



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

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|-----------|-----------------------------------|-----------|-------------------------------------|
| 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:
 - Increased engagement in treatment
 - Higher levels of motivation and hope increase
 - 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?

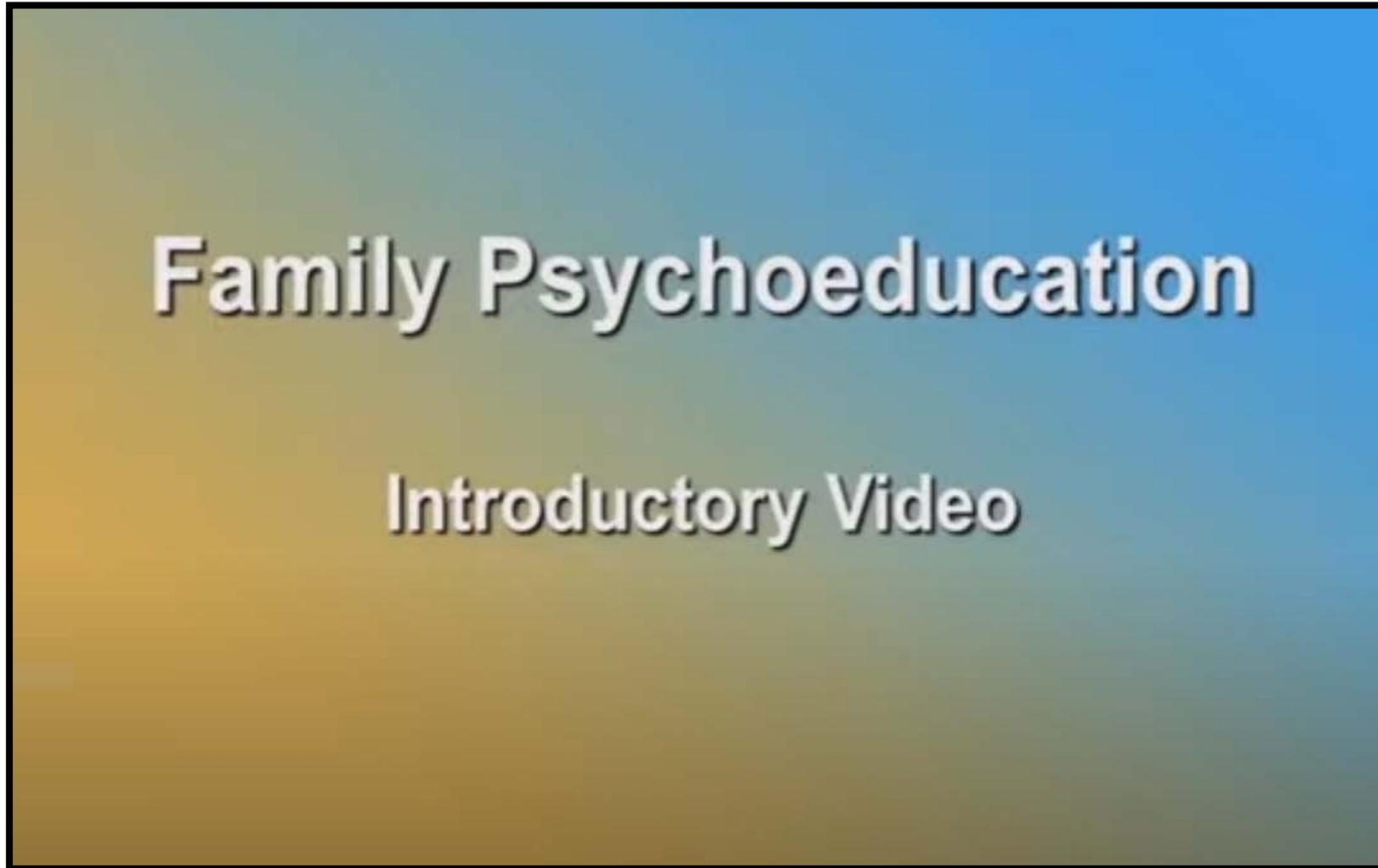
- Build stronger social supports
- Enhances problem solving
- Facilitates Communication
- Increases Coping skills
- Educates family re: disease process and treatment options
- Raise awareness that mental illness is a chronic disease, with possible relapses, and at the same time, instill hope for recovery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

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PollEv.com/clinicalt085

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A
Schizophrenia

B
Bipolar Disorder

C
Depression

D
Physical illnesses

E
Substance Use

What diagnoses are FPE used for?

