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Introduction

There is compelling research that indicates that working with the families of people experiencing a range of mental health difficulties can improve outcomes for the individual client (both adults and children) and decrease stress for family members (Carr, 2009a, 2009b). Whilst family work has established its credentials as a valuable intervention, it has not always been accessible to families. A number of barriers have presented challenges for practitioners and services in offering family interventions, including the sense that substantial time, energy and specialist qualifications are required to do this work. Single Session Family Consultations (SSFCs) were developed to address these barriers, by providing a framework for a brief engagement with families that can be delivered by practitioners in a range of roles.

This manual aims to guide practitioners working in a range of sectors in how to conduct a SSFC. It was developed primarily for practitioners who ordinarily work with individual clients rather than families. The Single Session Family Consultation (SSFC) framework is designed to be helpful to individual clients and to their family members. The development of this approach has been based on:

- Ideas adapted from Single Session Therapy (Talmon, 2012)
- A practice model for identifying and addressing family needs in mental health care in the United States called Family Consultation (Jewell et al., 2012)
- Ideas from family therapy
- The concept of a pyramid of family involvement, which describes various possible levels of engagement with families (Mottaghipour & Bickerton, 2005)1

What are Single Session Family Consultations?

The above models and ideas have been combined to create a practice model called Single Session Family Consultation (SSFC). SSFC is a brief process for engaging and meeting with families which aims to clarify how the family will be involved in the individual’s care and to help family members identify and address their own needs, particularly as these relate to their role as supporters / carers.

Key principles of SSFC

- In services working primarily with individuals, the client’s preferences should strongly inform the convening and conducting of SSFC sessions. The default position is that the client is present in sessions unless they have a preference to not attend or where there are other compelling reasons.
- The client is encouraged and supported to be an active participant throughout the process of planning for and engaging in the SSFC and in the session itself.
- SSFC is a strengths-based process for identifying and addressing family needs rather than an assessment of family functioning.

1 Another document available at www.bouverie.org.au From Individual to Families: A Client-Centred Model for Involving Families gives an overview of the approach underpinning the practices described in this manual, as well as suggestions about implementing the approach within an organisation.
• The SSFC is a reciprocal process involving a three way exchange of information between the client, family members and the practitioner.

• Family members and the client are encouraged to raise issues that are important to them in the SSFC. However, they are not obliged to share information that they are not comfortable discussing.

• SSFCs can lead to a range of outcomes: this may involve a decision to have no further sessions, a decision to meet again, a decision to meet with a smaller subset of family members, clarification of arrangements for ongoing contact and involvement and/or referral to other services.

• An active stance of reaching out to families is often necessary for their engagement in SSFC. As such SSFCs are ideally offered early in the client’s contact with the service.

**When might a SSFC be used?**

A SSFC may be useful for any number of reasons and in a range of circumstances including:

• As a process for your service to routinely engage with families

• To get things moving again in a stuck or chronic situation

• To help develop a thorough discharge plan

• To help a client reconnect with their family

• To address almost any client issue

**The SSFC in context**

The SSFC ideally forms part of a comprehensive service response to families. As shown in Figure 1, at the base of the pyramid of family inclusion is Family Sensitive Practice. Family Sensitive Practice has been defined as ‘any work role that is performed in a way that is inclusive, understanding and respectful to families and other carers, including their social and cultural role’ (Young, Riess, & O’Hanlon, 1998). As such, it covers practices that include individual client work as well as incidental and less formal contact with family members. When working with an individual client, practitioners can inquire about family and other relationships, which can create awareness for both client and the practitioner. Unplanned and informal contact with families can be an opportunity for practitioners to acknowledge the role of family members and communicate messages of inclusion and respect.

