

INTRO TO FAMILY PSYCHOEDUCATION

Equitable/Person-Centered Care



This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.



[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

Welcome to the training on an overview of a specific evidenced-based approach called family psychoeducation, also called FPE.

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Agenda

Introduction to Family Psychoeducation (FPE)

- Definition of family psychoeducation, including outcomes and research on family psychoeducation in schizophrenia and other psychotic disorders.

[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

During the session today, we will cover the following:

- Introduction to family psychoeducation: definition of family psychoeducation, including outcomes and research on family psychoeducation in schizophrenia and other psychotic disorders.

Objectives

At the end of the session, participants will have an increased ability to:

- › Define components of family psychoeducation.
- › Assess the benefits of participating in a family psychoeducation program.

[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

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Presenters



BARRY J JACOBS, PSYD

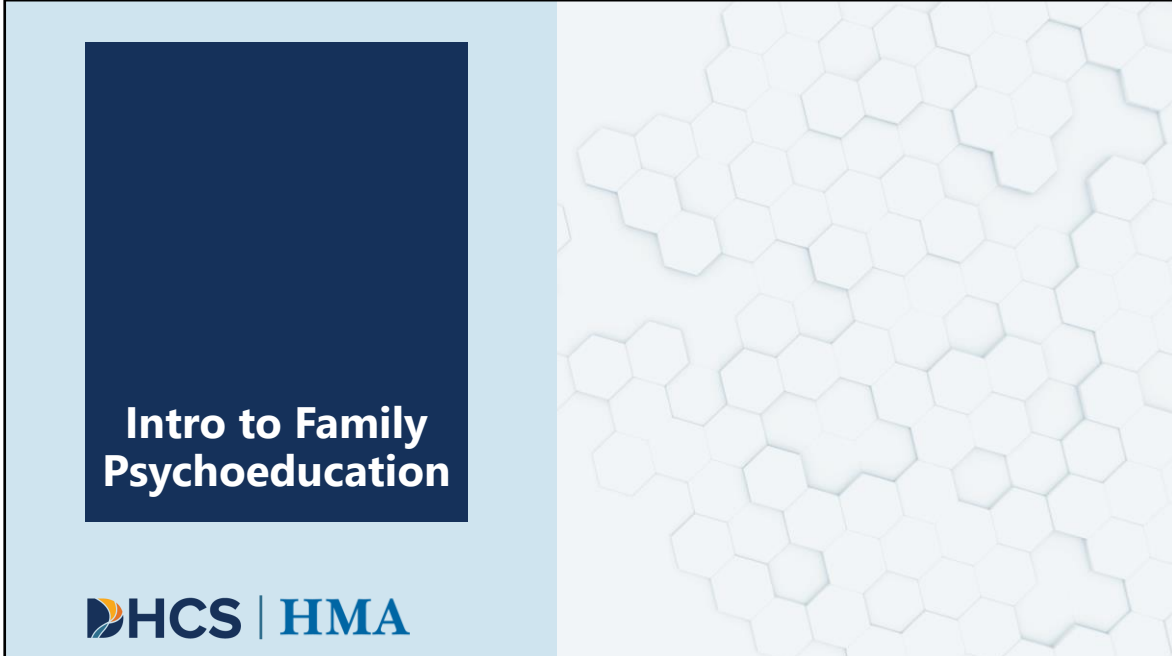
Principal
Health Management Associates



[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

Today's training will be led by Barry Jacobs.

Barry J. Jacobs, from Health Management Associates, is a clinical psychologist and family therapist who has authored several books and dozens of articles on enhancing support for family caregivers. Dr. Jacobs provided more than 500 presentations about caregiving for family caregivers, community groups, and medical and mental health professionals. He is an expert in behavioral health integration, complex care management, enhancing family caregiver engagement and supports, practice transformation, team-based care, and provider wellness. He brings to HMA his knowledge and decades of clinical practice experience for individuals, couples, and families.



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this presentation, we are going to discuss a specific type of evidence-based intervention called family psychoeducation, which has the goal of creating a partnership with families, building skills, and providing education on the disease and therapies. The goal of this introduction isn't to provide family psychoeducation itself, but to help clarify what it is and what resources there are. We will include some resources available during this section available through National Alliance on Mental Illness (NAMI) and other organizations.

