



Family Psychoeducation in Michigan



“No problem is too urgent for an organized, thoughtful solution.”

-Unknown

Common Effects on Family



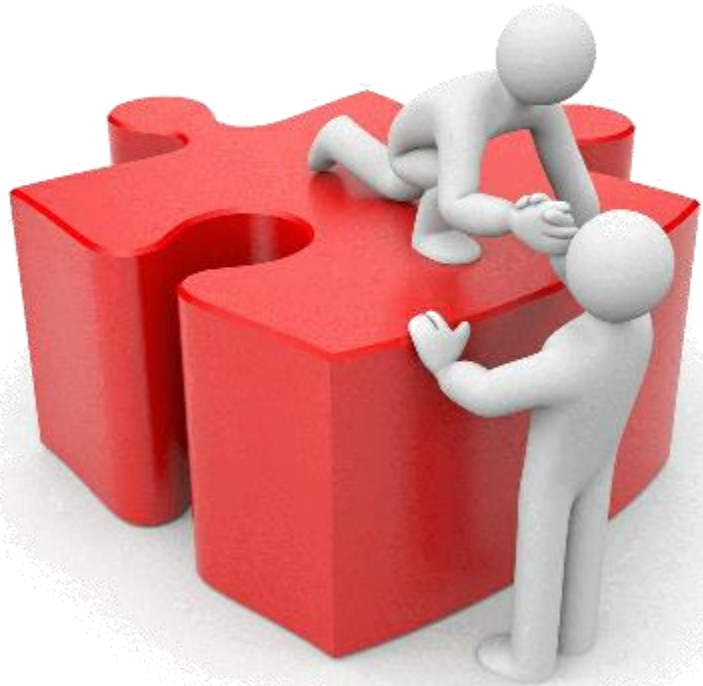
- Family can become hyper vigilant about symptoms
- Family may be very wary of giving up control as person gets better
- Family and individual in treatment struggle with knowing what a “normal” mood or reaction might look like
- Family and individual in treatment struggle with distinguishing between personality traits and symptoms of a mental health condition

Family Engagement

- Often overlooked
- ANY family engagement is better than NONE
- This may be the first time anyone has shown interest in natural supports' role in recovery



Common Needs of a Person Coping with a Mental Health Condition



- Acceptance
- Understanding of Condition
- Recognition of Strengths
- Help identifying needs and goals
- Support Network
- Low Stress Environment

What is Family Psychoeducation?

A problem solving method designed to:

- Help families and individuals better understand mental health conditions while working together towards recovery.
- Recognize the important role of natural supports in recovery.
- Help clinicians see markedly better outcomes for individuals and families.