In Level 2 where SSFCs are located, families or members of a client’s social network are invited to attend and participate in a relatively formal or structured session. This is a ‘step up’ from involving families by welcoming them or keeping them informed of events or discussing family issues with a client (Level 1). Level 2 ‘family inclusive practices’ differ from practices that are simply sensitive to families’ needs largely in the degree of intention, formality, active participation and structure of what is offered.
Level 3 interventions are often (although not always) longer term and more intensive in nature. These interventions are typically more specialised, typically require a larger commitment from families and also require more advanced training for the practitioner. These interventions are also more likely to have an established evidence base and are more ambitious in their aims. For example, they may aim to reduce relapse in people experiencing schizophrenia. Some of the more common interventions at this level include:

- Behavioural Family Therapy (Falloon et al., 2004; Mueser & Glynn, 1999)
- Multi-Family Groups (McFarlane, 2002)
- Couple therapy
- Formal family therapy
- The 5 step family intervention (Copello, Templeton, Orford, & Velleman, 2010)
- BEST and BEST Plus (Toumbourou & Bamberg, 2008)

The Pyramid of Family Inclusion
(Adapted from Mottaghipour & Bickerton, 2005)
**Single Session Family Consultation: An overview**

The Single Session Family Consultation is a time-limited and structured process for meeting with a client and her or his family and is focussed on achieving realistic and negotiated goals. SSFC was developed by The Bouverie Centre through combining Family Consultation -a model developed to meet the needs of families affected by mental illness - with Single Session Therapy, an approach that focuses on maximising the value of every encounter (Jewell et al., 2012; Talmon, 2012; Wynne, 1994). SSFC has a strong emphasis on the process being consultative, needs driven and strengths oriented.

In practice, SSFC can be best thought of as a process for convening, conducting and following up a session. In the convening process, particular attention is given to preparing all potential participants to make the most of the time when family members are together. There is a strong focus on negotiating the involvement of family or other social network members with the client. This aims to increase the likelihood that the session delivers a useful outcome for the client and does not threaten the relationship between the practitioner and client. The SSFC session itself includes stages of opening, scoping, responding and closing. A follow-up telephone call is made to families following the session to gauge their experience of the session and to check on progress in relation to issues identified during the SSFC and to clarify the next step.

**How a SSFC can help the client, their family and the practitioner**

SSFCs usually help families in the following ways:

- Hearing the family’s story and acknowledging the impact of the illness / problem on all family members
- Creating greater understanding through sharing information about the nature of the illness /problem
- Helping families work out how to best support their relative within the resources they have available
- Problem solving inevitable day to day difficulties which are linked to what family members want to achieve during the session
- Achieving clarity about the nature of family involvement in the person’s treatment
- Planning to help families access additional resources including other family interventions that may be available to them

A particular advantage of the SSFC approach is that sessions do not commit the client or family members to ongoing participation but they can set the scene for longer-term work if this is mutually agreed. Alternatively, SSFC can be offered on an as-needed basis, a format that suits many families. SSFC enables practitioners to match family need to available services, including more specialised options for some families, as described in Level 3.
Guidelines for conducting an SSFC

Although each SSFC should be seen as discrete and complete in itself, it is essential that it is not seen as just a single contact; pre- and post-session contacts are central to the work. In this light a SSFC extends beyond the face to face meeting with a family to include these elements. The key steps in the process of the SSFC are:

1. Convening a Single Session Family Consultation
2. Conducting a SSFC Session
3. The follow up process

1. Convening a Single Session Family Consultation

Overview

This section addresses the important preparatory elements of the SSFC process. This relates to: how to explain the SSFC to both your client and family members and prepare them for the session; working out who participates in the consultation session and importantly how the session will run and what will be discussed. Our experience and feedback from practitioners in the field indicates that attention to this aspect of the SSFC process improves the likelihood of a more efficient and productive session. We also know involving families is sometimes about ‘seizing the moment’ so that SSFC sessions can occur in circumstances where little or no prior planning has taken place. In these circumstances the preparatory aspect of the SSFC process can be incorporated into first the few minutes of the actual sessions with families.

Getting clear about the purpose

Prepare yourself by considering the rationale for this consultation and your role in conducting an SSFC. An advantage of the SSFC is that practitioners with differing areas of knowledge and skill can use it flexibly. This means that practitioners can involve families and respond to the needs of their clients and family in a manner that is consistent with but not beyond their level of skill and knowledge. For the practitioner this means conducting an honest self-appraisal of their skills so that they can determine the potential scope of what can be addressed in a session with a family and what might need to be addressed through referral to another professional.

