

National curriculum:

Family interventions for psychosis and bipolar disorder

First Edition (April 2020)

National curriculum family interventions for psychosis and bipolar disorder

Contents

Course Aims and Objectives.....	3
Competencies.....	4
Course Structure.....	4
Learning and Teaching Strategy	4
Assessment.....	5
Involvement of Experts by Experience	5
The Family Intervention for Psychosis and Bipolar Programme.....	6
Aims	7
Specific Learning Outcomes.....	7
Practice Portfolio.....	9
Appendix.....	10
NICE Guidance on the Delivery of Family Intervention and Carer Support	10

Introduction

Family Interventions for psychosis and bi-polar disorder has a robust evidence base and is known to significantly reduce rates of relapse in those with psychosis. As a result, the NICE guidelines for Psychosis and Schizophrenia recommend that anyone with psychosis who is living, or in close contact with their family should be offered Family Intervention. The NICE guideline on the assessment and treatment of Bipolar Disorder also recommends family intervention for those with this diagnosis. The importance of carer specific support is recognised within NICE guidance and this should also be covered within the programme.

Courses should provide post-qualification training in evidence-based family interventions as well as carer support, for those with psychosis or bipolar disorder. Recruitment for the courses should be aimed at qualified practitioners with a core mental health profession including mental health nurses, allied health professionals, social workers, psychiatrists and psychological professionals. Those without a core profession (including peer workers or support workers) may also attend the training and gain the qualification but would be expected to work alongside a qualified mental health professional as a co-therapist when delivering family interventions. The training should aim to ensure that all trainees reach a level of competence that would enable them to obtain similar outcomes to those reported in the relevant NICE guidelines for psychosis and bipolar disorder.

Trainees should be working in secondary care or specialist adult mental health services and should have at least two years' experience of working with psychosis and bipolar disorder. Trainees will need to be able to use and report on routine patient reported outcome measures.

Family and linked interventions delivered by mental health teams aim to have a meaningful impact on service users' lives and those of their families and friends, improving social inclusion, housing, employment and quality of life as well as symptoms. Trainees will therefore need to be able to assess these factors and develop close working relationships with specialists in these areas. The training providers will also need to work in close liaison with the service providers and this will need to be built into the course structure. For example, through integrated plans for supervision and placement visits by course staff.

Course Aims and Objectives

The courses will have a theoretical base with preference for training in approaches with the soundest evidence. In addition to providing practical intensive and detailed skills training to facilitate skill development to a defined standard of competency, a course will aim to increase students' knowledge base of theory and research in Family Intervention for Psychosis and Bipolar, and to promote a critical approach to the subject. It will aim to equip students to become skilled and creative independent Family Intervention for psychosis and bipolar practitioners.

The course will provide opportunities for students:

To develop critical knowledge of the theoretical and research literature relating to Family Intervention for psychosis.

To develop practical competency in delivering Family Intervention and Carer Support for those with Psychosis and Bipolar Disorder.

Competencies

The general competencies outlined in this document, are aligned to the Roth and Pilling Psychosis and Bipolar competence framework, specifically the family interventions competences. Specific learning outcomes are also included. For more information on competencies, please refer to:

Psychosis and Bipolar Competence Framework

<https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-10>

Course Structure

Most courses will be provided by, or affiliated to, a university, with teaching and associated supervision delivered over one year.

The specific organisation of training days may vary between training providers, but at least 10 days of teaching are required to cover all elements of the curriculum, plus assessment days.

The training provider and clinical sites where trainees are based, will work closely together to ensure an integrated learning experience and to facilitate generalisation of skills into practise.

Trainees are required to assess and treat at least 2 families under course delivered supervision. Competence will be assessed from at least one formal audio/video taped family session plus a minimum of two case reports and a clinical logbook/ detailing their clinical work against the course experience requirements.

Learning and Teaching Strategy

The specific Learning and Teaching Strategy can be decided by the training provider, but should incorporate the following:

- i) Experiential and skills-based workshops providing students with a strong foundation in the clinical procedures of Family Intervention for psychosis and bipolar and addressing the most up-to-date research developments.
- ii) Skills based competencies will be developed through small group experiential work and role plays in workshops, group supervision by course members and individual/group supervision.
- iii) On-going clinical supervision provided by members of the course team and where available with supervisors trained within this specific approach at the place of work.
- iv) Self-directed study to include general reading for each course and preparatory reading for each session. A video library and web-based resources should be created and available for students to borrow and study examples of clinical sessions and clinical demonstrations of specific techniques.

Assessment

Course components should be examined with a range of procedures, which when combined should ensure that competence is assessed in the delivery of family interventions for both psychosis and bipolar affective disorder. Methods of assessment may include assessment of audio or video recordings of delivering family interventions, case reports and role plays.

Other assessment strategies to consider include:

Objective Structured Clinical Examinations (OSCE) involving role play assessments focusing on particular problems/skills.

