



Family Psychoeducation

Last Reviewed November 2024

Agenda

- Family Psychoeducation Definition
- Psychoeducation Across Service Provision
- Core Values, Phases and Program Standards
- Family Psychoeducation Models
- Effectiveness
- Resources

Family Psychoeducation Definition

What is Family Psychoeducation (FPE)?

An approach for partnering with members and families to treat serious mental illnesses.

Not the same as Family Therapy.

The illness is the object of treatment, not the family.

Education promotes understanding.

Includes information resources, skills training, problem-solving and social and emotional support.



What is Family Psychoeducation

Providing information and support to youth and their families to better understand and cope with a mental health condition

Psychoeducation is found in most evidence-based programs

'Family Psychoeducation' also describes a set of evidence-based models for adults and older youth with schizophrenia and other serious mental illness (SMI)

Psychoeducation can be done individually or in group formats in a variety of settings and by a variety of professionals



FPE Approach

Illness is the object of treatment, not the family

The goal is that practitioners, consumers, and families work together to support recovery

Education promotes understanding

Serious mental illnesses are widely accepted in the medical field as illnesses with well established symptoms and treatment

It is useful to give people practical information about their mental illnesses, how common they are, and how they can manage them

Includes information resources, skills training and ongoing guidance around managing mental illnesses, problem-solving and social and emotional support.

Why is Family Psychoeducation Important?

Provides youth and families with the necessary information to make informed decisions about care

Increases coping skills and builds supportive resources

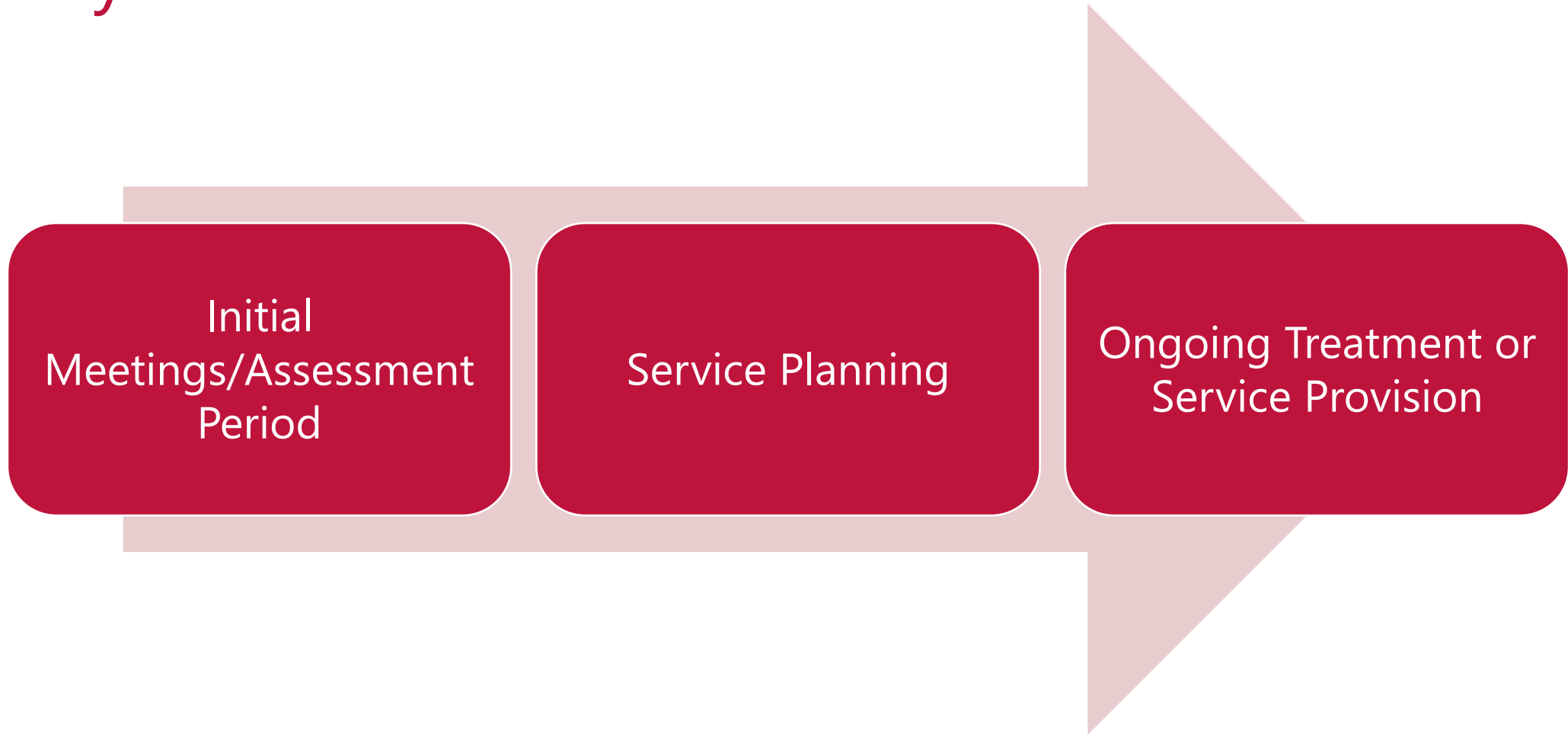
Instills hope, reduces blame, and looks towards recovery