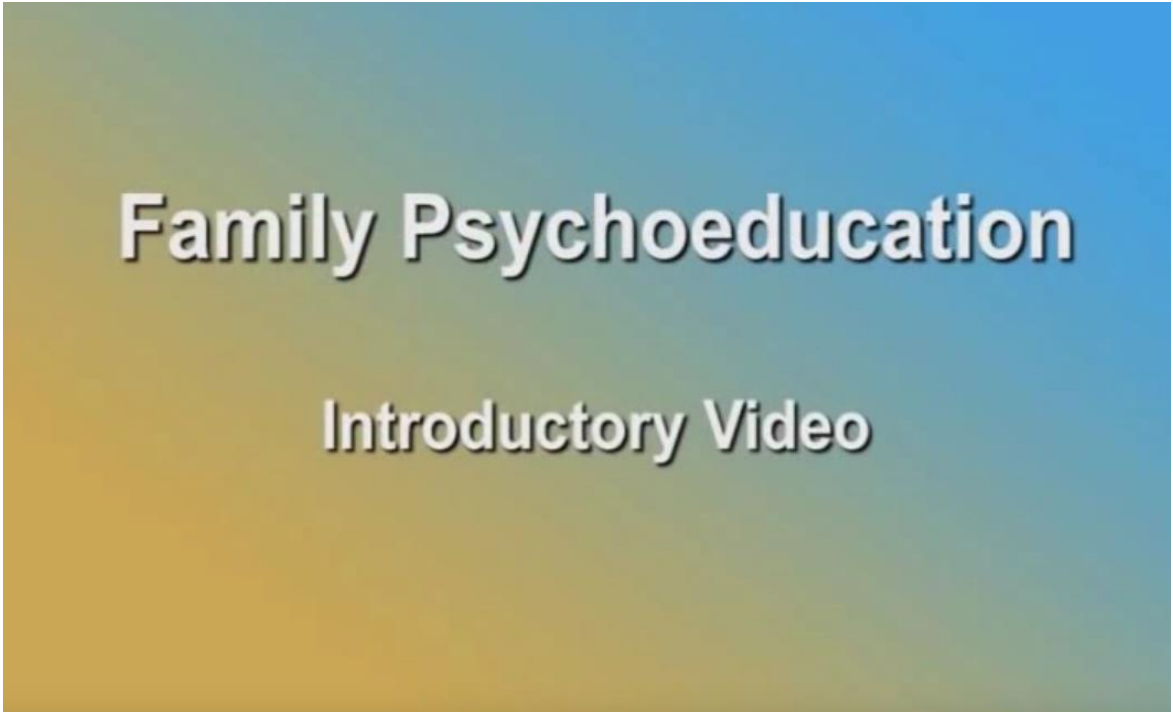


The History of Multifamily Groups



- Originated 30+ years ago in a NY hospital
- Families were offered education in a group format without individuals
- individuals wanted to join
- Hospital staff noticed significant improvements, e.g., Increased social skills and interest in treatment amongst individuals, improved family involvement and communication

Introduction to FPE (SAMHSA)



Family Psychoeducation

Introductory Video

Three Central Ideas

- Expressed Emotion



- Bio-chemistry



- Socialization



Expressed Emotion



- Critical comments
- Hostility
- Guilt induction
- Intrusiveness
- Emotional over involvement
- Pressure to perform/achieve

Goldstein, 1985

Tienari, 2004

Examples of High EE Attitudes

Critical

- “I’m annoyed about how he keeps his room.”
- “I don’t like the hours he keeps”

Hostile

- “I can’t stand talking to him.”
- “I like nothing about him.”

Emotional Over-involvement

- “When I know she hasn’t slept, I can’t sleep”
- “I don’t invite people to the house, because he doesn’t like it”

Schizophrenia and Sensory Input

- People that do not have Schizophrenia have a mechanism that helps separate important input from unimportant input
- People with Schizophrenia can easily become overwhelmed by sensory stimulation
- Medication can help people with Schizophrenia better block out additional stimulation that is unwanted or disturbing to them



Examples of Stimulus Overload



- “Everything seems to grip my attention although I am not particularly interested in anything. I am speaking to you just now, but I can hear noises going on next door and in the corridor. I find it difficult to shut these out, and it makes it more difficult for me to concentrate on what I am saying to you.”
- “My concentration is very poor. I jump from one thing to another. If I am talking to someone they only need to cross their legs or scratch their heads and I am distracted and forget what I was saying. I think I could concentrate better with my eyes shut.”

Socialization

- Group members tend to feel isolated
- Group members primary focus becomes illness and symptom management
- Group provides a community environment where socialization is practiced and encouraged



Evidence-based Benefits for Participants

- Promotes understanding of mental health condition
- Promotes development of skills
- Reduces family burden
- Reduces relapse and re-hospitalization
- Encourages community re-integration, especially work and earnings
- Promotes socialization and the formation of friendships in the group setting

