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# Family work and a cognitive interactional model: an example from practice

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Ged Bergin, Recovery Unit, Bootham Park Hospital,  
[ged.bergin@nyypct.nhs.uk](mailto:ged.bergin@nyypct.nhs.uk)

Rob Allison, Department of Health Sciences, University  
of York, [rja111@york.ac.uk](mailto:rja111@york.ac.uk)

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# Aim

- Family case study
  - Cognitive interactional model for family interventions
  - Application of model to case study
  - Consider future implications regarding case study.
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# CASE STUDY

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# Case Study – background information

- Who is client?
  - What family?
  - When were problems noticed/what problems?
  - Impact on each other/relationships?
  - Why are we offering F.I.'s, why now?
  - What have we done so far?
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# Who is client?

- Mid 40s, approx 20 year history of contact with MH services
  - In his early teens he was social and popular, succeeded academically, excelled at sports, attended university, began a relationship by his early 20s
  - Early teens experimented with illicit drugs
  - Perceived pressure to succeed
  - 1st contact with MH services early 1989 (aged 24yrs)
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# What family?

- Dad, mum, sister, brother-in-law, nephew (other sister abroad)
  - High achieving family both academically and professionally. Successful careers
  - Concern regarding missed opportunities and well-being
  - Impact of difficulties on family members
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## When were problems noticed/what problems?

- At university – excessive drinking
  - Breakdown of a long term relationship
  
  - Stated feeling “pressurised”, “miserable”, “not feeling in control” – people could hear his thoughts & read his mind
  - Described thoughts of being “set up”
  
  - 1993 – diagnosed schizophrenia, had 8 admissions
  - Currently part way through admission
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## Impact on each other/relationships?

- Stressful for all family members, particularly at times of increased difficulties
  - Tension between family members
  - Attempts to support client at personal costs to family members, also difficulties to understand and accept change
  - Concerns for now and future
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# Why are we offering F.I.'s, why now?

- NICE Guidelines (2009)- highlight the benefits of family work
  - Recovery unit – recent development providing this service, supporting families.
  - Identified need for F.I. informed by individualised case formulation
  - Family response to participate – very encouraging
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# What have we done so far?

- **Engagement** – recognise the families needs
  - **Assessment** – Relative Assessment Interview (RAI), Family Questionnaire (FQ), Stress Vulnerability Model
  - **Formulation** – initial & cognitive interactional model
  - **Intervention** – exploring interactional patterns, considering change
  - **Relapse prevention**
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# **COGNITIVE INTERACTIONAL MODEL**

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# Cognitive Interactional Model

(Burbach & Stanbridge, 1998, 2006)

- Integration of systemic & cognitive behavioural and psychoeducational approaches - “cognitive-interactional approach”
  - Underpinning approach is the systemic perspective which locates the individual’s difficulties in their family, cultural and socio-political context.
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# Cognitive Interactional Model

(Burbach and Stanbridge, 1998 & 2006)

- Knowledge of interactional processes and family dynamics can provide wider range of therapeutic options
  - Seemingly meaningless behaviour becomes more understandable when considered in its context (particular relevance are the interpersonal interactions which maintain problems)
  - e.g. withdrawal viewed by family as a problem, attempts to intervene perceived as intrusive and critical, prompt further withdrawal.
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# Cognitive Interactional Model

(Burbach and Stanbridge, 1998 & 2006)

....may first adopt a direct, more problem-orientated approach, (but) we often find....the ability to formulate systemically is required as problems are often maintained through interactional processes

Burbach & Stanbridge (1998 & 2006)

- (Linear approaches may run risk of intensifying the polarisation between family members).
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# Cognitive Interactional Model

(Burbach and Stanbridge, 1998 & 2006)

- Exploration of feelings (e.g. guilt, loss), interactional patterns and beliefs which maintain problems is required in order to effect change in attitudes and behaviour
  - Positively connote behaviour and explore the nature of interactions - family can acknowledge the distressing interactions in which all family members had become stuck.
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# Cognitive Interactional Model

(Burbach and Stanbridge, 1998 & 2006)

- Involves ‘**mapping**’ thoughts and behaviours associated with problem situation
  - Construct diagram - illustrates how family have become “stuck” in an interactional spiral (everyone contributes)
  - Subsequent discussion can lead the family to reconstruct their situation.
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# Structure of family meetings

## **Family Intervention Scale for Psychotic Disorders (modified)**

McGovern, Barrowclough & Bradshaw

- Includes 11 core session items & 7 specific intervention items.



