MANUAL FOR NURSE-LED FAMILY CONVERSATIONS FOR THE FANCOC-PAIN STUDY

What	How	Why
Establish a context for change	The establishment of a calm and atmosphere to create a conducive setting for the conversation series. **The first conversation** provides the framework of the entire conversation series: - Presentation of the nurses - Presentation of the family members - The family's expectations of the conversation series should be clarified. - Three conversations. Each takes a maximum of 1.5 hours. - Possibility of a fourth conversation. - There will be roughly three weeks between the conversations. - Aim: Giving the participants a chance to talk about how chronic pain impacts the family. - During the first conversation, the majority of the time will be used to draw a family tree, which will form the basis for the subsequent conversation series. - During the following conversations, the time will be used to debate the chronic pain-related problems that are most important to the family. - Every conversation will be terminated with an agreement about what the family should work on after the conversation. At **the subsequent conversations**, the framework for the specific conversation will be provided. - Possibly, new family members will be presented and introduced. - Talk about what has happened since the previous conversation? - Debating the family's chronic pain-related problems (what is most important for the family?) - The conversation will be terminated with an agreement about what the family should work on after the conversation. At **the final conversation,** the entire conversation series will be evaluated.	A pleasant atmosphere enables the family to feel safe. Clarifying expectations and providing a framework for the conversations diminishes the risk of the first typical "mistake" in nurse-led family conversations, which may occur, if the nurse does not take responsibility for defining what will happen.

What	How	Why
The illness belief model (IBM)	With IBM as the starting point, the nurse should be aware that different illness beliefs might be at stake and, during the conversations, facilitate verbalisation of the family members' beliefs. The nurse should be inclusive and show openness to and curiosity about various ways of perceiving the world. The nurse should be conscious of and set aside private preconceptions and illness beliefs (bracketing objectivity). The nurse should appear non-judgmental about the family members' illness beliefs. The nurse should not take one or more family members' side. In the case of disagreements between the family members, the nurse should appear neutral.	IBM is based on the principle that family suffering is not necessarily caused by the illness itself, but also by illness-related beliefs. Beliefs can be defined as the lens through which we gaze at the world. Our beliefs guide our choices, behaviour and emotions. IBM illuminates that the patient, family members (and the nurses) may have different illness beliefs that may be more or less suitable and, in the specific context, may be restricting. The intention in nurse-led family conversations is to reduce restricting beliefs and create change to alleviate family suffering and support the family to find new ways to manage and contain the illness. Family members often attempt to be careful around each other, by avoiding talking about sensitive issues. By listening to the other family members' illness beliefs, a space for the development of mutual understanding among the family members will be established. By maintaining a neutral and non-judgmental approach to the different family members' illness beliefs, the nurse may inspire confidence and prevent the second of the most typical "mistakes" in nurse-led family conversations, which could arise if the nurse unintentionally takes the side of specific family members.

What	How	Why
The Calgary models - Calgary Family Assessment Model (CFAM) - Calgary Family Intervention Model (CFIM)	The nurse should use CFAM to obtain knowledge about the family in: - The structural area - The developmental area - The functional area The nurse should use CFIM to intervene with the family in: - The affective area - The behavioural area - The cognitive area CFAM and CFIM are, in theory, separate models but in practice they are applied simultaneously, since the nurse continuously will intervene in line with unfolding the family's need for support. The use of the components in CFAM and CFIM should be adjusted to the specific family. **In the first conversation**, the primary focus is to obtain knowledge about the family (CFAM) and draw a family tree. **The following conversations** focus more on the interventions (CFIM). The family tree will be applied when it is relevant for specific discussions and when more knowledge in the structural, developmental and functional areas needs to be obtained. The CFIM-interventions should derive from the family's need, for which reason the starting point should be to uncover what is urgent for the individual family members. In case several issues are at stake or the family members needs differ, the family should be supported to decide what is most important right now. The nurse may note down the remaining issues for a potential later discussion. **Specific use of CFAM and CFIM is described below.**	Using the Calgary models to obtain knowledge about and intervene in the specific families contributes at a concrete level to unfold the family members' illness beliefs. Using CFAM creates insight with the family and illuminates the patient's resources. CFIM focuses on the family's strengths and resilience and describes which interventions the nurse may use in collaboration with the family to facilitate change. When the nurse applies CFIM-interventions that comply with the family's needs, the family members are supported in finding new ways to manage the changed circumstances in life with chronic pain.

