

Dudley Beacon & Castle Primary Care Trust and Dudley South Primary Care Trust



Dudley Social Services Directorate



Dudley Integrated Mental Health Service

Behavioural Family Therapy (BFT) Policy

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Policy Ratified by :	Core Policies Group
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**Policy Developed by the BFT Working Group
in association with**



Summary Sheet

Summary

This document details key local guidance in respect to the development, delivery and monitoring of Behavioural Family Therapy (BFT) within the mental Health Services of Dudley.

Policy Development

- Policy developed by the local BFT Working Group
- Policy development supported by MERIDEN West Midlands Family Programme

Consultation

Circulated to all mental health teams across Dudley Beacon and Castle PCT and Dudley South PCT for consideration prior to presentation for ratification by the organisation.

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Summary of Content

- Explanation for staff in respect to the nature of BFT and the vital role that it plays within ensuring quality services
- Explanation of the key stages of the BFT process
- Role of the BFT trainers
- Suggested BFT documentation
- Local processes for monitoring and review

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<ul style="list-style-type: none"> • Recommended BFT paperwork including : Assessment, Planning and Evaluation of Therapy 	

Introduction

This policy details the local processes and procedures utilised within Dudley Beacon and Castle PCT, Dudley South PCT and the mental health directorate of Dudley Social Services in respect to Behavioural Family Therapy (BFT).

Understanding Behavioural Family Therapy

Behavioural Family Therapy (BFT) is defined as a psycho-educational approach which supports families to maximise their coping skills, reduces stress levels and as a result therefore reduces risk of relapse and the potential of admission to hospital.

The core belief of behavioural family therapy is grounded within the view that the family of the service user has the potential to be a major health-enhancing resource. Simply put the BFT therapist supports and guides each family member into doing his/her very best to maximise pleasant and minimise unpleasant events in the family unit and their immediate environment. This is achieved by encouraging the family as a whole to explore new ways of communicating and working together.

As part of this intervention the BFT therapist may adopt a structured problem-solving approach encouraging family members to share their feelings, agree on problems to be tackled, discuss possible solutions and agree a way forward together (Falloon 1988; Asen 2002).

BFT helps families to learn by :

- Enabling them to find new ways of communicating
- Teaching them new problem solving techniques
- Promoting their knowledge about mental illness ; including how to stop early warning signs of relapse
- Teaching them how they can work together to manage mental illness and reduce the likelihood of relapse

Background to the approach - Internationally, Nationally and Locally

BFT was developed back in the late 1970s in California and following its success as an intervention there, was introduced to the United Kingdom twenty years later.

In 1998 the government commissioned the Cochrane Group to research the two most effective treatments for Schizophrenia. Their findings identified these to be family work, such as BFT and Clozapine (GRIPkit 1997/98).

In the same year the Meriden Project came into being. This innovative project brought together 14 Trusts within the West Midlands to drive forwards the development of BFT within the Midlands. The Meriden project involved the development of roll-out training for Trusts, initially two trainers were trained within each organisation with the remit of cascading further training locally within their parent Trust.

Within Dudley there are currently four BFT trainers who ensure the local availability of the BFT training programme and support the on-going development of BFT within the local mental health services.

Using BFT within Daily Practice

All mental health clinical teams working across Dudley Beacon and Castle Primary Care Trust, Dudley South Primary Care Trust and Dudley Social Services must ensure that all service users have ready access to BFT, if it is felt by the multidisciplinary team that this form of therapeutic intervention could be of benefit to both the individual and their family. In order to facilitate this all mental health clinical teams working across Dudley Beacon and Castle Primary Care Trust, Dudley South Primary Care Trust and Dudley Social Services will have access to local BFT training to ensure that team members have the necessary knowledge and skills to deliver this therapeutic intervention at a local level.

Processing patient referrals for BFT

In the event that the multidisciplinary team considers that a particular service user may potentially benefit from BFT then immediate arrangements must be made to allocate an appropriate BFT therapist to the case.

All BFT referrals within the team should be fully discussed within either the team allocation meeting or weekly MDT review so as to ensure that appropriate arrangements can be made to allocate a suitable BFT therapist, in accordance with the approved behavioural Family Therapy Referral Pathway (figure 1).

Factors that may influence the choice / allocation of BFT therapist

Such factors may include :

- Complexity of the individual case in question
- Experience of the BFT therapist
- Existing caseload / workload of the BFT therapist
- Gender of the service user / BFT therapist
- Ethnicity / culture of the service user / BFT therapist
- Service user preference / choice
- Existing therapeutic rapport between the BFT therapist and the service user

Safety and Support of BFT Therapists

Attention is drawn to how it may be beneficial for BFT therapists, especially when they are working with their first family or within highly complex or challenging cases, to co-work with a second BFT therapist.