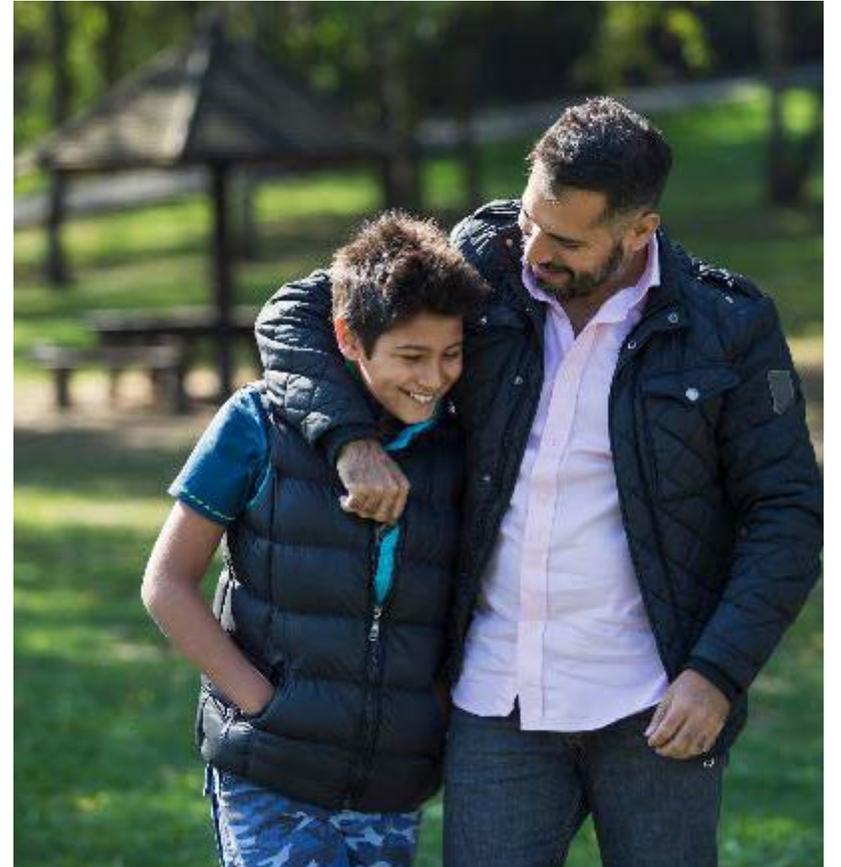
Schizophrenia

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

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02

Addressing Barriers to FPE

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

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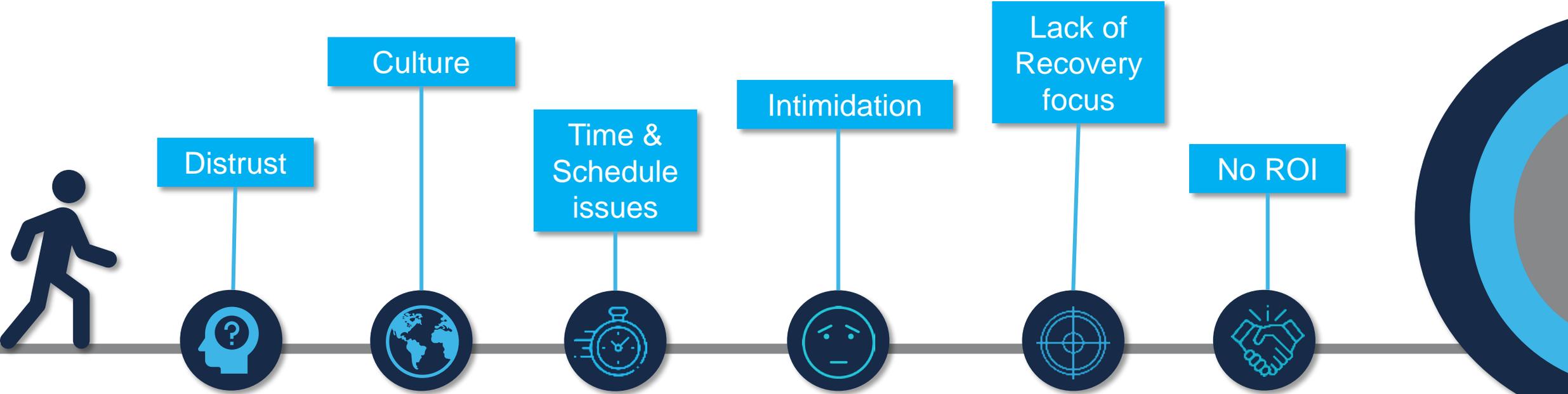
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Barriers to Attending FPE



