Family Behaviour Therapy: Communication Skills Training to improve patient outcomes.
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
• 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.
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 ($r = .53$).
• 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