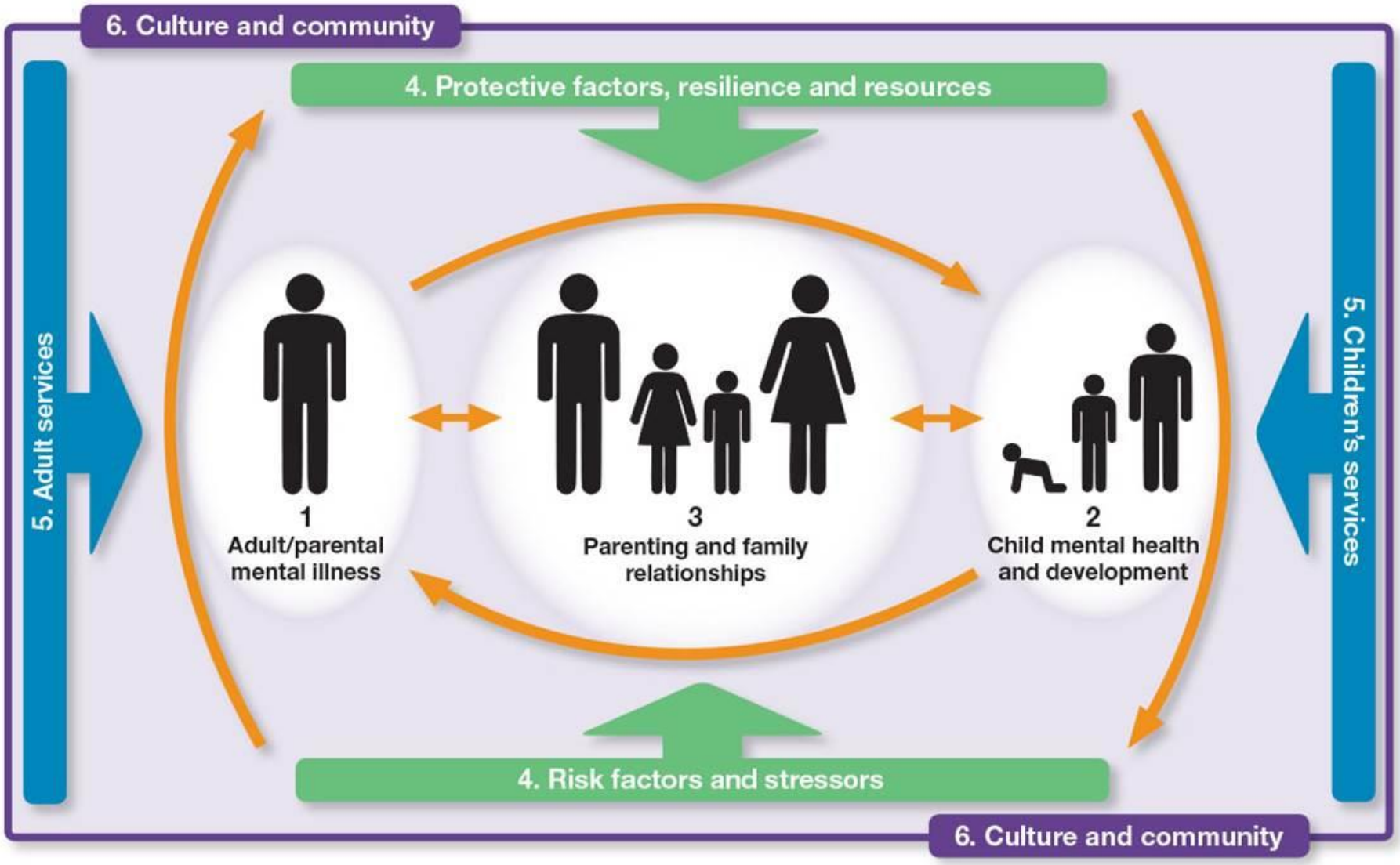
If this conversation had been used at the first point of contact, even, with the social workers, I would not be where I'm at now, and be apart from my children …

The Family Model to me would mean that people would actually sit down, and speak to you as a human being. They would actually sit and listen to you and ask, what is working for you today, how are you feeling today, how are the kids coping with what you are going through?

And as I said, if it had been about six-seven years ago, I think my life would have gone a completely different way and I would still have my children with me.



(Mother with two children, Northern Ireland)

