

# Psychoeducation and Psychosis

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Fairfield University

February 21, 2023





**MHTTC**

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

# MHTTC Network

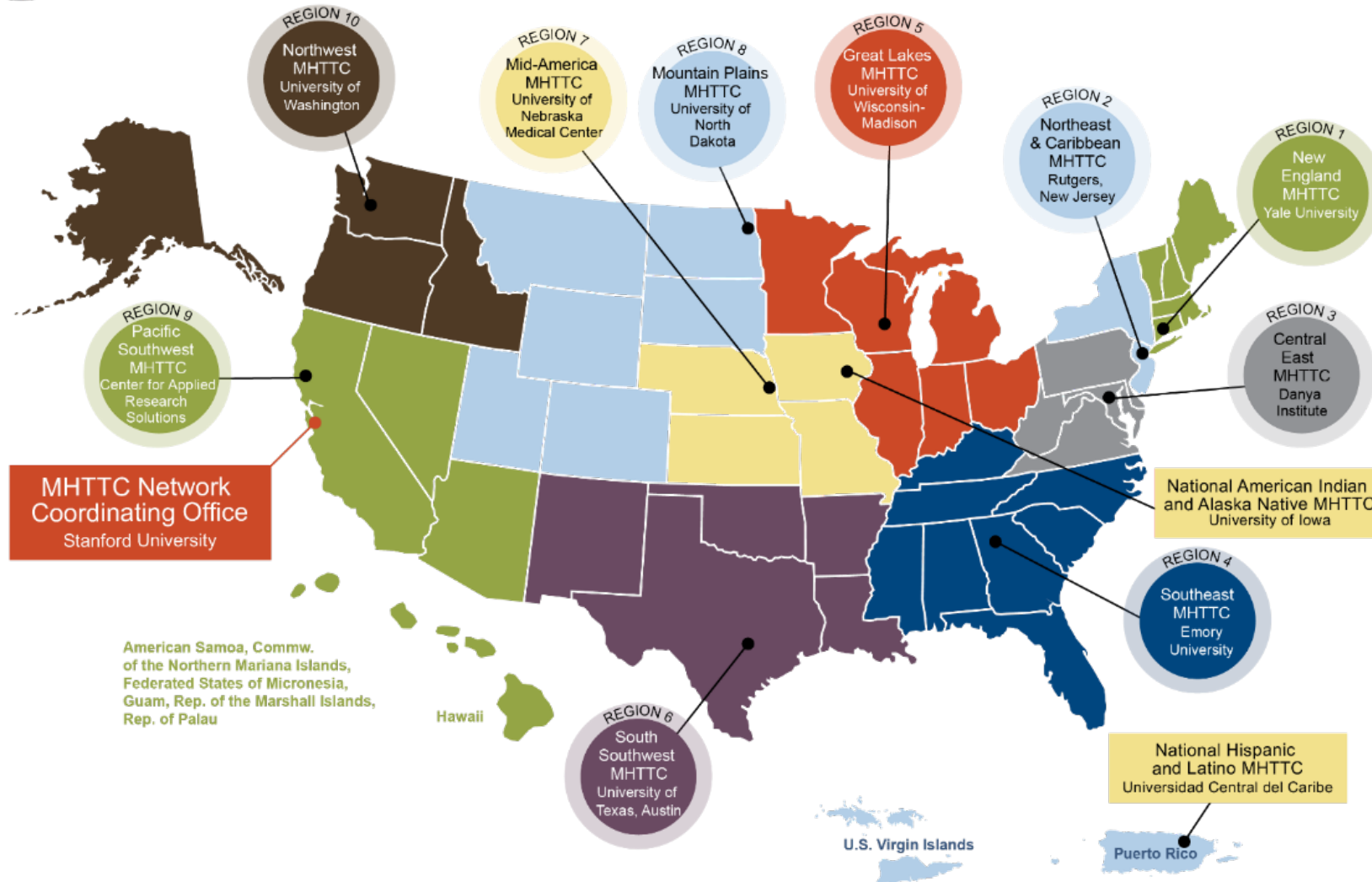


MHTTC

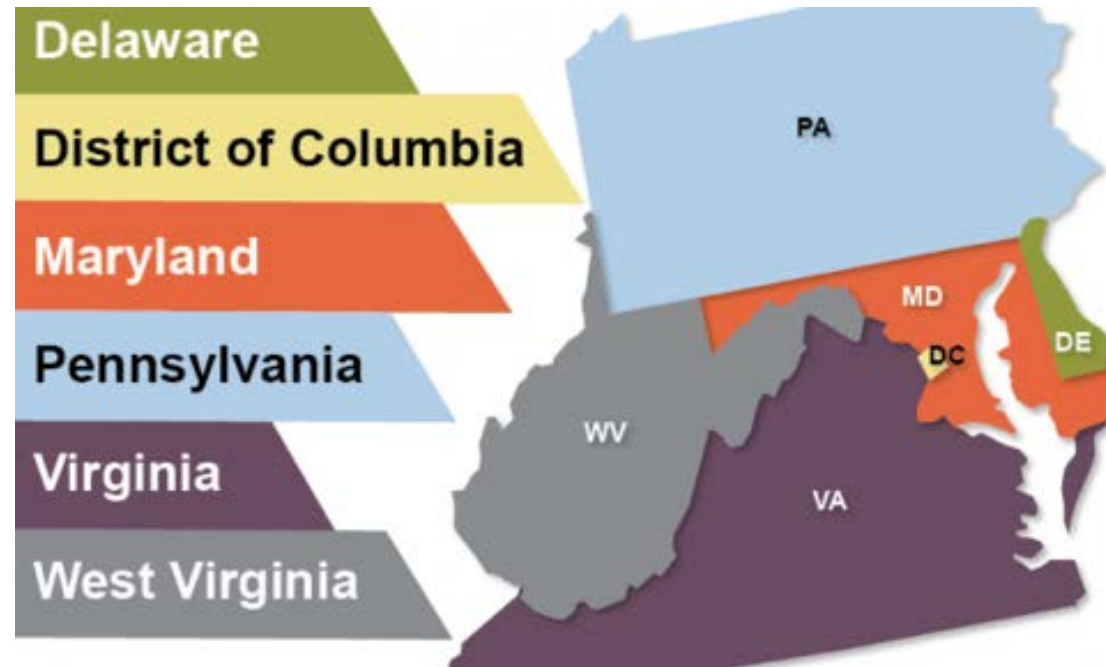
Mental Health Technology Transfer Center Network

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MHTTC Network



# Central East Region 3



Central East (HHS Region 3)

**MHTTC**

Mental Health Technology Transfer Center Network

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# Acknowledgment

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the views of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

This work is supported by grant SM081785 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Presented 2022

# Background



Source: [Fairfield University](#)



Source: Pixabay

- Clinical psychologist by training, specializing in youth mental health, early serious mental illness, and stigma.
- Assistant Professor at Fairfield University, and Assistant Clinical Professor (voluntary track) at Mount Sinai's School of Medicine (*Psychosis-Risk program*).
- Passionate about mental health education (particularly around psychosis), stigma reduction, and equitable, culturally responsive, evidence-based care.



Volume 47, Issue 6  
November 2021

JOURNAL ARTICLE

## Reducing Stigma Among Youth at Risk for Psychosis: A Call to Action

Joseph S DeLuca , Lawrence H Yang, Alicia A Lucksted, Philip T Yanos, Jordan DeVlyder, Deidre M Anglin, Yulia Landa, Cheryl M Corcoran

*Schizophrenia Bulletin*, Volume 47, Issue 6, November 2021, Pages 1512–1514,

<https://doi.org/10.1093/schbul/sbab098>

Published: 17 August 2021

Early Intervention  
IN PSYCHIATRY



ORIGINAL ARTICLE

## Development of the Brief Educational Guide for Individuals in Need (BEGIN): A psychoeducation intervention for individuals at risk for psychosis