Engages the family in treatment as appropriate

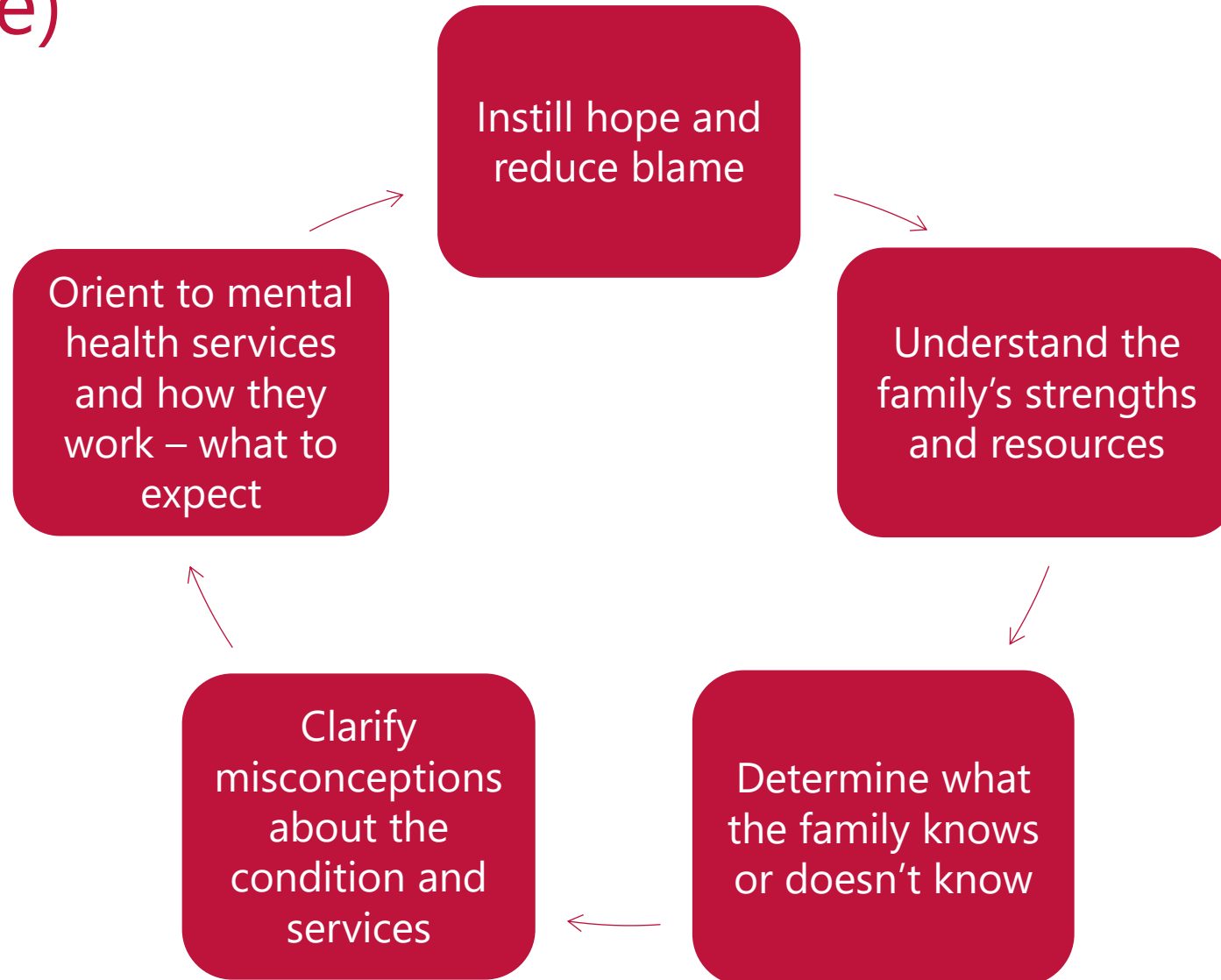


Psychoeducation Across Service Provision

Key Stages in Service Provision to Provide Psychoeducation



Initial Meetings/Assessment (in-person or by phone)



Initial Meeting Assessment/Orientation

1

- How do you access services?

2

- What are the services? What is therapy?

3

- Who will the family be seeing to access the services?

4

- Who do they contact with any questions or concerns?

5

- What resources are given to the family?

6

- What is the role of the therapist, caregiver, and child?