What is Sandra's situation?

- » Sandra is in her 50's and is diagnosed with schizophrenia, PTSD, and alcohol use disorder.
- » Currently on a CARE plan.
- » She has been engaging with her case manager and intermittently taking meds.
- » She has an apartment, and the case manager is working to find services to support her housing stability.

What is her family situation?

- » Has large extended family and several siblings nearby.
- » Does not have strong family support. Has hostile relationship with family due to traumatic childhood experiences.
- » Has paranoid delusions about certain family members.
- » Estranged from father. Her mother feels guilty for causing Sandra's past and current challenges.

Case Example: Meet Sandra



Disclaimer: This is a hypothetical case example.
Any resemblance to an actual person is purely coincidental

[Slide Image Description: This slide includes an icon of an individual representing Sandra with a description of Sandra's situation.]

Let's meet Sandra and discuss her family situation, so that we can assess the benefits of FPE with her case in mind..

Sandra's situation:

- Sandra is in her 50's and is diagnosed with schizophrenia, PTSD, and alcohol use disorder.
- She is progressing through the CARE court process over the past few months and is currently on a CARE plan.
- She has been engaging with her case manager and intermittently taking meds.
- She has an apartment, and the case manager is working to find services to support her housing stability.

Sandra's family situation:

- Sandra does not have a strong family support.
- In fact, it has been a hostile relationship for a number of years with her family, related to traumatic childhood experiences (including domestic violence).

- This is compounded by some fixed delusions that she has of certain family members, that are paranoid in nature.
- Sandra has a large extended family nearby in the adjoining county, and she has several brothers and sisters.
- Her father is estranged from the whole family, and her mother has poor health and generally feels a lot of guilt for Sandra's past and current situation.

Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental

Family Psychoeducation (FPE)

Definition

- » Family psychoeducation refers to a **group of structured educational and skill-building sessions** that involve the person living with schizophrenia and their family as partners in care. FPE sessions are facilitated by trained practitioners who adopt a collaborative approach with participants. Participants receive training in coping, communication, and problem-solving skills.



Definition adapted from [Family psychoeducation for people living with schizophrenia and their families.](#)

[Slide Image Description: This slide shows a definition of family psychoeducation (FPE).]

First, let's define family psychoeducation, or FPE. FPE is an approach to treatment that practitioners use for individuals living with schizophrenia.

Family psychoeducation refers to a group of structured psychotherapeutic interventions that involve the person with schizophrenia and their family as partners in care. Trained practitioners adopt a collaborative approach to information sharing and provide training in coping, communication, and problem-solving skills. Enrolling in a family psychoeducation course isn't the same thing as enrolling in therapy or treatment. Family therapy is a specific type of therapy that focuses on improvement of relationships among family members. Of course, effective therapy likely includes education, but family psychoeducation is focused on providing education to family members (and other supports) as a way of building knowledge and skills.

FPE is a formal way of helping a family member understand symptoms of schizophrenia, how it impact individuals, and gain communication skills as a way to provide effective treatment for individuals living with schizophrenia. There are formal and structured trainings and sessions.

The goal of FPE isn't to put the onus of support on families; practitioners should be working with the individual to provide medical and social supports that they need. In the CARE process, that means the BH agency working to connect the individual with the right kind of housing supports. However, FPE can be used to help nourish, foster, repair the family relationship which can improve outcomes for an individual with schizophrenia.

Let's take a look at what is involved in FPE.

Definition adapted from Family psychoeducation for people living with schizophrenia and their families.

Components of FPE

What

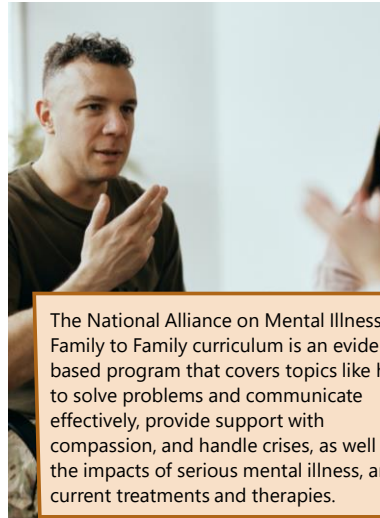
- Provides family members with information about schizophrenia as a brain disease and its treatments.
- Helps build skills, such as communication, problem-solving, and coping.
- Meetings occur in a series and often have a specific topic for discussion for each meeting.

