



***Informing and evaluating a 'Think Family' approach to mental health service provision in Ireland:***

***Family Talk intervention and available resources***

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Promoting **R**esearch and **I**nnovation  
in **M**ental **h**Health **s**erVices for **f**amilies

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## ***Family Talk* intervention and available resources**

### **Introduction**

This Briefing Paper provides information and resources on the *Family Talk* intervention. The appendices also describe other relevant online resources for working with families where a parent has a mental illness.

During the site visits conducted during the first exploratory phase of the PRIMERA research, it emerged that many of the interventions shared close similarities with the content of the evidence-based *Family Talk* intervention. Therefore, in order to avoid unnecessary duplication, we would like to encourage all sites to review this document on *Family Talk* (and additional resources) and decide whether they could implement the programme.

A key strength of *Family Talk* is that it is a well-known, strengths- and evidence-based, 6-8 session programme, with scope for flexibility if required. It involves seeing parents, children and the whole family. In addition, it provides a free online manual and free online training for clinicians (see hyperlinks below).

*Family Talk* is currently being delivered by Drogheda AMHS and five other sites have made a decision to implement the intervention. In addition, another three sites are currently considering delivering the intervention. If several sites elect to implement *Family Talk*, sites would benefit from cross-site guidance and support in delivering the programme. Furthermore, the PRIMERA team have been in contact with the programme developer (Dr William Beardslee) and international experts in the field who are willing to provide guidance and support to the implementation and evaluation of *Family Talk* in Ireland. A significant benefit of several sites implementing *Family Talk* is that results could be pooled across sites, thereby easing the pressure on any one site to see a large number of families, whilst allowing the research team to undertake a more robust evaluation. For instance, each site may be able to recruit 10-30 families per year, depending on available resources. A high quality evaluation would also increase the likelihood of informing a 'think family' care delivery agenda in mental health services in Ireland (and internationally).

In the event that sites elect not to implement *Family Talk*, we believe that these materials will still be very useful in informing their work.

### **The Family Talk intervention**

*Family Talk* (FT) is currently the most well-known evidence-based intervention for families living with parental affective disorders and has been implemented in several countries including Australia, Netherlands, Norway, Sweden, USA Chicago, Costa Rica and Colombia (Beardslee, 2013). The National Registry of Evidence-based Programs and Practices (NREPP)<sup>1</sup> in the USA has evaluated its evidence base as 3.5 out of 4. FT aims to prevent the intergenerational transmission of mental health problems to children living with parental mental illness. The programme is freely available as an eLearning resource with three elements including: (a) a 7-session intervention; (b) training for the clinician to deliver the intervention; and (c) an additional parent-based online course for interested parents living with depression. This course is described on three websites<sup>2</sup>. An outline of the outcomes evaluated by NREPP is provided in Box 1.

#### **Box 1: *Family Talk* outcome evidence evaluated by the USA NREPP**

- Increased child's understanding of the parent's mental illness
- Improved family communication and problem-solving
- Enhanced parenting skills
- Enhanced child and parental resilience, social supports and wellbeing

FT uses an individual family format. The first two sessions involve the clinician and parents, which includes an initial introductory session followed by the provision of psycho-education and a discussion of the family's experience of mental illness. In session three, the clinician meets with the children alone to conduct an assessment and to identify any questions which the child(ren) may have in relation to their parent's mental health problems. Next, a planning meeting between the clinician and parents is held, after which a whole family session is organised to discuss depression and anxiety and available supports.

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<sup>1</sup> This repository is housed within the USA substance abuse and mental health services administration (SAMHSA) website within the Department of Health and Human Services. <https://www.nrepp.samhsa.gov/landing.aspx>.

<sup>2</sup> (A) <https://fampod.org/> (Beardslee site) (B) <https://emergingminds.com.au/about/> A vast resource offering excellent online resources (C) <http://www.copmi.net.au/> (Excellent site which is merging with the emerging minds site.)

The intervention concludes with follow-up meetings (after one week and after 3-6 months) to check in and support the family going forward. A full outline of programme components and objectives is provided in the resources section below (p6).

### **Advantages of *Family Talk***

The advantages of *Family Talk* are described below in Box 2. It is important to note that while Family Talk was devised originally for the affective disorders (anxiety, depression, bipolar), it can also be used/adapted with parents with schizophrenia, personality disorders and so forth. In addition, while the intervention may be used as a core model, it has scope for flexibility if required. For instance, in some cases, it may be helpful to include additional CBT coping and resiliency skills for children (and parents) and online training is available on the FamPod website (see below). Furthermore, the addition of a crisis plan may be also worth considering. Moreover, Celine O Connor in CAMHS, Cherry Orchard (Dublin) has kindly supplied child-friendly materials that may be of help with the children's sessions. The PRIMERA team has compiled suitable resources with regard to all of these issues and can supply them to sites, as required.

#### **Box 2: Advantages of *Family Talk***

- Evidence-based programme
- Can be used for all mental illnesses
- Free online manual and resources
- Free online training for clinicians (takes 10 hours)
- Scope for flexibility in adding other relevant elements, e.g. additional CBT skills, crisis plan
- Cross-site guidance and support (if several sites implement *Family Talk*)
- Guidance and support from programme developer and international experts in field
- Pooling resources from families across sites would ease the pressure on any one site to recruit a large number of families. For instance, each site could see 10-30 families a year, depending on available resources.