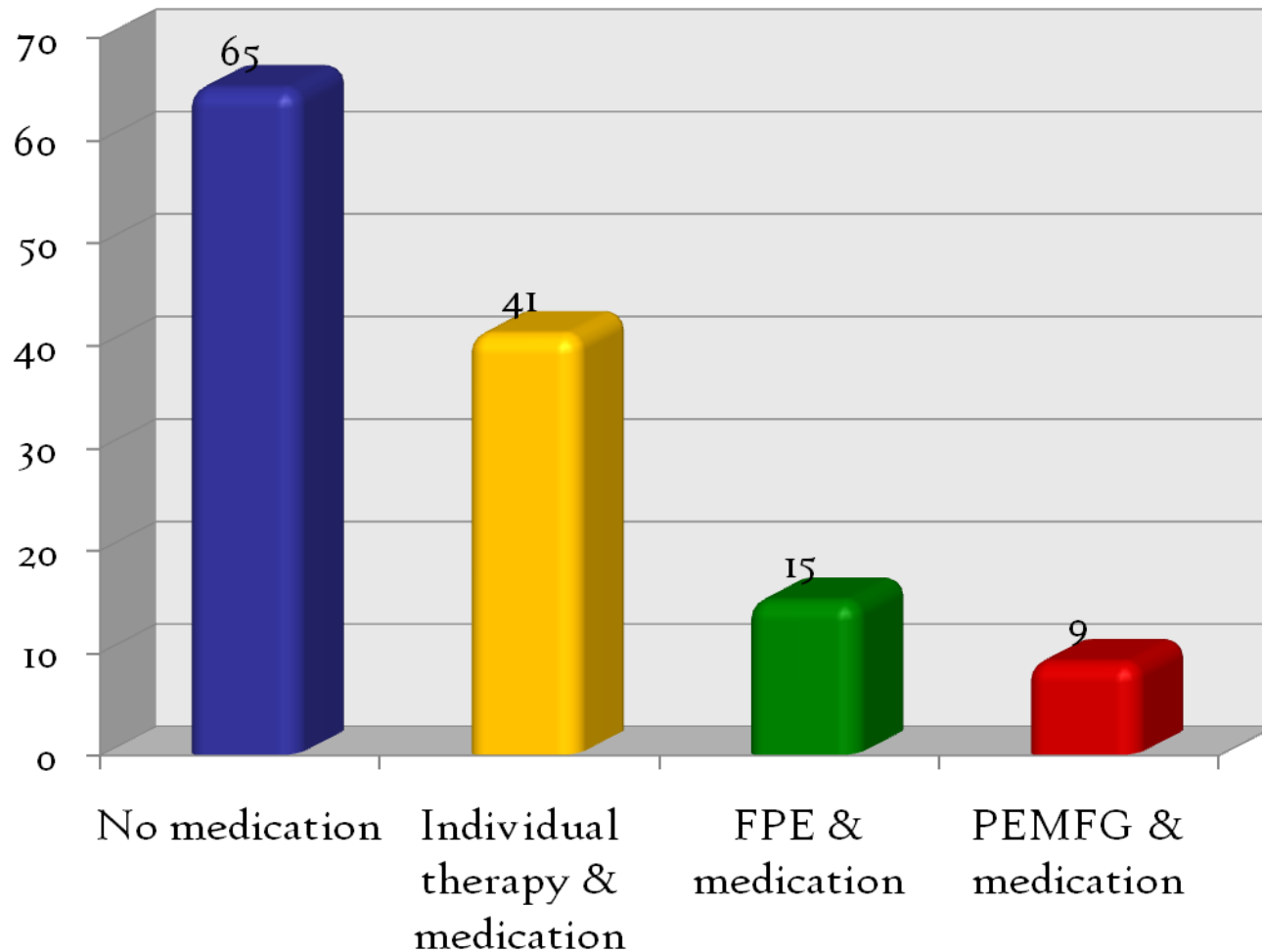


Practitioners Have Found...

- Renewed interest in work
- Increased job satisfaction
- Improved ability to help families and individuals deal with issues in early stages
- Families and individuals take more control of recovery and feel more empowered



Relapse Outcomes in Clinical Trials



Core Elements of Psychoeducation

- Engagement and Joining
- Education
- Problem-solving
- Interactional change
- Structural change
- Multi-family contact



