



NMRE Family Psychoeducation (FPE) Practice Guidelines

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Definitions

Member: A person served by the publicly funded behavioral health and substance use disorder system or his/her representative.

Evidence-based Practice (EBP): Approaches to prevention or treatment that are validated by some form of documented scientific evidence. What counts as "evidence" varies. Evidence often is defined as findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are considered valid as well. Evidence-based practice stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.

Family Psychoeducation: A method based on clinical findings for training families to work together with mental health professionals as part of an overall clinical treatment plan for their family members.

Practice Guidelines: Systematically developed statements to standardized care and to assist the treatment team and beneficiaries with decisions about the appropriate health care for specific circumstances. Practice guidelines are usually developed through a process that combines scientific evidence of effectiveness with expert opinion. Practice guidelines are also referred to as clinical criteria, protocols, algorithms, review criteria, and guidelines.

Recovery: A journey of healing and change allowing a person to live a meaningful life in a community of his/her choice, while working toward his/her full potential.

Serious Mental Illness: Is defined by the Michigan Mental Health Code to mean a diagnosable mental, behavioral or emotional disorder affecting an adult that exists or has existed within the past year for a

period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders; and that has resulted in functional impairment that substantially interferes with or limits one or more major life activities.

Purpose

Family Psychoeducation (FPE) is an evidence-based practice that will be utilized to achieve the best possible outcome for beneficiaries with serious mental illness (SMI) through collaborative treatment between clinicians and family members of the individual with SMI. Additionally, FPE will attempt to alleviate the stress experienced by family members by supporting them in their efforts to aid the recovery of their loved one.

Practice Guidelines

FPE will include many working elements; it is not family therapy. In the FPE approach, the illness is the object of treatment, rather than the beneficiary or his/her family. The goal for practitioners, beneficiaries, and families will be to work together to support recovery.

A. Identified Population

FPE is intended to benefit those with schizophrenic disorders and their families, as well as those with bipolar disorders, major depression, obsessive-compulsive disorder, and borderline personality disorder.

Studies show that the effectiveness of FPE does not vary depending on the Member's age, gender, education level, or severity of illness.

B. Services

FPE will be provided in multifamily groups or in single-family sessions.

1. Single-family formats tend to be used for the following:
 - a. Beneficiaries and families with strong social support networks;
 - b. Beneficiaries and families who exhibit unusual resilience or strong coping skills; or
 - c. Beneficiaries who respond positively to medications.
2. Multifamily groups tend to be used for the following:
 - a. Beneficiaries who are experiencing their first episode with mental illness;
 - b. Beneficiaries who are not responding well to medication and treatment;
 - c. Beneficiaries who are experiencing complicating issues such as other medical illnesses;
 - d. Families who are experiencing high stress;
 - e. Families who have separated from their relative with mental illness; and
 - f. Families who have been through divorce.

C. The Three Phases of Psychoeducation

1. Joining Sessions

During the first phase of FPE, practitioners will meet with beneficiaries and their respective family members in introductory meetings called "joining sessions." The purpose of these

sessions will be to learn about their experiences with mental illness, their strengths and resources, and their goals for treatment.

FPE practitioners will engage beneficiaries and families in a working alliance by showing respect, building trust, and offering concrete help. This working alliance will be the foundation of FPE services.

2. Educational Workshop

In the second phase of FPE, practitioners will offer a 1-day educational workshop. The workshop will be based on a standardized educational curriculum to meet the distinct educational needs of family members.

FPE practitioners will also respond to the individual needs of beneficiaries and families throughout the FPE program by providing information and resources. To keep beneficiaries and families engaged in the FPE program, practitioners will tailor education to meet Member and family needs, especially in times of crisis.

3. Ongoing Family Psychoeducation Sessions

After completing the joining sessions and 1-day workshop, FPE practitioners will ask beneficiaries and families to attend ongoing FPE sessions. When possible, practitioners will offer ongoing FPE sessions in a multifamily group format. Beneficiaries and families who attend multifamily groups will benefit from connecting with others who have similar experiences. The peer support and mutual aid provided in the group will build social support networks for beneficiaries and families who are often socially isolated.

Ongoing FPE sessions will focus on the current issues beneficiaries and families face and address them through a structured problem-solving approach. This approach will help beneficiaries and families make gains toward recovery goals.

FPE is not a short-term intervention. Fewer than ten (10) sessions does not produce positive outcomes. FPE should be provided for a minimum of nine (9) months.

FPE practitioners will provide information about mental illnesses and help beneficiaries and families enhance their problem-solving, communication, and coping skills. When provided in the multifamily group format, ongoing FPE sessions will also help beneficiaries and families develop social supports.

D. Practice Principles

FPE is based on a core set of practice principles. These principles will form the foundation of the evidence-based practice and guide practitioners in delivering effective FPE services.

1. ***Beneficiaries will define who “family” is.***

In FPE, the term family will include anyone that beneficiaries identify as being supporting in their recovery process. For FPE to work, beneficiaries must identify supportive people they would like involved in the FPE program. Some beneficiaries may choose a relative. Others may identify a friend, employer, colleague, counselor, or other supportive person.

2. ***The practitioner-Member-family alliance is essential.***

Beneficiaries and families will often responded to serious mental illness with great resolve and

resilience. FPE recognizes Member and family strengths, experience, and expertise in living with serious mental illness.

FPE will be based on a three-way alliance between the Member, family and practitioner. When forming alliances with beneficiaries and families, FPE practitioners will emphasize that beneficiaries and families are not to blame for serious mental illness. FPE practitioners will partner with beneficiaries and families to better understand beneficiaries and support their personal recovery goals.

3. *Education and resources help families support beneficiaries' personal recovery goals.*

Beneficiaries benefit when family members are educated about mental illness. Educated families are better able to identify symptoms, recognize warning signs of relapse, support treatment goals, and promote recovery. FPE practitioners will provide information and resources to beneficiaries and families, especially during times of acute psychiatric episodes or crisis.

4. *Beneficiaries and families who receive ongoing guidance and skills training are better able to manage mental illness.*

Beneficiaries and families experience stress in many forms in response to mental illness. Practical issues such as obtaining services and managing symptoms daily are stressors. Learning techniques to reduce stress and improve communication and coping skills can strengthen family relationships and promote recovery. Learning how to recognize precipitating factors and prodromal symptoms can help prevent relapses.

5. *Problem-solving helps beneficiaries and families define and address current issues.*

A structured problem-solving approach will be utilized to help beneficiaries and families break complicated issues into small, manageable steps that they may more easily address. This approach may help beneficiaries take steps toward achieving their personal recovery goals.

6. *Social and emotional support validates experiences and facilitates problem-solving.*

FPE will allow beneficiaries and families to share their experiences and feelings. Social and emotional support will permit beneficiaries and families to know that they are not alone. Participants may find relief when they openly discuss and problem-solve issues that they face.

E. Duration

FPE Multiple Family Groups will typically meet for two years.

F. Qualifications

FPE practitioners must minimally meet the qualification requirements as stated in the most recent version of the State of Michigan Medicaid Manual.

Approval Signature



NMRE Chief Executive Officer

7/19/19

Date