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Impact of a family interventions module on students' knowledge, skills and attitudes

Edward McCann PhD MSc MA RN RPN FHEA FEANS
Assistant Professor, School of Nursing and Midwifery, University of Dublin, Trinity College, Dublin, Ireland

Freda Neill MSc BSc DipHV RM RN
Clinical Skills Manager, School of Nursing and Midwifery, University of Dublin, Trinity College, Dublin, Ireland

Correspondence:
Dr Edward McCann
Trinity College Dublin
School of Nursing and Midwifery
24 D'Olier Street
Dublin 2
Ireland
E-mail: mccanned@tcd.ie
Phone: +353 1 896 4161

Impact of a family interventions module on students' knowledge, skills and attitudes

ABSTRACT

Current evidence strongly supports the implementation of family interventions as a recognised approach to working with families. The aim of this study was to evaluate postgraduate students' learning experiences and skills development whilst undertaking a Master of Science module in family interventions. Questionnaires were used to elicit students' learning and experiences in relation to their work with families. Following analysis of students' responses, the key themes that emerged in relation to family interventions included: prior learning and experiences, changes in practice, skills development, supports in practice, and course strengths and challenges. Participants particularly valued the simulated learning and reflective elements of the module. The results of the study suggest that more staff should have access to education and training to enable practitioners to work more effectively with families. However, they will need to have support mechanisms in practice to effectively implement family interventions.

Keywords: Nursing; mental health; family interventions; simulated learning; evaluation

INTRODUCTION

Over the past decades, mental health policy has witnessed a reconfiguration of services, including the closure of hospitals, with people who use services being expected to live more independent lives in the community (Australian Government 2010; Department of Health and Children, 2006; Government of Scotland, 2006; National Institute for Clinical Excellence, 2014; Mental Health America 2016; Zou et al. 2018). The role of family carers in supporting family members in the community and the increasing challenges that this presents has been acknowledged in the literature (Dixon et al., 2010; Magliano et al., 2007; Wainwright et al., 2014; Selick et al. 2017). A recent study revealed that 67% of participants had experienced clinically significant levels of depression and anxiety related to their caregiving role

(Kizilirmak & Küçük, 2015). Consequently, healthcare service providers and practitioners are having to examine ways that families may be better supported in their caring role. Early research examined expressed emotion (EE) and the levels of criticism, hostility and emotional over-involvement in families where the family member experienced psychosis (Birchwood and Tarrier, 1992; Brown and Rutter, 1966; Falloon et al., 1985; Leff at al., 1982). In advancing this work, the family interventions model was introduced to address these issues and consists of education regarding the illness, its treatment, management and prognosis. It also includes strategies to reduce stress in the family, increase independence, and to encourage problem-solving (Kuipers et al., 2002; Kuipers, 2006; Leff et al., 2005). The model has been further developed to encompass the principles of recovery and the latest evidence strongly supports the implementation of family interventions as a recognised model for families of people who experience psychosis (Bucci et al., 2016; Gracio et al., 2016; Lobban et al., 2013, Sin, 2014; Selick et al. 2017; Sin et al. 2017; Norman et al. 2018). Worldwide, family interventions are perceived as a viable and effective approach in reducing relapse rates and hospital admissions with a strong evidence base (Lobban et al. 2013; Mental Health America 2016; Miklowitz et al. 2014; National Institute for Clinical Excellence, 2010; Pharoah et al., 2010, The Royal Australian and New Zealand College of Psychiatrists, 2009). However, to effectively develop and deliver family interventions, mental health practitioners will need appropriate training and supports in practice to enable the development of the necessary competencies and skills. The purpose of this paper is to present an evaluation of this module in family interventions and highlight issues for education, training and practice.

Module description and content

The module in family interventions is offered within the suite of modules for the Master of Science (MSc) program in mental health. The module was developed as a response to mental health service policy directives and family needs (Health Service Executive, 2015a; Mental

Health Reform, 2013; National Institute for Clinical Excellence, 2014). On successful completion of the module, students were expected to gain evidence-based knowledge and skills in family interventions that are developed and implemented within an inter-professional and multi-agency environment. The educational framework that underpinned the delivery of the module focused on experiential learning (Kolb, 1984). Kolb postulated that our senses provide concrete knowledge of an experience and by reflecting on this knowledge, students can work out what has happened and why. This was evident throughout the module, as students reflected on their participation in the facilitated sessions in the classroom and had to report back on their family sessions carried out in their own practice settings. The facilitated sessions in the classroom utilised skills such as listening, interpersonal communication, problem-solving through the processes involved in effective team-working (Kolb, 1984). An outline of the module content and the learning outcomes that address the specific knowledge and skills components is contained in Table 1.

