

Family Psychoeducation

Implementation Resource Kit



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Information for Practitioners and Clinical Supervisors

Who benefits from Family Psychoeducation?

People diagnosed with schizophrenia or schizoaffective disorder and their families have shown the most benefit from family psychoeducation. There simply needs to be an interest in improving family relationships while learning what to do about the symptoms of mental illness.

Recently, family psychoeducation has been shown to be helpful for people with bipolar disorder, major depression, obsessive compulsive disorder, and borderline personality disorder.

Family is defined as anyone committed to the care and support of the person with mental illness and does not have to be a blood relative. In fact, consumers often ask a close friend or neighbor to be their support person in the group.

What is family psychoeducation?

It is an elaboration of models developed by Carol Anderson, Ian Falloon, Michael Goldstein and William McFarlane.

For multi-family groups, practitioners invite 5 to 6 consumers and their families to participate in a psychoeducation group for at least six months. Additional meeting time

promotes improved outcomes. Meetings are held every other week. The format is structured and pragmatic to assist people with developing skills for handling problems posed by mental illness. Over time, practitioners, family members, and consumers form a partnership as they work toward recovery. Consumers and their supporters may decide to meet as a single family rather than in the multi-family group format.

Family psychoeducation involves:

- ▶ joining (developing an alliance)
- ▶ on-going education about the illness
- ▶ problem-solving
- ▶ creating social supports
- ▶ developing coping skills

Why should practitioners consider family psychoeducation?

Family psychoeducation builds on the family's important role in the recovery process of people with mental illness. This approach is for practitioners who want to see markedly better outcomes for consumers by involving their families or support people. Family psychoeducation can be used in a single or multi-family format. It does not replace medication.

What are the benefits of family psychoeducation?

- ▶ improved clinical outcomes, community functioning, and satisfaction for consumers
- ▶ diminished interpersonal strain and stress within families
- ▶ higher rates of employment and recovery
- ▶ reduced need for crisis intervention and hospitalization over time
- ▶ improved cost-benefit ratio

The American Psychiatric Association cites family psychoeducation, used in conjunction with medication, as one of the most effective ways to help in the recovery process for schizophrenia. Research has shown that there is a significant reduction in relapse rates and unemployment when family intervention, multi-family groups, and medication are used concurrently.

Who provides family psychoeducation?

A family psychoeducation practitioner can be a social worker, nurse, doctor, occupational therapist, employment specialist, or case manager.

What skills will I gain?

Many practitioners find their work with families helps them to develop their own knowledge and professional skills. They mention:

- ▶ improved understanding of the effect of illness on family relationships
- ▶ improved understanding of consumer and family perspectives
- ▶ improved ability to shift perspectives from leader to partner
- ▶ more effective family, cognitive, and behavioral therapy skills

Why work with families?

According to the World Fellowship for Schizophrenia and Allied Disorders, there are multiple reasons:

- ▶ to achieve the best possible outcome for the consumer through collaborative treatment and recovery
- ▶ to ease suffering among family members by supporting their efforts to foster their loved one's recovery
- ▶ to listen to families and treat them as equal partners
- ▶ to provide relevant information for consumers and families at appropriate times
- ▶ to provide training for the family in structured problem-solving techniques
- ▶ to pay attention to the social, as well as the clinical needs, of the consumer and family
- ▶ to explore family members' expectations and assess a family's strengths and difficulties
- ▶ to encourage clear communication among family members

Practitioner experience:

"The patient is much better—more active, more aware of his illness, and exerts more control over recognizing [early warning signs] and getting help early on."
-L.B. (multi-family therapist)

"The family is ... more knowledgeable and more hopeful."
-R.L. (single family therapist)

For more information

Information about family psychoeducation, as well as other evidence-based practices for the treatment of mental illness in the community, can be found at www.mentalhealthpractices.org.

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