Family Psychoeducation (FPE)

Presented by Valerie Conlan RN, Ph.D., CASAC, ICM

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Presenter

Valerie Conlan, R.N., Ph.D., CASAC

- Doctor of Community Health studies (2002)
- Mental Health First Aid Trainer (2019)
- Beacon Health Options Intensive Case Manager 2012 to present
- Experienced FPE educator in hospital and community settings
Learning Objectives

• Define the concept of family psychoeducation (FPE)

• Apply the ways that FPE can assist individuals/families with understanding mental health disorders

• Identify the mental health disorders for which FPE can be applied

• Compile the ways that FPE can be helpful for individuals to re-enter the community
Agenda

01 Background and Information on FPE
02 Recognizing and Overcoming Barriers
03 Key Components of FPE
04 Case Study
05 Next Steps
06 References and Contact Information
Chapter 01

Background and Information on FPE
Family Psychoeducation (FPE) Definition

• Evidenced based therapeutic intervention for families/individuals

• Provides information with support to better understand and cope with illness

• Involves educating the family as well as the individual

• “Family” is defined by the individual
Importance of Family Involvement

• Individuals and families need information, referrals and linkages to maximize their ability to support their loved ones and to support themselves

• How family members do or don’t support a loved one with behavioral health needs directly impacts the loved one’s recovery trajectory

• Involved and supportive family results in:
  o Increased engagement in treatment
  o Higher levels of motivation and hope increase
  o Fewer relapses and increased community integration
Goals of FPE Sessions

- Increase understanding between individual & family
- Assess their experience of mental illness; strengths & challenges
- Develop mutual goals & Instill hope for recovery
- Refer as needed for family members (e.g. NAMI)
- Health Education of disease process
- Medication and treatment support
- Support in self-help and self-care
- A safe environment for family to ask questions, vent frustrations, and get support from other families
Why use FPE?

• Build stronger social supports
• Enhances problem solving
• Facilitates Communication
• Increases Coping skills
• Educates family re: disease process and treatment options
• Raise awareness that mental illness is a chronic disease, with possible relapses, and at the same time, instill hope for recovery
• Offer support
• Normalize their lived experience

“When individuals join a group of people with similar problems, they have the remarkable opportunity of witnessing change in others while at the same time having their own small victories celebrated by group members.

Through this process, hope can begin to emerge”.

-Irvin D. Yalom
Video: Introduction to FPE
Who can offer FPE

- Family Clinician can coordinate, offer the education, and/or have speakers come to various groups
- Psychiatrist, Psychiatric NP
- Nursing (RN, LPN)
- Therapist (LCSW, Ph.D, LMHC)
- Peer Recovery Specialists
- Nutritionist
- Community Speaker (NAMI, AA, Al-anon)
Poll: Which diagnosis do you think FPE would benefit most?

Website: log into PollEv.com/clinicalT085

Text messaging:
Text 22333. Type: “CLINICALT085” to join the session
What diagnoses are FPE used for?

- Schizophrenia
- Bipolar disorder
- Depression
- Substance/Alcohol Use Disorders
- Cancer
## Studies Show FPE Accelerates Recovery

### Schizophrenia Disorder (Baumi, J. et al, 2006)
- Relapse rates averaged 10-15% when FPE was added compared to 30-50% relapse rates.

### Anorexia Nervosa (Geist, R. et al, 2000)
- A study used FPE in a group versus a control group.
- Group using FPE met weight restoration in a 4 month period.
- No significant change in the control group.

### Bipolar Disorder (Stafford, N; Colom F, 2013)
- Study found that adding FPE into treatment led to:
  - Greater stabilization of symptoms
  - Fewer relapses
  - Longer time to relapses
  - Helped patients understand bipolar disorder
  - Get involved in therapy planning
  - Be aware of episode prevention
Chapter 02

Addressing Barriers to FPE
USING 1 word- What do you think is a barrier for families/patients to attend FPE sessions?