7

- Is all of this communicated to the family?

Service Planning and Setting Goals

Psychoeducation helps families to participate in shared decision-making with the provider:

- Explaining the diagnosis course/prognosis, treatment options, strategies for coping
- Informing family about the risks and benefits of treatments or limitations of services



Service Planning and Setting Goals

What

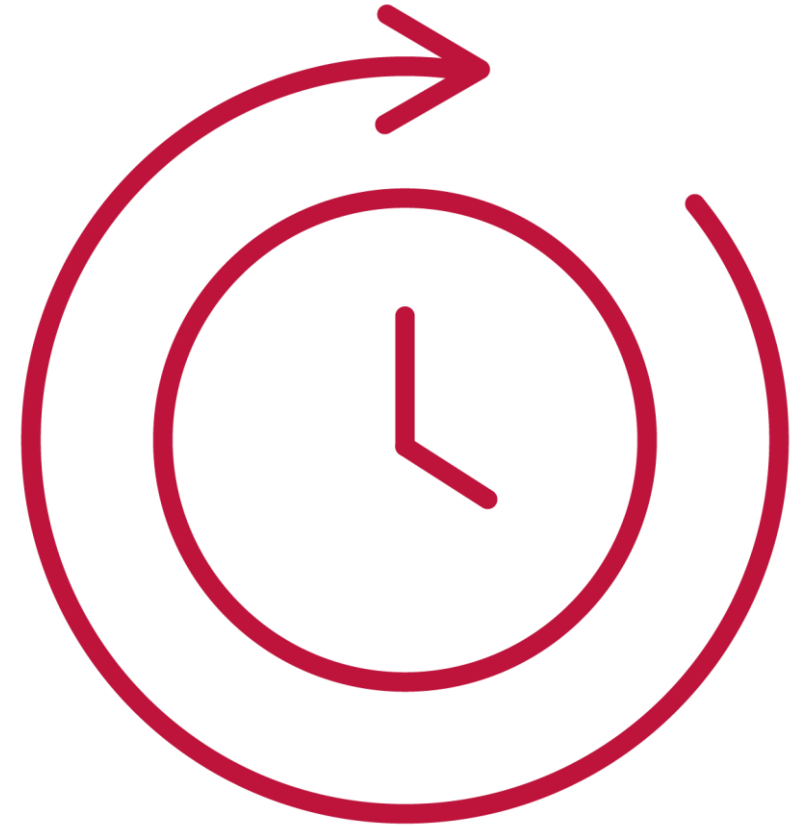
- What is the diagnosis?
- What does it mean?
- What are the symptoms?
- What is the prognosis?
- What are the best practices in treating the illness?

