

Service user example – TIP principles

Emily

Background information

Emily, a 19-year-old student struggling with an eating disorder, has been referred to the service. She lives at home with her widowed father and younger sibling.

Emily stated that she “really needs help” but she is also worried about trying a new service. She has requested that her father join her in the initial meeting and is keen for him to remain involved in her care.

During the initial intake process, it becomes apparent that her father, James, is protective and does not trust professional care providers due to past negative experiences.



Possible guiding service delivery questions



Applying the **‘Build safety and trust’** principle:

1. How can we create a safe and non-judgmental environment for both Emily and James?
2. What steps can we take to understand James’s perspective and address his concerns as a carer?
3. How can we build rapport and establish trust through open communication and transparency?
4. What measures can we put in place to ensure Emily’s physical and emotional safety during the recovery process?



Applying the **‘Share power’** principle:

1. What opportunities can we provide for Emily to apply her autonomy and agency in her recovery journey?
2. How can we balance Emily’s self-determination with James’s involvement as her carer?
3. How can we involve James in care decisions and respect his role as Emily’s primary support system?
4. What systems can we establish for regular communication and collaboration between the care team, Emily, and James?
5. How can we address practical concerns (e.g., financial, logistical) that may impact Emily’s care and James’s ability to support her?

Scenario with actions taken

The team focuses on gradually building rapport and establishing a safe, non-judgemental environment for both Emily and James. The service user peer support worker discusses with Emily her needs, concerns, and goals for recovery. In parallel, the carer peer support worker builds a relationship with James, focusing on understanding his perspective about the mental health system, and addressing his fears, which includes Emily 'being forced' to talk about past abuse, as well as emphasising the importance of self-care for James.

Carer peer supporter:

"James, when we first heard from you and Emily, it sounded like you wanted to make sure we didn't repeat Emily's previous experiences of having to retell her story over and over. Can you tell me what sort of approach you think would work better for her?"

You said you have been a widow for several years. Would you mind telling me a little about how your loss is affecting you? How are you looking after yourself these days?"

Social worker:

"Emily, you told me that ever since what happened during the abuse, you've hated how you looked and couldn't trust anyone. It's important I understand how the abuse affected you. It's up to you how much you talk to me about this - is there anything about what you experienced that you think I should know about?"

The social worker and clinician actively involve James in care decisions, respecting his role as Emily's primary supporter. They hold joint sessions where Emily can voice her preferences while James provides insights into her needs. The team balances Emily's need to be independent with James's involvement, helping her to be clearer about her goals and how much information she would like to share about the abuse while acknowledging James's concerns as her carer.



Scenario with actions taken (continued)

Recognising that Emily's eating disorder may require hospitalisation, the team discusses with Emily when this might become necessary, making sure she has the opportunity to explain how she views her level of risk and what it means for her to go to hospital. With her permission, the team works with both her and James to make a plan that includes steps to prevent hospitalisation and to make decisions if inpatient treatment is needed. Emily's preference not to miss university classes becomes an important part of the discussion, motivating her to actively work towards avoiding hospitalisation. The nurse plays a key role in explaining the hospital admission process, addressing practical concerns, and outlining measures to maintain Emily's involvement in decision-making.

Nurse:

"Emily – going to hospital can feel scary. I'll explain what happens during the admission process. ... What do you think about the admission process? Does anything worry you? We'll make sure you get involved whenever we need a decision from you. Here's how we are going to do it ..."

Regular case conferences facilitate open communication and collaboration between the care team, Emily, and James. Over time, this trauma-informed, collaborative approach fosters trust and engagement from both Emily and James. Emily is supported to make decisions about her care, while James gains confidence in the care team and becomes an active partner in supporting Emily's needs.

