

# **Collaboration with the social network - Multi family groups**

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- Involving the relatives: Rationale and goals
- Important elements of family collaboration
- Multi family groups

# Evidence

- Better compliance with medication
- Fewer psychotic episodes
- Fewer relapses/readmissions
- Fewer bed days/hospitalizations
- Better social function
- Less burden on relatives
- Better effect in longer interventions (9-24 months) compared to shorter interventions (1-10 weeks).

(Pharoah, Mari, & Streiner, Cochrane 2000;  
Pilling et al. Psychol Med 2002, Pitschel-Walz et al. 2001)

# Attitudes towards relatives

- The closest collaborating partners,
- - who can be of invaluable help and support, and
- - because of their close ties to the patient, are very involved in relation to the patient.
- A resource that cannot be equalled.

# Involving relatives: Goals

- To be able to help in critical situations
- Provide knowledge, support and counselling
- Improve communication within the family
  - Distinguish between the patient and his behaviour
  - Clear and simple communication
  - Help to positively rephrase misplaced involvement
- Reduce high EE
- Improve the level of functioning (social, vocational, quality of life) and reduce stigma.

# Important elements of family-involvement

- Psycho-education
- Enough time
- Accessibility
- Working towards a common objective

# Important elements of family-involvement

- Acknowledge that the family is worried and burdened by the disease and its consequences
- Being a supporter of hope
- A coping perspective
- Always with the patients consent

# Stages of a psycho-educational multi-family group



# W. McFarlane's model

A psycho-educational Multi Family Group method focusing on helping families and patients develop coping skills to manage symptoms and vulnerability.

# The multi-family group

- 4 - 6 patients and their relatives
- The group meets for 1½ years
- The group meets every second week for 1½- hour
- The method is problem solving

# **The initial sessions of a psycho-educational multi-family group**

1st Session: "Getting to know each other"

2nd Session: "How schizophrenia has changed our lives"

From the 3rd Session: "Problem solving"

## 2nd Session: Format

- The goal is to build trust and commitment among the group members by sharing their experiences
- The clinicians share their experiences about the illness, both professional and personal (interest in psychiatry, how you react emotionally as a clinician, or if you have your own personal experiences with mental illness )
- People can share as much or as little as they wish.

# Problem solving

15 min. Socializing

20 min. Round – concrete questions

5 min. Feedback and choice of problem

45 min. Problem solving

5 min. Socializing

# Phases in problem-solving

- Identification of problem: Formulation
- Brainstorm: All members of the group are invited to brainstorm on possible solutions - There is no such thing as wrong or right idea.
- The person who brought up the problem reflects on advantages and disadvantages of each solution together with a group leader.

# Phases in problem-solving

- The patients chooses the solution best fit for him or her.
- Planning of practical aspects (where/ how/ when/who will assist).
- Homework

# Follow-up at next session

- What can help maintaining good strategies?
- Underline positive experiences, also when the patient has not carried out the planned homework.
- The group leader takes responsibility. It might be too early in the process, or we forgot to take all obstacles into consideration during last sessions planning.
- Reformulate the homework – is there something that can make the task more manageable, or maybe a different strategy altogether?

# Group Guidelines: Simple communication

- Avoid "mind-reading"
- Speak for yourself
- Talk to each other, not about each other
- Avoid abstract speech and stay on the subject
- Avoid generalizing
- Focus on problem not person
- Express support and encouragement

# The group leader's approach

- Set limits and stick to the structure
- Act as a role model
- Give positive reinforcement and make progress visible – even small steps
- Positive rephrasing – e.g. with misplaced engagement
- Create a calm atmosphere

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