What	How	Why
CFAM **Obtaining knowledge about the family in the structural area** Should be obtained by drawing a family tree (genogram/ecomap)	**The first conversation** is initiated by drawing a family tree (genogram/ecomap). The family tree should be drawn on a blank piece of paper, using symbols to indicate the character of the specific relationship. Following sentences may be used to introduce the family tree: - *"Drawing a family tree may help you to remember about relationships that you might have forgotten".* - *"The family tree may help you to become aware of family dynamics that you are unaware of".* - *"The family tree may illuminate life events that may influence your present situation".* For each relationship that is added to the family tree, the following information is to be elicited: - Name - Gender - Age - Education/employment - Health information - The significance of the relationship	The term family tree covers the tools genogram and ecomap. The genogram maps the internal structures of the family. The ecomap visualises the external structures and illustrates the broader context in which the family operates. The genogram and ecomap are separate tools but will in this context be combined to one unified tool to simplify their application. The internal and external structures should be mapped to a relevant extent. In family systems nursing, the entire family is the unit of care, and the focus is on the interaction between the family members and between the nurses and the family. A family tree is a visual tool that supports the focus on the entire family system. Taking the necessary time to draw a comprehensive family tree during the first conversation will lay the foundation of the following collaboration.
CFAM **Obtaining knowledge about the family in the developmental area** - Stages - Tasks - Attachments	Based on the family tree, the developmental stage of the specific family relationships should be discussed. - What defines the specific family members' stage of life? - The influence of the specific family members' stage of life on family attachment and tasks?	By using the family tree to map the relationships and their significance, the family is supported in discovering who is in their network and become aware of potential resources and opportunities for support. Through the process of obtaining knowledge in the developmental and functional areas, the various illness beliefs of the family members may be unfolded.
CFAM **Obtaining knowledge about the family in the functional area** - Instrumental - Expressive	Based on the family tree, the function of each family relationship should be discussed. - Activities of daily living - Expressive function regarding · Communication (emotional, verbal, nonverbal and circular) · Problem-solving · Roles · Influence and power · Beliefs · Alliances/coalitions	

