Guidance on Caseload and Clinical activity for Family and Systemic Psychotherapists In the NHS

Introduction

This document is designed to offer support and guidance to family and systemic psychotherapists (also known as family and couple therapists) and their service managers when considering job planning and levels of clinical activity for this group of mental health clinicians. It attempts to clarify why the demands of working with family systems and complex professional systems may need to be reflected in the size of caseloads held by family psychotherapists.

Factors affecting the amount of work generated by a particular piece of work are

- The complexity of the therapeutic task
- The level of risk
- Client group
- Agency setting

Why is this guidance needed?

Family and systemic psychotherapists, like all professionals, hold a range of responsibilities and perform a variety of clinical and non-clinical roles in their working contexts. When it comes to setting the size of clinical caseloads for this group of clinicians some important considerations need to be acknowledged.

The systemic approach emphasises the importance in treatment of holding the client’s significant relationships in mind. Thus the client’s relatives, friends and key professionals would be considered and systemic practitioners expect to work with complex professional networks across different organisations.

Family and systemic psychotherapists often invite whole families (or several family members or friends) to appointments in addition to the referred client. This model has been widely shown to be an effective and efficient way of treating a range of emotional and psychological difficulties. Recent research has also highlighted the health benefits physically and emotionally to those other family members who attend sessions along with the referred client (Crane, D.R. & Christenson, J.D. (2008)).

The treating clinician working with families and networks in this way has to deal with high levels of clinical complexity and their workload is not easily compared to that of a clinician working with patients individually.

Family and systemic psychotherapist’s and their managers need to give special consideration when creating job plans and calculating clinical capacity to the time requirements of treating families in the ways outlined above.
When family and systemic psychotherapists are with clients where both risk and complexity is high, it may be clinically prudent to work conjointly with another colleague. Some presentations warrant work with a team to help with the multiple levels of complexity and provide valuable feedback to families. Such family therapy team settings (for example in tier 3 CAMHS) also create valuable training opportunities for trainees from all disciplines and professional development for qualified colleagues who wish to enhance their skills in work with families.

Caseloads for family and systemic psychotherapists

Work has been undertaken by professional leads for family therapy in different NHS Trusts to calculate, in general terms, caseload capacity for family and systemic psychotherapists that reflect the issues outlined. Some examples are provided below based on a schedule of fortnightly appointments for client families:

<table>
<thead>
<tr>
<th>Band 7</th>
<th>Band 8a</th>
<th>Band 8b</th>
<th>Band 8c</th>
<th>Band 8d</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-15 contacts per week Range 10 – 25</td>
<td>12-15 contacts per week</td>
<td>7-12 contacts per week Range 5 – 12</td>
<td>4-10 contacts per week Range 5 – 10</td>
<td>As 8c</td>
</tr>
<tr>
<td><strong>Average 15 families of approx. 3-4 members</strong></td>
<td><strong>Average 15 families of approx. 3-4 members</strong></td>
<td><strong>Average 7 families of approx. 3-4 members</strong></td>
<td><strong>Average 7 families of approx. 3-4 members</strong></td>
<td></td>
</tr>
</tbody>
</table>

As families and networks vary in size and complexity, a range has been proposed for caseload size. It would be expected that a whole time equivalent band 7 family and systemic psychotherapist working with clients presenting with ‘moderate’ levels of clinical complexity and risk would hold a **caseload of around 20** client families.

Practitioners on higher bandings (8b-8d) have smaller caseloads reflecting the greater proportion of time in job plans devoted to management responsibilities, supervision or service development.

CAMHS who have adopted the CAPA approach tend to calculate the number of appointments per session. A full day consists of 2 sessions therefore there are 4 appointments per day.

Role of Family and Systemic Psychotherapists

Family and Systemic Psychotherapists undertake a range of different roles and responsibilities related to their job description and banding. These may be as follows:

**Clinical activity** consists of

1. **Direct clinical work** - includes interventions with individuals, families, groups, agencies involved with the client family and significant others. This may be face to face as well as telephone contact
2. **Indirect clinical work** - encompasses activities such as providing and receiving supervision, preparing reports and clinical administration.

**Organisational work** consists of

1. **Service-related activity** includes generic/mandatory training, evaluation of clinical programmes, training staff and leading/delivering on designated organisational projects, such as delivery of Family Inclusive Practice Training, or TAMHS etc.

2. **Professional activity** involves maintaining one’s own continuing professional development and managing the professional development of other psychological therapy staff.

In addition to clinical activity, family and systemic psychotherapists, like all other psychological therapists, deliver **quality improvement sessions** which are integral to the Trust’s quality agenda, prioritising workforce development, service improvement and clinical governance both within the service and within the profession.

The following table gives estimates of length of treatment, numbers of sessions and session frequency for cases of varying clinical complexity. These figures may be of further assistance for clinicians and service managers in calculating caseload capacity.

<table>
<thead>
<tr>
<th></th>
<th>The number of treatment sessions required</th>
<th>How often seen</th>
<th>How long the treatment takes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Highly complex case</strong></td>
<td>15 – 20</td>
<td>Every 2 weeks</td>
<td>9 months</td>
</tr>
<tr>
<td><strong>Medium complex case</strong></td>
<td>6-15</td>
<td>Every 3 weeks</td>
<td>7–8 months</td>
</tr>
<tr>
<td><strong>Standard complex case</strong></td>
<td>4 – 8</td>
<td>Every 3 weeks</td>
<td>4-5 months</td>
</tr>
</tbody>
</table>

Other relevant documents:
AFT Terms and Conditions of Service for Family and Systemic Psychotherapists