

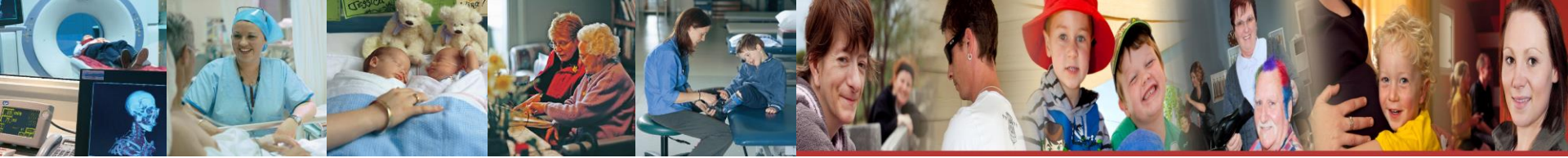
# Family Behaviour Therapy: Communication Skills Training to improve patient outcomes.



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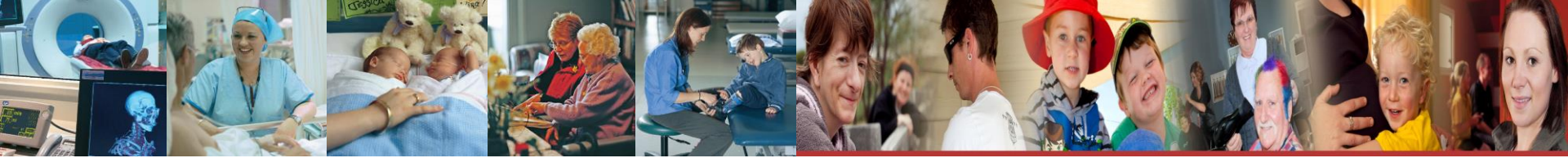
SUPPORTING AND STRENGTHENING INDIVIDUALS, FAMILIES AND COMMUNITIES



# Putting patients first: A two fold approach

- Communication Skills Training as part of Family Behaviour Therapy.
- Improving Relationships between services.

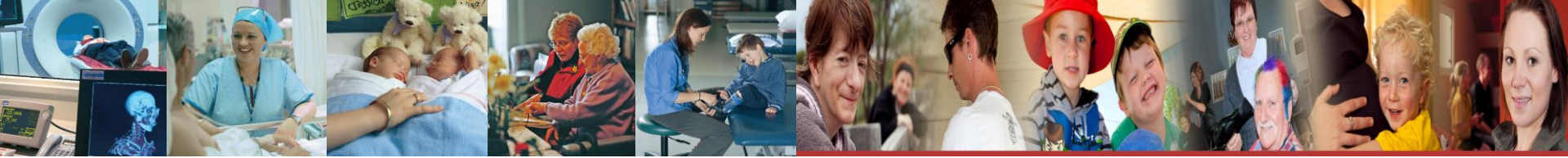




# Family Behaviour Therapy

- Research indicates that:
  - Where the client's family is involved in the treatment relapse rates are lower at 6 & 12 months (Goldstein, 1978; Leff, 1982; Falloon, 1982; Hogarty, 1986; TARRIER, 1988; Randolph, 1994).

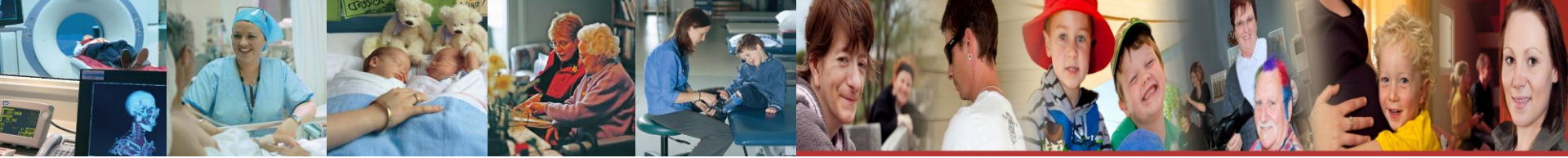




# Family Behaviour Therapy

- Research indicates that:
  - Family involvement may increase compliance with medication (Pharoh et al., 2010).
  - Family involvement reduces hospital admissions (Cochrane Review 2005-6).