What	How	Why
CFIM-interventions in the affective area 1. Encouraging the telling of illness narratives 2. Validating, acknowledging or normalising emotional responses 3. Drawing forth family support	1. The nurses should ensure that all family members have the chance to tell about their experience of the course of the illness. The focus should primarily be on the experiences rather than medical facts. The nurses should encourage the specific family members to talk and the others to listen. 2. The nurse should acknowledge the family members' emotional reactions by expressing empathy about their experience of the situation and saying that emotional reactions as a result of illness are normal. 3. The nurse may start with acknowledging the family members for turning up. When the opportunity presents itself, the nurse should acknowledge and emphasise the effort of the family and the specific family members.	The interventions in the affective area provide a context, allowing each family member to narrate about their individual experience of the illness, acknowledge and normalise their emotional reactions and facilitate mutual support in the family. The illness narratives may unfold the family members' inherent illness beliefs, allowing them to learn and talk about each other's experiences of the situation. By listening to each other's perspectives, mutual understanding and loving care may grow, enabling new ways of acting to emerge. Telling your story may in itself have a healing effect. The family members' emotions are met by putting difficult issues into words, and normalising emotional reactions may alleviate suffering. It is of great significance that one' effort is seen and acknowledged.
CFIM-interventions in the behavioural area 4. Encouraging family members to be caregivers and offering caregiver support 5. Encouraging respite 6. Devising rituals	4. The nurse should guide the family to consider how they can express loving care in a balanced way, making the patient feel understood and supported without exhausting the specific family members resources. 5. The nurse should support the family to consider how, both individually and together, they may create a space where the illness is not prevailing. 6. The nurse should support the family to consider new routines, clarifying and formulating whether distinct rituals may give new energy to the family.	The behavioural interventions encourage the family members to concentrate on the family's problems and strengths in life with chronic illness and maintain or develop routines and rituals. Managing chronic non-cancer pain requires a persistent effort from the patient that may be exhausting. Support from family members may help the patient to maintain the effort. Focus on the behavioural area will strengthen the internal cohesion of the family. Rituals are recognisable and may create confidence and joy.
CFIM-interventions in the cognitive area 7. Commending family and individual strengths 8. Offering information and opinions	7. The nurse should, when possible, acknowledge the family's roles and strengths, in general and with regard to each family member. The family and the specific family members should be commended for what they manage, despite the illness. 8. Information and advice should be offered when required by the family OR after unfolding the family members' reflections. The nurse may then ask if the family needs any specific information or wants to hear the nurses' thoughts.	The cognitive interventions underline the family's and the specific family members' resources. By withholding information, the nurse can prevent the third typical "mistake" in nurse-led family conversations that may arise, if the nurse gives information that the family members do not ask for deliberately. Too much advice could give the family members the impression that they are handling the situation wrong. By concentrating on facilitating new thoughts and beliefs in a constructive collaboration with the family, the focus will instead be directed to the family's resources. Health information and advice are meaningful only if they match the needs of the receivers.

What	How	Why
Purposive questioning	The nurse should, use **linear questions** (“the detective” and “the captain”) and **circular questions** (“the anthropologist” and “the futurologist”). The nurse may use the “**one question question**” to rapidly identify the most urgent issue for the specific family members. The nurse cannot and is not supposed to change anyone, but should instead enter into a facilitating role and create a context for the family’s process of change. Through purposive use of linear and circular questions, potential strengths and resources in the family may be illuminated, creating a basis for the family to support each other.	Purposive use of linear and circular questions may enable the nurse to: - Obtain knowledge about the family (CFAM) - Unfold the illness beliefs held by the family and the specific family members (IBM) - Intervene in the family (CFIM) The linear questions are appropriate to unfold information about the family and identify the challenges that they experience. The circular questions invite reflection and may contribute to facilitating change in illness management. - The linear “detective” questions are simple past-oriented questions that are clarifying, defining and investigating. - The circular “anthropologist” questions are complex past-oriented questions regarding relationships, patterns, various positions and perspectives. - The circular reflexive “futurologist” questions are complex future-oriented questions that are hypothetical and show possibilities, scenarios or miracles. - The linear strategic “captain” questions are simple future-oriented questions that are leading, confronting or inspiring.
Summary and recommendations	**The first, second (and if necessary the third) conversation** will be terminated by: - Summary of the conversation - Agreement about what the family is to work on until the next conversation - Next appointment **The final conversation** should be terminated by: - Summary and evaluation of all the nurse-led family conversations - What did the family and the specific family members achieve from the conversations? - What did the family learn about itself? - What should the family work on in future?	

QUICK GUIDE FOR NURSE-LED FAMILY CONVERSATIONS FOR THE FANCOC-PAIN STUDY

Creating the framework of the conversations

The nurse should establish a calm and comfortable atmosphere during the conversations.

In **the first conversation**, the framework of the entire conversation series should be outlined:
- Mutual presentation
- Alignment of expectations
- Timeframe
- Aim and content

In each of **the subsequent conversations**, the framework of the conversation concerned should be outlined:
- Presentation/introduction of new family members, if any.
- The content of the specific conversation.

Each conversation should be terminated by an agreement about what the family should work on until the next conversation. In **the last conversation**, the entire conversation series should be evaluated.

The illness belief model (IBM)

During the conversations, the nurse should create a context that enables narration, with a view to unfolding the family members' illness beliefs (IBM).