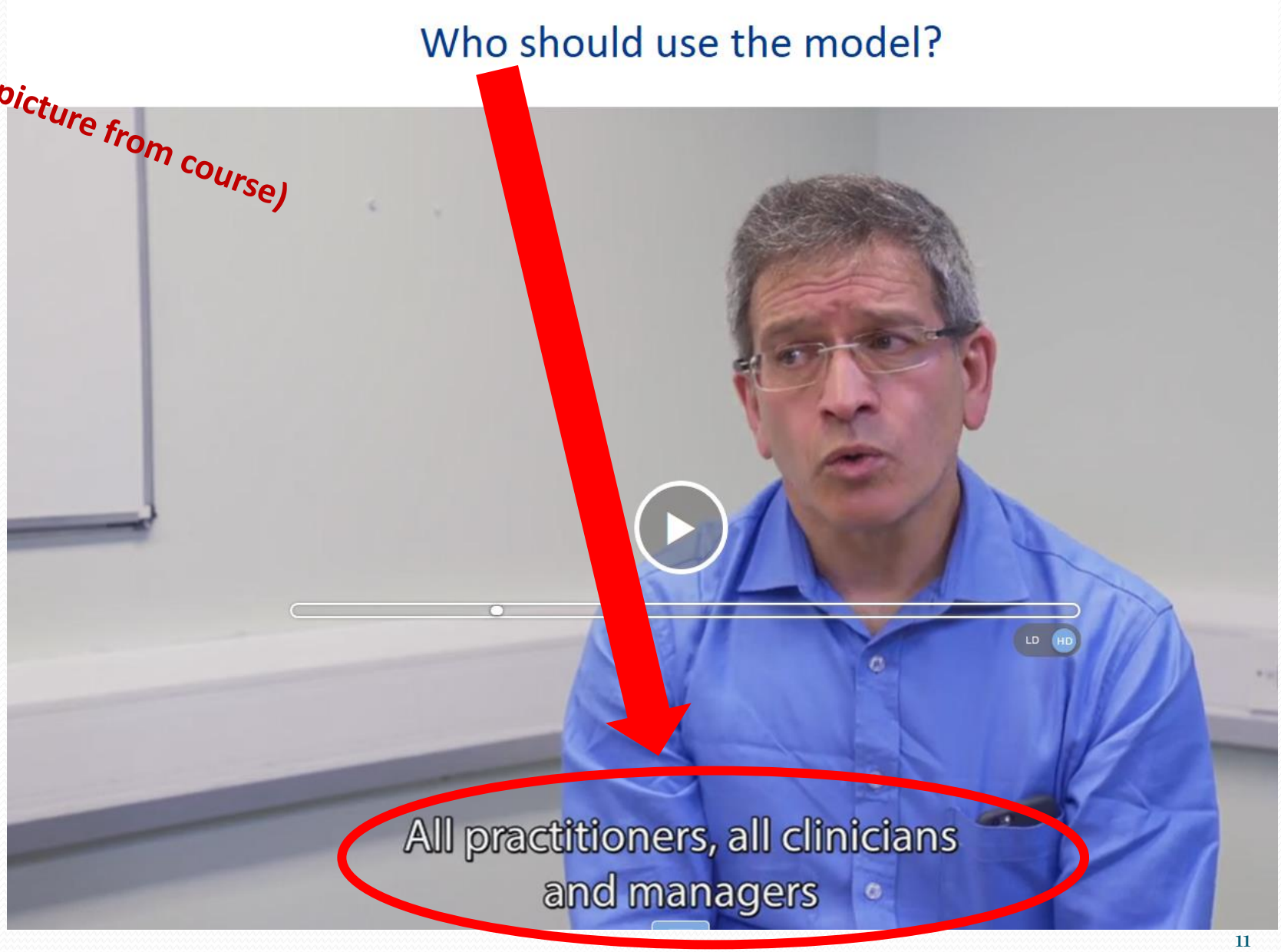

6. Culture and community
4. Protective factors, resilience and resources
5. Adult services
5. Children's services
1
Adult/parental mental illness
3
Parenting and family relationships
2
Child mental health and development
4. Risk factors and stressors
6. Culture and community

What is TFM?

(still-picture from course)

Who is the eLearning resource and course for?

(still-picture from course)



- What does the course consist of; examples

- **How long does the course take?**
  - 8 modules – encouraged to take all modules
  - 15 – 20 minutes to complete
    - except module 7 - TFM conversation footage: 45 minutes

- **What else?**
  - Videos and audios illustrates use of TFM in practice (sub titles throughout modules)
  - Quizes, reflection questions , tips and techniques
  - Theoretical context surrounding FFP underpinned by research of authors and wider evidenced based literature
  - Links to literature and A5 card
  - Audio from service users and professionals in 3 countries

Family Focused Practice

(still-picture from course)

The Family Model

Module 1: Introduction

This course will provide you with an understanding of Family Focused Practice (FFP) and how The Family Model (TFM) may be used to engage in FFP. This module gives an overarching introduction to FFP and TFM.

(still-picture from course)

About this module and preparation

This module explains what TFM consists of – its framework and structural components and introduces the printed version of the model ("TFM-card"), which you will learn how to use in modules 4-7.

It includes:

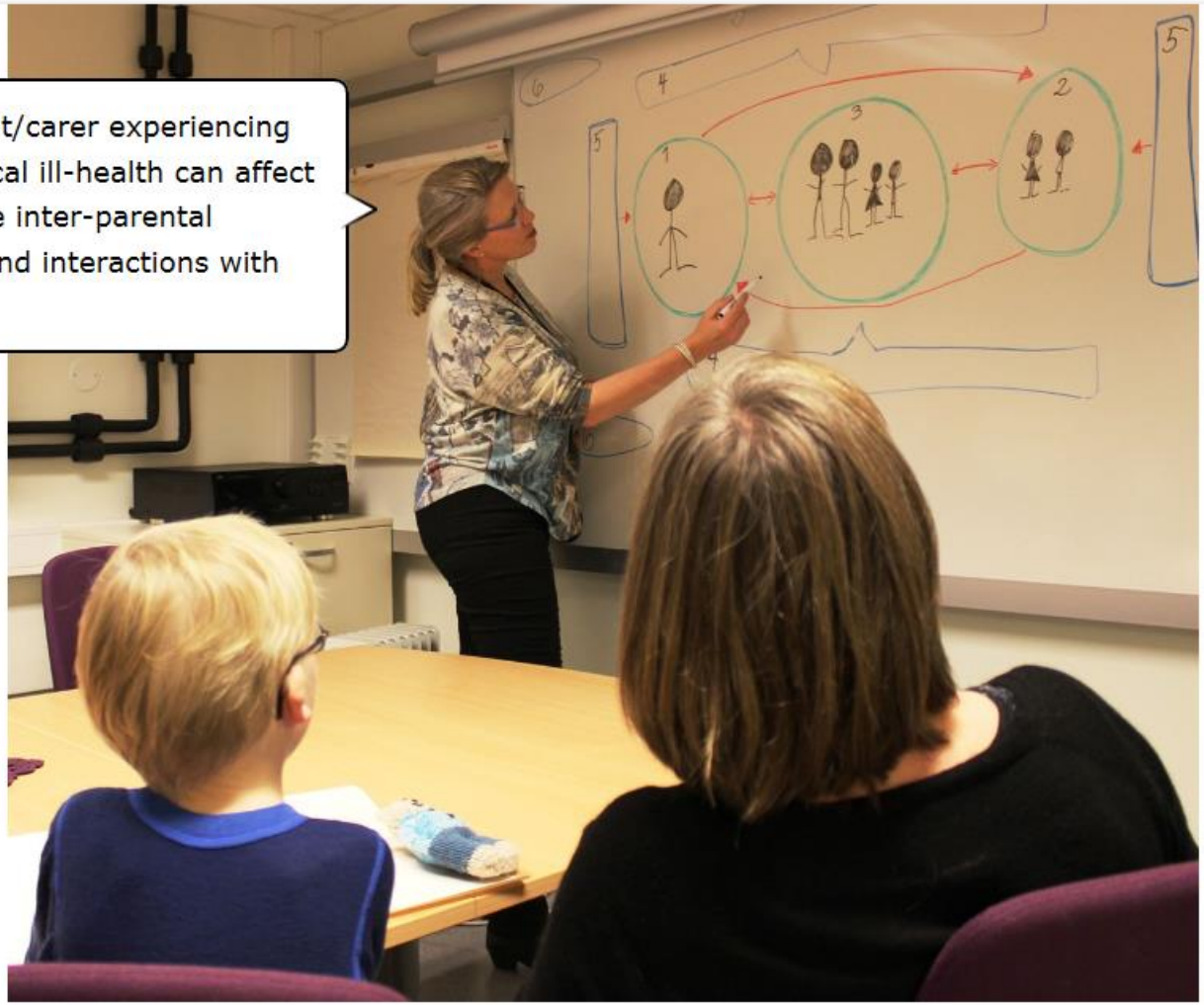
- Six principles
- The Family Model – composite picture
- Developmental perspective
- TFM card
- Care Planning using the TFM card

This module will take approximately 15 -20 minutes to complete.

Please turn on the volume.
This course contains footage and soundtracks. We recommend that you sit alone or that you have a headset available.