Some useful questions to consider:

- Locate my aim for the session within the Pyramid of Family Inclusion. What am I hoping to achieve by conducting SSFC? Is this realistic and if not what might be an achievable step towards this goal?
- What is the scope of my practice within SSFC? For example, providing information about the condition, helping a family recognize strengths and their needs in relation to their role with their relative and referring family members to appropriate services are typical activities within SSFC. Do I have information about the particular problem experienced by my client and its treatment? What kind of session do I feel able to conduct? Do I have skills in managing conflict, shared problem solving or mediation that I could use in my sessions with families?
• What are the consequences of not involving the family for my client and for family members, particularly vulnerable groups such as dependent children and elderly parents or partners?

• What do I need to address in order to alleviate any concerns about the impact of an SSFC on the relationship with my client?

• What is within my scope of practice from an organisational point of view? What might be considered outside what the organisation expects of me?

• From a safety perspective what are the risks of bringing people together and are these serious enough to consider an alternative to meeting with the family together?

Offering a Single Session Family Consultation to your client

In proposing a SSFC to your client it is important that you inform them of the rationale for involving their family members, explore the pros and cons of a SSFC and give them a realistic account of what typically occurs in a session. However the preparation of your client will ideally commence at the beginning of your contact with the client (and ideally as part of your intake process). By making discussion of family and relationship issues a normal and routine part of your assessment and ongoing work with your client, you are effectively preparing them for a SSFC by ‘tilling the soil’ around the role of family and other relationships in the client’s life.

**Key tasks**

- Explain SSFC and your rationale for suggesting it
- Elicit from the client how an SSFC might be helpful to them or their families
- Directly address any concerns raised by the client
- Agree on what will be discussed in the session and what is ‘off limits’ for the client (Consider a strategy for how to respond if an ‘off limits’ is raised)
- Discuss who might be invited to participate in the session
- Agree on arrangements for inviting family members to the session

Some useful questions for you and your client to consider:

- How might a SSFC be helpful to your client and how might it be helpful to the client’s family members?
- Are there any potential risks associated with involving family members and what are the risks of not involving them?
- How are family members likely to respond to an invitation to a SSFC?
- How does the client see the impact of the condition on other family members? What is the impact of the condition on relationships within the family?
- How does the client think that their family understands their condition or problem?
- What are the family doing that is helpful to the client in dealing with their condition or problem? What are the family doing that is unhelpful to the client or making it harder for them to deal with their condition or problem?
- What do you and the client think might be usefully addressed in a SSFC session?
• Who should be invited to a SSFC session?
• How might an invitation to a SSFC session be best communicated to family members? What are the client’s preferences? And what are your experiences in inviting other families?
• What would you and your client like to be discussed, and what would constitute a good outcome?

**Offering a Single Session Family Consultation to family members**

Prepare family members by having firstly negotiated with your client which family member to contact and how this is to occur to avoid a call coming ‘out of the blue’ for family members. The process of inviting family members needs to have been negotiated with the client and their preferences respected. In our experience it is preferable for the practitioner to directly invite family members to a SSFC session rather than ‘pass on’ an invitation via your client. This provides an opportunity for you to connect with family members, explain the purpose of the session and to find out what they might want from the session.

Practitioners should be prepared for a range of responses from family members These include; relief and appreciation that contact has been made, concern that something is ‘wrong’ with their relative, anticipation of being blamed and anger either towards the client or towards the practitioner and service. As such more than a ‘quick call’ might be needed to constructively engage family members in the SSFC.