Shaynna N. Herrera , Romi Lyallpuri, Cansu Sarac, Matthew F. Dobbs, Obiora Nnaji, Rachel Jespersen, Joseph S. DeLuca, Katarzyna E. Wyka, Lawrence H. Yang, Cheryl M. Corcoran, Yulia Landa

EVIDENCE-BASED PRACTICE IN CHILD AND ADOLESCENT MENTAL HEALTH  
<https://doi.org/10.1080/23794925.2022.2042874>

 Routledge  
Taylor & Francis Group

 Check for updates

## Equity in Mental Health Services for Youth at Clinical High Risk for Psychosis: Considering Marginalized Identities and Stressors

Joseph S. DeLuca , Derek M. Novacek , Laura H. Adery , Shaynna N. Herrera , Yulia Landa , Cheryl M. Corcoran , and Elaine F. Walker 

















Schizophrenia Research

Volume 252, February 2023, Pages 148–158



## Psychoeducation for individuals at clinical high risk for psychosis: A scoping review

Shaynna N. Herrera , , Cansu Sarac , Antigone Phili , Jane Gorman , Lily Martin , Romi Lyallpuri <sup>a b</sup>, Matthew F. Dobbs , Joseph S. DeLuca , Kim T. Mueser <sup>c</sup>, Katarzyna E. Wyka <sup>d e</sup>, Lawrence H. Yang <sup>f g</sup>, Yulia Landa <sup>a h</sup>, Cheryl M. Corcoran <sup>a h</sup>



# Agenda

- 1. The psychosis spectrum**
- 2. Psychoeducation**
- 3. Psychosis psychoeducation**
- 4. Essential considerations**
- 5. Summary & Q&A**

# Agenda

## **1. The psychosis spectrum**

2. Psychoeducation

3. Psychosis psychoeducation

4. Essential considerations

5. Summary & Q&A

# Psychosis: Big picture

- Approximately 1%-3% develop a psychotic disorder in their lifetime.
- 100,000 adolescents and young adults develop a first episode of psychosis each year in the US.
- Estimated economic burden of \$156 billion in the US.
- Significant individual impact (earlier mortality, lower QoL).
- Although there are negative outcomes associated with psychosis, it is important to note that many individuals who experience psychosis can and do lead full and successful lives.



**Culturally responsive care, which includes psychoeducation, is an ethical imperative** (e.g., Bakerle et al., 2021; Barnett & Bivings, 2002)

[Source](#)

# Psychosis



- Not a diagnosis
- Diverse set of experiences, including loss of touch from reality
  - *This can include **positive symptoms** such as hallucinations & delusions, as well as **negative symptoms** such as flat affect & alogia*
- *Psychosis* is commonly associated with schizophrenia-spectrum disorders, but may be present in mood disorders, trauma, substance use, etc.

# We view psychosis on a spectrum

## Hallucinations: Perceptual/Sensory Abnormalities



e.g., seeing indistinct shadows out of the corner of your eye

e.g., seeing a person hovering on top of your house

*Psychological Medicine* (2018), 48, 229–244. © Cambridge University Press 2017  
doi:10.1017/S0033291717001775

REVIEW ARTICLE

### **The slow death of the concept of schizophrenia and the painful birth of the psychosis spectrum**

S. Guloksuz<sup>1,2</sup> and J. van Os<sup>1,3,4\*</sup>

Other recent studies of psychotic experiences or “psychotic-like experiences” (PLE) in the general public:

- **6-27%** of individuals report at least one type of PLE in their lifetime (Bourgin et al., 2020; Isaksson, Vadlin, Olofsdotter, Åslund, & Nilsson, 2020; Kelleher et al., 2012a, 2012b; McGrath et al., 2015; van Os et al., 2009)
- **Most transitory and non-distressing** (van Os et al., 2009)
- **Some persist, can be distressing,** and are associated with: depression, low self-esteem, and other psychiatric disorders and service use (e.g., Dolphin et al., 2015; Rimvall et al., 2020) – particularly when influenced by environmental risk factors (van Os et al., 2009)

