

Positive Outcomes for FPE

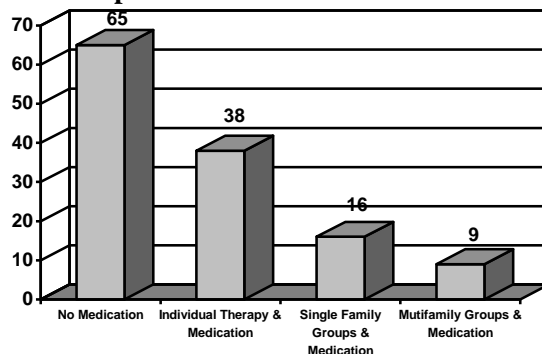
Family Psychoeducation is generally considered one of the most beneficial and cost-effective treatments for severe mental illness. It is included as one of only six Evidence-based Practices for Severe Mental Illness:

- Family Psychoeducation
- Assertive Community Treatment
- Supported Employment
- Illness Management and Recovery
- Integrated Dual Disorders Treatment
- Medication Management

Family members report high satisfaction with Family Psychoeducation and research indicates they have less stress, improved coping skills, and fewer physical illnesses. Family Psychoeducation also improves community functioning steadily, especially for employment.

Over 20 controlled research studies have shown Family Psychoeducation can be as beneficial in the recovery of schizophrenia and severe mood disorders as medication. Outcome studies report a reduction in relapse rates by as much as 75%. The chart below shows the percentage of consumers with serious mental illness who relapse in a year.

Relapse Outcomes in Clinical Trials

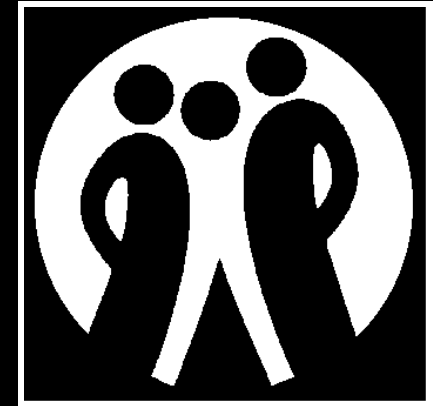


The Family Guidelines

Here's a list of things everyone can do to help make things run more smoothly.

1. **Go slow.** Recovery takes time. Rest is important. Things will get better in their own time.
2. **Keep it cool.** Enthusiasm is normal. Tone it down. Disagreement is normal. Tone it down, too.
3. **Give each other space.** Time out is important for everyone. It's okay to say "no".
4. **Set limits.** Everyone needs to know what the rules are. A few good rules keep things clear.
5. **Ignore what you can't change.** Let some things slide. Don't ignore violence.
6. **Keep it simple.** Say what you have to say clearly, calmly, and positively.
7. **Follow doctor's orders.** Take medications as they are prescribed. Take only medications that are prescribed.
8. **Carry on business as usual.** Re-establish family routines as quickly as possible. Stay in touch with family and friends.
9. **No street drugs or alcohol.** They make symptoms worse, can cause relapses and prevent recovery.
10. **Pick up on early signs.** Note changes. Consult with your family.
11. **Solve problems step by step.** Make changes gradually. Work on one thing at a time.
12. **Lower expectations, temporarily.** Use a personal yardstick. Compare this month to last month rather than last year or next year.

Family Psychoeducation



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Family Psychoeducation

Family Psychoeducation (FPE) involves a strong partnership between consumers, families and supporters, and mental health practitioners. Family Psychoeducation is not Family Therapy. It is not designed to 'work on' a family, but rather to 'work with' a family.

Effective Family Psychoeducation programs have a common basis, methods, and set of principles. Through relationship building and alliance, education, collaboration, problem solving, and an atmosphere of hope and partnership, Family Psychoeducation helps consumers and their families and supporters to:

- Learn what they need to know about mental illness
- Master new ways to manage it
- Reduce tension and stress in the family
- Provide social support and encouragement
- Focus on the future (instead of the past)
- Find ways for families and supporters to help consumers in their recovery

Family Psychoeducation fosters feelings of respect, trust, hope, and empowerment among everyone involved in the treatment process, so a true partnership can be formed. People work towards recovery by building better skills for overcoming everyday problems and illness related issues, developing social support, and improving communication with treatment providers.

The result is that consumers have markedly fewer symptoms, higher success with employment, and improved family relationships, while families experience markedly lower stress and medical illness.

Why Family Psychoeducation?

- People want information to help them better understand mental illness and what can help.
- Consumers generally want and need the support of their families.
- Families usually want to be a part of the consumer's recovery, but they often don't want family therapy.
- People want to develop skills to get back into the mainstream of life.

Who Can Benefit?

Research indicates Family Psychoeducation is very effective for individuals with serious and persistent mental illness, including:

- Schizophrenia
- Major Depression
- Bipolar Disorder
- Borderline Personality Disorder

Families and supporters who would most likely benefit are those in search of education and support, with a desire to be an active partner in the consumer's recovery process. Supporters do not have to be family members and may even have a mental illness themselves.

Family Psychoeducation is most effective with the involvement of both the consumer and their family and supporters. However, consumers without active participation of their family and supporters will also benefit. Similarly, if the consumer does not want to participate, family and supporters can still benefit from their involvement in Family Psychoeducation.

Components of FPE

After being referred for Family Psychoeducation, participants will participate in three areas of Family Psychoeducation:

1. *Joining (Introductory) Sessions*
2. *Information and Education*
3. *Ongoing Multifamily Groups*

Joining (Introductory) Sessions

Consumers and their families and supporters meet with a Clinician several times to set the stage for an active partnership. Family Psychoeducation does not focus on the past or who is to blame but on what we all need to do now to make things better.

Information and Education

During Joining Sessions and at the beginning of Multifamily Groups participants will learn more about mental illness -causes, treatments, effective coping strategies etc. Topics will also cover normal family reactions to mental illness and explore family guidelines to help make things run more smoothly.

Ongoing Multifamily Groups

Multifamily Groups, facilitated by mental health practitioners, meet on the 2nd and 4th Mondays of each month at 6 pm. The groups have problem-solving format where families, consumers, and practitioners become partners in learning how to best manage the mental illness. Whenever possible, we will also try to offer single-family groups to those who request it.