Stages of Treatment in Family Psychoeducation

Joining

- Individuals and their supports
- 3-6 encounters

Educational Workshop

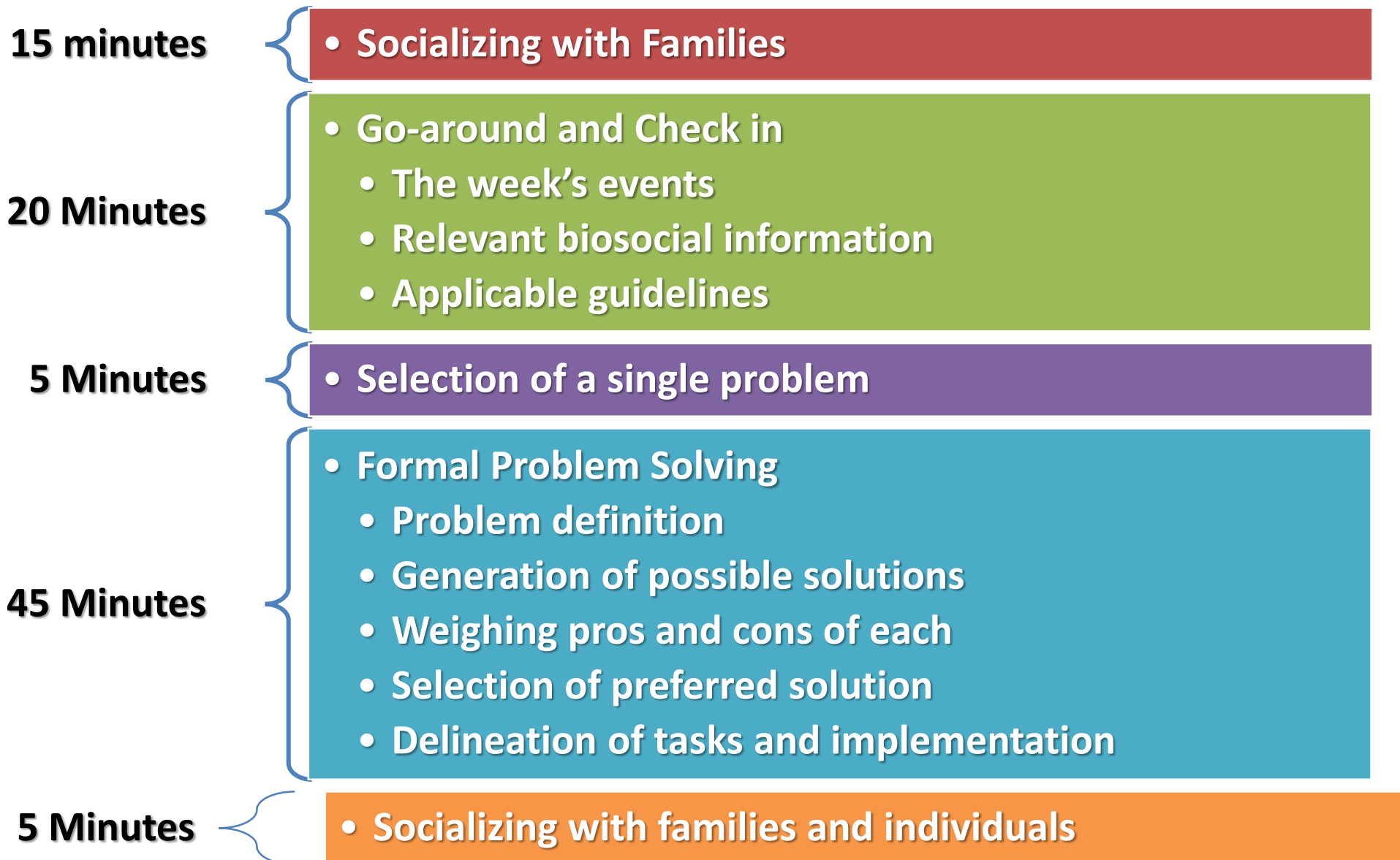
- Individuals and their supports
- One day