Written examination

Theoretical essays/ literature review

Equality and cultural competence

Course objectives to acquire cultural competence align with statutory duties under the Equality Act 2010, requiring public authorities who exercise public functions and organisations carrying out public functions on behalf of a public authority, to advance equality of opportunity, eliminate unlawful discrimination and foster good relations between people of shared protected characteristics and those who do not. Achieving cultural competence is a lifelong learning process. Cultural competence for Family Intervention practitioners will aim to develop the student's ability to recognise their own reaction to people who are perceived to be different and values and belief about the issue of difference (cultural competence component). The assessment criteria will include

- 1) Developing an ability to recognise one's own reaction to people who are perceived to be different and values and belief about the issue of difference.
- 2) Understanding a definition of culture, related values and factors effecting culture e.g. age, disability, marital status, ethnicity, parental status, sexual orientation, gender, education, language, socio-economic status, and religion or belief.
- 3) Being capable of taking responsibility for responses and actions taken with people who are different or are perceived to be different
- 4) Developing ability to accept ambiguity of not knowing what to expect or what to do initially during an inter-cultural situation.
- 5) Risk taking in order to communicate effectively with people from diverse cultures.
- 6) Working effectively with interpreters, establishing ways of working together and considering clinical implications.
- 7) Having raised awareness of one's reaction to people who are different and the implications of these reactions during sessions.

Involvement of Experts by Experience

Courses should ensure the fit between training and the priorities of people who use services by creating frameworks and opportunities for meaningful involvement in the design, delivery and assessment of learning by experts by experience (carers, families and service users).

The Family Intervention for Psychosis and Bipolar Programme

This programme will focus on delivering training to ensure students have the knowledge and ability to deliver family interventions for psychosis. Students will be encouraged to develop a critical understanding of the theoretical and research evidence for family interventions and an ability to evaluate the evidence.

The programme will focus on the core competences necessary to deliver family interventions. The course will cover the most up to date evidence for the effectiveness of family interventions and provide direct training in applying carer support and Family Interventions for Psychosis and Bipolar, including multi-family interventions. The programme will consist of information giving, role play, experiential exercises and video and case demonstrations. Experiential exercises will encourage self-reflection, increase in self-awareness and skill acquisition.

The curriculum will comprise the following:

- The principles that inform Family Interventions for Psychosis and Bipolar Disorder.
- The evidence-base supporting psychosocial family interventions including, carer/family support and multi-family interventions.
- The importance of whole team, long-term, carer and family inclusive practice.
- Knowledge of psychosis bipolar disorder and other mental health difficulties and their impact on family functioning.
- Risk and resilience.
- The factors that influence the ways in which family interventions are delivered.
- The core components of Family Intervention for Psychosis and Bipolar Disorder.
- Initiating contact and engaging the family in an assessment.
- Promoting engagement and maintain a working alliance with the family.
- Working with another therapist (co-working).
- Issues related to confidentiality and consent within family work.
- Undertaking assessments specific to family interventions.
- Working with a family to develop a formulation.
- Helping the family generalise specific skills by practicing them outside clinical sessions.
- Establishing therapeutic ground rules for the Family Intervention sessions.
- Sharing standardised written information with the family about psychosis and bipolar, and other presenting conditions and how to do so over the course of several sessions.
- Involving families including partners in early warning signs and relapse prevention: “Staying Well” work, including development and implementation of a plan.
- Working with children of parents with mental health issues – not including under 18s within the standard family / caregiver intervention. Communication / joint working with CAMHS where necessary.
- Working with couples.
- Managing healthy intimate relationships when a partner has experiences of psychosis or bipolar.
- Family communication.
- Problem solving including limit setting as needed.
- Understanding and addressing wellbeing/recovery for all family members.
- Working with substance use and other co-morbid presenting conditions.
- Managing a planned disengagement.

National curriculum family interventions for psychosis and bipolar disorder

- Evaluating the intervention.
- Multi-family interventions including techniques specific to multi-family work.
- Outcome monitoring.

Aims

1. To develop practical competency in supporting families and delivering Family Intervention for Psychosis and Bipolar
2. To develop critical knowledge of the theoretical and research literature of Family Intervention for psychosis and Bipolar.

Specific Learning Outcomes

This programme will provide an opportunity for students to develop the following specific learning outcomes:

