

PSYCHOEDUCATIONAL FAMILY COUNSELING

Basic Emphasis: Enable family members to cope more effectively with illness and other problems facing the family

What is Psychoeducation?

- The term “psychoeducation” was first employed by Anderson et al (1980)
- Psychoeducation was used to describe a behavioral therapeutic concept consisting of 4 elements including 1) **briefing** the patients **about their illness**, 2) **problem solving** training, 3) **communication** training, and 4) **self-assertiveness** training, whereby relatives were also included.

(Bäumli, Froböse, Kraemer, Rentrop, & Pitschel-Walz, 2006)

Illnesses Associated with Psychoeducation

- Psychoeducation is most often associated with serious mental illness, including dementia, schizophrenia, depression, anxiety disorders, eating disorders, personality disorders and autism.
- Also, psychoeducation has been used for physical illnesses, such as cancer, diabetes, etc.

Family Psychoeducation

- Family Psychoeducation (FPE) is a structured approach for partnering with consumers and families to support recovery.
- Family Psychoeducation is designed to
 - Help families and consumers better understand mental illness while working together towards recovery.
 - Recognize the family's important role in recovery.
 - Help clinicians see markedly better outcomes for consumers and families.

Major Tenets of Psychoeducation

- People want information to help them better understand the illness process
- Clients generally want and need the support of their families
- Families are the major support systems for people with illness
- Family members are partners with the professionals
- Family members need appropriate tools (information, skills)
- Family members need support to cope

Major Tenets (con't)

- Family members are not responsible for the mental illness of family members
- Family context and relationships have an impact on the illness and are influenced by it
- Family members can help identify signs of relapse and help prevent serious relapse
- Culture helps define how illness is experienced and the family member response.

Theoretical Background

- Grew out of the work related to families with a member who suffer from illness and recognition that some of the problems were in response to the distress created by living with an ill member, rather than the cause
- Family distress had the potential to increase the risk of relapse
- Also-growing appreciation of the role of family in caring for people with illness—families came to be viewed as potential resource

Background (con't)

Potential mechanisms by which family influences disease management

- --emotional climate within the home influences the physiological system of the pt.
- --secure attachments linked to improved stress responses
- --family relationships influence self-care behavior

Objectives for the Individual with illness

- **To reduce symptoms of psychological distress**
- **To prevent relapses and rehospitalizations**
- **To provide rehabilitation so that consumers can achieve the maximum level of functioning and the best possible outcomes**
- **To provide the foundation for recovery, through collaborative treatment and rehabilitation**
- **To maximize the ability of the members of the family to foster their loved one's recovery and to alleviate their suffering and stress**
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Objectives for Family Members

- **To engage their assistance in supporting treatment and rehabilitation**
- **To assure that they can provide knowledgeable support**
- **To alleviate suffering among the members of the family by validating their pain and grief and then supporting them in their efforts to foster their loved one's recovery**

Role of the Counselor

- Educates and provides support for family in dealing with a difficult situation
- Helps to ensure that the needs of other family members are not neglected

Is Family Psychoeducation Effective?

- Promotes understanding of illness
- Promotes development of skills
- Reduces family burden
- Greater family knowledge of illnesses
- Fewer feelings of stress and isolation
- Reduced medical illnesses and use of medical care of families
- Improve family well-being
- Fewer consumer relapses and hospitalizations
- Increases client's participation in vocational rehabilitation programs and community re-integration

Family Psychoeducation Counseling Promotes Resiliency by

- Addressing risk factors associated with lack of coping strategies to address illness related stressors, family stressors, lack of support
- Supports protective factors by providing family with information and support to develop self-efficacy

Treatment Process

- Create a working alliance with family as PARTNERS
 - Assessment: What are the issues facing the family and person with the illness? What are their resources?
 - Maximizing the family coping resources
 - Provide accurate information—illness, signs, treatment, relapse
 - Information about the impact on the family and how to care for all family members
- Arranging for supportive help (potential role of support groups)

Family Psychoeducation “Tools”

- **Separate illness from the person**
- **Identify problems**
- **Prioritize steps**
- **Develop actions**
- **Delegate and distribute tasks**
- **Explore multiple options**

Practice Principles

- Principle 1: Consumers define who family is.
- Principle 2: The practitioner-consumer-family alliance is essential.
- Principle 3: Education and resources help families support consumers' personal recovery goals.
- Principle 4: Consumers and families who receive ongoing guidance and skills training are better able to manage mental illnesses.
- Principle 5: Problem solving helps consumers and families define and address current issues.
- Principle 6: Social and emotional support validates experiences and facilitates problem solving.