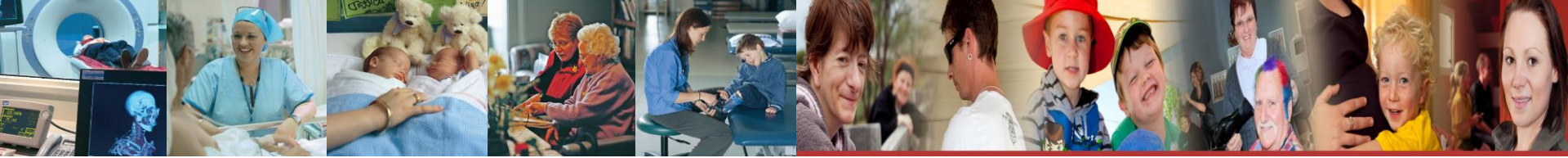




# Communication Skills Training

- Is one aspect of Family Behaviour Therapy.
- Decided to focus on this area because:
  - Impairment in social functioning is a characteristic of many mental disorders.
  - Poor social performance interferes with functioning in the workplace, family, and residential facilities.





# Communication Skills Training

- Decided to focus on this area because:
  - Poor social functioning is a primary source of stress and prevents clients from developing social supports that could provide a buffering effect.
  - Level of stress is a potent predictor of symptom exacerbations and re-hospitalisation.





# How it works

- Based on the Meriden Behavioural Family Therapy program from the UK.
- Clinicians will work with clients and their families to improve their ability to:
  - Make a request for help
  - Express positive feelings
  - Express negative feelings
  - Use active listening
  - Problem solving skills



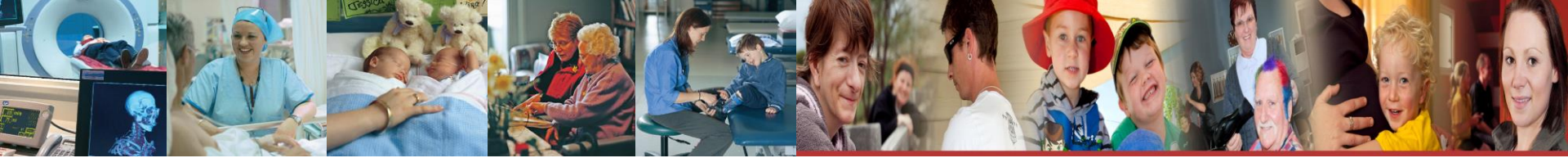


# Benefits

- Clients & Families:
  - Improve communication skills
  - Reduce stress
  - Reduce relapse
  - Improve problem solving skills
  - Client and their family work together







# Improving relationships between services

- Traditionally there was a very poor relationship between Wimmera Uniting Care and Wimmera & Southern Mallee Mental Health Service.
- There were a few reasons for this:
  1. A mental health team that was disengaged.
  2. Poor communication between WUC and the Mental Health Service.
  3. Community perception around people with mental health issues.





# Poor collaboration



left clients in a difficult position



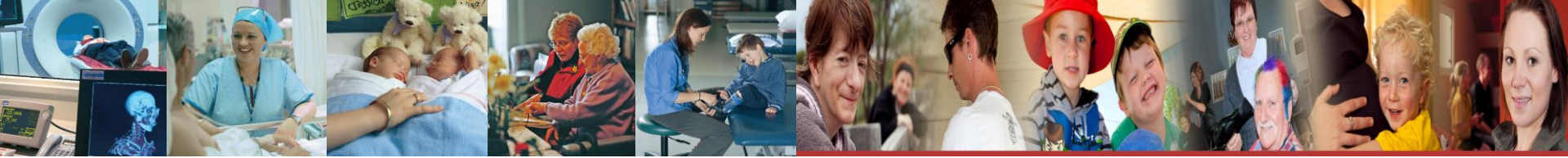
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- Clients and their families were disadvantaged because:
  - there was poor communication between the services
  - A lack of knowledge of what each service did therefore the facilities that were available to the clients and their families.
  - Support staff not providing best practice evidenced support to the clients and their families, therefore the Mental Health Service was reluctant to refer.

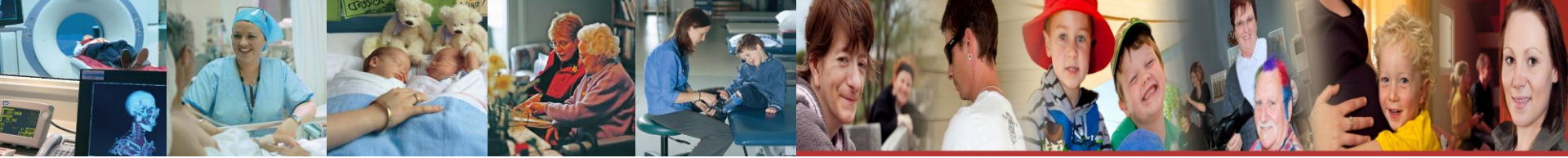




# Changing this

- It was identified that Communication Skills Training was relevant to both services
  - Would allow clinicians to gain new skills and knowledge.
  - Improve working relationship between services





# Benefits of a improved working relationship

- For clients and their families:
  - Increased communication between services.
  - Both services can use the same therapy.
  - More effective and focused treatment.