Ongoing Problem Solving Sessions

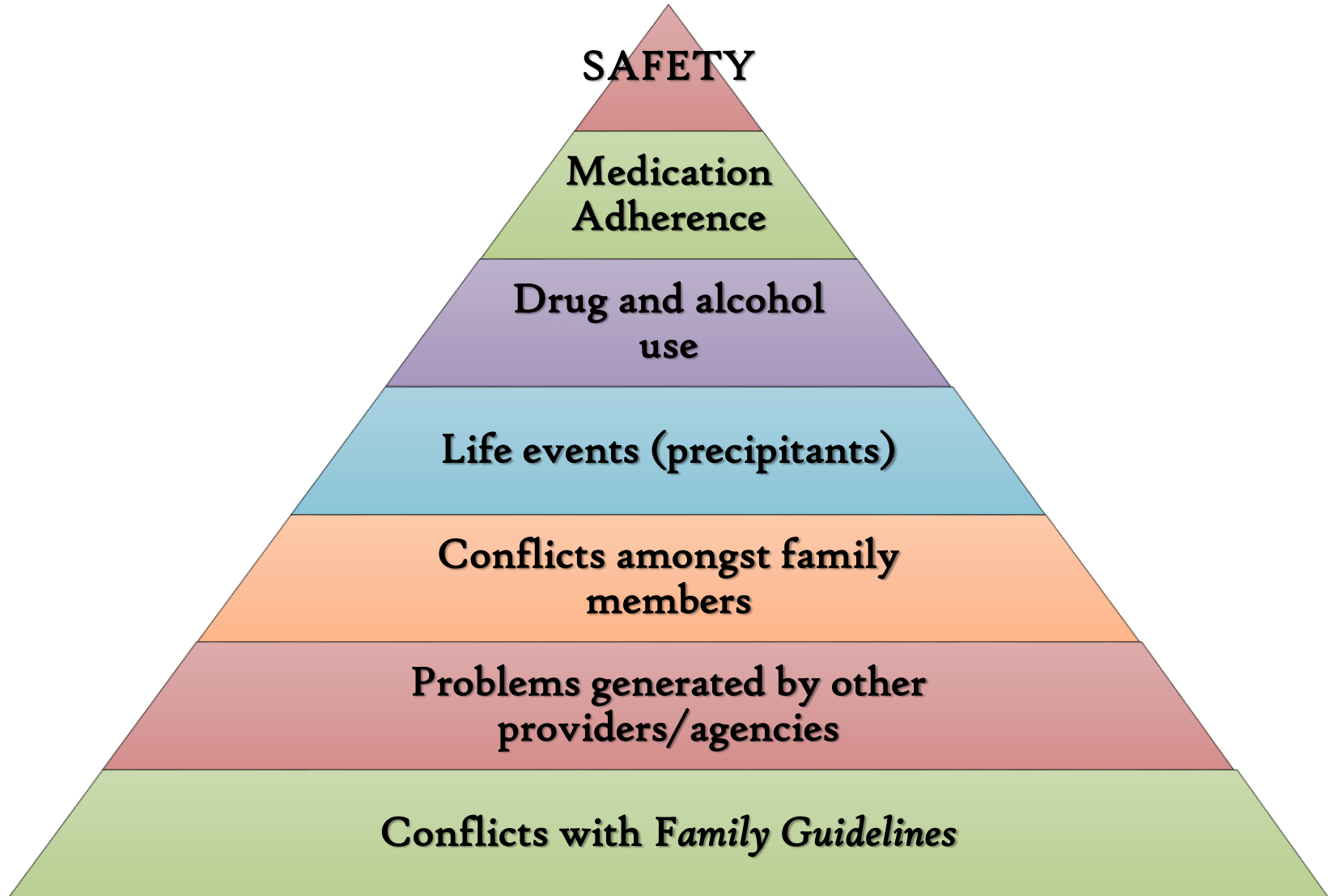
- Individuals and their supports
- 1-3 years

Structure of Sessions

Multifamily groups (MFG)



Problem-Solving Hierarchy



Family Guidelines



- Go Slow
- Keep It Cool
- Give Each Other Space
- Set Limits
- Ignore What You Can't Change
- Keep It Simple
- Follow Doctor's Orders
- Carry On Business as Usual
- No Street Drugs or Alcohol
- Pick Up On Early Signs
- Solve Problems Step by Step
- Lower Expectations

Group Components



- Led by two co-facilitators
- 5-8 families
- Individuals with similar diagnosis/symptoms/functioning
- Groups meet every other week for a minimum of 9 months - up to 24 months
- Problem-Solving sessions
- Ongoing psychoeducation about all aspects of illness and recovery is part of the process

Case Finding.....

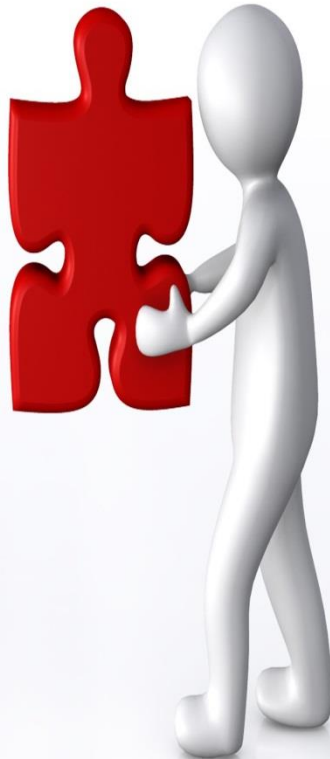
- Individuals with similar diagnoses and/or similar functioning level
- Instability/lack of progress/disengagement
- Families in search of psycho-education and support
- Families in distress
- Isolation
- People for whom this intervention would “make a difference” with relationships and life plans