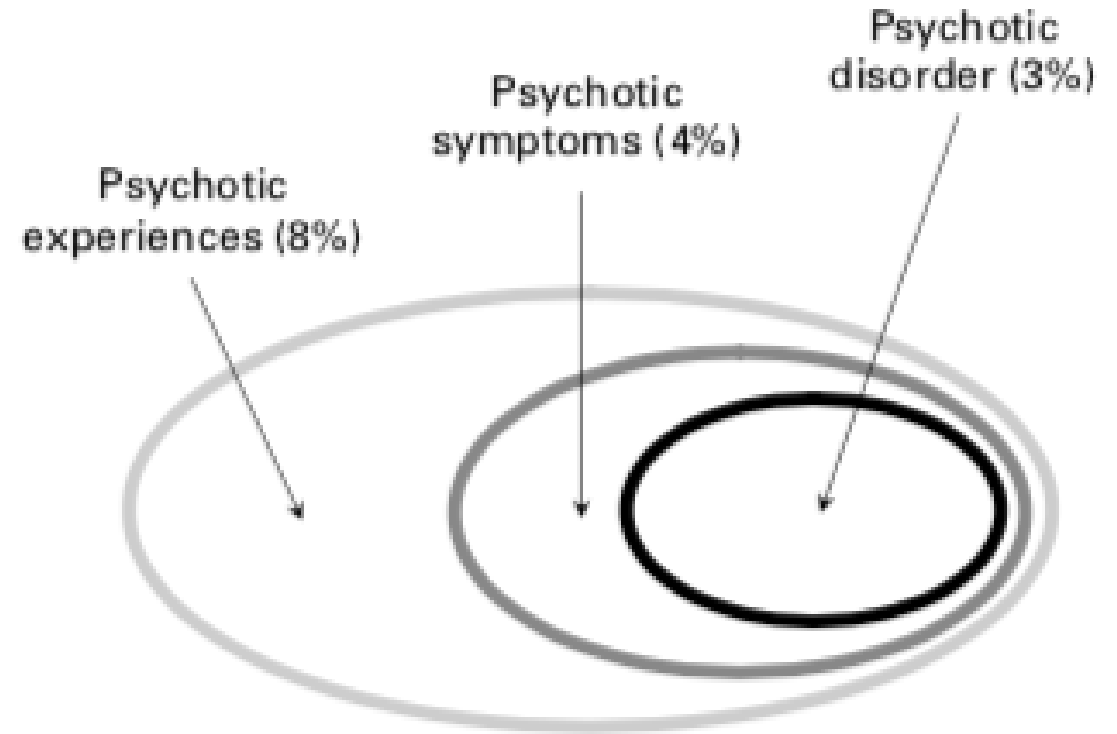


Fig. 4. Psychosis: variation along a continuum.