When

- Usually between 8–12 sessions, but can continue longer.

Who

- Can include a single family or a group of 8-12 families led by a facilitator, and includes individuals in recovery for most or all family sessions.



The National Alliance on Mental Illness's Family to Family curriculum is an evidenced-based program that covers topics like how to solve problems and communicate effectively, provide support with compassion, and handle crises, as well as the impacts of serious mental illness, and current treatments and therapies.

For more information on the components of FPE, visit the articles on [Family psychoeducation for living with schizophrenia and their families](#) and watch SAMHSA's [introductory video to family psychoeducation](#). For more information on Family to Family, see the [National Alliance on Mental Illness](#) website.

[Slide Image Description: This slide shows three boxes labeled what, when, and who that each detail components of FPE. Additionally, there is an orange text box that lists some topics the National Alliance on mental illness's Family to Family curriculum includes.]

The broad approach to family psychoeducation programs are that families are partners in care with people in recovery and their providers, sharing information, and working toward the same goal of supporting recovery. Some of these courses are in-person, but they can be online as well.

- **What:** FPE includes providing family members with information about schizophrenia as a brain disease and its treatments but also acquiring skills, such as communication, problem-solving, and coping; meetings occur in a series and may have a specific topic for discussion (e.g., improving communication).
- **When:** FPE is usually at least 12 sessions, but can continue much longer.
- **Who:** FPE can include a single family or a group of 8-12 families led by a facilitator, and includes person in recovery for most or all family sessions.

You may be familiar with the National Alliance on Mental Illness's Family to Family

curriculum, which is an evidenced-program that covers topics like how to solve problems and communicate effectively, providing support with compassion, handling crises, impacts of serious mental illness, and current treatments and therapies.

Think about how Sandra and her family may benefit from participating in an FPE program. Her extended family lives nearby, but they may not have much information about schizophrenia beyond what they have read online. Her siblings could also develop communication skills to better communicate with Sandra and regain some of the relationship. Her mother feels a lot of guilt and shame about Sandra’s situation, and she could learn more about how she can build a positive relationship.

For more information on the components of FPE, visit the articles on [Family psychoeducation for living with schizophrenia and their families](#) and watch SAMHSA’s [introductory video to family psychoeducation](#). For more information on Family to Family, see the [National Alliance on Mental Illness](#) website.



Evidence for FPE

2022 meta-analysis of 90 clinical trials with more than 10,000 patients found that **family interventions for individuals with schizophrenia help prevent relapse more effectively than other interventions.**



Reduced rates of symptom relapse requiring hospital readmission between 20% and 50%



Improved social and occupational functioning



Enhanced medication adherence and prognosis

For more information on the evidence for FPE, visit the articles [Family interventions for relapse prevention in schizophrenia](#), [Evidence-Based Family Psychoeducational Interventions for Children and Adolescents with Psychotic Disorders](#), [The role of family therapy in the management of schizophrenia](#), [Family support and adaptation mechanisms of adults outpatients with schizophrenia](#), and [Family psychoeducation and schizophrenia](#).

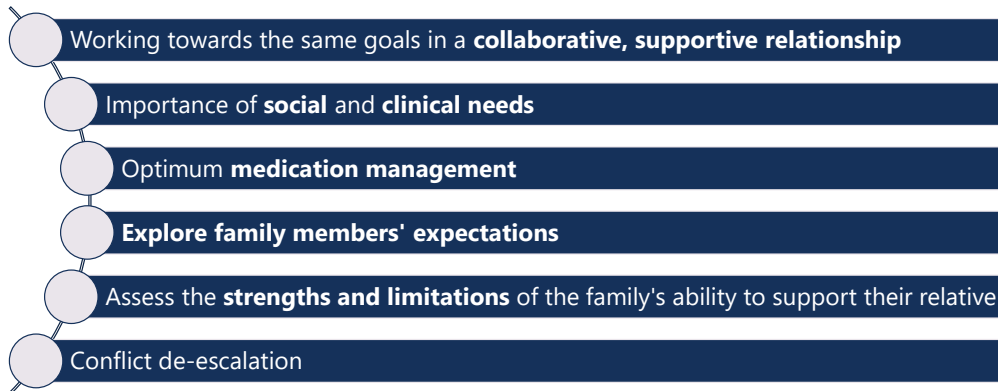
[Slide Image Description: This slide shows evidence for peer support.]