- Familiarity with the relevant NICE guideline recommendations in relation to the delivery of Family Intervention for Psychosis and Bipolar and understand the evidence base behind the recommendations.
- Understand the obstacles and particular difficulties in implementing Family Intervention for Psychosis and Bipolar Disorder.
- Understand the commonalities and differences in family approaches when working with psychosis and bipolar disorder.
- Understand psychosis and bipolar disorder for the purpose of information sharing/psychoeducation (including biopsychosocial models, normalising, understanding 'recovery', diagnostic uncertainty, therapeutic optimism and fear of relapse).
- Ability to engage carers and service users in family work.
- Ability to implement family focussed work when the service user or family members won't engage.
- Understand the needs of caregivers (including different caregiver groups including parents, siblings, partners, adult offspring).
- Understand carer support – individual and group-based approaches.
- Understand confidentiality, capacity and consent and the application of these principles when working with families.
- Demonstrate ability to set agendas, work collaboratively, establish ground rules.
- Demonstrate ability to draw out and validate service user and carer accounts of their experiences.
- Ability to implement core family intervention skills including:
 - Active session management including agenda setting and communication principles
 - Pausing and interrupting family members, highlighting and reframing negative communication (criticism), identifying intended meaning of communication etc
 - Managing the pace, content and length of session to accommodate any cognitive or attentional difficulties of the service user and particular symptoms of the conditions such as having a lack of insight or other strong beliefs
 - Expectation of difficulties associated with psychosis and bipolar (e.g. unusual behaviours, experience of positive or negative symptoms during the family

National curriculum family interventions for psychosis and bipolar disorder

intervention sessions) and modelling how to communicate in the context of these difficulties

- Working with a co-therapist
 - Information sharing using written materials
 - goal setting
 - formulation
 - problem solving
 - limit setting
 - communication
 - managing a course of intervention
 - working with different family members in attendance
 - Dealing with endings
 - Relapse/crisis planning
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- Demonstrate ability to recognise the impact of severe moods and medication on sexual and intimate relationship and to be able help couples manage these difficulties.
 - Demonstrate ability to work with couples where one has bipolar and/or psychosis and to recognise and manage the need for changing roles (carer/being cared for) and establish a necessary balance between these.
 - Demonstrate ability to involve partners and families in monitoring of early warning signs and to carefully manage the related sensitivities of this.
 - Demonstrate ability to identify the individual needs of all family members and address both service users' and carers' wellbeing.
 - Demonstrate ability to involve families and partners appropriately in overall management of risk/safety planning.
 - Ability to deliver family interventions in the context of child risk and safeguarding concerns.
 - Ability to deliver family interventions with service users who are parents and to safeguard and support the needs of young carers and children of service users.
 - Ability to work with a range of co-morbid presentations including substance misuse, aggression, ASD and other interpersonal problems.
 - Ability to work with groups of service users and caregivers.
 - Ability to select and use appropriate outcome tools and measure outcomes.

Practice Portfolio

Requirements (accrued across the year)

At the end of the course, each student will submit their portfolio to be formally assessed by the teaching team. This will constitute a pass or fail.

For successful completion of the Programme, the students must demonstrate that, by the end of the course they have achieved the following:

- Passed written examinations on carer supportive practice and Family intervention for Psychosis and Bipolar.
- Completed treatment with a minimum of two families: one with a family member presenting with psychosis and another with bipolar disorder.
- Completed at least two case reports of work with families.
- Regular ongoing clinical supervision with a competent and experienced family intervention therapist
- Received a minimum of 10 x 2-hour group supervision sessions (with a maximum of 6 people in a group).
- Reflected on at least two samples of family intervention literature, including one relating to bipolar disorder and its application to practice with individual clients.
- Submitted within the portfolio a reflective analysis of a treatment session including a session recording which is integrated within a case discussion.

(March 2020)

Appendix

NICE Guidance on the Delivery of Family Intervention and Carer Support

Guidance on the Delivery of Family Intervention

Family Intervention should:

- Include the person with psychosis or schizophrenia if practical.
- Be carried out for between three months and one year.
- Include at least 10 planned sessions.
- Take account of the whole family's preference for either single-family intervention or multi-family group intervention.
- Have a specific supportive, educational or treatment function and include negotiated problem solving or crisis management work.

Guidance on Support for Carers

- Offer carers of people with psychosis or schizophrenia an assessment (provided by mental health services) of their own needs and discuss with them their strengths and views. Develop a care plan to address any identified needs, give a copy to the carer and their GP and ensure it is reviewed annually. [new 2014]
- Advise carers about their statutory right to a formal carer's assessment provided by social care services and explain how to access this. [new 2014]
- Give carers written and verbal information in an accessible format about:
 - diagnosis and management of psychosis and schizophrenia,
 - positive outcomes and recovery,
 - types of support for carers,
 - role of teams and services,
 - getting help in a crisis.
- When providing information, offer the carer support if necessary. [new 2014]
- As early as possible negotiate with service users and carers about how information about the service user will be shared. When discussing rights to confidentiality, emphasise the importance of sharing information about risks and the need for carers to understand the service user's perspective. Foster a collaborative approach that supports both service users and carers, and respects their individual needs and interdependence. [new 2014]
- Review regularly how information is shared, especially if there are communication and collaboration difficulties between the service user and carer. [new 2014]
- Include carers in decision-making if the service user agrees. [new 2014]
- Offer a carer-focused education and support programme, which may be part of a family intervention for psychosis and schizophrenia, as early as possible to all carers. The intervention should be available as needed and have a positive message about recovery.

<https://www.nice.org.uk/guidance/cg178/resources/psychosis-and-schizophrenia-in-adults-prevention-and-management-pdf-35109758952133>