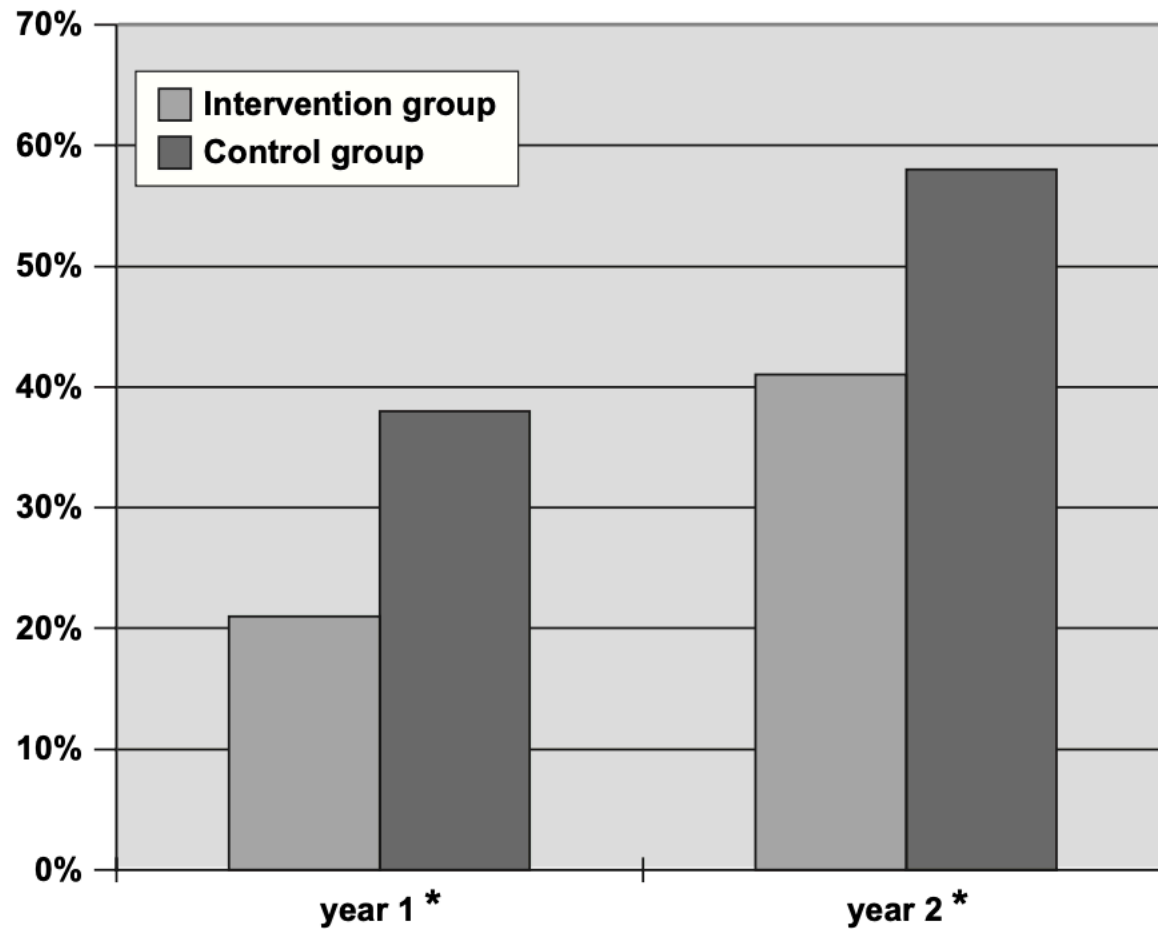
van Os et al., 2009

# Why focus on psychosis?

- Although psychotic disorders are relatively rare (1-3%), they impact **millions** of people worldwide (schizophrenia alone affects more than **24 million people**) (World Health Organization [WHO], 2022)
- The psychosis spectrum is broad and *psychotic-like experiences* predict future psychopathology (Lindgren et al., 2022; McGorry et al., 2018; Staines et al., 2022)
- Stigma, equity, and human rights issues are **common** (DeLuca et al., 2022; Jones et al., 2021; Oluwoye et al., 2018; WHO, 2022)
- Psychoeducation works (e.g., Rodolico et al., 2022)



Source: Pixabay



**Fig. 1.** PIP Study: Rehospitalization Rates in Percent After 1 Year ( $n = 163$ ) and 2 Years ( $n = 153$ ),  $*P < .05$ .

Bäumli et al. (2006)

### HIGHLIGHTS

- Most psychiatry trainees at teaching hospitals in New York City provided some form of psychoeducation to hospitalized patients with FEP and their families.
- Few used a standardized psychoeducational tool or method, and less than one-third incorporated supplemental materials.
- These results, along with responses from a national sample showing similar trends, indicate that inpatient psychoeducation for patients with FEP and their families is largely informal and that this population is not receiving consistent information in terms of content or quality.