Why The Family Model

Example, clickable zones…

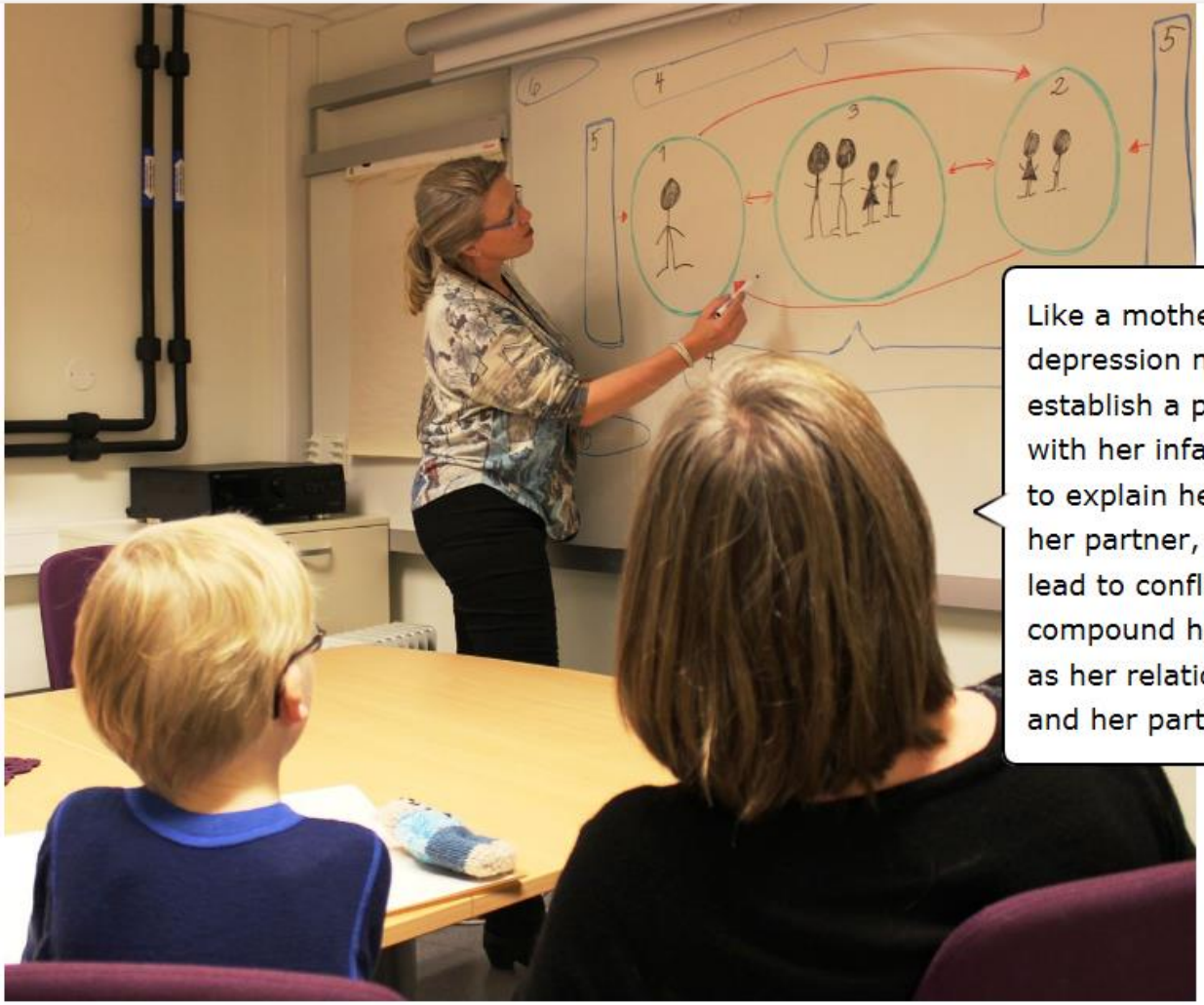


Being a parent/carer experiencing mental/physical ill-health can affect parenting, the inter-parental relationship and interactions with children.

Continue

Why The Family Model

Example, clickable zones…

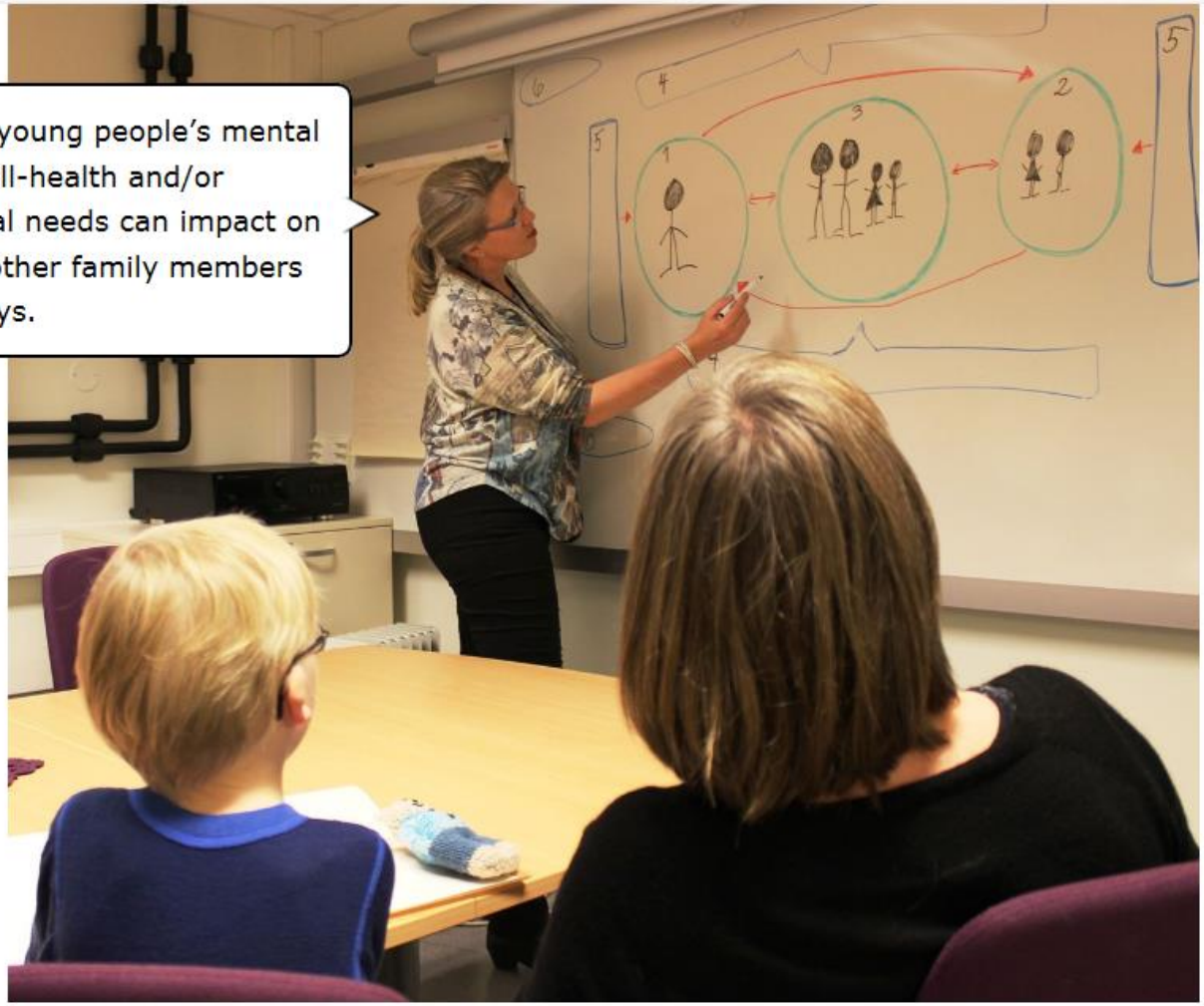


Like a mother with postnatal depression may find it difficult to establish a positive relationship with her infant and may struggle to explain her emotional needs to her partner, which in turn may lead to conflict. This can then compound her symptoms as well as her relationships with her child and her partner.