What Can FPE Do

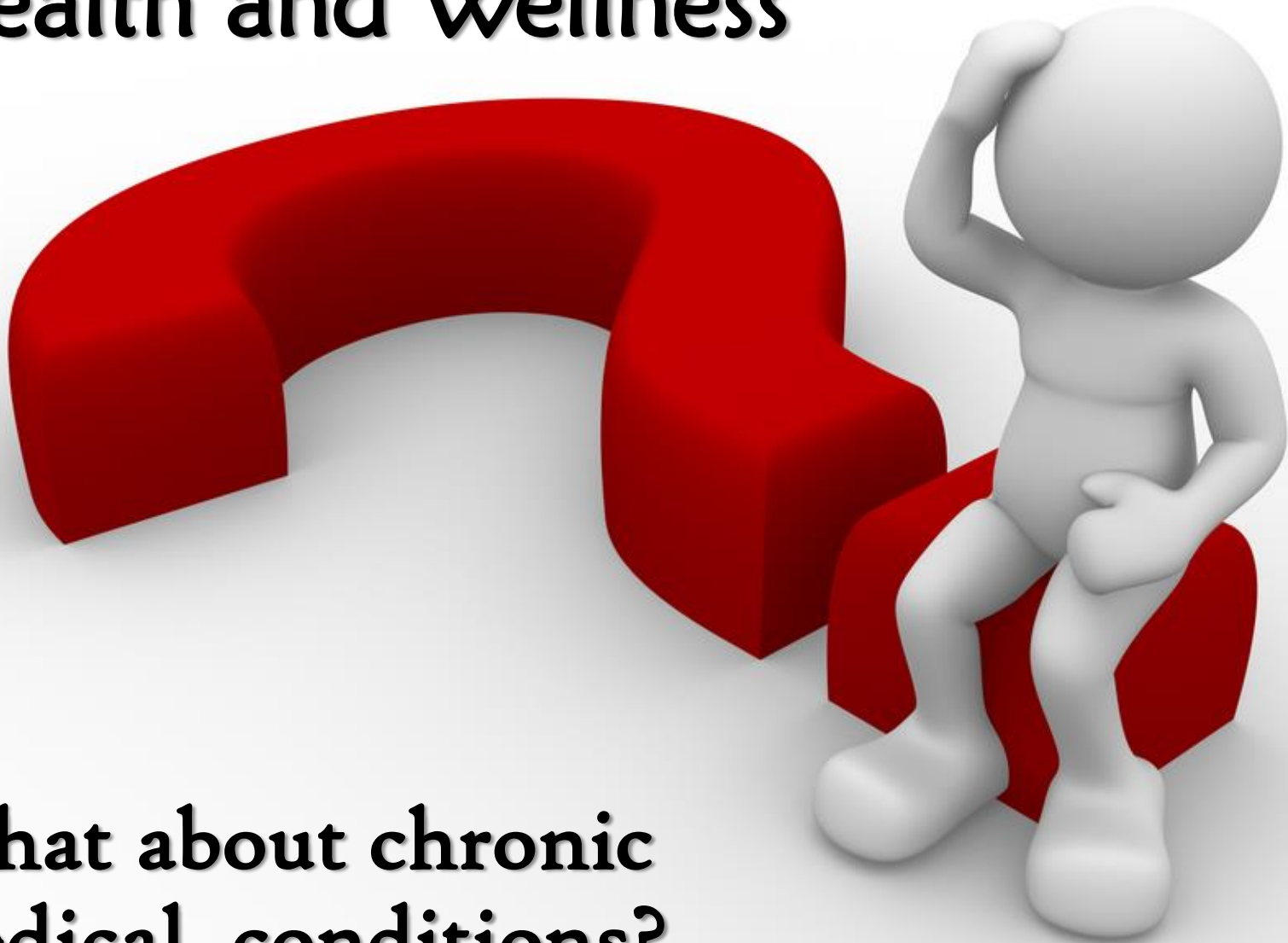


FPE and Substance Use Disorders



- FPE does not exclude individuals with SUD.
- The stages of practice, the family guidelines, and the workshop can all lend to SUD recovery as well as recovery from a mental health condition.