**Key tasks**

• Contact nominated family member(s)
• Explain SSFC and the rationale and elicit from family members how it might be helpful
• Ask family members about how they are experiencing their relative’s condition and about their perception of the impact on them and the family more generally
• Directly address any concerns raised by the family about the session
• Clarify the purpose and agenda of the SSFC with all participants, and ask what they might like to talk about in a consultation
• Agree on what will be discussed in the session and what is off limits for the family. This may include flagging issues that the client has identified as ‘off limits’ so that the family has realistic expectations about what will be covered in the session
• Provide family with practical information about the time, date, venue (including directions and parking) and duration of the session
• Consider what to do if family members are reluctant to participate or decline the invitation
• Reassure the family member that they are not obliged to attend
• Ask them if they could help you understand their caution or reluctance (normalize caution)
• Address concerns where possible
• If family member still does not want to attend, offer the option of re-visiting at another date and clarify how contact with them could occur short of participating in a session. For example, telephone, via their relative or by email (with clients agreement)

2. Conducting a Single Session Family Consultation Session

Overview

There are four stages in a SSFC session; Opening, Scoping, Responding and Closing. Thinking about the session in these stages can be helpful in learning the model, making sure you address the important components of SSFC and in managing time in a session. It is important to remember however that in practice sessions are never so ‘neat’, that stages will overlap or that you might need to respond to an immediate issue and then to scope what else might need to be addressed.

Before you enter the room!

Whether you meet in an interview room at your service, in a ward in a hospital or in the family home, it is important to think about the extent to which the environment will support or hinder a productive session. More practically you may be able to ‘set up’ the space in which you are meeting to facilitate an effective session. If in a service setting consider basic things like available space, the number of chairs available, if there are children are there toys, privacy, and even where you want to sit (next to the client, in view of a clock to unobtrusively keep an eye on time or near an exit if safety issues are of concern).

In your client’s home you have less control over the session space however you may still have choices about where to sit or where in the house to meet. It is also reasonable to ask politely for TVs, radios or phones to be turned off to avoid these distracting participants from the focus of the session.

Opening: Introductions, social engagement and orientation to the session

Key tasks

• Introduce yourself and your role, particularly as this relates to the family member who is your client. This might also mean describing or unpacking your role so that other family members understanding where you fit in their relative’s care.

• Welcome everyone separately and connect with him or her; put them at ease. Don’t forget that the time spent joining with family members is time well spent. It helps to put family members at ease and can help you connect with them as individuals - not just as your client’s support people. It might even help identify strengths in family members and family relationships. The amount of time you spend will depend on your reading of the family and how eager they are to ‘get down to business.’

• Introduce the overall purpose of the session. At this point this can be couched in broad terms such as ‘part of the way we work here is to involve the people that are important in our client’s life. You are important in helping support John’s recovery and we also recognize that family members are often worried and sometimes deeply affected by what happens to their relative’.
• Describe the process of the session. For example, explain what will occur in the session, what might be important issues (everyone having the opportunity to talk – ‘I would really like to hear from each of you’), duration, how you will facilitate the session and what some possible outcomes may be. It might be important to flag both your intentions (I want this session to be practically useful to each of you) and the limitations (we probably won’t be able to cover everything but let’s see what we can achieve in the time we have together).

Scoping: Identification, clarification and prioritising of family needs and concerns

This where you work out with the family what they want to talk about or what they might need and decide with them what might be most useful focus for this session.

Key tasks

• It is important to hear from each person about what he or she want to talk about and what they want from the session. It is often helpful to ask permission to write these preferences down so that you can feed them back to the family once you have heard from everyone.

• You may want to prompt family members who have mentioned an issue in the preparatory phase. “When we spoke on the phone Mary, I remember you saying you were really worried about John’s medication. Is that still something you would like to discuss?”

• Depending on you client’s preferences and level of vulnerability, you might also ask about the impact of their relative’s illness on them. For example: “What’s been the hardest part of all of what has happened with John for you?”

• If you have an issue that you need to discuss with the family, it is important that you ‘put this on the table’ at the beginning of the session. “I need to check with you about centrelink”. “I would really like to talk to you about how we can communicate on an ongoing basis even if we only have the one session.”

• Remember this process is not just about working out the agenda, it is also about hearing peoples’ stories. It is also an opportunity to acknowledge their experience and normalize their reactions. This should extend to commenting on strengths, particularly positive behaviours or attitudes demonstrated in adversity. “It sounds like it has been really tough trying to keep the household going while giving John that extra support you talk about. How have you managed to do both?”

