Multiple Family Group Family PsychoEducation (FPE) Orientation Session for Clinicians

Family Psychoeducation is an Evidence Based Practice (EBP)

- EBPs are supported by extensive research that includes randomized, controlled trials by different researchers in different settings.

- The SAMHSA has endorsed six EBP's. Information on each can be found at: http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/about.asp

What is Multiple Family Group Psychoeducation?

- A long term cognitive behavior intervention
- A venue for case management

- It is *NOT* :
  - A Support Group
  - A Family Therapy Group
  - An Education Group
  - Just for Family Members
  - A Replacement for Case Management

Identifying FPE Group Participants

- Consumers with similar diagnoses
- Families in search of psycho-education and support
- People for whom this intervention would "make a difference" with relationships and life plans

Where can FPE Groups be Held?

- Inpatient units
- Partial hospital programs
- Outpatient settings
- ACT programs
- Group homes
- Nursing homes
- With local NAMI chapter

Therapeutic Processes in Multifamily Groups

- Stigma reversal
- Social network construction
- Communication improvement
- Crisis prevention
- Treatment adherence
- Anxiety and arousal reduction

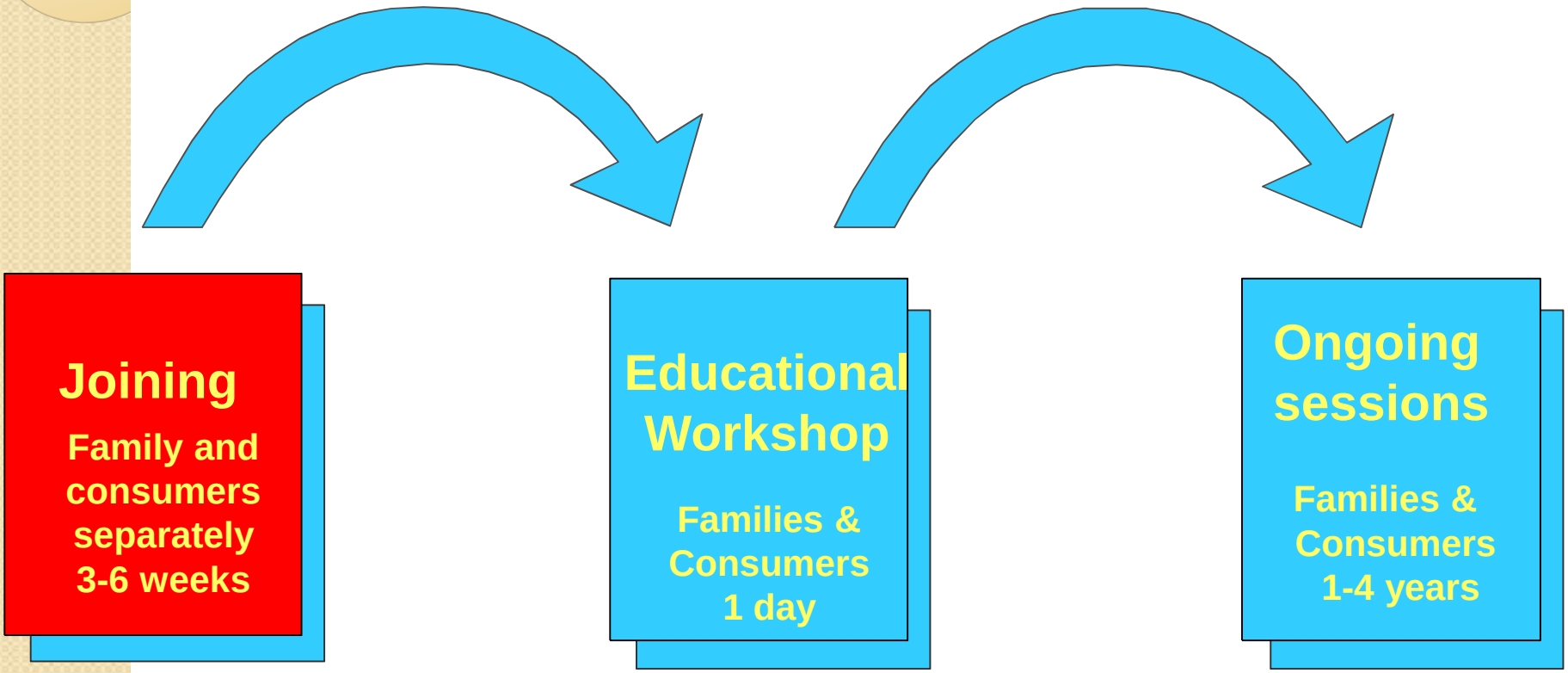
The objectives of FPE for the consumer are:

- To reduce symptoms of mental illness.
- To prevent relapses and re-hospitalizations.
- To provide rehabilitation so that consumers can achieve the maximum possible level of functioning and the best possible outcome. To provide the foundation for recovery, through collaborative
- To reduce family stress and strain

The Role of FPE Practitioner

- Collaborate with families and consumers to separate illness from personality
- Assume the role of educator, family partner, and trainer-coach
- Teach families and consumers to use the problem-solving method to deal with illness-related behaviors
- Keep asking, “what’s next?”