Continue

Why The Family Model

Example, clickable zones…

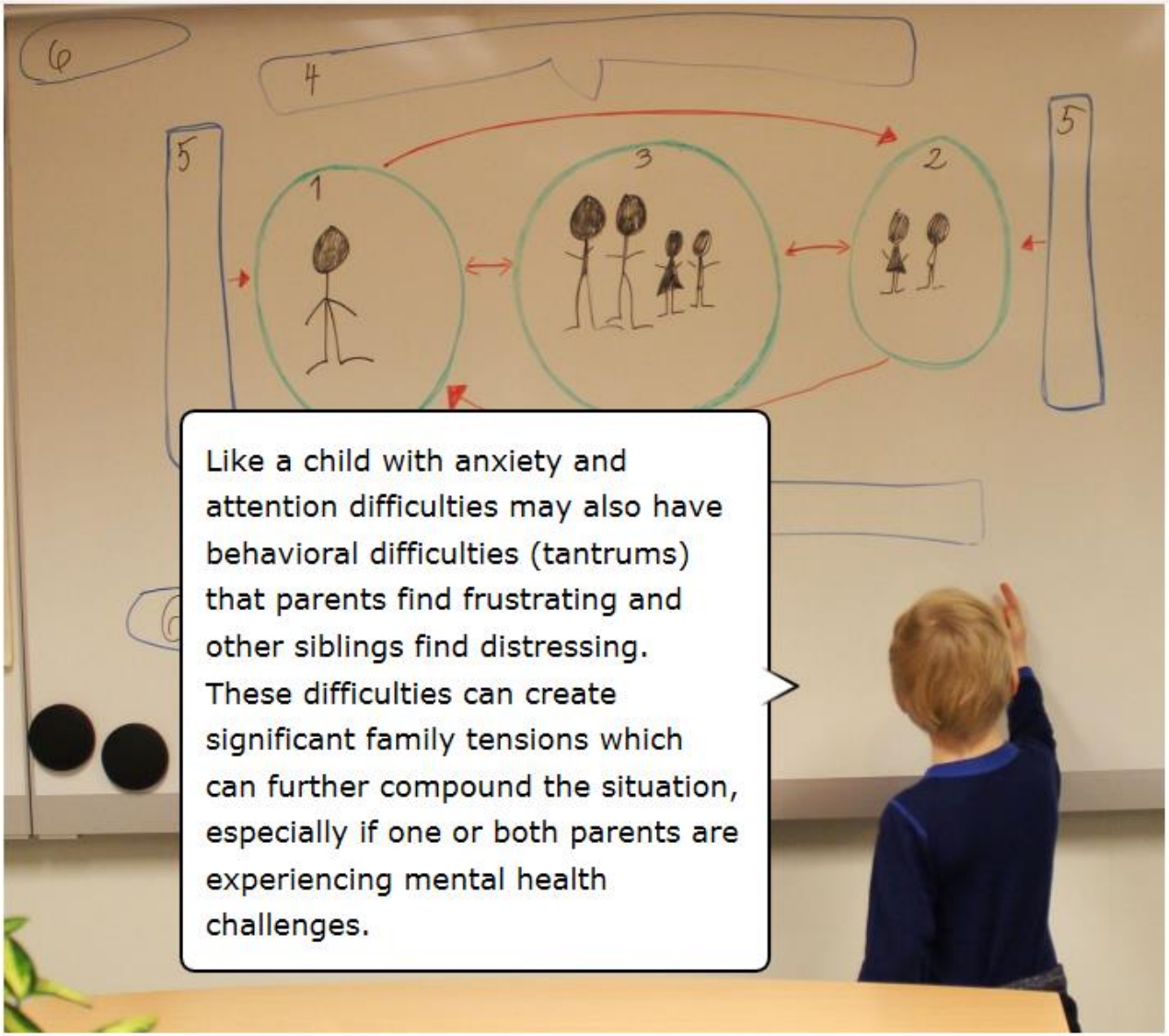


Children and young people's mental and physical ill-health and/or developmental needs can impact on parents and other family members in various ways.

Continue

Why The Family Model

Example, clickable zones…



International examples:

Clinicians' experiences

Please click on the picture to read quotes from clinicians

...it is a lovely approach to develop an openness ...

Clinician from Northern Ireland

... gives them permission to ask questions that they otherwise may have felt unable to ask ...

Clinician from Northern Ireland

... the model is easy to understand ...

Clinician from Norway

... facilitate conversations between clinicians and family members ...

Clinician from Australia

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Clinician from Australia

is a lovely approach to develop openness to the way hich talks to people about mental illness, and how we lk to children about mental illness, and how we talk to arents about child development and the impact of ental ill health on children and their development.

linician, Northern Ireland

Clinicians' experiences

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...it is a lovely approach to develop an openness ...

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Clinician from Australia

I find that the model is easy to understand with its different domains and the relationships between the domains illustrating the interaction with a family

Clinician, Norway

Reflection questions

Based om on what you learned so far, reflect on your experience and practice

Regarding your own practice, can you think of a time when you did something with one person and it proved to be useful/beneficial for others?

How would you go about having a conversation with a child/young person about their parent's mental health challenges?

What do you think is the most challenging part of talking with a parent and their child?

Can you think of a time when you were pleased with how you conducted a conversation with a parent and child together? What did you do well?

How to use the model?

Introduction to clinical example

Purpose

This will illustrate the conversation with the service user - use of TFM with adult/ parent experiencing mental health challenges.

Background

Carol is a 32-year-old married mother of 3 children (Ted aged 15, Maryanne aged 13 and baby, Barty, aged 7 months) with a 12 year history of intermittent depression. She is married to Pavel, a 44-year-old engineer who is currently unemployed, but with a previously good work record.

Carol was referred to the local adult MH community outpatient service by her GP because of increasing difficulties with sleep, low mood and anxiety problems. She has been on antidepressants intermittently over the years and her GP is aware that Carol's mother has been mentally unwell for many years.

Given her history, Carol is concerned about her mood, general coping and increasing conflict with her son, Ted.