*Psychiatric Services 72:5, May 2021*

Belkin et al., 2021; see also  
Rummel-Kluge et al. (2007)



# Why focus on psychosis? (continued)

- High public stigma
- Low public knowledge

RESEARCH ARTICLE | PUBLIC OPINION

[HEALTH AFFAIRS](#) > [VOL. 38, NO. 10](#): VIOLENCE & HEALTH

## Evolving Public Views On The Likelihood Of Violence From People With Mental Illness: Stigma And Its Consequences

[Bernice A. Pescosolido](#), [Bianca Manago](#), and [John Monahan](#)

[AFFILIATIONS](#) 

PUBLISHED: OCTOBER 2019  **Free Access**

<https://doi.org/10.1377/hlthaff.2019.00702>

# Let's consider

- “Jenna” is a 25-year-old, cisgender, heterosexual, Asian-American young woman who was recently diagnosed with schizophrenia after a brief hospitalization.
- She lives with her mother in a northeastern metropolitan city, in a working-class neighborhood.
- This is Jenna and her mother's first contact with the mental health system.



Source: Pixabay

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# Psychoeducation



Source: Pixabay

# Common components

- Etiology
- Common signs and symptoms
- Early signs of relapse
- Coping
- Treatment options
- Prognosis
- Family skills
- General MH education and stigma reduction
- Many different models (e.g., information, skill training, supportive, comprehensive, etc.)



Source: Pixabay

# Models (continued)



Source: Pixabay



Source: Pixabay

# Common factors

*J. Bäuml et al.*

**Table 3.** Nonspecific Effective Factors of Psychoeducation

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Development of a good therapeutic relationship

Unconditional appreciation

Empathic response to participants

Respectful attention to subjectively deviant opinions

Need- and resource-orientated procedures

Stimulation of hope and reassurance

Encouragement of personal exchange of experiences

Facilitation of “shared fate”

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# Common goals

**Table 2. Goals of Psychoeducation**

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Ensuring patients' and their relatives' attainment of "basic competence"
Facilitating an informed and self-responsible handling of the illness
Deepening the patients' role as an "expert"
"Cotherapists"—strengthening the role of relatives
Optimal combination of professional therapeutic methods and empowerment
Improving insight into illness and improvement of compliance
Promoting relapse prevention
Engaging in crisis management and suicide prevention
Supporting healthy components
Economizing informational and educational activities

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# Success for non-psychotic disorders

**BMC Medicine**



Research article

**Open Access**

## **Psychoeducation for depression, anxiety and psychological distress: a meta-analysis**

Tara Donker\*<sup>1</sup>, Kathleen M Griffiths<sup>2</sup>, Pim Cuijpers<sup>1</sup> and Helen Christensen<sup>2</sup>

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Email: Tara Donker\* - [t.donker@psy.vu.nl](mailto:t.donker@psy.vu.nl); Kathleen M Griffiths - [Kathy.Griffiths@anu.edu.au](mailto:Kathy.Griffiths@anu.edu.au); Pim Cuijpers - [p.cuijpers@psy.vu.nl](mailto:p.cuijpers@psy.vu.nl); Helen Christensen - [Helen.Christensen@anu.edu.au](mailto:Helen.Christensen@anu.edu.au)

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Published: 16 December 2009

Received: 19 November 2009

*BMC Medicine* 2009, **7**:79 doi:10.1186/1741-7015-7-79

Accepted: 16 December 2009

This article is available from: <http://www.biomedcentral.com/1741-7015/7/79>

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# Success for non-psychotic disorders

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Research

JAMA Psychiatry | [Original Investigation](#)

## Adjunctive Psychotherapy for Bipolar Disorder A Systematic Review and Component Network Meta-analysis

David J. Miklowitz, PhD; Orestis Efthimiou, PhD; Toshi A. Furukawa, MD, PhD; Jan Scott, MD, PhD;  
Ross McLaren, BMBCh; John R. Geddes, MD; Andrea Cipriani, MD, PhD

# Let's consider again

- “Jenna” is a 25-year-old, cisgender, heterosexual, Asian-American young woman who was recently diagnosed with schizophrenia after a brief hospitalization.
- She lives with her mother in a northeastern metropolitan city, in a working-class neighborhood.
- This is Jenna and her mother's first contact with the mental health system.