Insert Table 1 here **

Before the commencement of the module, all students were briefed to enable them to identify potential families to work with for the duration of the module. The module was delivered over seven weeks in one semester. The teaching hours were grouped into three or four-hour blocks. Students would identify suitable sessions from their own practice and have the opportunity to develop their skills by role playing their chosen scenarios. There was specific time at the end of the classroom sessions to play back the video recorded simulated scenarios and to debrief the students. The student's family interventions skills were assessed in the classroom using the validated tool *Family Interventions Competency Assessment and Reflection Scale* (*FICARS*) that provided a recognised and effective framework for working with families (Gamble et al., 2013).

Insert Table 2 here

The tool measures technical and facilitation skills competencies as well as allowing students to reflect upon their experiences and to plan further family interventions sessions (Kolb, 1984). The formative assessment of the students' learning included a three- thousand-word critical analysis of a family case study.

STUDY METHODS

Aim and objectives

The aim of the study was to evaluate the students' learning experiences and skills development in relation to family interventions using two questionnaires. The objectives were to:

1. Establish the students' prior experience and skills in relation to family interventions practice
2. Assess the development of students' knowledge, skills and attitudes in family interventions
3. Make recommendations for practice developments.

Design and data collection

Two questionnaires were developed and utilised in the study. The first questionnaire consisted of a series of open-ended questions to establish the student's prior skills and experiences in relation to their work with families. This questionnaire was administered at the commencement of the module. The second questionnaire was completed at the end of the module. Data were collected around organisation, delivery and assessment of the module and information on the students' perceptions of their own personal and professional development following their engagement with the module. Students were also invited to provided additional comments.

The questionnaires were examined for content validity by the author's departmental colleagues who had wide experience in educational research. The questions were deemed to be comprehensive and suitable to the concepts being measured. The questionnaires were reviewed

by another group of students and clinical practitioners, who were not enrolled on the module, for face validity. The questions were perceived as easy to understand and complete. (Rebar et al., 2011).

Participant profiles

A total of fifteen students took part in the study. Most of participants were female n=14), and a majority (n=12) were working as registered nurses in clinical practice. Many of the participants were employed in hospital settings (n=10). There was a mix of participants from different practice and service settings. Three of the participants were working at senior grade or management level, the remainder were registered staff nurses.

Insert Table 3 here *

Analysis

The anonymous online questionnaire responses were collected and collated via *Survey Monkey* (Survey Monkey Inc., 2016). Thematic analysis of the data was conducted, relevant themes identified, and codes applied to the data. Following the grouping of concepts, contrasts and comparisons were made between participant responses. The research team identified, discussed, verified and approved the responses (Caldwell et al. 2011).

Ethical approval

Ethical approval to conduct the study was granted by the University Research Ethics Committee. All participants consented to take part in the study. All study files were stored in accordance with the Data Protection (Amendment) Act 2003 (Government of Ireland, 2003).

STUDY RESULTS

The purpose of this study was to establish the students' prior experience and skills in relation to family interventions practice and to assess the development of students' knowledge, skills

and attitudes. Following data analysis, the themes that emerged from Questionnaire 1 were: experience of working professionally with families and carers; Previous training in family interventions; learning opportunities and skills development. Questionnaire 2 themes were: changes in practice; development of family interventions skills; supports in practice; course strengths and challenges. The students' additional comments are provided.

Questionnaire 1: Prior learning and experience

Experience of working professionally with families and carers

All participants had 'some' experience of working with families, but this was limited. The concerns are reflected in the student responses:

> My experience involves over the phone conversations in relation to the service user. I generally don't get to meet families that often.
>
> (Participant 6)

> There isn't a lot of interprofessional work with families and I would like to see a lot more done to develop this area. (Participant 7)

> To date I have had very superficial and limited experience of working with families
>
> (Participant 9)

Most participants indicated that the main interventions currently used in clinical practice were to offer practical support, reassurance and some education.

Previous training in family interventions

A small number (n=3) of participants had received some training in associated work with families consisting of in-service study days. However, many of the participants revealed that they had no formal or recognised training for working with families.