Core Elements of Psychoeducation

- **Joining**
- **Education**
- **Problem-solving**
- **Interactional change**
- **Structural change**
- **Multi-family contact**

Family Psychoeducation Developed by SAMSHA

- 1. Initial phase- Joining Sessions**
 - Family and patient separately for 3-6 weeks
- 2. 2nd phase- Educational workshop**
 - Based on a standardized educational curriculum, 1-day workshop should be provided
- 3. 3rd phase- Ongoing Family Psychoeducation Sessions**
 - Families and clients for at least 9 months
 - A multifamily group format is encouraged due to the peer support and mutual aid
 - Focus on current issues and solve the issues through a structured problem-solving approach

Progress Note

Joining Session 1

Consumer's name:		Consumer's I.D. number:	
Family or other supporter's name:		Relationship to consumer:	
Family or other supporter's name:		Relationship to consumer:	
Date	____ / ____ / ____	Start time:	
		Stop time:	
Completed by:			
Past or present crisis:			
Precipitating events:			
Early warning signs:			
Family or other supporter's experience:			
Strengths and helpful coping skills:			
Past unsuccessful strategies or interventions:			
Action steps:			

Progress Note

Joining Session 2

Consumer's name:

Consumer's
I.D. number:

Family or other supporter's name:

Relationship
to consumer:

Family or other supporter's name:

Relationship
to consumer:

Date

____ / ____ / ____

Start time:

Stop time:

Completed by:

Feelings or reactions to illness:

Social support system:

Genogram:

Past experiences with the
mental health system:

Educational information shared:

Action steps:

Consumer's name:		Consumer's I.D. number:	
Family or other supporter's name:		Relationship to consumer:	
Family or other supporter's name:		Relationship to consumer:	
Date	____ / ____ / ____	Start time:	
		Stop time:	
Completed by:			
Personal strengths (hobbies, interests, work, school, etc.):			
Short-term goals			
Long-term goals:			
Concerns about participating in the educational workshop or multifamily group:			

Consumer's name:		Consumer's I.D. number:	
Family or other supporter's name:		Relationship to consumer:	
Family or other supporter's name:		Relationship to consumer:	
	Date	_____ / _____ / _____	Start time:
			Stop time:
Completed by:			
Was the consumer present for the workshop?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In part <input type="checkbox"/> Attended a separate consumer forum <input type="checkbox"/> Received individual education		
Was the family member present for the workshop?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In part <input type="checkbox"/> Provided individual education		
Which of the following topics were presented?	<input type="checkbox"/> Psychobiology of the specific mental illness including basics of brain function and dysfunction and the potential causes of the mental illness <input type="checkbox"/> Diagnosis including symptoms and prognosis <input type="checkbox"/> Treatment and rehabilitation including an overview of the treatment options and how they promote effective coping and illness management strategies <input type="checkbox"/> Impact of mental illness on the family including how mental illnesses affect families as a whole <input type="checkbox"/> Relapse prevention including prodromal signs and symptoms and the role of stress in the precipitating episodes <input type="checkbox"/> Family guidelines or recommended responses to help families maintain a home environment that promotes relapse prevention		
In which of the following formats were educational materials presented?	<input type="checkbox"/> Handouts <input type="checkbox"/> Slides <input type="checkbox"/> Video <input type="checkbox"/> Web Sites <input type="checkbox"/> Other _____		

Therapeutic processes in multifamily groups

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

Components of multifamily groups

- **Two co-facilitators**
- **5-6 families with similar diagnoses**
- **Meetings every other week for a minimum of 9 months, monthly thereafter**
- **Families, clients, and practitioners become partners**
- **On-going education about symptoms, medication, community life, work, etc.**
- **Problem-solving format**

Steps of the Problem Solving Process

- Steps of the Problem-Solving Process:
 - 1) Step 1. Define the problem or goal. Family, consumer & practitioners
 - 2) Step 2. List all possible solutions. All group members
 - 3) Step 3. Discuss first advantages and then disadvantages of each in turn. Family, consumer, and practitioners, group members
 - 4) Step 4. Choose the solution that best fits the situation. Consumer and family
 - 5) Step 5. Plan how to carry out this solution by forming a detailed, written action plan. Consumer, family & practitioners
Step
 - 6) 6. Review implementation. Practitioners in concert with consumer and family

Multifamily Group Problem Solving Worksheet

Consumer's name:		Consumer's I.D. number:	
Family or other supporter's name:		Relationship to consumer:	
Family or other supporter's name:		Relationship to consumer:	
Date	____ / ____ / ____	Start time:	
		Stop time:	
Completed by:			
Step 1: Define the problem			
Step 2: Generate solutions			
Step 3: Discuss advantages and disadvantages	Possible solution	Advantages	Disadvantages
Step 4: Choose the best solution			
Step 5: Form an action plan			
Step 6: Review the action plan			

Cultural Issues

- Need to recognize and take into consideration the cultural meaning of the illness and views of treatment and who represent the “family” and the supportive circle
- Importance of recognizing who are the trusted and key members of the community
- Shape the program to fit with the cultural messages and procedures

Contents that need to be covered in the Family Psychoeducation

- Families with a member (parent, child) with a mental illness
 - Importance of coordination with all parties
 - Value of the social and clinical needs
 - Medication management
 - Families as partners
 - What are their strengths, limitations
 - Address sense of loss
 - Provide needed information
 - Create a crisis plan
 - Encourage family to develop a support network