Health and Wellness



**What about chronic
medical conditions?**

Integrated Care

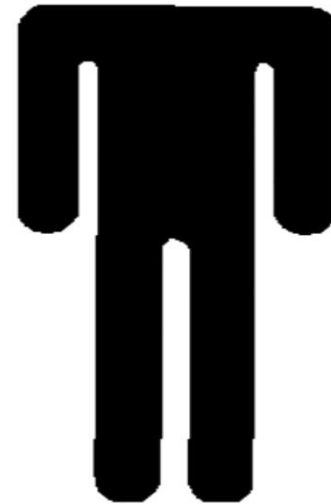
Reconnection of the Head and the Body

Behavioral Health

Physical Health



**Healthcare Integration
is just rediscovering
the Neck**



Chronic Medical Conditions

- Diabetes
- High Blood Pressure
- Asthma
- Obesity/Metabolic Syndrome
- Cardiovascular Disease



Food for Thought...

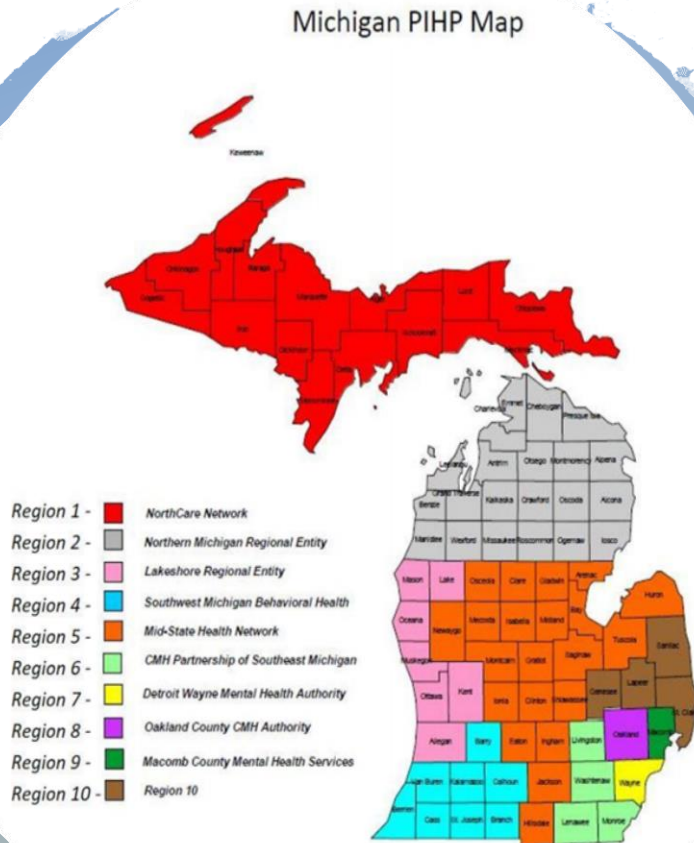
- “ I would entreat professionals not to be devastated by our illness and transmit this hopeless attitude to us. I urge them never to lose hope; for we will not strive if we believe the effort is futile.”

-Esso Leete, who has had schizophrenia for 20 years



In Place Now

- **Statewide Steering Committee**
- **Annual Basic Training**
- **Annual Advanced Training**
- **Monthly coaching calls for all trained facilitators**
- **Annual Learning Communities**
- **Technical Support Visits**



Updated 03/03/2018

PIHP Regions and Implementation

- Region 1 – Groups plus 1 trainer/coach
- Region 2- Alpena area has facilitators – working to restart since Learning Community in May
- Region 3 – Groups plus 1 trainer/coach
- Region 4 – Not active right now due to staff changes
- Region 5 – Groups plus 2 trainers/coaches

C.M.H. = Community Mental Health

PIHP Regions and Implementation

- Region 6 – Has facilitators trained – just getting back on track since staff changes (ACT team active)
- Region 7- Not active right now
- Region 8 – Groups plus 1 trainer/coach
- Region 9 – Groups plus 1 trainer/coach
- Region 10 – Reactivated with May Learning Community plus private training in Flint

2019

C.M.H. Community Mental Health