I feel I do not know or have a theoretical basis for the work that I do with families.

(Participant 11)

Learning opportunities and skills development

Most participants desired to learn 'transferable' skills in family assessment and therapeutic interventions.

I hope to broaden my knowledge in the area and to learn new and up-to-date skills in family interventions. (Participant 5)

Some people mentioned the need for developing 'competence and confidence' in the delivery of family interventions skills in their own practice.

I hope to learn effective techniques for working with families and to advance my knowledge and skills in working with families. (Participant 2)

Also, participants wanted to have structure in terms of a framework that would guide their work with families. Some participants were hoping that they could utilise new skills learned to further develop their service and practice development.

I want to get a better understanding of a structured way to work with families and be overall more confident in doing this. Participant 6)

Questionnaire 2: End of course evaluation

Changes in practice

One participant commented on direct changes in practice on completing the module:

My approach has expanded from a symptoms/problem orientated approach to a more holistic and empowering recovery model. (Participant 2)

Although participants had limited experiences of family interventions, they all reported that using a specific tool such as *FICARS* created a structured approach to family interventions.

> I have a great grasp of the different models and how the work can be integrated into practice. (Participant 1)

This had a positive effect for participants as the tool provided a framework to inform potential interventions. The facilitator's use of simulated role-play and recording with instant playback in the classroom allowed students to review and further develop their family interventions skills.

> A wonderful framework and knowledge. It has boosted my confidence in practice and has helped me to deliver safe, evidence-based interventions. (Participant 6)

Development of family interventions skills

A significant number of participants found the experiential aspect of the course highly beneficial, as it helped participants to focus on specific psychotherapeutic skills such as questioning, active listening, problem solving, negotiating, reflective and evaluation skills. Several students articulated that their skills development related to their own practice during the module:

> I felt better able to use therapeutic engagement skills in dealing with family conflict and resolution. (Participant 2)
>
> I have learned questioning skills, negotiation skills, assessing skills and how to plan and provide psychoeducation. (Participant 15)
>
> My skills around negotiation, problem-solving and managing expressed emotion have greatly improved through practicing the skills and getting feedback. (Participant 8)

However, participants did note that the simulated role-play and video recordings 'filled them with dread', but they recognised that these approaches were beneficial and did serve to increase their confidence in family interventions practice skills.

> The video skills sessions were excellent, and it was useful to see how I would develop my skills in the sessions. (Participant 5)

Participants reported that through the continuous development and practice of the skills, using the *FICARS* tool, it provided a record as evidence for their final assignment and added to the further development of their family intervention skills:

> By using the *FICARS* Scale, this has helped me immensely in guiding my work with families and allowed me to see where I need to develop skills. (Participant 10)

Participants also commented on the facilitators' skills in ensuring a positive teaching and learning experience that enabled students to work in a supportive environment. This allowed the students to gain more confidence in family interventions skills in their own clinical practice:

> I have gained the competence and confidence to engage families in a structured way to create an environment of recovery. (Participant 13)

> I am equipped with the knowledge and skills to complete family work and more able to articulate this work using family-based tools. (Participant 12)

Supports in practice

Participants could see how the *FICARS* assessment tool could be used as an effective method for benchmarking and encouraging staff to develop their skills and family intervention

practices. All participants recognised the value and quality of this work and could demonstrate measurable outcomes from the use of the *FICARS* tool.

In terms of increased support, participants reported that there should be more resourcing, allocation of time, management support and clinical supervision, to allow practitioners to carry out family interventions. The participants reported that there was limited access to clinical supervision.

> Currently, I have no access to clinical supervision at work. It is problematic….. I have nowhere to offload….. (Participant 5)

However, several participants identified that robust supervision processes should ensure that practitioners would feel less isolated. Furthermore, participants felt that this could also help build a 'critical mass' in terms of family interventions practice and service developments.

> Nurses are feeling isolated due to lack of support from management and our work is often disregarded rather than valued like others on the MDT [multidisciplinary team]. (Participant 4)

Course strengths and challenges

Participants reported that the sessions felt like a 'live event' as they presented 'real life' situations from their clinical practice areas. The case presentations were utilised for the recorded simulated role-play sessions to reflect on and develop action plans for specific clients receiving family interventions.

> Doing the videos and critiquing them ourselves was valuable (Participant 6).

