

# Psychoeducational approaches to chronic severe mental illness



## Evaluate and Apply Psychoeducation & Communication Skills

As a future MFT it is our job to assist other's and their life journey's it is not our position to do what society tells us such as "make them better" individuals, but to provide people, groups, and families the tools to improve themselves and each other. In doing this we are helping the individuals, groups and families accomplish goals, build up confidence; trust and recognize areas in their life that can be refined and or regulated with a crisis plan in place for everyone affected; by the chronic severe mental illness (CSMI). As therapists, we are equipped to utilize countless approaches to help our clients and their families to learn about their diagnosis, attributes of the beginnings of their diagnosis and what may be executed to develop assistance for those dealing with CSMI. This paper will discuss the usefulness of psychoeducational approaches to CSMI, and focus on the assigned articles for the various disorders and determine which principles can be taken from those articles and used in psychoeducational treatment for other types of disorders or presenting problems and lastly the effectiveness of these psychoeducational treatments.

Therapists should understand that an individual with CSMI needs encouragement, care, and training on how their diagnosis can have an emotional impact on their lives and on the lives of those who are close to them. Psychoeducation whether managed in a clinical, school, or hospital location or through the phone or internet, frequently guides to increased compliance with treatment routines. When individuals who have been diagnosed with a CSMI are capable to comprehend what the diagnosis represents, they are more apt to understanding their illness as a repairable

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ailment rather than feeling humiliated of the diagnosis implying that they are “idiotic”. The family participation in psychoeducation can also progress falling in line and uphold that a person experiencing CSMI apprehensions are provided the suitable care while they obtain therapy (Gumus, Buzlu, & Cakir, 2015).

Supporting emotional and monetary provisions; such as somewhere to live, case organization, and an ability to speak for their family member is constructive but these also come with draining and constant worry. Family members often disregard their personal, psychological and emotional steadiness while looking after for their loved ones. So, the effectiveness of psychoeducation extends all over the family unit as a whole. For example, it's not just understanding about the CSMI, but the psychoeducation also involves the therapeutic foundations such as the social and clinical desires that are evaluated, determining household conflict relating to emotional anguish and developing interaction within the family are all taken into consideration (Oksuz, Karaca, Ozaltu, & Ates, 2017).

In watching the video and reading the articles that focus on a number of disorders the consensus is that having family and the community support is one of the reoccurring principles. By educating the client and the family members involved is critical in the treatment process; of course, educating and actually going through with the materials that are being learned and taught are two different things; as a client and their family are going through the chain of emotions, stress and the frustration that comes with dealing with someone who suffers from CSMI. It is probably in the best interest for the family to look into some kind of support group for the specific CSMI that <https://assignbuster.com/psychoeducational-approaches-to-chronic-severe-mental-illness/>

their loved one has. Another assumption that can be acquired from these articles is compliance to taking medicine, in some instances, meticulous obedience to medicine schedules are required to keep one in line with aspirations set out by the person diagnosed and the caregiver within the family(Gumus et al., 2015).

Cognitive behavioral therapy (CBT) is also useful when looking at the psychoeducation approaches to CSMI “ it involves teaching the clients psychological and relational principles about their problems and how best to handle them” (Fallon, 1988, 1991; Paterson & Forgatch, 1987) as cited in(Gerhart, 2014, p. 287). It provides the family training in a group setting on how to manage the outpouring of emotions and eruptions that might come from traumatic events. Sometimes family members can lash out at the individual who has a CSMI, this will break down the positive reinforcement and communication that could lead to a relapse.(Bailey & Grenyer, 2014). This is why it is critical to know how to communicate good choice comments when there is a commencement of hysteria.

The most important goal that could be used in other CSMI concerning psychoeducational therapy is aspiration and motivation; providing the client and the family the means to be more conscious of problems that are triggered by the illness. Making them aware of any issues with communication and comprehending the plan that is put into place. Then select the proper means to assist all those included with those stressors and events that may occur from time to time. Any constrictions on how to support one diagnosed with CSMI should also be deliberated within the designated time in a therapy session. Communication plays a significant role  
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in psychoeducational therapy; the client, family members, medical and psychiatric caregivers collaborate and allocate what is needed to reduce the stressors and hospitalization relapses or crisis (Moskovich, Timko, Honeycutt, Zucker, & Merwin, 2016).

Though the support with the psychoeducational may well arise, it may also be overpowering for the client and the family dealing with the diagnosis. One can impede the accomplishment of another by merely articulating or achieving too extensively. As the expressed emotion theory, a family member or caretaker can be essential, unfavorable, and psychologically over concerned with their family diagnosed with a CSMI or sincere and valued as well. (Bailey & Grenyer, 2014). Intervention is essential, but to a clear degree; where the sympathy and self-esteem of a person are still being recognizable and respected. There is a goal: offer good value of life for all participating, offer means and family community provision; this goes for all affected with a CSMI.

For any treatment plan to be effective; it must be enforced and appropriate for the individual, therefore with this method of therapy and its principles; it's not multipurpose for all. In order for any treatment and goals to be successful; one needs to comprehend that the seriousness and duration of time required to conquer the obstacles will be diverse for everyone involved. As with Bipolar and PTSD, the seriousness might increase with time and age at the beginning of PTSD what will trigger one person may not trigger in another person and is not known to be genetic as in the case of Bipolar (Gumus et al., 2015). The notion of the multifamily group and

individual therapy has been seen with BiPolar, Schizophrenia, BPD,  
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Obsessive Compulsive disorders and others alike; they create the recovery and have fewer relapses; they work by providing the family with a means and a safe atmosphere to articulate emotions and concerns and assist to rectify behaviors that can initiate the family dissonance. This is vital to aid and maintain stress levels(Sadath, Muralidhar, Varambally, Gangadhar, & Jose, 20017).

There is a stigma that comes along with having a mental health illness and has never been represented in the light of goodness, but amplification and dismissed distress. Families can become disliked and overcome with increasing life deviations. With the client diagnosed with mental health illnesses; they are also subject to being viewed at through educated eyes. Both portions of the family system would be treated and granted as many means as imaginable to live an optimistic a fulling life in a harmless way. There is no damage in saying I can't deal with or I need assistance with doing so, If psychoeducation and it's ideologies were not in place then the family unit that has someone diagnosed with a mental illness would be unsuccessful at attempting to be joyful as they can be.

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