Stages of Treatment in Family Psychoeducation



Specific Components of the Model

- Step One: Joining Sessions
- Meet with the consumer and their family 3 – 6 times to build a strong relationship through assessment and education

Elements of Joining

- Exploration of precipitants
- Review of warning signs
- Reactions of family to illness
- Coping strategies
- Social supports
- Grieving
- Contract for treatment
- Preparation for multi-family group

Specific Components of the Model

- **Step Two: Family Skills Workshop**
- One day/6 - 8 hour session
- All families and consumers come together for the first time
- Morning devoted to biopsychology of Mental Illness
- Lunch provided
- Afternoon spent talking about MFG process and research participation

Educational Workshop / Classroom Format

- Promotes comfort
- Families can interact without pressure
- Encourages learning
- Co-facilitators as educators

Specific Components of the Model

- **Step Three: Multi-Family Groups**
- Group Length: 90 minutes
- Number of People Per Group: 5 - 8 families
- Number of Facilitators: Two to Three
- Facilitators: Consumer/Family's Primary Clinician/Case Manager

Components of groups

- Two co-facilitators
- 5-8 families with similar diagnoses
- Meetings every other week
- Families, consumers, and practitioners become partners
- On-going education about symptoms, medication, community life, work, etc.
- Problem-solving format

MFG Problem-Solving Format

- Socialization 15 min
- A go around 20 min
- Selection of a single problem 5 min
- Formal problem-solving 45 min

  Problem definition, generation of possible solutions, weighing pros and cons of each, selection of preferred solution, delineation of tasks and implementation