There is significant evidence for the effectiveness of FPE. This meta-analysis, for example, found that family interventions for individuals with schizophrenia help prevent relapse. FPE alone had the lowest 12-month relapse rate of all interventions studied at 9.7%. The other 12-month relapse rates varied between 16.3% (for systematic family-oriented intervention) and 37% (usual clinical care).

Further evidence ties FPE with reduced rates of symptom relapse requiring hospital readmission, improved social and occupational functioning, and enhanced medication adherence. ([Gearing, 2007](#); [Caqueo-Urizar et al, 2015](#); [Widiyawati et al, 2020](#); [McFarlane et al, 2003](#))

For more information on the evidence for FPE, visit the articles [Family interventions for relapse prevention in schizophrenia](#), [Evidence-Based Family Psychoeducational Interventions for Children and Adolescents with Psychotic Disorders](#), [The role of family therapy in the management of schizophrenia](#), [Family support and adaptation mechanisms of adults outpatients with schizophrenia](#), and [Family psychoeducation and schizophrenia](#).

Core Concepts & Principles Underlying FPE



Adapted from [Evidence-based practices for services to families of people with psychiatric disabilities](#).

[Slide Image Description: This slide lists core concepts and principles underlying FPE.]

Now that we've established the evidence backing FPE, let's review the common principles that underly this approach to supporting individuals with schizophrenia.

Family interventions seek to accomplish the following:

- Coordinate all elements of treatment and rehabilitation to ensure that everyone is working towards the same goals in a collaborative, supportive relationship
- Pay attention to both the social and clinical needs of the person with schizophrenia
- Provide optimum medication management
- Explore family members' expectations of the treatment program and expectations for their relative
- Assess the strengths and limitations of the family's ability to support their relative
- Help resolve family conflict by responding sensitively to emotional distress
- Provide an explicit crisis plan and professional response
- Help improve communication among family members
- Provide training for the family in structured problem-solving techniques

Adapted from [Evidence-based practices for services to families of people with psychiatric disabilities](#).



NAMI Family-to-Family

- Free, 8-session educational program for family, significant others, and friends of people with mental health conditions.
- » Find the NAMI Family-to-Family class nearest you on [NAMI's website](#) or, if a class isn't available in your area, [contact your local NAMI affiliate about starting one](#). There are NAMI CA affiliates statewide, [click to find a NAMI affiliate near you](#).
- » NAMI's website also has [resources for family members and caregivers](#).
- » There is also a pilot of a four-hour [Family and Friends Seminar](#) being offered in California (in-person only).

[Slide Image Description: This slide lists information about NAMI's Family-to-Family program and has a picture of individuals sitting in a circle.]

We will be developing additional resources for families, and there are also existing resources that can help families as they support individuals with schizophrenia.

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Ideas in Action

» How could participating in FPE sessions help Sandra and her family?

DHCS | HMA

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[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Let's revisit our case examples, Sandra. If her family members enrolled in an FPE program and learned more about schizophrenia, how to communicate with them, and how to work with them to solve problems, then how might they better be equipped to provide support?

- Learned more about schizophrenia: Sandra's mother could feel less guilt and shame
- How to communicate: her family members could better understand how to communicate with her in ways that increase warm and positive remarks and help them understand what boundaries to set about her behavior
- How to solve problems: Sandra and her family could benefit from working together to solve problems collaboratively. Although during recovery, she may actively experience symptoms, and her family can learn the ways to still honor her preferences.

Objectives

At the end of the session, participants will have an increased ability to:

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- › Assess the benefits of participating in a family psychoeducation program.

