

NORTHERN MICHIGAN REGIONAL ENTITY
FAMILY PSYCHOEDUCATION (FPE)
Practice Guidelines
07-04-002

PURPOSE

Family Psychoeducation (FPE) is an evidence-based practice that aims to achieve the best possible outcome for consumers with severe mental illness (SMI) through collaborative treatment between clinicians and family members of the individual with SMI. Additionally, FPE attempts to alleviate the stress experienced by family members by supporting them in their efforts to aid the recovery of their loved one.

The term psychoeducation can be misleading. While FPE includes many working elements, it is NOT family therapy. Instead, it is nearly the opposite. In the FPE approach, the illness is the object of treatment, not the individual or family. The goal is that practitioners, consumers, and families work together to support recovery.

IDENTIFIED POPULATION

FPE benefits consumers with schizophrenic disorders and their families, as well as those with bipolar disorders, major depression, obsessive-compulsive disorder, and borderline personality disorder.

Studies show that the effectiveness of FPE does not differ depending on the consumer's age, gender, education level, or severity of illness.

SERVICES

FPE is provided in multifamily groups or in a single-family session.

Single-family formats tend to be used for the following:

- Consumers and families with strong social support networks
- Consumers and families who exhibit unusual resilience or strong coping skills, or
- Consumers to respond positively to medications

Multifamily groups tend to be used for the following:

- Consumers who are experiencing their first episode with mental illness
- Consumers who are not responding well to medication and treatment
- Consumers who are experiencing complicating issues such as other medical illnesses
- Families experiencing high stress
- Families who have separated from their relative with mental illness, and
- Families who have been through divorce

THE PHASES OF PSYCHOEDUCATION

FPE services are provided in three phases:

- **Joining Sessions** – Initially, FPE practitioners meet with consumers and their respective family members in introductory meetings called joining sessions. The purpose of these sessions is to learn about their experiences with mental illness, their strengths and resources, and their goals for treatment.

FPE practitioners engage consumers and families in a working alliance by showing respect, building trust, and offering concrete help. This working alliance is the foundation of FPE services. Joining sessions are considered the first phase of the FPE program.

- Educational Workshop – In the second phase of the FPE program, FPE practitioners offer a 1-day educational workshop. The workshop is based on a standardized educational curriculum to meet the distinct educational needs of family members.

FPE Practitioners also respond to the individual needs of consumers and families throughout the FPE program by providing information and resources. To keep consumers and families engaged in the FPE program, it is important to tailor education to meet consumer and family needs, especially in times of crisis.

- Ongoing Family Psychoeducation Sessions – After completing the joining sessions and 1-day workshop, FPE practitioners ask consumers and families to attend ongoing FPE sessions. When possible, practitioners offer ongoing FPE sessions in a multifamily group format. Consumers and families who attend multifamily groups benefit by connecting with others who have similar experiences. The peer support and mutual aid provided in the group builds social support networks for consumers and families who are often socially isolated.

Ongoing FPE sessions focus on current issues that consumers and families face and address them through a structured problem-solving approach. This approach helps consumers and families make gains in working toward consumers’ personal recovery goals.

FPE is not a short-term intervention. Fewer than 10 sessions does not produce positive outcomes. FPE should be provided for a minimum of 9 months.

FPE practitioners provide information about mental illnesses and help consumers and families enhance their problem-solving, communication, and coping skills. When provided in the multifamily group format, ongoing FPE sessions also help consumers and families develop social supports.

PRACTICE PRINCIPLES

FPE is based on a core set of practice principles. These principles form the foundation of the evidence-based practice and guide practitioners in delivering effective FPE services.

Practice Principles	
Principle 1: Consumers define who <i>family</i> is.	In FPE, the term family includes anyone consumers identify as being supportive people in the recovery process. For FPE to work, consumers must identify supportive people they would like to involve in the FPE program. Some consumers may choose a relative. Others may identify a friend, employer, colleague, counselor, or other supportive person.
Practice Principles	
Principle 2: The practitioner-consumer-family alliance is essential.	Consumers and families have often responded to serious mental illness with great resolve and resilience. FPE recognizes consumer and family strengths, experience, and expertise in living with serious mental illness. FPE is based on a consumer-family-practitioner alliance. When forming alliances with consumers and families, FPE practitioners emphasize that consumers and families are not to blame for serious mental illness. FPE practitioners partner with consumers and families to better understand consumers and support their personal recovery goals.

Principle 3: Education and resources help families support consumers' personal recovery goals.	Consumers benefit when family members are educated about mental illness. Educated families are better able to identify symptoms, recognize warning signs of relapse, support treatment goals, and promote recovery. FPE practitioners provide information and resources to consumers and families, especially during times of acute psychiatric episodes or crisis.
Principle 4: Consumers and families who receive ongoing guidance and skills training are better able to manage mental illness.	Consumers and families experience stress in many forms in response to mental illness. Practical issues such as obtaining services and managing symptoms daily are stressors. Learning techniques to reduce stress and improve communication and coping skills can strengthen family relationships and promote recovery. Learning how to recognize precipitating factors and prodromal symptoms can help prevent relapses.
Practice Principles (continued)	
Principle 5: Problem-solving helps consumers and families define and address current issues.	Using a structured problem-solving approach helps consumers and families break complicated issues into small, manageable steps that they may more easily address. This approach helps consumers take steps toward achieving their personal recovery goals.
Principle 6: Social and emotional support validates experiences and facilitates problem-solving.	FPE allows consumers and families to share their experiences and feelings. Social and emotional support lets consumers and families know that they are not alone. Participants in FPE often find relief when they openly discuss and problem-solve the issues that they face.

DURATION

FPE Multiple Family Groups typically meet for two years.

QUALIFICATIONS

Provider must minimally meet the qualification requirements as stated in the most recent version of the State of Michigan Medicaid Manual.

REVISED:

REVIEWED:

APPROVED: June 16, 2015

Signed copy is on file with NMRE

 Dave Schneider
 Northern Michigan Regional Entity Chief Executive Officer

 Date