- Socialization 5 min

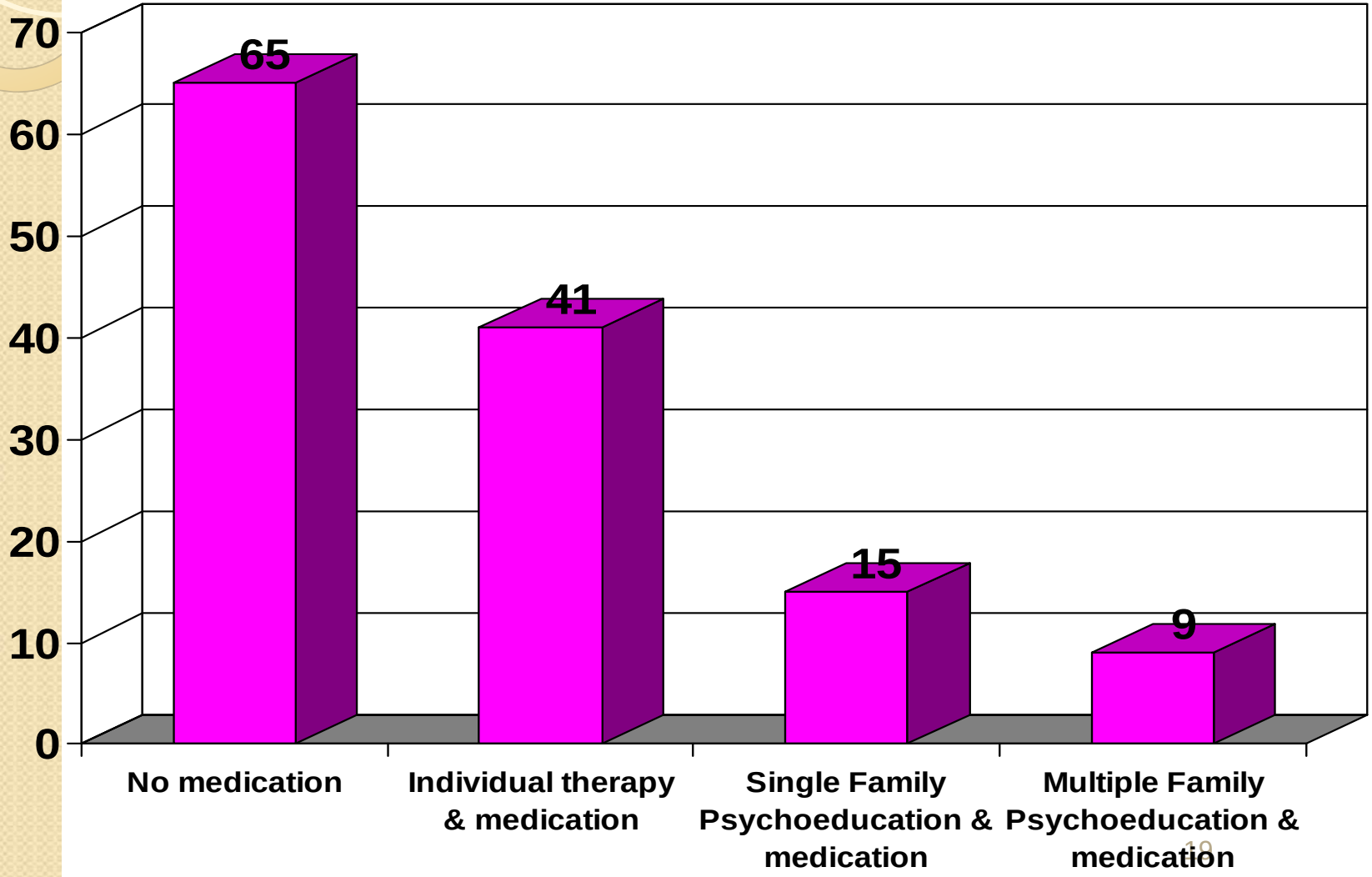
Common Problems Discussed

- Stigma
- Learning to Cope with Chronic Illness
- Medication Concerns
- Substance Use/Abuse
- Interpersonal Difficulties
- Independent Living
- Obtaining & Keeping Employment

Better outcomes in FPE

- Over 20 controlled clinical trials, comparing to standard outpatient treatment, have shown:
  - Much lower relapse rates and re-hospitalization
    - Up to 75% reductions of rates in controls; minimally 50%
  - Increased employment
    - At least twice the number of consumers employed, and up to four times greater--over 50%employed after two years--when combined with supported employment
  - Reduced negative symptoms, in multifamily groups
  - Improved family relationships and reduced friction and family burden
  - Reduced medical illness
    - Doctor visits for family members decreased by over 50% in one year, in multifamily groups

Percentage of Rehospitalization in Clinical Trials



Year One: Relapse Prevention

- Engaging individual families
- Multifamily educational workshop
- Implementing family guidelines
- Reducing stigma and shame
- Lowering expectations
- Controlling rate of recovery
- Reducing intensity and exasperation

Year Two: Rehabilitation

- Gradually increasing responsibilities
- Moving one step at a time--the internal yardstick
- Monitoring encouragement from family members
- Establishing inter-family relationships
- Cross-parenting
- Focusing family interests outside family
- Restoring family's natural social network

Year Three: Network Formation and Recovery

- Validating group competency
- More socializing, less problem-solving
- Encouraging social contacts outside the group
- Shifting role of clinicians
- Converting to an advocacy group
- Converting to a vocational auxiliary

Rehabilitation effects of MFG

- **Reducing family confusion and tension**
- **Fine-tuning and ratifying Person Centered Planning goals**
- **Coordinating efforts of family, team, consumer, and employer**
- **Developing informal job leads and contacts**
- **Cheerleading and guiding in early phases of employment**
- **Ongoing problem-solving skills**

Benefits

- Families & Consumers will receive more education about mental illness and recovery
- Research shows that consumers who use FPE:
  - Reduce hospital readmissions/relapses
  - Increase family involvement
  - Lead to employment or school opportunities

Benefits (continued)

- Extensive research base (see slide 22).
- Functioning in the community improves steadily, especially for school and employment.
- Improves family member stress, coping skills, skill in helping their loved one and fewer physical illnesses over time.

Benefits (continued)

- Help families and consumers work together towards recovery.
- Recognizes and validates the family's important role in recovery.
- Helps clinicians see markedly better outcomes for consumers and families.
- Fights stigma.

Research Supporting MFG

- **McFarlane W.R., et al.: Psychoeducational multiple family groups: Four-year relapse outcome in schizophrenia. Family Process 1995;34(2): 127-44**

- **McFarlane W.R., et al.: Multiple-family groups and psychoeducation in the treatment of schizophrenia. Archives of General Psychiatry 1995, 52(8): 679-87**

- **McFarlane W.R., et al.: Family-aided assertive community treatment: A comprehensive rehabilitation and intensive case management approach for persons with schizophrenic disorders. New Directions for Mental Health Services 1992; 53:43-54**