Domain 1: Adult/ parental mental illness

This domain represents the needs of the adult, acknowledging the experience of symptoms/ illness and the added responsibility for children.

The guiding questions:

- How are you doing?
- What are the main issues/ difficulties for you at the moment?
- How do your symptoms affect you as a parent?

Domain 1 Adult/ parental mental illness

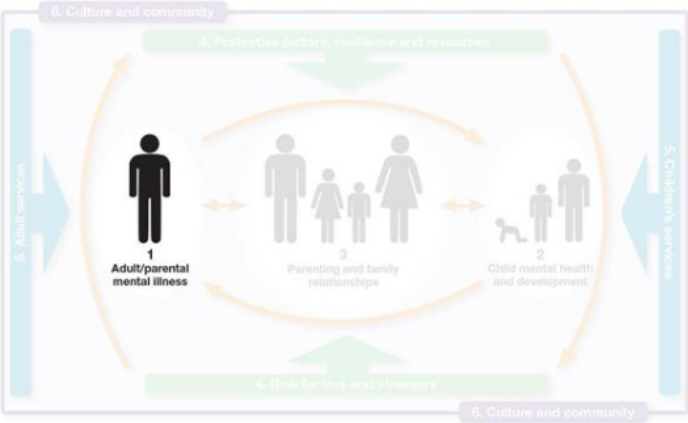
This is an opportunity to talk about issues relevant to the person with mental health challenges who is also a parent. In Adult MH services this means asking about and acknowledging the MH challenges being faced by the parent. It also allows for discussion about the ill adults experience as a parent.

This domain is informed by a position which acknowledges that being a parent and fulfilling caring responsibilities can be stressful for any parent, especially when experiencing mental health challenges and especially when there are worries or concerns about a child. Parents sometimes work really hard to protect / shield their children from their symptoms and you will see, as you work through the domains how Carol does this.

Most importantly you will also observe how she is helped to see her situation from a slightly different perspective. For example:

- How, despite her difficulties, she continues to prioritise the needs of her children and
- The possibility of having a more open conversation with them about her illness.

TFM Domain 1- Adult/ Parental mental illness



(still-picture from course)

Domain 1: Adult/parental mental illness

Learning points

Did you observe how the interviewer:

Thanked Julie, acknowledged/ Carol's efforts and quickly moved on to explain the purpose of the meeting

Used the TFM card to explain TFM structure to Carol as well as the aim of developing a care plan.

Used validation to acknowledge Carol's struggle with both worsening depressive symptoms and parenting challenges:

- 'I can see you've got a lot to manage at the moment...'
- 'I can see really tough time for you – experience of illness and having challenge of being a parent'

Elicited the pattern of (negative) interactions in the family (it starts with Ted and Mum, then father gets involved and then mother and father end up arguing)

Moved to the next domain by acknowledging what's been done and describing what's coming next.

Tips and Tasks

Tips (technique)

Check/clarify what's been said:

- *Have I understood it correctly?*
- *Are these the right words?*
- *What's a better way to describe it?*

Acknowledge parents wanting to do the best for their children and that symptoms / illness can make that difficult (validation)

If there are two parents experiencing difficulties then make subheadings for both and list their difficulties accordingly

Language and phrases:

- *Could you tell me a bit more about …*
- *I can see you have a lot to manage at the moment*
- *I can see you're having a tough time*

Tasks

- List the symptoms of Carol's depressive disorder
- What would you include in the care plan from this domain?
- The interviewer used validation as a way of engaging with Carol. Can you give an example?

Domain 2: Child mental health and development

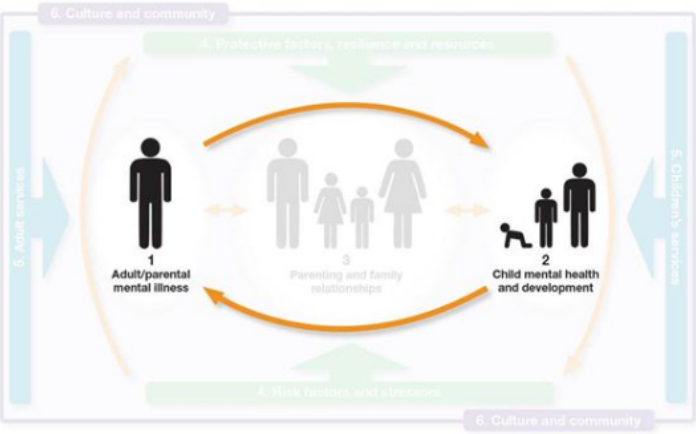
(still-picture from course)

Connections between adults and children

Transgenerational connections

Once the conversation has moved through Domain 1 and Domain 2, it becomes possible to use the information to show the important (transgenerational) connection between the 2 domains by referring to the arrows between them. This is an essential step in the conversation because it highlights the cross-generational connections between adult/parent and children.

This step therefore forms the foundation for family focused practice. It shows (using information from the parent) that the adults and children are connected and that what one person does will influence the other(s) and vice versa.



Domain 3: Parenting and family relationships

Domain 4 - Risk and protective factors

This domain ensures that both vulnerabilities and strengths are represented and that the interactions between them are considered as part of the care plan.

(still-picture from course)

The guiding questions:

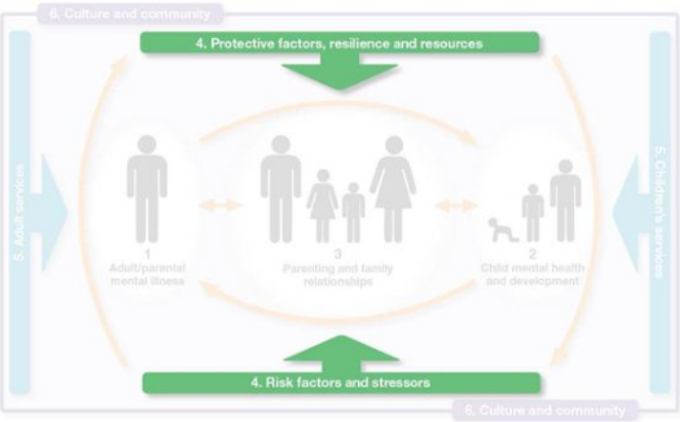
- What's going well?
- What gets you through?
- What are your main struggles at the moment?

This is an opportunity to gather examples of both strengths and difficulties / struggles. Difficulties include vulnerabilities associated with genetic risk (For example, a family history of mental or physical illness); social/economic (poverty, housing, unemployment, overcrowding etc); adverse life events and losses; early adversity and psychosocial stressors, domestic violence, alcohol and substance misuse etc. Difficulties not specific to the mental health of parents may also be relevant – such as physical illness, unemployment, loss etc.

The pattern tends to be for the D4 vulnerabilities box to have more items in it. This obviously reflects the fact that the parent is unwell and the family is struggling. There may need to be some prompting and encouragement to elicit items for the strengths box. This is the point where the question 'what gets you through?' could be used to elicit strengths. Eliciting family strengths is a really important part of the conversation – instilling hope, validating difficulties and coping capacities and it forms basis for a strengths based care plan.