Team Leaders responsibilities in respect to the local provision of BFT

The Team Leader for the clinical area is responsible for ensuring the local provision of BFT by :

- Ensuring /encouraging appropriate numbers of his/her team have received BFT training and are those equipped to respond to immediate local demands for BFT
- Ensuring/encouraging BFT therapists within the immediate team receive appropriate clinical supervision
- Ensuring BFT therapists within the immediate team receive appropriate time to undertake work with individuals / families

Continuity of service provision

As previously identified, within this policy, each clinical team should ensure that they have sufficient BFT therapists available to offer BFT to patients within their immediate locality, however in the event that such therapists are not available, for whatever reason, then it is the responsibility of the Team Leader for the clinical area to ensure that suitable arrangements are made to allocate the patient / family to a suitable BFT therapist from another local mental health team.

In the unlikely event that another BFT therapist cannot be identified within the local organisation then the patient / family will be placed onto a BFT waiting list within the team until a suitable therapist can be found to accept the case. In such cases the Team Leader for the clinical area (or their nominated Deputy) must ensure that this occurrence is reported as a clinical incident utilising the Trusts incident reporting mechanisms.

Behavioural Family Therapy Referral Pathway

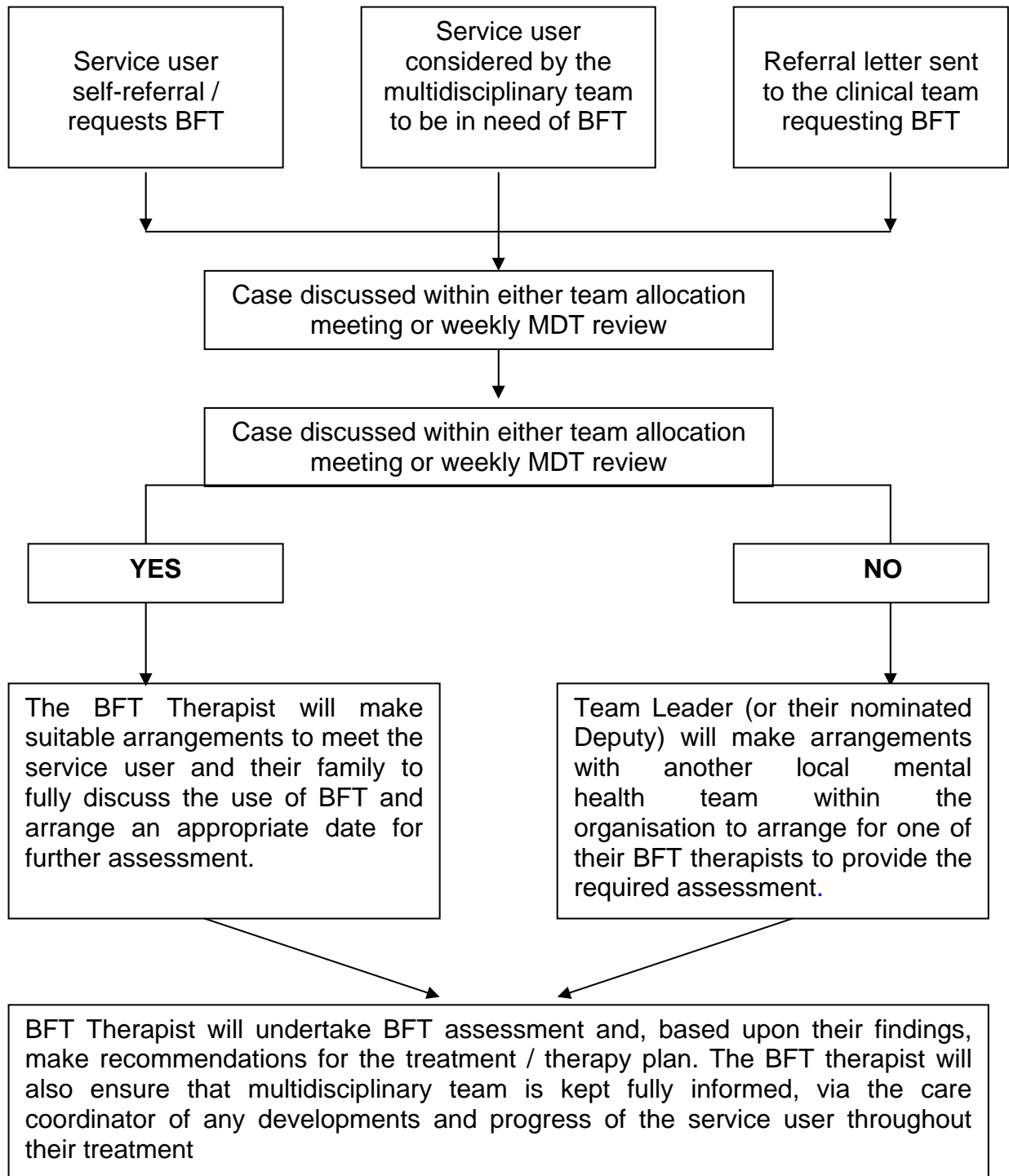


Figure (1)