Clear possible benefits for our clients and their families if we implement communication skills training into current treatment program and improve relationships between services



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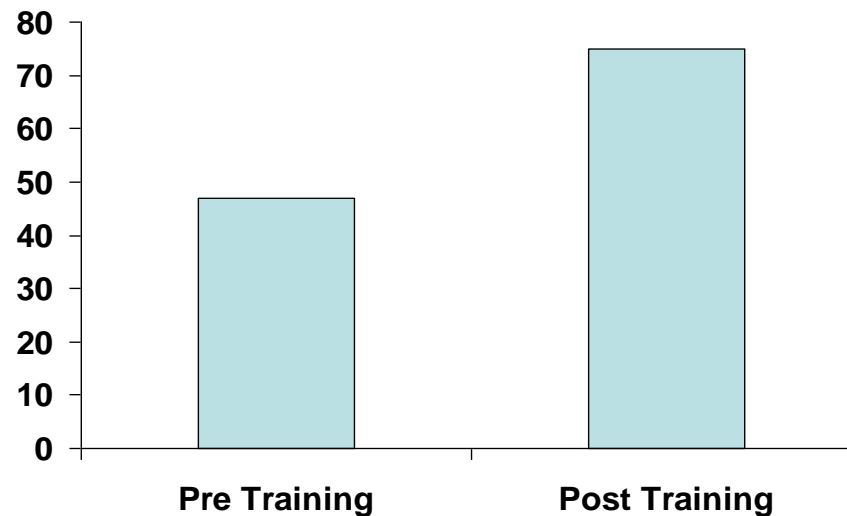
# What we did

- Provided Communication Skills Training to clinicians from both services over a period of 12 weeks.
- Prior to the training commencing we administered a questionnaire to clinicians that asked them to rate their knowledge, confidence and skill on each of the topics covered in the training.
- This questionnaire was then administered again after the training.





# Results –Overall Scores



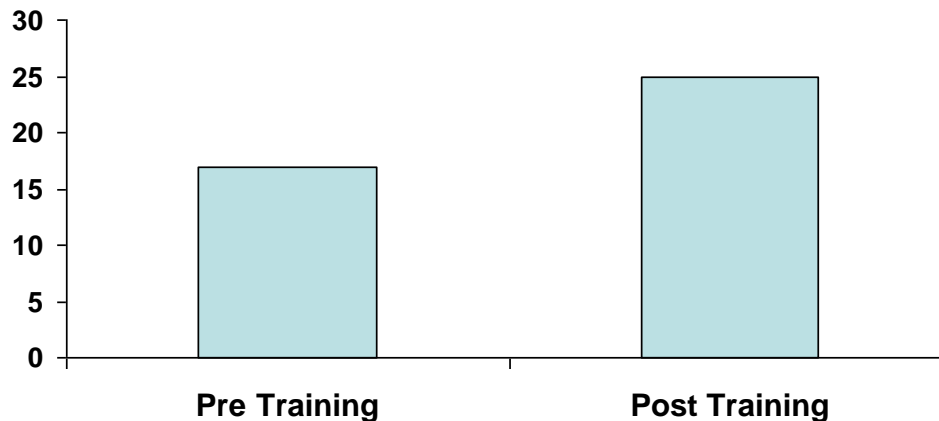
- Participants overall median score on the training questionnaire increased from pre training ( $Md = 47$ ) to post training ( $Md = 75$ ).
- This difference was found to be significant,  $p = .01$ , with a large effect size ( $r = .54$ )







# Results - Knowledge

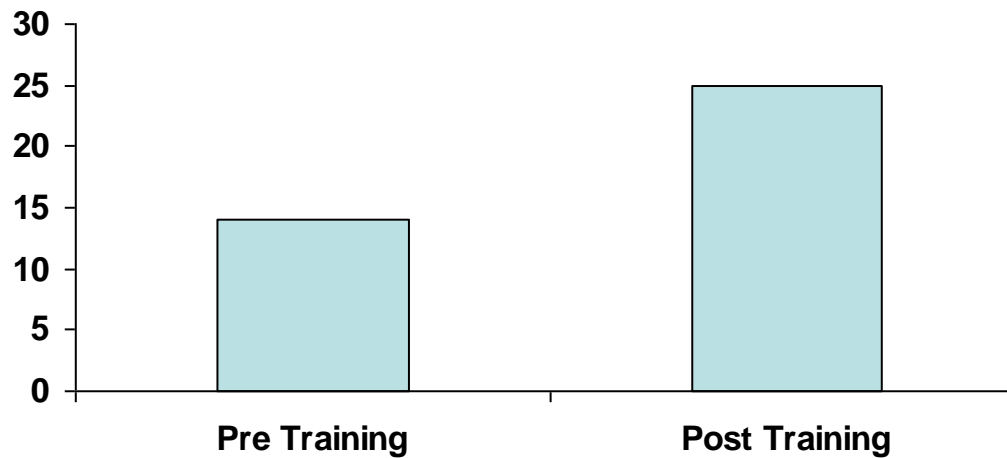


- Participants median score on knowledge items increased from pre training ( $Md = 17$ ) to post training ( $Md = 25$ ).
- This difference was found to be significant,  $p = .01$ , with a large effect ( $r = .53$ )