## **Online Family Talk resources**

Hyperlinked sites have been provided below for the *Family Talk* intervention and training for clinicians. Appendices 1-2 provide other relevant resources from European sites, including a manual for training the trainer for mental health professionals, as well as additional training resources from the COPMI and Emerging Minds sites for interested clinicians.

### **Family Talk: the online Intervention**

The various components of the *Family Talk* intervention are outlined below in Box 3.

#### **Box 3: Core components of Family Talk**

**Week 1:** Taking a family history

**Week 2:** Psycho-education & family story

**Week 3:** Meeting the children

**Week 4:** Planning the family meeting worker meets with parents

- (a) Feedback about the meetings with children
- (b) Identify discussion points for the family meeting
- (c) Role-play family meeting discussion points

**Week 5:** Holding the family meeting - Worker meets with parents and children together

- (a) Parents or worker provide information on depression and anxiety
- (b) Support family discussion

**Week 6:** 1-week follow-up Mental Health professional meets with parents

- (a) Check-in to ensure that everyone is ok
- (b) Support parents to plan next steps for the family

**Week 7:** Long-term follow-up (3-6 months) Worker meets with parents

- (a) Check-in with families every six to nine months
- (b) Be available for continued follow-up

It is recommended that practitioners also look at [Keeping families and children in mind](#) as a prerequisite course to *Family Talk*. This is a short eLearning resource to help practitioners to establish a 'family-sensitive' approach.

### Family Talk: Free online training resource for clinicians

This is an eLearning resource for mental health professionals working with families where parents experience mental health problems. The most user-friendly online training version of *Family Talk* is on the Emerging Minds website ([Family Talk:](#)). However the additional skills module in teaching CBT coping and resilience to children and parents is only available on the FamPod site, although this website is somewhat less user-friendly ([Family Talk:](#))

**Aim:** Train the clinician to assist the family to understand the impact of parental mental illness on a child and to develop resilience.

**Duration:** 10 hours to do Family Talk and prerequisite course – [Keeping families and children in mind](#) (includes psycho-educational material, videos and assessments)

**Resource:** PDF handbook available for download

**Cost:** Free

Practitioners could also usefully consult with the links below, all of which provide excellent online resources to inform the implementation of *Family Talk*.

<https://fampod.org/>

<https://emergingminds.com.au/about/>

<http://www.copmi.net.au/>

### Parent Talk: Module for parents

**Parent Talk**<sup>3</sup> is an online programme for interested parents to provide them with information about their mental illness and to help build resilience for themselves and their children (available on the COPMI website).

**Format:** Online resource

**Cost:** Free

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<sup>3</sup> <http://www.copmi.net.au/find-resources/resource-library/item/family-talk-tips-and-information-for-families-where-a-parent-has-a-mental-health-problem-or-disorder>

## APPENDIX 1: USEFUL EUROPEAN WEBSITES

The links below may also provide useful information.

### [Enter Mental Health](#)

The mission of 'ENTER' is to promote and defend the highest standards of mental health promotion, training and care in Europe based on collaborative research'. Of particular note is the free manual 'train the trainer' resource for professionals working in the area of mental health.

### **The manual can be found here: [EMILIA](#)**

Emilia (part of ENTER MENTAL HEALTH) provides a number of training modules for mental health professionals working to promote social inclusion (those living with mental health issues) and includes a family module which can be found here: <http://mailtodawson.wixsite.com/emilia-training/families>

**CAMILLE (part of the ENTER site)** - training to upskill professionals working with parental mental illness.

The training includes:

- (1) Introduction
- (2) Knowledge base (attachment theory, coping strategies, legal regulations)
- (3) Parental/family needs (child-related skills and parent/adult-related skills)
- (4) Supporting the family
- (5) Evaluation & certificate of attendance.
- (6) Includes necessary training resources including OHPs, handout and supporting documents.



## APPENDIX 2: ADDITIONAL TRAINING RESOURCES FROM EMERGING MINDS & COPMI SITES

### [Let's talk about children](#)

**Duration:** 5-10 hrs approx.

Develop practitioner skills in a structured discussion with parent about PMI and meeting the needs of their children.

### [Trauma & the child](#)

**Duration:** 3-6 hrs

**Aim:** Explores a trauma-informed approach to understanding the prevalence of trauma, and its impacts on children and families.

### [Supporting infants and toddlers](#)

**Duration:** (1.5-2 hrs)

The impact of mental illness on the family through the antenatal period. Explains attachment and principles of sensitive communication with parents regarding the needs of their children.

### [Child Aware Practice](#)

**Duration:** (1.5-2 hrs)

Enhance awareness among clinicians about the impact of adult problems on children, in order to support practitioners to think about children early in any contact with a parent.

### [Child Aware Supervision](#)

**Duration:** (2-3 hrs)

**Aim:** To provide training for supervisors in strategies that promote child and family-sensitive practices in their service.

### **Additional online videos**

Finally, additional professional online resources have been produced by COPMI and Emerging Minds and can be found on the YouTube channels below. While designed for an Australian audience, they provide a short and an excellent resource.

### [COPMI](#)

### [Emerging Minds](#)