Behavioural Family Therapy Training

Provision of training within the Service

As previously mentioned within the policy there are currently four BFT trainers who provide cascade training to interested staff members from Dudley Beacon and Castle Primary Care Trust, Dudley South Primary Care Trust and Dudley Social Services. Currently these trainers offer both full training and refresher training and aim to train 30 therapists annually.

Who is BFT training offered to ?

BFT training is available for the following staff groups :

Qualified Workers	Support Workers	Other Workers
<ul style="list-style-type: none"> • Occupational Therapists • Mental Health Nurses • Social workers • Psychologists • Counsellors • Psychiatrists 	<ul style="list-style-type: none"> • Assistant Care Coordinators • Day Facilities workers • Healthcare Assistants • Nursing Assistants • Occupational Therapy Assistants / technical instructors 	<ul style="list-style-type: none"> • Staff within specialist areas who have regular contact with clients and their families as part of their working duties

Please note that only qualified workers can undertake the role of BFT therapists after training and can therefore undertake cases independently, whereas support workers must only act within a co-working capacity.

Levels of BFT training currently provided within the organisation

Type of Training	Purpose of the Training	Duration of Training
Full BFT training	Suitable for any member of staff wishing to become either a BFT therapist or BFT co-worker	5 days
Refresher BFT training	To enable individuals who have previously undertaken Full BFT training to refresh the knowledge and skills in respect to this intervention.	2 days
BFT awareness for Managers	To provide an outline of the managers responsibilities in respect to the delivery of BFT within the local organisation, and to advise managers on positive steps that can be taken to promote BFT within their own clinical working environment.	1 – 2 days

Team-based learning

Please note that BFT trainers are willing to speak to any individual who feels that they would benefit from learning this approach, and hence readers are advised that if they would like to discuss their suitability for BFT training then they should contact one of the BFT trainers for further advice.

Documenting BFT interventions

Good record keeping within healthcare settings is widely acknowledged an essential element within the modern NHS (Nursing and Midwifery Council 2004) as it will not only ensure that all patients receive the highest standards of care and treatment at all times, but will also ensure effective communication between healthcare professionals involved within the delivery of that care (Fulbrook 1998).

In light of this it is therefore essential to ensure that all BFT assessments and interventions provided within the service are fully documented within appropriate healthcare records. In order to promote this suggested BFT documentation, taken from the Family Interventions Workbook, is offered within the appendixes of this policy for healthcare professionals to utilise. It is recommended that the individual and whole family member assessment stage is essential within this model of working and needs to be completed in all cases.

In the event that the BFT therapist chooses not to utilise the suggested BFT documentation then they must ensure that they fully document all assessment, planning and evaluation of BFT sessions clearly within the patients records in such a manner as to ensure that other professionals have a clear understanding of the work that has been completed, or that has been planned, as part of the overall therapeutic package of care for the patient concerned.

Child Protection and/or Vulnerable Adults

In the event that issues of concern are identified through undertaking BFT in respect to either child protection or indeed the care of a vulnerable adult staff must ensure that they follow the local guidance as laid down within the agreed organisational policies for Child Protection and Vulnerable Adults.

Audit

BFT activity, within the local service, will be audited at regular intervals so as to measure the growth of this psycho-educational approach within Dudley, review the uptake and effectiveness of BFT training and identify areas for improvement. Such audit activity will highlighted and monitored through the annual Clinical Governance Audit Plan for Mental Health.

References utilised within this policy

ASEN, E (2002) Outcome Research in Family Therapy. Advances in Psychiatric Treatment 8: pp.230-238

FALLOON, I. (1988) Behavioural family therapy: systems, structures and strategies. In: *Family Therapy in Britain* (eds E. Street & W. Dryden). Milton Keynes & Philadelphia: Open University Press

FULBROOK, S. (1998) Medical-legal insights – record keeping: legally and professionally important. British Journal of Theatre Nursing. 7(12)pp.10-11.

GRIPkit (1997/98) Getting to grips with schizophrenia. West Midlands Regional GRIP Group.

Nursing and Midwifery Council (2004) Guidelines for records and record keeping. Guidance 02.04. NMC Publications.

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BFT Policy : Appendixes

Recommended Behavioural Family Therapy Paperwork

Including :

- BFT Assessment
- BFT Planning
- BFT Evaluation