

Individual Family Member Interview: *summary record*

PART 1: Background Information

Name of Index Client

Name of Family Member

Relationship to Client

Address

Telephone No.

Age

Gender

Marital Status

Occupation

Medical Treatment

current

past

Psychiatric Treatment

current

past

Other Background
Details

PART 2: Knowledge of Client's Disorder / Illness

What do you understand about _____'s (your) problem? What is it called?

CAUSES: What do you think caused it?

BENEFICIAL FACTORS: Have you noticed anything you do that seems to make his/her (your) disorder / illness better?

DETRIMENTAL FACTORS: Have you noticed anything you do that seems to make his/her (your) disorder / illness worse?

PROGNOSIS: What do you think will happen with his/her (your) disorder / illness in the future?

MEDICATIONS: What do you know about the medication s/he is (you are) currently receiving? What type of medication is it? What is the dosage? What do you see as the benefits of this medication? What are the unpleasant effects of this medication? What does s/he (or do you) do to cope with these unpleasant effects?

COMPLIANCE: Has s/he (have you) been taking medications as the doctor / prescriber instructed? What types of problems has s/he (have you) experienced regarding taking the medication (e.g. forgetting, troubling side-effects)?

PART 3: Coping & Burden

What are the main difficulties you have experienced with the client (your relatives)?

COPING: How do you cope with these difficulties / symptoms / behaviours?

BURDEN: All things considered, how much of an impact is this (supporting the client / the illness) having on you / how difficult are you finding this?

PART 4: Reinforcement Survey

DAILY ROUTINE: How do you spend a typical day (*ask for details*)? What activities do you spend time doing (e.g. work, chores, hobbies, doing nothing)? (*ask to briefly describe a typical day*)

DESIRED ACTIVITIES: What are the things you like to do on a day off from work or a free day? (*list several*)

Do you have enough opportunity to do these things? What prevents you from doing the things you like?

CURRENT RELATIONSHIPS: Which people do you spend most of your time with (e.g. workmates, friends, family, alone)? (*specify names & details*)

DESIRED RELATIONSHIPS: Is there anybody with whom you would like to spend more time?

SUPPORTIVE PERSONS: Do you have someone you can discuss your problem with? (*specify who*) To whom else could you talk?

PRIVACY: Do you have enough privacy at home (e.g. do you have your own bedroom)? (*describe*)

INTIMACY: Do you have an intimate relationship? (*choose appropriate wording*) How would you like your friendships to be better (more / less intimate)?

FRIENDSHIP: Do you have at least one friend that you are close to? Are you satisfied with that relationship?

UNPLEASANT ACTIVITIES: What activities, people or places do you find difficult or unpleasant (e.g. visiting in-laws, cleaning the house)?

IRRITABILITY: Does anyone in your family concern or irritate you? How much time do you spend with them? How would you like them to be different (*specify*)?

PART 5: Discussing Specific Problems

What problems are you currently facing in your life? (*elicit specific examples*) With what problems are other people in your family struggling?

With what issues, situations or problems do you feel you need the most help? (*include problems you have noted that may not have been identified by the family member as current limitations of functioning e.g. marital conflict, medical or psychiatric symptoms, lack of friendship, social skills deficits, substance misuse, financial stress, housing problems, work-related problems, cultural conflicts*)

For one or two of the most critical problems, develop a FUNCTIONAL ANALYSIS

How does this specific problem affect you (and your family) in everyday life? What would happen if the problem were ignored? What would happen if this problem were reduced in frequency or intensity? What would you (and your family) gain if the specific problem were resolved? Who reinforces the problem (e.g. with attention, sympathy or support)?

Under what circumstances is the problem reduced in intensity or frequency? Where? When? With whom? Under what circumstances is the problem increased in intensity or frequency? Where? When? With whom?

PART 6: Functional Goals

IDENTIFY TWO GOALS: If your current problems were removed or reduced, what would you like to be doing in three to six months time? Who (family, friends, people) could help you to achieve this goal? What may prevent you from achieving this goal? What steps have you already achieved?

GOAL 1

GOAL 2

STEPS ALREADY ACHIEVED

STEPS ALREADY ACHIEVED

PROBLEMS ENCOUNTERED OR ANTICIPATED

PROBLEMS ENCOUNTERED OR ANTICIPATED

FAMILY SUPPORT VS CONFLICT IN ACHIEVING GOAL

FAMILY SUPPORT VS CONFLICT IN ACHIEVING GOAL

PART 7: Family Problem Solving (*involving the whole family*)

A discussion of the way the family currently solves problems is a useful way to work out how best to help to help the family.

REPORTED PROBLEM-SOLVING: Describe how you recently dealt with one or two problem situations? (*suggest specific examples from previous discussions*)

OBSERVED PROBLEM-SOLVING: Focus on a problem that the family would like to solve or a goal they would like to achieve e.g. planning an activity together; deciding on who does a task. (*avoid negatively charged topics*)

I would like you to work on solving the problem of _____ for the next few minutes. Since this is a family effort, I'll be letting you work on it by yourself without interrupting you. Everyone's opinion is important so I'd like you all to take part. Tell each other how you see the problem and then try to come up with a plan of how you are going to resolve the problem. When you're done, I'll give you some feedback on what I observed. (*only interrupt to stop aggression or verbal hostility, or to re-focus the family on the exercise*)

Problem Solving Checklist

- problem defined specifically
- at least 3 possible solutions were generated
- each solution was evaluated at least briefly
- family arrived at a consensus on the solution to be implemented
- family agreed a plan to implement a solution
- family implemented a solution (*if application*)
- family evaluated whether a solution was effective (*if application*)

Positive Communication Skills

- eye contact
 - body facing speaker
 - asking clarifying questions
 - not interrupting
 - paraphrasing speaker's comments
 - use of 'I' statements
 - not over-generalising
 - providing immediate feedback
 - low levels of criticism & hostility
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PART 8: Formulation

Summarise the family composition and their history (*this could include a genogram*)

Summarise the goals, resources and limitations of the family. Note reported and observed evidence of: (1) knowledge of the client's disorder / illness; (2) family problem-solving; (3) communication skills; and, (4) coping skills.