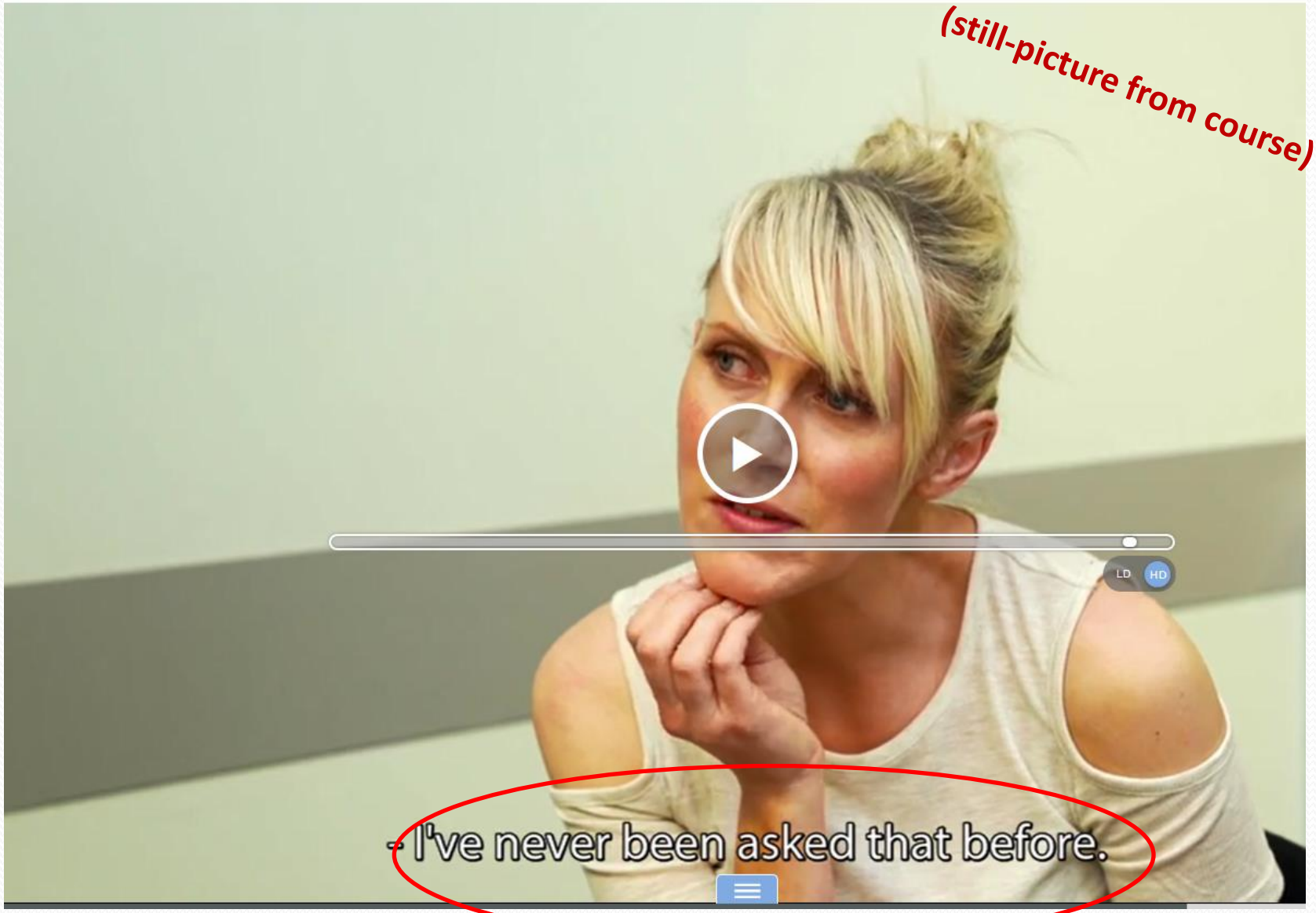
The disparity between strengths and struggles can provide a broad objective for family focused recovery which is restoring more balance in family

TFM Domain 4 - Risk and protective factors



Domain 4 Risk and protective factors

Domain 4 Risk and protective factors



Domain 5 - Services for children and adults

Domain 6 - Culture and community

This domain represents the broader issues that may impact on individuals and families when someone is unwell. This includes cultural, neighborhood and community issues.

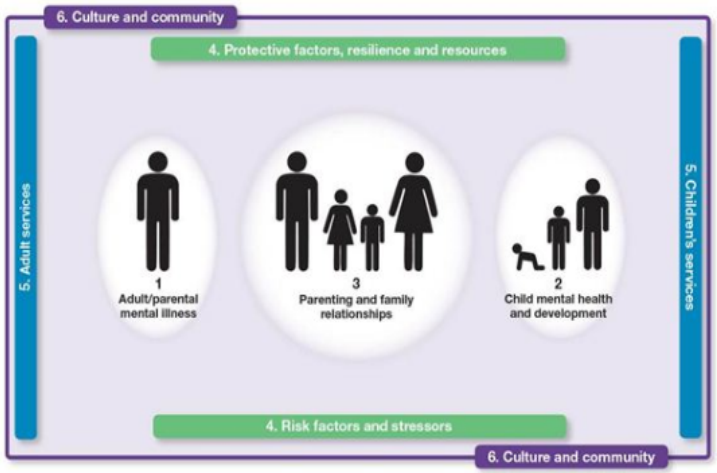
The guiding questions:

- *Have you ever experienced stigma or discrimination?*
- *How are things in your neighbourhood – do you have support from friends or family?*

This Domain provides opportunity to consider influences beyond the immediate family. Cultural issues are frequently neglected, insufficient attention given to housing and neighborhood influences and general community support. Sometimes there can be overlap with some of the items in domain 4.

Acknowledging these issues is an important part of the engagement process and can also be extremely relevant to understanding the family's story.

Domain 6- Culture and community



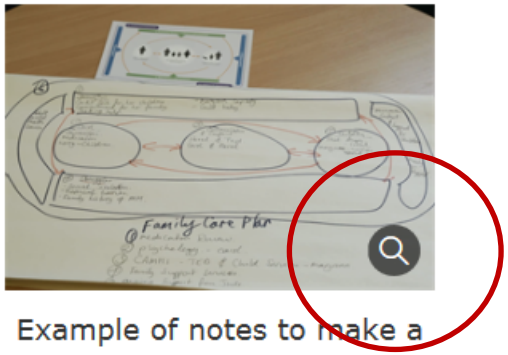
The Family Care Plan

The family care plan is the final 'product' that emerges from the conversations in each of the previous six domains. It draws together in an explicit and shared manner the relevant information that will support a practical approach to family focused practice. The task is to summarise the tasks/actions, some of which may already have been discussed, while others may require additional clarification.