• Deciding a focus for the session. Once everyone has had an opportunity to speak, it can often be helpful and validating for family members to hear this back from you in summary form. “Mary, you mentioned that you were most concerned about the risk of John relapsing and about who would be monitoring the medication, John you shared your mums concern about relapse and also wanted to talk about how the family might be best able to support you.”

• In order to make the session helpful, you will need to focus on one or two issues (sometimes you might be able to quickly address smaller issues, particularly around practical matters).
• There are specific strategies for deciding what the focus or priorities of the session will be:
  o Invite the family as a group to suggest a priority item/items
  o Defer to the client to priorities
  o Offer your own judgment about what it might be important to focus on. You can offer a number of different rationales
  o Available time: “I appreciate that the issue of why Shane smokes dope is an important question but given we only have 30 minutes I’m think we might be able to make progress on the issue of Shane letting you know when is coming home late.”
  o The scope of your experience and expertise: “It sounds like how you are getting on as a couple is something that Jane you are keen to talk about. That’s something outside my area of expertise but I’m happy to spend a few minutes at the end of the session to look at some options for couple counselling if that would be helpful.”
  o Your experience with other families in similar situations: “From my experience with other families, it is often the day to day things that often cause the most irritation and upset. I’m wondering if we could leave talking about Jack’s work prospects for the moment and address the issue of expectations around cleaning up after yourself in the kitchen.”
  o Where possible encourage the selection of topics that impact on all of those present or at least where all family members might be able to contribute. One way of doing this is try and link the different problems of individual members into one shared problem or goal. “I’ve noticed that there is a whole lot of concern about what to do when John retreats to his room. John it also sounds like you get pretty irritated when your family keeps asking you to come down and watch TV. Given we have 30 minutes or so we could spend the time talking about this and hopefully help you work out a better way of managing this situation.”
• Don’t forget to include in the prioritization of issues what you need to achieve from the meeting.

**Responding: Working on prioritised needs and issues**

This is where together with the family you work on the prioritised issue(s) or problem. There are many ways of responding to an issue and the choice you make will again depend on available time, your skills and knowledge, the families’ preferences and your judgment about what would be helpful.

**Key tasks**

The main activities of this stage of the model depend on the issue that the family and you have decided to focus on and the method chosen to approach this issue. Some examples of ways of responding to family’s needs are:
• Providing information to the family about the condition, its treatment and the service system. Importantly this involves family members sharing experiences of a condition with each other, although the person with the condition is privileged in this process. In some circumstances the person experiencing the condition can be supported to share what it is like for them.

• Listening to acknowledging and validating people’s experience.

• Offering advice on the basis of what you know, observe and have heard. This is ideally offered to families in a respectful, consultative manner in which suggestions are offered to families without being imposed.

• Using a problem solving method. This has the advantage of providing an agreed upon system for dealing with a problem that involves all family members contributing.

• Using the session to gather information for a well-targeted referral.

• Teaching the family basic communication skills to improve the prospects that family members will hear and understand what they are saying to each other.

• Utilising modified forms of mediation.

**Essential skills in responding to families**

• It is helpful if you can couch the problem in terms of a goal to be achieved: e.g. “So what I’m hearing is that you are all struggling to know what to do at the moment but you would like to reduce the tension in the household.”

• Hearing everyone’s point of view, and help them hear each other by ‘checking in’ with them. If some family members are silent, gently express an interest in their views. Less engaged family members can also be invited directly to contribute a valued perspective. “Suzie, I know you don’t get caught up in the tussles between your parents and Aaron, so I’m interested in your take about what’s happening between them at the moment.”

• Attending to the process as well as the content: Keeping things on track, so that the most important issues are discussed. E.g. asking “Is this what we need to be talking about most?” “Is there anything else we need to be thinking through together at this time?”

