

## **Frequently asked questions – what families want to know about behavioural family therapy (BFT), also known as family work**

### **1. What is Behavioural Family Therapy (BFT)/family work?**

**Answer:** Behavioural Family Therapy (BFT) is an evidence-based, effective and practical skills-based approach in which the therapist, service user and family members work together to promote: knowledge acquisition; positive communication; coping skills; stress reduction; relapse prevention and the achievement of individual person-centred goals. It helps the family build on strengths and resources and identifies helpful ways of dealing with specific problems and difficult decisions we all have to make.

### **2. How can it help?**

**Answer:** Family workers aim to help families find useful ways through this difficult time to help and support each other. As a combined team we will all work together towards recovery, acknowledging families are the experts

### **3. Who can be involved?**

**Answer:** It is for anyone with a mental health concern, experiencing family stress and their supporters. Much of the initial evidence is related to psychosis or bipolar, however it is used more widely now, with growing evidence of success.

### **4. Where do we meet?**

**Answer:** Sessions can take place at a venue mutually convenient to all; in your home or at one of the adult mental health sites. We recommend that to get the best from the sessions that they take place in a quiet space which is free from distractions.

**5. How long will family work/BFT take and how many sessions will be needed?**

**Answer:** NICE Guidelines recommend 10 sessions over a six month period. However, it is a flexible yet structured approach which is individual to meet the needs of each family.

**6. Who has to be present in these sessions?**

**Answer:** Whoever is important in the service user's life eg. friends , family, neighbours etc.

**7. What happens if a family member misses a session?**

**Answer:** We recognise that every family is different and has their own culture and work/study routines and so not everyone can be present at every session. So it is good to have a family member report back to the missing person so that they can still feel included. Also there is an expectation that families will practise the skills they have learnt in weekly family meetings in between the sessions.

**8. What happens if the service user does not want to attend the sessions?**

**Answer:** We recognise that the service user may feel overwhelmed at first but the door is always open for the person to attend. There is an expectation that the family will feedback to the individual and encourage them to practise the skill learnt in between sessions and have weekly family meetings too.

**9. How can I access behavioural family therapy (BFT)/family work?**

**Answer:** Via a referral from the individual's care co-ordinator in community mental health services and/or if the person is in hospital then via their named mental health nurse.

## **10. Who would we contact in an emergency?**

**Answer:** As per the service user's crisis contact plan.

## **11. Who will be involved in these sessions?**

**Answer:** There are usually two family workers who will co-work each session; however, there can sometimes be only one family worker. We try to keep the same family workers as this helps with continuity and builds a therapeutic relationship where everyone feels comfortable sharing and knows that all the information shared will be kept confidential.

## **12. Who will be informed of these sessions?**

**Answer:** The care team currently involved with the service user. Written records will be maintained. Our policy on confidentiality and record keeping applies.

## **13. What does a typical session involve?**

**Answer:** Sessions normally last one hour and there are one or two family workers present who act as facilitators. They can provide information about specific symptoms of mental illness and stress and advise on practical coping skills, as well as using the service user to explain their early warning signs and triggers. They will introduce a communications skill and model the steps of that skill, sometimes using a family member. Then there will be an opportunity for family members to practise the skill and observe that the steps of the skill are being followed. There may be time to reflect on the previous session, look at goal achievement and re-practise a skill if the family need to.

## **14. Are we a problem family?**

**Answer:** There is nothing wrong with your family at all, in fact it is fantastic how you are doing the very best you can with limited resources. We just want to see if there is any way we can support you further during this stressful time. We will use information already

established, e.g. if the family said no one listens, we will promote communication skills.

**15. How can you prevent a family argument in the session?**

**Answer:** The family workers help the family to devise ground rules which helps the family members feel safe and gives everyone an opportunity to talk.

**16. Can it be adapted to our cultural needs?**

**Answer:** Through individual and family assessment sessions we do our very best to understand you all. We recognise every family has its own culture, we will never assume, we will always ask and be led by you.

**17. Will there always be an interpreter for families where English is not their first language?**

**Answer:** If English is not the family's first language then sessions can be facilitated via interpreters. Equally, if a family member has moved out of the area or is away on business then use of Skype may be possible.