**Clinical Social Work Brief Family Intervention** 

The following statements represent some of the clinical work of the social worker in the brief family intervention. In any interaction, there are the content of the words and the process taking place, that is, the intent behind the words. This approach draws from the research evidence base of cognitive behavioral approaches, narrative therapy, brief solution focused therapy and family systems theory (Payne, 2016).

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| **CONTENT - Social Worker’s statement** | **PROCESS – the intent behind the statement** |
| “I appreciate you all taking the time to meet with me.” | engaging statement to build rapport |
| “I wanted to get out to visit with all of you as soon as possible as I can only imagine how overwhelming it must be, as a family, to be dealing with the serious illness of both parents.” | normalizes and validates the feeling of being overwhelmed as a family and recognizes the family as the focus of care |
| “And I know you’re adjusting to receiving multiple home visits for both parents.” | validates feelings of stress and chaos |
| “Can you tell me more about that?” | seeks to allow the conversation to be directed by family members (social worker doesn’t introduce a specific agenda or topic) |
| “For many, cancer is seen as an “unwelcome visitor” that comes and disrupts a family’s life and forces role changes among family members; cancer is an unwelcome visitor who stays… never leaves. Is that something that makes sense to you? Can you relate to that as a family?” | use of metaphor to “reframe” the cancer experience and help family focus on creating a new narrative in dealing with it |
| “Can any of the rest of you tell us how mom’s cancer has impacted your life?” | intentionally inviting other family members to share their own experiences; this validates multiple perspectives and also reveals areas of alignment and discord |
| “So it sounds like the cancer really disrupted many things. It’s caused role changes and it’s caused you each to have differing feelings of depression, anger, frustration and even guilt. But, as a family, it’s impacted the way you treat each other. It’s changed your relationships with each other.” | active and reflective listening technique, called amplification, which summarizes and reflects back to the family what is being shared |
| “So if you’ve lost your ability to relate well as a family due to the cancer and the role-change demands it has placed on you, might that be something you would like to work on in the time we have together?” | identification of the primary challenge this family might be facing with a request to focus on this issue using shared decision making |

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| **CONTENT - Social Worker’s statement** | **PROCESS – the intent behind the statement** |
| “It’s obvious to me that you all do love each other and (looking at Debby and Danny) you, Debby and Danny, want to support your parents in keeping them at home and together, which I understand is the most important thing to them. An excellent place to start is just being aware of that very strength you have as a family. And you’ve taken a big step by coming together today.” | this introduces the feeling of love which can be very powerful to start a shift in perspective (especially in situations of family conflict)  this also focuses the family on their “strengths” vs. “weaknesses” |
| “It’s important to realize that each family member can contribute in their own way. Even though Debby and Kathy aren’t here as much, I can see that they want to help and are concerned. It has to be so frustrating to want to do more, but to feel powerless due to your own family circumstances. This also causes those feelings of guilt you mentioned earlier.” | validation of the unique contributions of each family member  normalization of feelings of frustration and guilt |
| “Now that some of the practicalsupport burden has been lifted, you can all free up some energy to focus on your family relationships and creating meaningful family time together as you have all mentioned this is important. Would you like to do that?” | shared decision making approach to addressing an expressed family concern |
| “It’s important to be flexible with day and time due to Mrs. Hedgepath’s fatigue. Also, you’ll want to plan out who will bring what if you’re going to share a meal together. And Mrs. Hedgepath, you should definitely get plenty of rest beforehand and you should take your pain medications so you can be comfortable. Lastly, you might consider making this first visit shorter than your family gatherings before Mrs. Hedgepath’s cancer, as both of your parents may fatigue more easily. Can you all do that?” | reminding the family to set specific and realistic expectations |
| “Alright! It sounds like you have a plan! You started this meeting feeling disconnected and now you are all smiling and sounding hopeful for more connection. Is that true for you?” | clarification that outcomes of session have been attained |
| “I’m going to come back in a couple of weeks, if you’d like to have another family meeting, and we can see how things have been going. We can also talk about any challenges you’re having and come up with some solutions as a family if you’d like.” | Reminds the family that the support will continue and that the focus of sessions can change based on their needs |

Payne, M. (2016). *Modern Social Work Theory* (4th ed.). New York: Oxford University Press.