Website: log into PollEv.com/clinicalt085

Text messaging:

Text 22333.
Type: “CLINICALT085”
to join the session
Barriers to Attending FPE

- Distrust
- Culture
- Time & Schedule issues
- Intimidation
- Lack of Recovery focus
- No ROI
Addressing Barriers

- Identify the current issues/challenges
- Use a structured problem solving approach, provide information, and teach communication, coping, and social skills.
- Focus is usually on the individual’s personal recovery goals
Issues related to re-entering the community:

• Personal Recovery Goals often relate to the following:
  o Coping with symptoms
  o Understanding triggers
  o Recognizing or s/s of relapse (Educating relapse isn’t a failure)
  o Medication
  o Alcohol and substance use
  o Creating a self-management plan
  o Family expectations
Video Part 2: Facing Stressors & Barriers

Family Psychoeducation

Introductory Video
FPE is useful in the following situations:

- Acute psychiatric hospitalizations
- Families who have asked to learn more about Serious Mental Illness, Substance Abuse Disorders
- Families who are frustrated/confused about the disease concept
- Co-occurring disorders
- Families not understanding the need for medications
- Helps de-stigmatize mental illness as understanding is increased
Components of FPE
Major Concepts of Family Work

The recipient defines “family”

The family is a self-regulating system

The whole is greater than the sum of its parts

Every interaction contains a concrete impact and holds meaning to its members

Each family system has patterns of interaction that can be both adaptive and maladaptive
Key Features of FPE

• This is an intervention in your treatment plan, a stepping stone toward an established recovery goal
• Can be done individually or in groups
• Developing a working relationship with consumers and families
• Explore emotional impact of SMI or SUD
• Identify family strengths, needs and preferences
  — Develop skills to navigate common stressors, not just a crisis plan
  — Acknowledging feelings and the lived experience of the consumer/family
• Coordinated treatment and services
• Giving people a way to talk and to listen about their experience
Introducing the Program

- Emphasize that it is the individual’s choice
- Explain the benefits, structure, and duration of the program
- Confidentiality – ROIs needed for adult individuals and for teens as per state law
- Ask the individual if they would like a family member(s) to join the program.
How do I decide whether to meet with family alone or with individual?

Family/individual preferences

Consider the diagnosis

Stability of the individual

Goals of session
Phases of FPE

Phase 1
Joining Sessions

Phase 2
Multifamily Sessions
Phase 1: Joining Sessions

- “Joining sessions” (individual and family)
- Individual families (Only family members, not the individual)
- “Joining Sessions”: Meet 1:1 with family and individual, ideally 3 times for one hr
- After 1-2 sessions with individual families, discuss the multifamily “joining session” (known as Phase 2)
Goals of Phase 1: “Joining Sessions”

- Increase mbr/family understanding of diagnosis/medications/therapy
- Learn their experiences and views of mental illness
- Learn strengths and barriers
- Develop mutual goals
- Discuss recovery & instill hope
- Discuss community resources
Phase 2: Multifamily Sessions

- Multifamily: (combining family units in one session, if family agrees)

- Multifamily can be just family members, or individuals and families

- Families can express their questions/concerns about the individual’s diagnosis and treatment & support each other

- When you have determined family is ready, and agrees to multifamily format; have all families meet together with the facilitator.
Goals of Phase 2: “Multifamily Sessions”

- Develop problem solving skills
- Improve coping skills
- Instill hope by identifying with others; “It’s not just our family”
- Self care for family members
Video Part 3: Multifamily Work

Family Psychoeducation

Introductory Video
Chapter 04

Case Study
Case Study: James

- James, 25 y/o single male, diagnosed with paranoid schizophrenia; resides with parents
- He was diagnosed at age 17, had 2 previous hospitalizations. He was a hospital volunteer. His symptoms relapsed: he wouldn’t get out of bed, thought his family was against him. His father was very upset with him, stating a young person must work, thought that he was “lazy”.
Exercise: Group Discussion

• James had a dad who thought he was just “lazy”. Discuss how you would engage a family member who is overcoming negative experiences with the mental health system.

• Culture can impact people attending FPE. How would we engage families whose culture might not be supportive of mental health treatments?
Quest for a Better Life

“Without hope, recovery can seem like an elusive goal, a quest that demands too much of our body, our minds, and our spirit. But, hope gives us strength to fight for that better life. Hope helps us overcome hurdles that we otherwise could not scale, and it moves us forward to a place where healing and recovery can begin.”

– Jerome Groopman. M.D.

*The Anatomy of Hope*
Chapter 05

Next Steps
Participation Survey

We appreciate your participation in the Creating Connections 2020 Granite State Integrated Care Symposium!

Please provide your opinions and feedback by completing a brief survey
https://tinyurl.com/GraniteSurvey2020

Survey completion is required in order to receive CE Credit
The survey will be open until October 31, 2020
References and Contact Information
Thank You

Contact Us

- www.beaconhealthoptions.com
- Valerie.Conlan@beaconhealthoptions.com
- ClinicalTrainingDepartment@beaconhealthoptions.com
References