How

- Be empowering – does the diagnosis make sense
- Be practical – is this a working diagnosis or a clear one
- Be sensitive – you are diagnosing a child with a possibly 'chronic' condition
- Be hopeful (we can develop a plan that can make things better)
- Be collaborative – use of 'we' and partnering with family and other service providers

Ongoing Treatment/Service Provision

- Psychoeducation can continue to be provided at any point in service provision
- Continue to share information on coping strategies for youth and family
- Encourage engagement in community supports – formal and informal (e.g. family/caregiver support groups)
- Continue to provide information on treatment and course of illness
- Re-evaluate needs and provide information on options if appropriate



Core Values, Phases and Program Standards

Core Values

Building Hope

Recognizing consumers
and families as experts
in their own experience
of mental illness

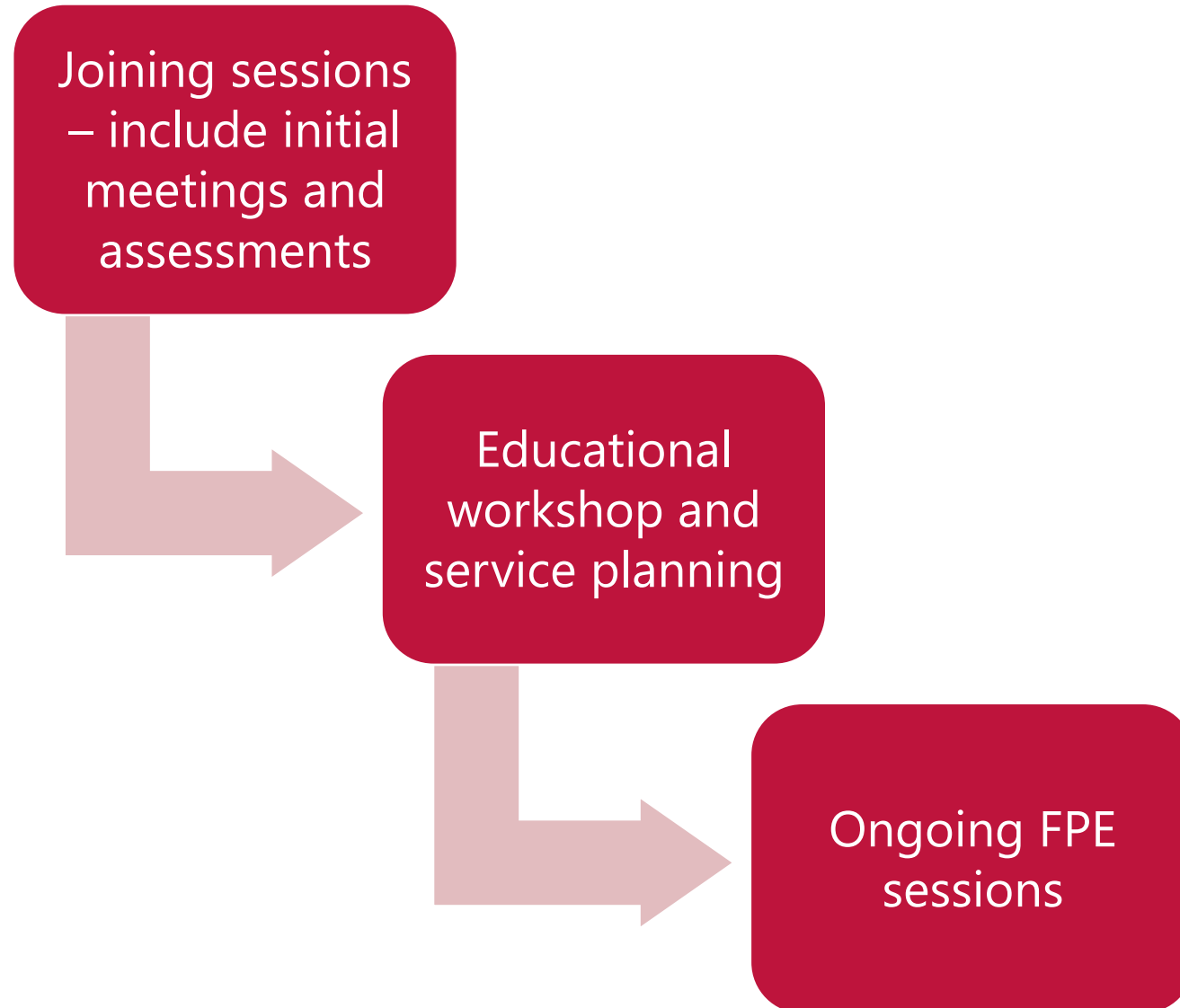
Emphasizing personal
choice

Establishing a
collaborative
partnership

Demonstrating respect

Phases of Family Psychoeducation

FPE services are provided in three phases:



Program Standards and Principles

One of the unique features of FPE is that the important characteristics of this evidence-based model have been translated into program standards to help programs replicate effective services.



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.

Consumers defines family

Practitioner -Consumer-Family Alliance

Education and resources

Guidance and Skills Training

Problem-solving

Social and emotional support

Family Psychoeducation Models

Family Psychoeducation Models for those with Serious Mental Illness (SMI)

- There are a set of evidence-based practice models (EBPs) that are also called Family Psychoeducation
- These models were developed for adults (and older youth) with SMI, such as schizophrenia
- These models aim to engage families in supporting the individual with SMI