• Acknowledging, normalising and validating the range of feelings that may be expressed. This doesn’t mean necessarily agreeing with the person’s point of view. “This service has done nothing for Jack.” “Frank it sounds like you’re pretty frustrated that we haven’t been able to help Jack in the way you were hoping.”

• Interrupting respectfully as needed, if family members are getting too far away from the agreed agenda.

• Hearing and acknowledging the family’s difficulties while gently enquiring and reflecting on existing coping strategies and strengths.

• Taking a stance of genuine interest and curiosity, even (or especially) if you don’t agree with what is being said.

• Shifting the focus from individuals to looking at the impact of the issues on relationships where possible.
Closing: Summarising progress and deciding on next steps

This stage of the sessions can be used to clarify what has been covered or achieved and what might require further action. It is also your opportunity to share your thoughts or reflections on the process with the family. Reaching agreement about what will happen next is critical, including arrangements for telephone follow up with the family.

Key tasks

• This part of the meeting is a little different from common practice, and involves the worker reflecting her or his thoughts in a transparent way to the family. This process needs to be explained at the beginning of the meeting, and sufficient time allowed toward the end. The following broad guidelines are suggested:

  o About three quarters of the way through the time available, it is useful to bring the conversation to a pause. Signal that you are about to reflect your thinking, and give everyone an opportunity before doing that to say anything more they may need to, in order for you to fully understand the concerns.

  o Take some time to reflect on what you have heard and witnessed, and to share your own thoughts with the family. (This may take the form of a simple summary, or you may reflect on your own reactions and thoughts in relation to what the family members nominated as most likely to be useful from this meeting). If the meeting has been primarily focused on psycho-education, this is a chance to summarise the information you believe is useful, and to reflect on what you see as the resources (and possibly the challenges) within the family.

  o In reflecting your thoughts, be mindful of what family members said they would find most helpful, and use that as a springboard for your comments. This should be relatively brief, allowing time for family members to reflect for themselves and to give you feedback about how they have heard what you have said, anything they need to set straight, and to reflect for themselves. Sometimes there is a lot to take in, and it could be useful to write down any major suggestions, resources, contact numbers etc. Some professionals send a letter to families summarizing their reflections and adding other useful information.

  o It is important to check in again after the reflection to see whether there’s anything that hasn’t been talked about that should have been. Hopefully, the important things have been covered, but if not, you will need to decide whether anything new at this point can be discussed, or whether all you can do is acknowledge and table it to be picked up again at the follow-up time.

• The final task is to talk about ‘where to from here,’ and to arrange a follow up of some kind, either face-to-face or by phone. Take time to organize this, treating it as an important clinical contact and scheduling it in your diary, as well as giving the family an appointment card highlighting the follow-up time. You will need to negotiate exactly whom to contact, and consider whether speaking to one family member is sufficient by way of follow-up, or whether you may need to speak to various individuals in the family.
3. The follow-up process

Overview

The follow-up phone call to the family following the session is the final part of the SSFC process. The aims of the follow-up are three-fold: to ask about how everyone is thinking and feeling about the issues discussed in the session; to check whether there are questions or concerns arising from the session, and to think together about the client’s and the family’s needs from this point.

Key tasks

• How you arrange the follow-up will depend largely on your context and what is possible, but it is highly recommended that this be scheduled as any formal clinical contact would, at an agreed time and place, with a written appointment card. Ideally you should speak to each family member although this may not be possible in all settings. In this case it is best to decide who will receive call the in the consultation session.

• The follow-up conversation is not likely to be as long as the family meeting itself: it is not aimed at opening up new issues, but at ‘checking in’ with family members about how they are feeling in relation to issues already talked about at the consultation. Generally speaking, ten to fifteen minutes is usually ample.

• Greeting the family member and reminding them that this call is to follow up the session.

• Asking them how they are doing in relation to the issues discussed (and if possible, using their own words in reminding them of what they had expressed in the family consultation).

• Asking if anything has changed, is better/worse, or if they have had any further thoughts, questions or concerns.

• Responding appropriately and asking about their needs at this point, picking up on any issues that could have been spoken about (but weren’t) in the session.

