

### Factors to consider for selecting referrals to FPE

#### Appropriate referrals:

- **Patient or family member motivated to participate.** (Do not let full family participation prevent you from engaging; it is not necessary for both to be willing to participate.) For the purposes of FPE, a “family member” is defined as any concerned or caring individual with a meaningful relationship with the consumer. Friends, significant others, co-workers, even case managers have participated in this role.
- **Newly diagnosed or chronic (SMI) patients with a diagnosis of** Schizophrenia, Bipolar Disorder, PTSD, other diagnosis, and/or symptoms of psychosis.
- Any first episode, chronic, or recently hospitalized consumer with real or potential SMI. The strategy should be to rule-out consumers rather than to rule them in.
- Consumers who have a **supportive “family” member** who is willing to participate.
- A consumer without a “family member”. A mix of **up to 1/3** of the MFG can be comprised of single consumers without family member participation.
- **Instability in the patient.**
  - **High symptom level**
  - Recent **hospitalization**-partial hospitalization
  - **disengagement and lack of participation in treatment**
  - **MI with substance abuse**
  - **lack of progress on recovery goals** and/or
- **Family distress:**
  - frequent clinic calls
  - **complaints about the consumer**
  - sadness/depression,
  - disengagement **withdrawal** from the **consumer, family, or community**
  - **overinvolvement-self-sacrificing behavior**
- **Challenging cases.** MFG more effective than SFT with first episode and high risk patients, poor responders to medication and highly stressed families.
- **Consumers and families with high EE.** (Warmth Rejection Protectiveness Fusion)

## Inappropriate or for review

This information provided for use as general guidelines for discussion and for educational purposes only. Review case-by-case for determination and apply all clinical/legal criteria to make your clinical judgment. Consult with your clinical team and supervisor.

- Evidence or high potential for **behavior that would be disruptive** (aggression, history of violence, severe active substance abuse with inability to remain sober during group, etc.) Okay, if consumer agrees to have family members participate and agrees not attend when intoxicated. Have a safety plan in place for addressing these scenarios at the MFG.
- Evidence of **predatory behavior**. (Sexually inappropriate, poor boundaries, stalking, unsolicited contact with members.)
- **Combining a principal Axis II diagnosis/ BPD** consumer with axis I diagnosis patients creating a **diagnostic incompatibility** with SMI consumers. Consumer does not blend well diagnostically with other group members, e.g. including a patient with schizophrenia who has many negative symptoms with several patients struggling with manic symptoms. Mixed groups are entirely acceptable and work well if the clients have similar functional level. In practice, functional level generally trumps diagnostic category as an inclusionary criteria.
- **Cognitive impairment** that prevents the individual from benefitting from group participation: Outcomes are still possible without the patient present. Remember that family members can participate with the patient's permission.
- **The Consumer is unwilling to give consent for family participation**-although the patient could participate if willing, but he/she **does not want to participate**. This is an engagement issue. The consumer and family may be interested or engaged in the future.
- There is an inability to come to group caused by lack of **transportation or other insurmountable logistical problem**. The clinician can attempt to problem-solve the situation with the consumer and family and look for future opportunity to overcome the identified barriers.
- **Family is unwilling or unable to participate in the MFG and the patient unwilling to attend**. Look for future opportunity to reengage.
- **Unresolved abuse**.
- **Family violence**.

### **Quick Guide**

Any family member motivated and with permission of consumer

SMI patients with similar Diagnosis

Patients of mixed diagnosis with similar functioning and level of disability

Schizophrenia, Bipolar, Major Depressive Episodes, especially with psychosis, PTSD,

Fist episode clients

Chronic SMI clients.

High symptom levels

Lack of participation or disengagement in treatment

Non-adherence to medication

Not accepting of diagnosis. (You treat the symptoms)

SMI with substance abuse.

No traction in recovery

Family distress:

Complaints about consumer

Confusion.

Exasperation.

Depression Sadness in family over illness.

Isolation: Withdrawal and distancing from consumer, family, or community.

Families with High EE: (Warmth Rejection Protectiveness Fusion)