Addressing Barriers

Identify the current issues/challenges

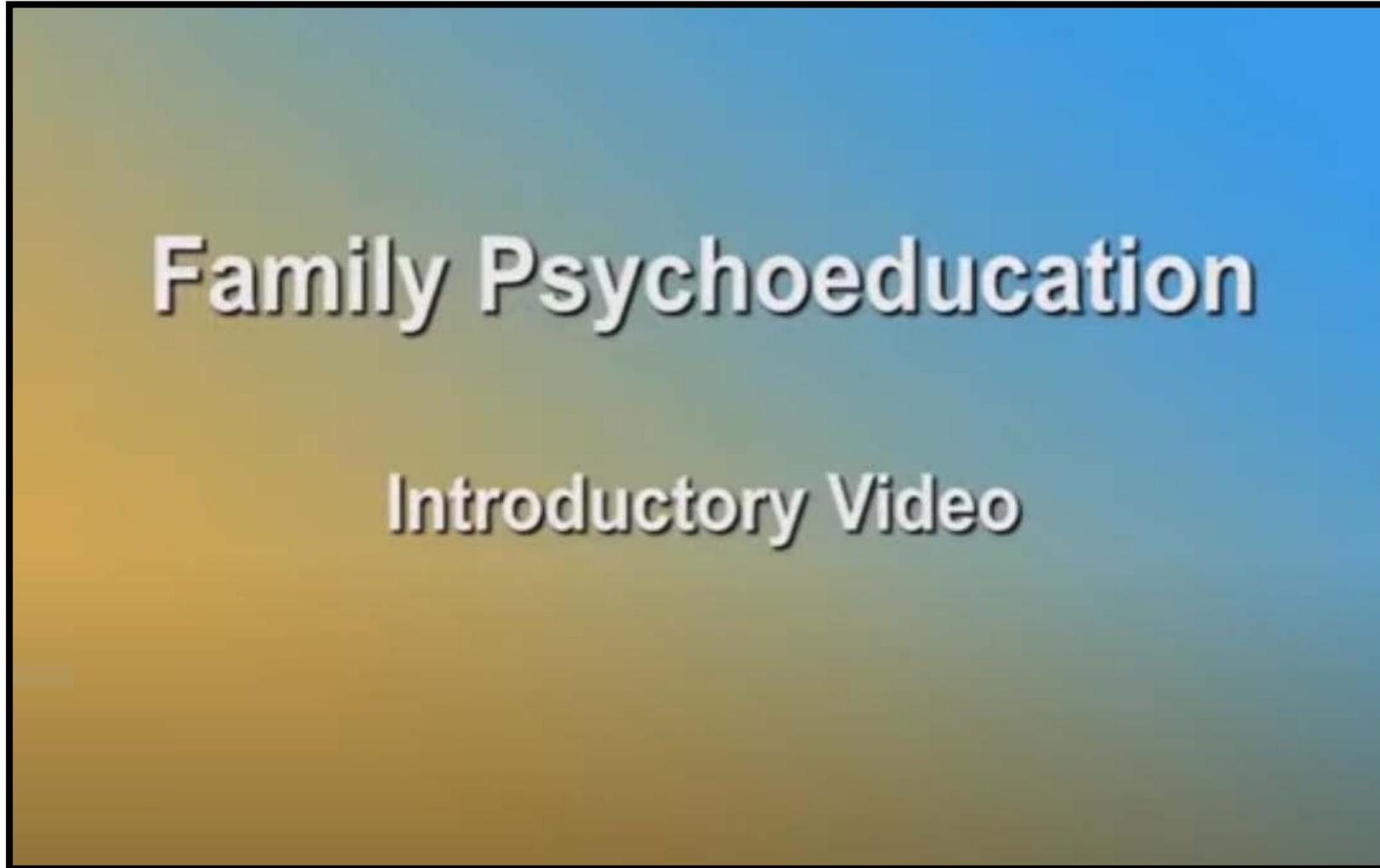
Use a structured problem solving approach, provide information, and teach communication, coping, and social skills.

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:
 - Coping with symptoms
 - Understanding triggers
 - Recognizing or s/s of relapse (Educating relapse isn't a failure)
 - Medication
 - Alcohol and substance use
 - Creating a self-management plan
 - Family expectations

Video Part 2: Facing Stressors & Barriers



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

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03

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

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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





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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**



Chapter

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References and Contact Information

Thank You

Contact Us



 www.beaconhealthoptions.com

 Valerie.Conlan@beaconhealthoptions.com

ClinicalTrainingDepartment@beaconhealthoptions.com

References

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