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# Application of cognitive interactional approach to case study

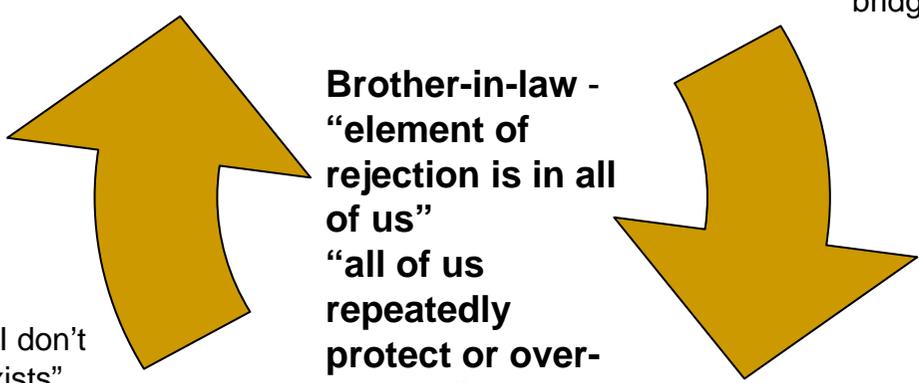
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# Case Study – initial formulation

## OVERPROTECTION

**MUM** – “I can’t stand to see him going to pieces”  
“difficult seeing him getting into trouble”  
worried he will “end up under a bridge”, be “a hobo”



**Brother-in-law** -  
“element of rejection is in all of us”  
“all of us repeatedly protect or over-protect”

**Dad** – “at one level I don’t accept his illness exists”  
“relationship spoilt because something in me expected a rationality”

**Brother-in-law**– “tension disappears when he goes (to lay down)”

## REJECTION

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**‘mapping’ using model**

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T **THINKS** this is going to be stressful; **ACTS** sits at table in anticipation

Mum **THINKS** T is anxious and can't wait; **ACTS** serves T 1st

T **THINKS** I want to get thru this quickly; **ACTS** doesn't wait for others & eats food quickly

T **THINKS** I want or must engage with family; **ACTS** "interjects" with topics more familiar to him, eg football, music, writers

Dad & sister **THINK** mum is "overprotective" and colluding with T's behaviour; **ACTS** become angry and dismissive towards T

Mum **THINKS** I can't bear to see T go to pieces; **ACTS** "concerned" behaviour to protect T

Dad & sister **THINK** T doesn't have "social graces"; **ACTS** comments made, sometimes directly to T, often masked by humour

J **THINKS** I need to show protectiveness but don't know how; **ACTS** engage with T in philosophical & literature discussions

T **THINKS** ++stress, I'm struggling to relate, lower self esteem; **ACTS** tries to keep things going, starts talking ("muttering") to himself

EVERYONE **THINKS** T is talking oddly, he's not making sense; **ACTS** tell T he is talking nonsense

T **THINKS** I am causing stress, parents arguing because of me, I am no good (low self esteem); **ACTS** may leave table or become withdrawn

Mum **THINKS** dad is being a bully towards T; **ACTS** more protection of T & ++ confrontation with dad

Dad **THINKS** T is able to control his behaviour; **ACTS** makes angry & dismissive comments towards T

Mum **THINKS** T is ill & helpless, I need to protect him; **ACTS** defends T, speaks for him

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# How does formulation help us?

- Increases understanding of the interactional patterns - illustrates how family members have become “stuck” in an interactional spiral
  - Process can provide opportunities to increase awareness of these interactions & time to reflect and discuss.
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# What can we do with this?

- Family can begin to make changes to their interactional patterns - reconstruct their situation
  - Potential problems can be more easily predicted when considering interventions
  - Family workers can facilitate problem solving approaches, e.g. constructional model (CBT) or behavioural model.
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# Future Considerations

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# Future Considerations

- Move towards discharge from hospital – new environment
  - Family concerns and worries
  - Work towards specific goals
  - Shared understanding with others
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# Finally.....

- Thank you for listening!
  
- Any questions.....