# Results - Confidence

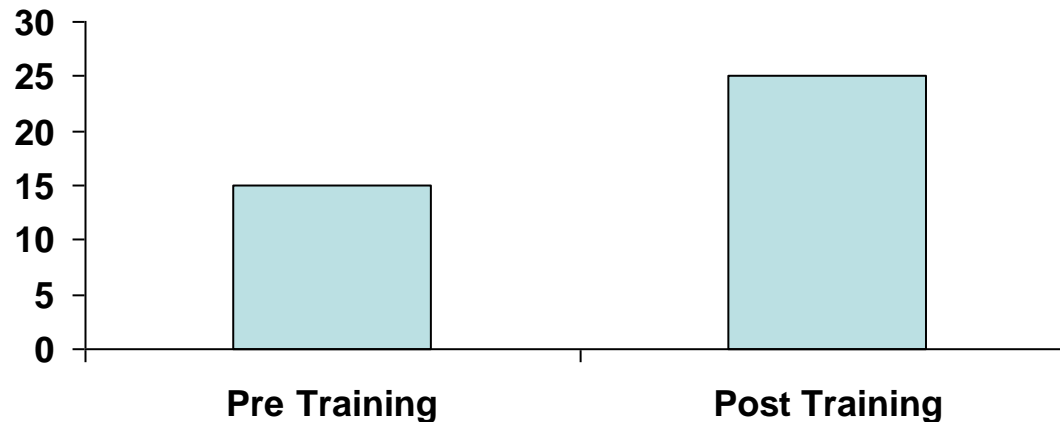


- Participants median score on confidence items increased from pre training ( $Md = 14$ ) to post training ( $Md = 25$ ).
- This difference was found to be significant,  $p = .01$ , with a large effect size ( $r = .53$ ).



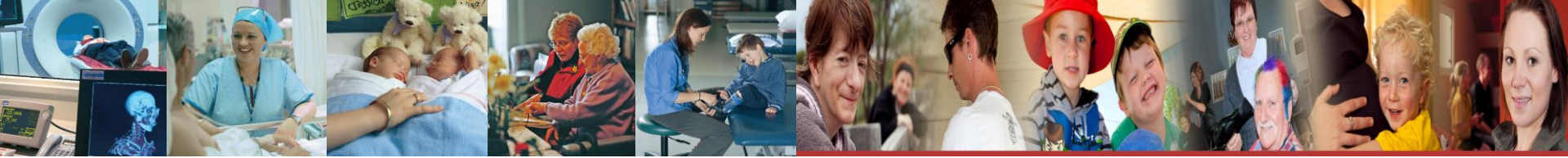


# Results - Skills



- Participants median score on skill items increased from pre training ( $Md = 15$ ) to post training ( $Md = 25$ ).
- This difference was significant,  $p = .009$ , with a large effect size ( $r = .56$ ).





# Conclusions

- The training was successful in improving clinicians knowledge, confidence and skill in teaching clients and their families new communication skills.
- The training also improved the relationship between the two services.

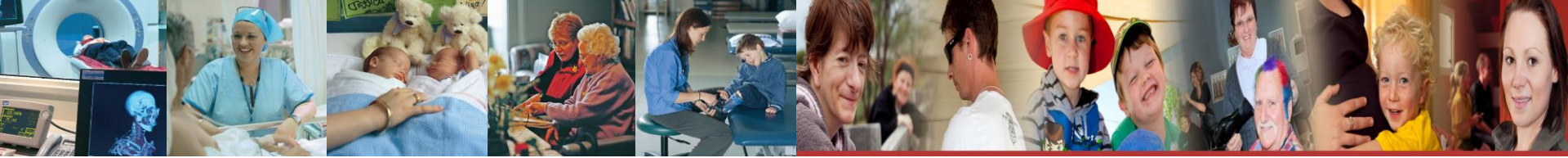




# Where to from here?

- Clinicians from both services have already began using the training with their clients and clients' families.
- File audits will be done at 6 & 12 months post training to measure any changes in patient outcomes.





# Questions



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