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CARE Resources for Families

- » Resource guide for families
- » [Volunteer Supporter Toolkit](#)
- » [The Role of the Family in the CARE Process](#) (training)
- » Serious Mental Illness for Volunteer Supporters (trainings)
 - [Part 1: Schizophrenia Basics](#)
 - [Part 2: Evidence-based Practices in Schizophrenia Care](#)
 - [Part 3: Supporting People with Schizophrenia](#)



[Slide Image Description: This slide shows resources available on the CARE Act Resource Center along with an image of the California landscape.]

During this training, we've talked about the specific approach of family psychoeducation. There are other resources for family members that are specific to CARE. Although these resources aren't part of an FPE curriculum, they can be helpful to families:

- Resource guide for families: Includes information on family's role in the CARE Act process, guidance on using a trauma-informed approach, proposes some action steps for family members, and provides links to resources and trainings.
- [Volunteer Supporter Toolkit](#): Provides resources for volunteer supporters that can help both the supporter and respondent navigate the CARE process. The Toolkit includes trainings, briefs, and other resources to help supporters in their roles.
- [The Role of the Family in the CARE Process](#) (training): Provides an introduction to the family role in the CARE process. Discusses the ways in which family members can participate in the CARE process, including as the petitioner, volunteer supporter, or through informal support.
- Serious Mental Illness for Volunteer Supporters (trainings):
 - [Part 1: Schizophrenia Basics](#)
 - [Part 2: Evidence-based Practices in Schizophrenia Care](#)
 - [Part 3: Supporting People with Schizophrenia](#)



Additional Resources for Families

- » SAMHSA's [introductory video to family psychoeducation](#)
- » NAMI CA's [resources \(including short training videos\) on the CARE Act](#)
- » NAMI's [resources for Family Members & Caregivers](#)
- » NAMI's [resources for Finding Mental Health Care that Fits Your Cultural Background](#)
- » Caregiver Action Network discussion forum for [Loved Ones with Mental Health Issues](#)
- » Caregiver Action Network's [10 Tips for Family Caregivers](#)
- » Family Caregiver Alliance resources on [Caring for Yourself](#)
- » Very Well Mind's information on [Caregiving for Schizophrenia](#)
- » [Treatment Advocacy Center](#) resources on SMI/AOT
- » Families Advocating for the Seriously Mentally Ill ([FASMI](#))
- » SAMHSA's [resources on Cultural Competency](#)
- » Schizophrenia & Psychosis Action Alliance's [Caregiver Toolkit](#)
- » LEAP Institute [Resources](#)
- » [CalHOPE](#) mental health support for youth, young adults and families

[Slide Image Description: This slide shows hands on top of each other to show collaboration and lists resources that can be helpful to family members.]

We also have gathered a number of resources available to support families. Many of these links aren't strictly "FPE" programs as we have described them above, but they can be helpful resources to family members.

- NAMI CA's [resources \(including short training videos\) on the CARE Act](#)
- NAMI's [resources for Family Members & Caregivers](#)
- NAMI's [resources for Finding Mental Health Care that Fits Your Cultural Background](#)
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- [CalHOPE](#) mental health support for youth, young adults and families

Next Steps

- » Visit [CARE-Act.org](https://www.care-act.org) for resources (including recordings of past trainings) and to submit questions/technical assistance (TA) requests
- » [Complete this form](#) to join the communication listserv
- » Visit related trainings:
 - [The Role of the Family in the CARE Process](#)
 - [Serious Mental Illness for Volunteer Supporters](#)
 - [Part 1: Schizophrenia Basics](#)
 - [Part 2: Evidence-based Practices in Schizophrenia Care](#)
 - [Part 3: Supporting People with Schizophrenia](#)



[Slide Image Description: This slide shows bullets with next steps. It contains decorative arrows.]

Please let us know how we can best support your teams. Contact info@CARE-Act.org with questions, join the communications listserv, and submit requests and feedback for CARE Act TTA. Please also visit the CARE Act Resource Center website for training decks and recordings, which will be added two weeks after each training.

Questions?

[CARE-Act.org](https://www.care-act.org) | info@CARE-Act.org

[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is [CARE-Act.org](https://www.care-act.org) and our email address is info@CARE-Act.org.