• Identifying support services and referring where necessary.

• Closing with an ‘open door’ – letting them know they can call you, and offering further contact if appropriate.
Challenges

Contraindications

There are only a few major contraindicators to convening whole family sessions: risk and impaired capacity to participate.

Risk

General issues of risk

• If there is concern about anyone in the family being at risk in terms of their own or others’ safety, and there is likelihood that a family meeting will increase that risk in some way, it is not wise to convene a meeting at that time. Having said that, family meetings can be well used to create safety networks around someone who is of concern to others. The practitioner will need to use her or his clinical judgment, as well as consultations with client and family members, to determine the likely impact of a family meeting on the person at risk. Note: unless under specific and clearly negotiated circumstances (including the worker being suitably qualified and experienced with these particular issues), extreme caution should be shown when thinking of including family members who have offended against others with violence or sexual abuse.

• It may be that if someone is at risk, it is all the more important to convene a family meeting, in which case the issue of whether or not the person concerned attends needs to be given careful consideration. If the decision is that the family meets without that individual, then issues of confidentiality and the understanding of who speaks to who about what become central. Even when a family member is absent from a meeting, it is usually recommended that every attempt is made to find a way to include them in important communications and decisions.

• Your own workplace will have its own protocols with regard to managing the risk for the person concerned. These need to be adhered to first in the case of strong risk, with any consideration of family meetings following on after that.

Risk within a family session

• When working with families, we are often faced with managing some difference and conflict, which can escalate as people confront their differences. This is not a reason not to convene family meetings; in fact it is likely to be more important for those families to be offered the opportunity to sort things through together. (See the section on working with conflict for ideas about how to manage and contain escalating interactions). However, you are not going to be able to be helpful if an atmosphere of basic safety and trust can’t be established.

• If you find yourself in a session where conflict becomes high with little warning, and you are not feeling safe and confident enough to contain and de-escalate the conflict, it is preferable to call a halt to the meeting at the point you feel unsafe, and take whatever measures necessary to protect others and yourself.

• Strategies such as working with sub-systems rather than whole families (for example, asking your client which particular relationships s/he would most like to attend to, and scheduling different combinations of family members accordingly) and co-work can help to create a sense of safety and containment.
Impaired ability to participate

- Your own workplace will likely have protocols for responding to clients and others who (for example) come along to a session under the influence of alcohol, or drugs, or both. Given that the individual’s availability to be fully present is compromised in those situations, it is impossible to do good work, and can be counter-productive to proceed as if here were no issue. For the most part, a non-punitive but clear message that any such session would be a waste of their time as well as your own is usually sufficient.

- Some clients however, may be less available psychologically or emotionally at a given time through factors beyond their control. Florid psychosis provides an obvious example, but there may be other less obvious factors, including anxiety, pre-occupation, rumination, or dissociative states of varying degrees which make engagement with family members extremely challenging. If such a presentation is unexpected, and family members have turned up for a session, it is fine to make a clear statement that this isn’t the right time for your client to be part of a meeting. However, it is respectful and often very helpful to consult the family about their experience at such times, and to decide together how to proceed. Clients, on occasions, may become very anxious prior to a family session, only to feel reassured once things are in progress and they feel a sense of familiarity and safety.

Obstacles to Engagement

Reluctance to participate

Reluctance about participating in a SSFC is very common. It is important to understand why people might be unwilling to participate or why they might be nervous of questioning of the value of meeting. There are also some useful strategies for responding to reluctance about being involved in a SSFC.

Understanding why clients or family members might not want to participate

- There are some understandable reasons why clients or family members may be reluctant to meet all together.

- Families, partners, and other significant people in the clients' lives may have a history of negative interaction with the services and agencies

- Families may be concerned about feeling blamed by professionals

- There may have been previous unsuccessful attempts in treatment

- There may have been repeated experiences of disappointment and frustration

- The client may fear causing more pain and disappointment for their loved ones

- The client and/or the family may be concerned about protecting their privacy

Some suggestions when your client is unwilling

- Be curious (but not pushy) about a client’s reluctance or refusal to allow family involvement. Explore past experiences of professional/helping relationships and be open to the possibility of abuse within the family. If it is the family who is reluctant, gently exploring their reluctance can offer useful information.
• Keep checking in as attitudes to information sharing may change over time and circumstance.