All participants reported experiencing positive 'interactive dynamics within the group' which facilitated a safe environment for constructive feedback from their peers and course facilitators. Some comments included:

> Reflecting and discussing progress with our own families in the classroom was extremely helpful in problem-solving important issues…..could plan for the next family session. (Participant 13)
>
> My attitude and perspective has changed since doing this course. I feel more competent in working with families. (Participant 7)
>
> My work has become more structured and evidence-based and allowed me to evaluate my outcomes in working with families. (Participant 4)

Participants also recognised the importance of the 'safety elements' and the 'confidential nature' of the work that was afforded by the closed group.

Some people initially found the recorded simulated role-play challenging, but eventually saw clear benefits particularly through practicing pertinent skills, watching the video playback and participating in debriefing sessions.

> I was nervous at the start but developed more confidence as the sessions progressed. I could see the clear benefits……. (Participant 8)

Additional comments

Participants were asked to provide additional comments. They valued the opportunity to present scenarios from their clinical practice in the classroom enabling students to reflect upon their own practice and to develop action plans for future family interventions sessions (Kolb 1984). Participants spoke about 'developing self-awareness' and being provided with the necessary 'building blocks' for learning new skills in practice. The participants stated that the *FICARS* tool gave people a systematic process and a 'useful framework' to shape and influence their 'knowledge, attitudes and abilities' Gamble et al., 2013). All participants felt that their

confidence and skills in family interventions was greatly enhanced through completing the module and were keen to further develop and sustain their family interventions skills in practice. However, students identified supervision and supports in practice as problematic. For some, the frustrations felt were apparent:

> Doing the practical work in placement was challenging as we lacked supervisors to guide us through difficult situations….. (Participant 3)

The study participants highlighted the potential benefits of recruiting students from other health and social care disciplines to enhance inter-professional team working in the classroom sessions. This viewpoint supports current initiatives in mental health education (Barr et al., 2016).

DISCUSSION

In terms of mental health service provision, practitioners are expected to work in more innovative ways and possess the appropriate knowledge, attitudes and abilities to deliver high quality care (Health Service Executive, 2012; National Institute for Clinical Excellence, 2014). However, participants, on commencement of the module, identified distinct training and learning gaps in relation to their work with families. On completion of the module, participants claimed that they valued the time spent with the module participants discussing the skills developed for family interventions and the benefits of taking part in the simulated recorded sessions. Existing studies report the positive benefits of mental health simulation activities which increased students' satisfaction with their learning and development (Kunst et al., 2016). The work was often perceived by the participants as intensive. However, the facilitators ensured that any ambiguity or strong emotional reactions were discussed and explored before, during and after the classroom sessions. A recognised strength of using video recordings, is the

self-pacing provided by greater learner control, which allows students to reflect upon the skills and interactions they have experienced (Mendoza et al., 2015).

In relation to the teaching and learning methodologies used, participants particularly favoured the reflective sessions where they presented their case scenarios and the experiential learning process (Kolb, 1984). They could gain support within the closed module group and this facilitated problem solving to develop a strategy for future family interventions sessions in clinical practice. The simulated role-play and video recording sessions were identified as challenging for participants. Consequently, most people perceived improved skills development thus enabling them to 'enhance their own scope of practice.' Providing a framework (*FICARS*) to work with families, created a structured process both in the classroom and in practice. This process highlighted potential interventions and was useful in measuring participants' competency, knowledge and attitudes (Gamble et al., 2013). The *FICARS* tool was perceived by participants as a valid instrument to provide structure for receiving and giving feedback to fellow participants. However, all participants in the study recognised clinical supervision as an essential requirement to enable them to work more effectively with families. The study results clearly demonstrate that this module can support the development of knowledgeable and skilful reflective practitioners who can provide a range of evidence-based interventions (Awusuah Dadson 2018; Bacci et al., 2016; Kolb, 1984; Gamble et al., 2013; Leff, 2005). These findings equate with current international policy directives around supporting nurses and allied health professionals to develop their skills and professional practice in response to service user needs (Department of Health, 2014; Health Service Executive, 2015a; Mental Health America, 2016; Mental Health Taskforce, 2016; National Institute for Clinical Excellence, 2014). It has become clear from this study that nurses and other health professionals should be adequately prepared in terms of education and training to provide family interventions. They need to have proper support mechanisms in place, such as

clinical supervision, to better enable staff to implement family interventions (Fadden & Heelis, 2011; Haddock et al., 2014; Health Service Executive, 2015b). Family interventions should be a key component of undergraduate nursing curricula. Only by adequately preparing the workforce with the necessary knowledge and skills will practitioners be able to provide the highest standard of services and interventions to families and carers most in need.

