From Psychoeducational Multifamily Group to Family-Guided Multifamily Group.

Continuing psychoeducational multifamily group (MFG) by applying self-help principles on family-guided MFG. Presentation of the model and some preliminary experiences.

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BACKGROUND
Psychoeducational multifamily group (MFG) treatment reduces rates of relapse and re-hospitalization among patients with schizophrenia (1). Since 2000 the hospitals in Norway have accomplished about 175 psychoeducational MFGs (2), using the McFarlane MFG model (3). After completing a psychoeducational MFG offered by the hospitals, several group members wanted to continue to meet with the group members for continued mutual support, problem solving and information sharing. A pilot study was put up to support family-guided MFG (FG MFG). The members in these FG MFGs have been asked about their experiences. The focus of the questionnaire was:

- the importance of the group attendance
- the benefit from the structure in the group
- further advice for establishing and running FG MFG

METHOD
Participants were recruited from four FG MFGs from Buskerud Hospital, Østfold Hospital and Oslo University Hospital. The Satisfaction Questionnaire (SQ) was developed from interviewing group members in the FG MFG, and input from colleagues. Likert scale from 1 to 7 was used.

CHARACTERISTICS OF FAMILY-GUIDED MFG

- The FG MFG is put up by three to five families, where a key family member suffers from psychosis/schizophrenia.
- FG MFG as an extension of a professional lead psychoeducational MFG, i.e. a supportive network aiming at supporting patients from functional decline.
- Group members carry out the leadership by leading structured problem solving group meetings; supplying the experiences from psychoeducational MFG with self-help principles. They are offered practical assistance, education, supervision and support from professionals.
- Families benefit from each others experiences in solving specific problems which help them to exploit shared opportunities that promote rehabilitation and recovery.

RESULTS
32 of total 37 participants from four FG MFG responded at the SQ (22 of 25 relatives and 10 of 12 patients). Results from the questionnaire indicate high satisfaction on the following variables:

- improved understanding of oneself
- improved problem solving – easier daily life
- meeting people in the same situation – share experience and knowledge
- believes about effect of preventing relapse
- the experience of confidence, mutuality and trust

The answers from the SQ also show that support from professionals, and the support from the structure of the meetings as in the Psychoeducational MFG was of great significance.

CONCLUSION
Our experiences are that integrating the structure and the benefits from the psychoeducational MFG to the FG MFG, is useful as an extension in order to promote continued recovery. The support from professionals will however be necessary from time to time to take care of crisis and other clinical challenges. This is a pilot study, and the results will serve as a base for further development of the FG MFG.

REFERENCES

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