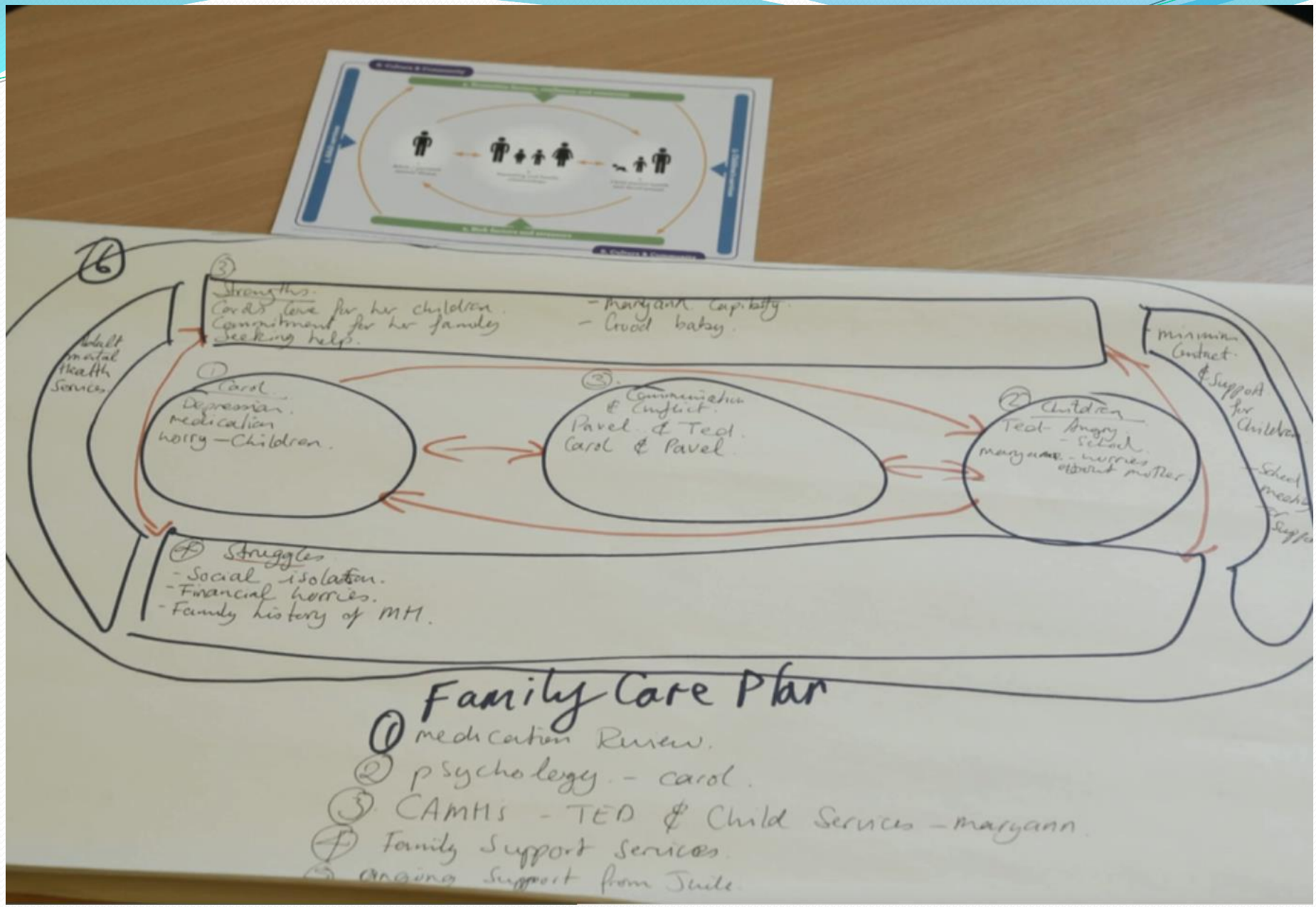
Importantly, always ensure there is a shared understanding and joint agreement on next steps. There may be gaps in the objectives which may need additional discussion.

Family focused care planning using The Family Model is based on:

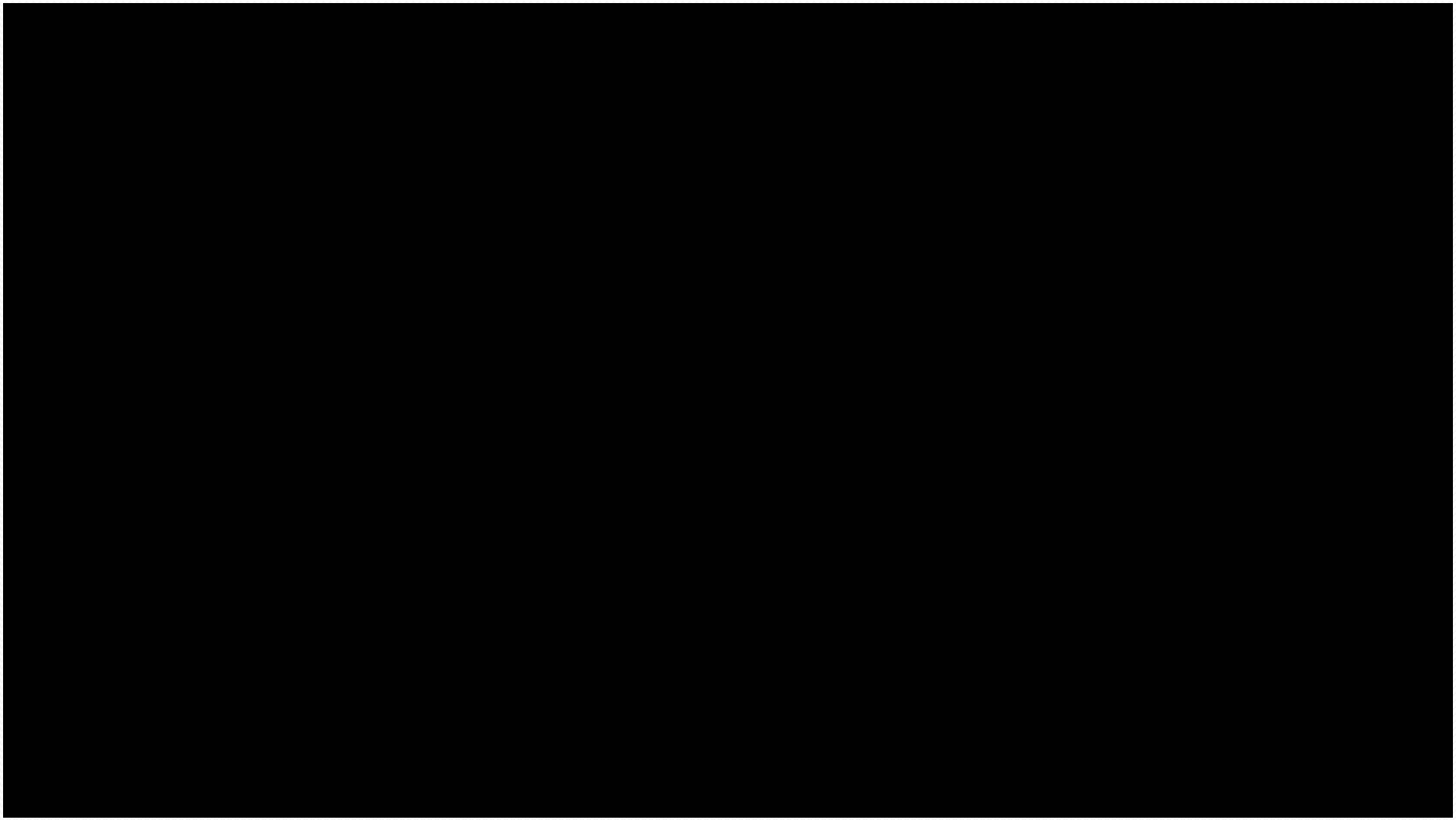
- Contributions from one or more family members
- Shared understanding of key issues and joint commitment to agreed goals, based on each of the domains
- The particular service setting which determines core focus (eg adult / child), but everyone has a part to play