- For younger youth, engaging families in treatment may look different and it is always helpful to use EBPs based on diagnosis and age or developmental stage of the child
- Two common Family Psychoeducation EBPs:
 - National Alliance on Mental Illness (NAMI) Family-to-Family
 - Individual Family and Multifamily Groups



Psychoeducation Messages

- **Examples of key messages to share with families:**
 - No one is to blame for the problems
 - Take care of yourself
 - Don't forget the positive (reinforcement is a powerful tool)
 - Together we can make real progress (what is my role, your role and the child's role: 'we are partners working together')
 - Change takes time
 - You are not alone (your child's problems have been experienced by others)
 - Dangerous situations need our immediate attention (self-harm and harm to others and property)
 - Ask questions (important that we have a shared understanding)
 - Important to reach out to and use your social supports
 - Be hopeful (we can develop a plan that can make things better)



Effectiveness

Family Psychoeducation is Effective

- 20 to 50 percent fewer relapses and rehospitalizations
- Improved family wellbeing
- Greater knowledge of serious mental illnesses
- A decrease in feeling confused, stressed and isolated
- Reduced medical illness and medical care utilization
- Increased participation in vocational rehabilitation programs
- Employment rate gains of two to four times baseline levels

Resources

Resources

[National Alliance on Mental Illness \(NAMI\)](#)

[Family-to-Family course NAMI of New York City , Inc. \(naminycmetro.org\)](#)

[American Academy of Child & Adolescent Psychiatry \(AACAP\)](#)

[American Psychological Association \(APA\)](#)

[SAMHSA Publications and Digital Products](#)

Thank you for being part of MVP

Contact your Behavioral Health Professional Relations Representative with questions. Visit the MVP Website to identify your representative and contact information by county.

Contact: [Professional Relations Territory Listing Behavioral Health](#)
mvphealthcare.com