To enable rollout and sustainability for future work, workforce planning is fundamental and includes developing service pathways that are responsive to individual and family needs (Bourke and Byrne, 2012; Lobban et al., 2013; Yesufu-Udechuku et al., 2015). Health service managers and commissioners are in an ideal position to progress this work and can support capacity building and sustainability through providing the necessary supports and resources. Practice areas should identify 'champions' who may progress family interventions work and the necessary clinical supervision arrangements. There should be increased opportunity for onsite training and for inter-professional participation (McCann and Bowers, 2005). Future research should measure family interventions outcomes for families and measure practitioners' family interventions skills including longitudinal follow-up studies on implementation (Gracio et al., 2016; Lobban et al., 2013).

A recognised limitation of the study is the small number of participants. However, the study provided an opportunity for practitioners from a range of mental health services to express their views and experiences. A significant number of the participants were from one discipline. This highlights the importance of the involvement of practitioners from a range of disciplines that reflects the composition of a multidisciplinary team (Barr et al., 2016).

CONCLUSION

The research evidence for family interventions provides specific outcomes and benefits, such as, improved quality of life, decreased carer burden and reduced psychological distress (Awusuah Dadson 2018; Norman et al. 2018). The current study evaluated students' learning

experiences and skills development in relation to their work with families. It has provided insights into the experiences and perceptions of mental health clinical practitioners and highlights the opportunities for future educational initiatives and developments in clinical practice.

Conflict of interest

No conflict of interest has been declared by the authors.

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Table 1: Family Interventions module outline

Aims

On successful completion of this module, students should possess evidence-based knowledge and advanced skills in family work that are supported, encouraged, developed and implemented within an inter-professional/multi-agency environment.

Learning Outcomes

On successful completion of this module, the student will be expected to demonstrate specialist knowledge and critical understanding of the following:

- Critique the evidence base for family interventions
- Identify and critically explore family interventions using a validated framework
- Demonstrate knowledge and skills in the application of comprehensive assessment methods for ascertaining the needs of family and carers
- Implement a range of evidence-based interventions that incorporate self-help and empowering approaches to minimise the impact of the illness on the individual and their family
- Critically evaluate a family intervention in the practice area that you have developed and implemented
- Promote a commitment to the implementation of family work within a multidisciplinary framework

Module Content

- Theoretical concepts underpinning family and carer work
- Validated frameworks for family working
- Exploration of the experiences of families and carers including burden
- Family and carer engagement
- Assessment in the context of family
- Education for families and carer
- Interventions to enhance communication and problem solving in families
- Working with diversity including culture, sexuality and workers as carers
- Working with families and carers with complex problems
- Effective strategies for implementing inter-professional family work in services

Methods of Teaching and Student Learning:

Lectures, group work, role play, workshops, tutorials, presentations, practice-based work, clinical supervision and student self-directed learning.

Table 3: Student profiles (n=15)

Characteristic	**Number (%)**
Gender:	
Female	14 (93)
Male	1 (7)
Grade:	
Staff Nurse	12 (80)
Clinical Nurse Manager	2 (13)
Clinical Nurse Specialist	1 (7)
Location:	
Hospital	10 (67)
Community	5 (33)
Service:	
Adult inpatient	5 (33)
Child and Adolescent Mental Health Services	4 (26)
Forensic inpatient	2 (13)
Assertive Outreach	2 (13)
Community Rehabilitation Team	1 (7)
Home Treatment Team	1 (7)

Table 2: FICARS categories and sub-items

Categories	Sub-items	Ratings
Technical skills	Agenda setting Symptoms/behavior Contents Communication Review concerns/priorities Negotiating solutions Reviewing outcome of activity Negotiating /resetting activities Summarizing session	N/A = Not applicable 0 = Absence of feature 1 = Limited evidence of competence 2 = Some evidence of competence 3 = Good evidence of competence 4 = Very good evidence of competence 5 = Excellent evidence of competence
Facilitation skills	Interpersonal skill Understanding Negotiating style Maintaining safety Handling emotion Co-worker skills	
Reflection	Overall summary reflection of the family worker's experience using the ratings from self, co-workers or supervisors (may be peers). Action plan for future family sessions and implications for future professional development.	Narrative account using a reflective model