Example of notes to make a Family Care Plan


Strengths.
Carol's love for her children.
Commitment for her family
Seeking help.
- Maryann Capitally.
- Good baby.
Adult mental Health Services.
Carol
Depression.
medication
worry - Children.
Communication & Conflict.
Pavel & Ted.
Carol & Pavel.
Children
Ted Angry.
- School.
Maryann - worries about mother
- minimum Contact.
& Support for Children
- School meals
Struggles
- Social isolation.
- Financial horrors.
- Family history of MH.
Family Care Plan
1 medication Review.
2 psycholegey. - carol.
3 CAMHS - TED & Child Services - maryann
4 Family Support services.
5 ongoing Support from Jude

Family focused conversation



Carol explains

(still-picture from course)

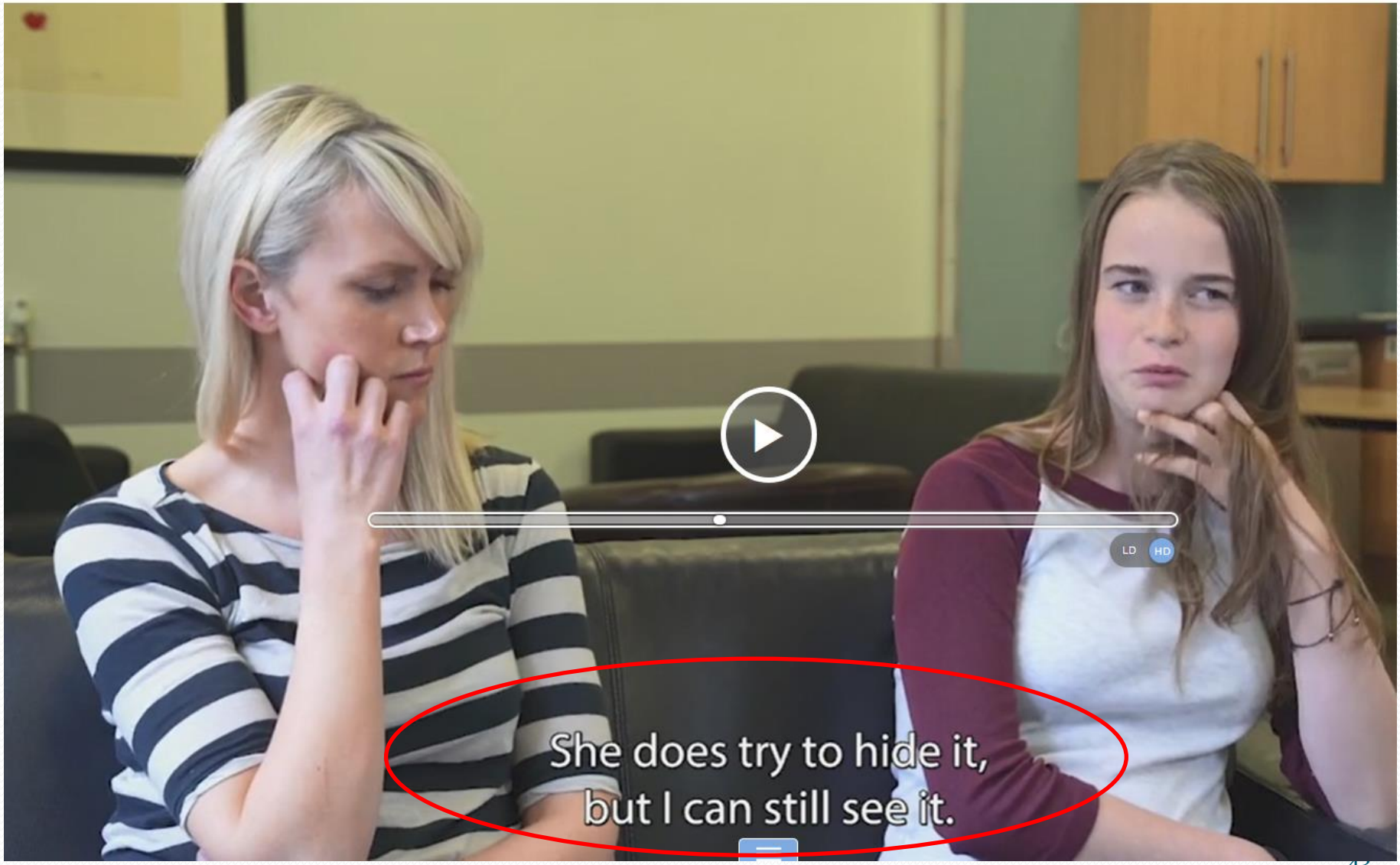
Child centered, Family focused conversations

(still-picture from course)

Child centered, Family focused conversations

(still-picture from course)

Child centered, Family focused conversations



Learning points about Parental experience using TFM card and talking about Domains.
Please read and click on the items. When talking about the Domains did you observe:

How Carol describes Domains 1 and 2?

How Carol and Marianne are both concerned about each other and how the interviewer acknowledged the importance of the conversation and kept the conversation on track

- *I also worry about Marianne,*
- *Marianne protests: You don't need to worry abo*
- *But I'm your Mum'*
- *Inte*

Example of some of the learning points – going through the entire family conversation

understanding of her difficulties

connections ...Really helped me ... We are all connected ...

How the interviewer used validation and clarification, to summarise key issues and keep the conversation moving forward)

The interplay (imbalance) between strengths and struggles

- The interplay (imbalance) between strengths and struggles in mother-daughter relationship and how the interviewer comments on how much they both care about each other and that
- Strength is in your relationship

How the interviewer introduces the next Domains reminds Carol & Marianne that the

Module 8 Resources

- Papers
- Doctoral Theses
- Books and Book Chapters
- Reports
- Annuals
- Web Sites

Thank you for your attention!