• Give a clear and confident rationale for a family meeting. For example:
  
  - The way I generally work is...
  - At our service we routinely...
  - We believe that families....

  - have an important role to play in: providing information, helping us understand, having input into, being consulted, collaborating in treatment planning

  - Have needs in their own right and may benefit from some support.

• When the client is unsure, you could say...
  
  - I feel I could be of more help to you if we involved your family....so that they understand how best to support you...

  - In the long run it may be in your best interests if those who care most about you can learn more about your problems and understand what it’s like for you...

• It is important for people who may not initially feel comfortable to be able to express their feelings/fears/worries about participating in a family consultation.

• The worker needs to convey that they will attend and respond sensitively to their client’s concerns.

*When the client is willing, but the family is unsure*

• Ask the client what the family concerns may be

• Let the family member know how important they are in the process and the reasons for you and the client valuing their contribution
  
  - It would be so good to hear about your experience of what’s been happening...

  - You are a significant support to .........., and I’d love to feel that we were working together on her/his behalf...

  - You know your (family member) better than I could ever know her/him: I would love to gain from your understanding of her/him, and also to let you know some of my thoughts

• You may need to support your client through any disappointment that his or her family choose not to be involved, and think through how and when to re-visit the idea

• Some clients may choose to get your help in writing a letter to family members which explains why they are seeking their involvement and giving an open invitation

**Distance**

Some family members may not be able to attend in person because they live long distances away. However, this does not need to be an obstacle. Teleconference calls and internet video calls can be used to include them in a family consultation, either along with all the other family members or just with the client. Geographical distance does not necessarily equate with emotional distance, and helping your client connect to a strong ally can be very useful.
Time

Convening and conducting family consultations do take time, but research suggests that it is time well spent. It can be difficult to get family members together at the same time: to do this may require some flexibility. You may need to consider what is possible as well as what are the limits to times that you can offer busy families.

Place

You may also want to consider the pros and cons of meeting at your place of work or at the family home. Home visits are usually more relaxed for family members, but can offer challenges to professionals in being a guest rather than a host.

Dealing with Conflict

Practitioners often identify concerns about conflict as a reason for not wanting to meet with families. In reality while conflict between family members does arise in SSFC, it is a less common occurrence than most practitioners anticipate.

Many practitioners worry about the possibility of opening 'Pandora’s Box' if they allow the conflict airspace. It is useful to come back to your main aim in convening a family consultation and to consider how you will position yourself in relation to any conflict.

Conflict in consultations can lead to workers feeling a sense of urgency to stop the conflict, even close the session. However, if we move away from the conflict too quickly, people can feel that their concerns have not been heard.

Some introductory ideas about managing conflict

- Acknowledge how bad things are
- Establish how people would like things to be better
- Develop a relational view that identifies patterns of interaction (who presses whose buttons, when, and how, and then who does what, who else gets involved, etc.)
- Be curious about differences of opinion
- Reframe a person’s position in terms of the good intentions (or fears) behind it, when possible
- Find points of similarity where possible (for example, everyone may want less fighting, or want the best for your client)
- See if people can agree to disagree
- If the conflict becomes counter-productive, you may need to separate family members and use shuttle diplomacy (talk to each separately)
- Ask family members whether they can put aside or ‘park’ the issue generating conflict for the purposes of addressing the issue that is the agreed upon focus of the session. The extent to which you “open up” and explore the conflict vs. containing it and moving on depends on the nature of the work you are doing with the family. In all situations, however, it is important that you allow each member of the family to feel heard and acknowledged.
References


Talmon, M. (2012). When less is more: Lessons from 25 years of attempting to maximize the effect of each (and often only) therapeutic encounter. *Australian and New Zealand Journal of Family Therapy*, 33(1), 6-14. doi: 10.1017/aft.2012.2