The nurse should show openness to and curiosity about various ways of perceiving the world and should appear non-judgmental with regard to the family members' illness beliefs.

The nurse should be conscious of and set aside private preconceptions and illness beliefs.

The nurse should appear neutral and not take one or more family members side.

The Calgary models

To unfold the family members' illness beliefs, the nurse should use the Calgary models to obtain knowledge about and intervene with the specific family. The Calgary models consist of the Calgary Family Assessment Model (CFAM) and the Calgary Family Intervention Model (CFIM). In practice, components from CFAM and CFIM are used simultaneously.

In the **first conversation,** a majority of the time is used to obtain knowledge about the family (CFAM) and draw a family tree (genogram/ecomap).

The subsequent conversations focus more on the interventions (CFIM). The family tree will be applied when relevant. Identifying the family's single most urgent need will form the basis for choosing the specific CFIM-interventions. If several issues are at stake, the family should be supported to decide what is most important to discuss. The other issues may be written down for possible later discussion.

Using CFAM to obtain knowledge about the family in the structural area

The first conversation is initiated by drawing a family tree on a blank piece of paper.
For each relationship added to the family tree, the nurse should ask about: Name, gender, age, education/employment, health information and the significance of the relationship.

Using CFAM to obtain knowledge about the family in the developmental area

Based on the family tree, the developmental stage of each relationship should be discussed.
- What defines the specific family members stage of life?
- The influence of the specific family members stage of life on family attachment and tasks?

Using CFAM to obtain knowledge about the family in the functional area

Based on the family tree, the function of each relationship should be discussed:
- Activities of daily living.
- Expressive function regarding communication (emotional, verbal, nonverbal and circular), problem-solving, roles, influence/power, beliefs and alliances/coalitions.

CFIM-interventions in the affective area

1. **Encouraging the telling of illness narratives**: The nurse should ensure that all family members have the chance to tell about their experience of the course of the illness. The focus should primarily be on the experiences rather than medical facts. The nurse should encourage the specific family members to talk and the others to listen.

2. **Validating, acknowledging or normalising emotional responses**: The nurse should acknowledge the family members' emotional reactions by expressing empathy about their experiences of the situation and saying that emotional reactions as a result of illness are normal.

3. **Drawing forth family support**: The nurse may start with acknowledging the family members for turning up. When the opportunity presents itself, the nurse should acknowledge and emphasise the effort of the family and the specific family members.

CFIM-interventions in the behavioural area

4. **Encouraging family members to be caregivers and offering caregiver support**: The nurse should guide the family to consider how they can express loving care in a balanced way, making the patient feel understood and supported without exhausting the specific family members' resources.

5. **Encouraging respite**: The nurse should support the family to consider how, both individually and together, they may create a space where the illness does not prevail.

6. **Devising rituals**: The nurse should support the family to consider new routines, clarifying and formulating whether distinct rituals may give new energy to the family.

CFIM-interventions in the cognitive area

7. **Commending family and individual strengths**: The nurse should, when possible, acknowledge the family's roles and strengths, in general and in each family member. The family and the specific family members should be commended for what they manage despite the illness.

8. **Offering information and opinions**: Information and advice should be offered when required by the family OR after unfolding the family members' reflections. The nurse may then ask if the family needs any specific information or wants to hear the nurses' thoughts.

Purposive questioning

The nurse should, during the conversations use **linear questions** ("the detective" and "the captain") and **circular questions** (the anthropologist and the futurologist).

The "**One question question**" may be used to rapidly identify the most urgent issue for the specific family members.

The nurse should enter a facilitating role and create a context for the family's process of change. Through purposive use of linear and circular questions, potential strengths and resources in the family may be illuminated, creating a basis for the family to support each other.

Summary and recommendations

The first, second (and if necessary the third) conversation are terminated by:
- Summary of the conversation
- Agreement about what the family should work on until the next conversation
- Next appointment

The final conversation is terminated by:
- Summary and evaluation of all the nurse-led family conversations
- What should the family work on in future?