



## BACKGROUND

Persons with severe mental illness (SMI) often rely on family members for the majority of their needed support, and it is estimated that 35-60% of adults with SMI live with family members. Research has shown that families need and want information and support from professionals about how to assist in their SMI family member's recovery as well as how to cope with the problems and challenges that inevitably arise when working with SMI family members.

The Family Psychoeducation model is designed to address these needs. It has been proven not only to be highly effective in promoting recovery, but is also cost effective. Consumers participating in the program are at reduced risk for more acute symptoms and at reduced risk of rehospitalization.

The National Alliance for the Mentally Ill (NAMI) has widely disseminated its own family education program, the Family-to-Family Education Program. Research has indicated that the program reduces subjective burden and depression and increases empowerment. Information about Family to Family program in North Carolina is available under NAMI programs at [www.naminc.org](http://www.naminc.org).

Family Psychoeducation and NAMI's Family to Family Education Program were presented at the NCPIC on March 23rd, 2006 by Lisa Dixon, MD, MPH. In her presentation, Dr. Dixon, a Professor of Psychiatry at the University of Maryland School of Medicine and the VA Capitol Health Care Network noted that these two programs are complementary. Used together they increase the benefits for both the consumer and their family.

## WHAT IS THE MODEL?

Family Psychoeducation is one of the Evidence-Based Practice Toolkits developed by the Substance Abuse Mental Health Services Administration (SAMHSA). The toolkits were designed to help mental health professionals use model programs developed through university research in their community treatment programs.

Family Psychoeducation is a model for working in partnership with consumers and their families to develop coping skills for handling problems associated with severe mental illness. The important core elements of Family Psychoeducation are as follows:

**Joining:** Clinicians partner with the consumer and their family in all elements of the program.

**Education:** The program teaches the family and the consumer about his/her mental illness, in order to decrease stress and dispel feelings of guilt.

**Problem Solving:** The clinician, consumer, and family members work together to address difficulties resulting from illness.

**Social Environment:** The program focuses on the need to develop a positive social environment to support the consumer's recovery. Activities may include workshops with other families.

## POPULATION

The majority of research has been conducted with persons with schizophrenia and their families, but a growing body of research has shown the model to be effective with other severe mental illnesses.

Studies have shown the model to be effective with Caucasians, African-Americans, Asians, and Latinos, regardless of age or sex.

## RESEARCH BACKGROUND

More than 30 randomized clinical trials have shown that Family Psychoeducation has positive outcomes for consumers with schizophrenia and other severe mental illnesses.

Research documents the following improvements:

- Reduced rates of relapse
- Improved compliance with medication
- Improved clinical and psychological functioning
- Increased rate of full-time employment
- Increased well-being for family members

## SERVICE DELIVERY

Family Psychoeducation is provided by trained professionals acting as facilitators in single-family, multi-family, or mixed sessions in a variety of locations (e.g., clinic, home, family practice, or other community settings).

Sessions are held at least twice a month for a minimum of 9 months and up to 3 years.

Implementing Family Psychoeducation has been shown to be most successful when one person at the agency is responsible for leading the development of the program and working with the staff members who may be unaccustomed to working jointly with consumers and families. Detailed information on successful implementation strategies is available from the Center for Mental Health Services website at <http://mentalhealth.samhsa.gov/cmhs/>.



## TRAINING

To be effective, training needs to be provided by experts in Family Psychoeducation, be extended over several months, and include ongoing consultation and supervision.

Training should include live demonstrations, videos, role plays, and testimonials from families, consumers, and successful Family Psychoeducation programs.

On-site training and consultation and online resources:

- SAMHSA: <http://www.samhsa.gov/mentalhealth/samhsa-family>
- SAMHSA: <http://www.samhsa.gov/communitysupport/toolskits/family>
- North Carolina Evidence Based Practices Center of the Southern Regional Area Health Education Center (SR-AHEC): [www.ncapcenter.org](http://www.ncapcenter.org)
- Catalog of Clinical Training Opportunities: Best practices for recovery and improved outcomes for people with serious mental illness, APA/CAPP Task Force on Serious Mental Illness and Severe Emotional Disturbance, p. 47 ([www.apa.org/atic/20070404.htm](http://www.apa.org/atic/20070404.htm)).

## KEY INGREDIENTS FOR SUCCESS

- Leadership support
- Involvement of key stakeholders
- Systematic training and ongoing supervision in the psychoeducational model
- Adequate access to resources for the up-front costs of implementation and maintaining a family friendly environment
- Flexibility in adapting to accommodate family and consumer needs and circumstances

## WHAT PROVIDERS NEED TO CONSIDER...

Providers interested in offering evidence-based practices should consider a number of issues before selecting a program. Implementation research has shown repeatedly that a provider should pick the strongest (in terms of client outcomes) intervention that that provider can implement well.

## QUESTIONS PROVIDERS SHOULD ASK INCLUDE:

- Will access to this intervention provide a needed service currently not available in our community?
- Do we have the right staff to use this evidence-based practice? If not, can we hire them easily?
- Can we get staff to the training that is required to implement this program correctly?
- Can we afford all the training?
- Can we obtain appropriate authorizations and payments for this intervention?
- Can we ensure that staff receives continuing education?

## SELECTED REFERENCES

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## WHAT IS THE NC PIC?

The provision of quality services and supports depends upon adherence to proven models.



To provide guidance in determining what evidence-based services and supports will be provided through our public system, the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services has established the North Carolina Practice Improvement Collaborative. Housed at the Governor's Institute on Alcohol & Substance Abuse, the mission for the NC PIC is to ensure that each time any North Carolinian—whether a child or an adult, a member of a majority or minority, from an urban or rural area—comes into contact with the DMHDDSAS system, he or she will receive excellent care that is consistent with a scientific understanding of what works.

### NREPP: National Registry of Evidence-based Programs and Practices

NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. SAMHSA has developed this resource to help people, agencies, and organizations implement programs and practices in their communities. <http://www.nrepp.samhsa.gov/>



**For more information, visit: [www.ncpic.net](http://www.ncpic.net).**

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