Source: Pixabay

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# Historical work (Anderson et al., 1980)

- Deinstitutionalization
- Roots in behavioral therapy (see Anderson et al., 1980; Bäuml et al., 2006)
  - *Briefing patients about illness*
  - *Problem-solving training*
  - *Communication training*
  - *Self-assertiveness training*
- Client/patient-centered

490

## Family Treatment of Adult Schizophrenic Patients: A Psycho-Educational Approach

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by Carol M. Anderson,  
Gerard E. Hogarty, and  
Douglas J. Reiss

### Abstract

As part of a long-term study in schizophrenia, a model of family in-

biological position regarding an assumed pathogenesis from which a reasonable treatment formulation would logically follow. But are there

# Historical work (continued)

- Importance of the family
- *Expressed emotion*
- “*Schizophrenogenic mother*”
  - $\wedge$  not supported by research (see Neill et al., 1990)


*Psychological Medicine*

cambridge.org/psm

## Review Article

**Cite this article:** Ma CF, Chan SKW, Chung YL, Ng SM, Hui CLM, Suen YN, Chen EYH (2021). The predictive power of expressed emotion and its components in relapse of schizophrenia: a meta-analysis and meta-regression. *Psychological Medicine* **51**, 365–375. <https://doi.org/10.1017/S0033291721000209>

The predictive power of expressed emotion and its components in relapse of schizophrenia: a meta-analysis and meta-regression

Chak Fai Ma<sup>1,2</sup>, Sherry Kit Wa Chan<sup>1,3</sup> , Yik Ling Chung<sup>4</sup>, Siu Man Ng<sup>5</sup>, Christy Lai Ming Hui<sup>1</sup>, Yi Nam Suen<sup>1</sup> and Eric Yu Hai Chen<sup>1,3</sup>

<sup>1</sup>Department of Psychiatry, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong SAR; <sup>2</sup>Department of Psychiatry, Kwai Chung Hospital, Hong Kong SAR; <sup>3</sup>The State Key Laboratory of Brain and Cognitive Sciences, The University of Hong Kong, Hong Kong SAR; <sup>4</sup>Department of Psychiatry, Kowloon Hospital, Hong Kong SAR and <sup>5</sup>Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong SAR



## HHS Public Access

Author manuscript

*J Abnorm Psychol.* Author manuscript; available in PMC 2022 August 01.

Published in final edited form as:

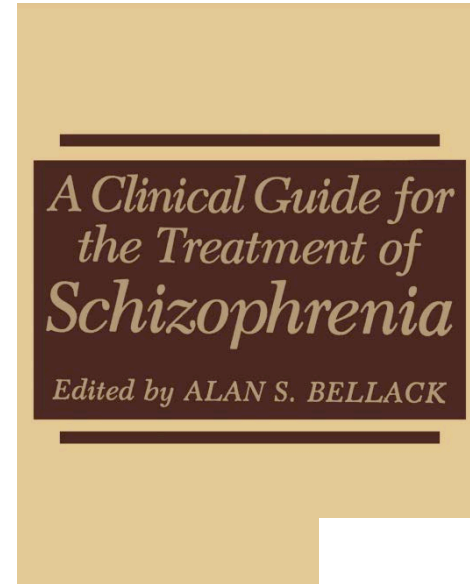
*J Abnorm Psychol.* 2021 August ; 130(6): 587–593. doi:10.1037/abn0000679.

**Predictors of internalized mental health stigma in a help-seeking sample of youth: The roles of psychosis-spectrum symptoms and family functioning**

Joseph S. DeLuca, PhD<sup>a,b,c</sup>, LeeAnn Akouri-Shan, MA<sup>a</sup>, Samantha Y. Jay, MA<sup>a</sup>, Samantha L. Redman, MA<sup>a</sup>, Emily Petti, BA<sup>a</sup>, Alicia Lucksted, PhD<sup>d</sup>, Pamela Rakhshan Rouhakhtar, MA<sup>a</sup>, Mallory J. Klaunig, PhD<sup>a</sup>, Sarah M. Edwards, DO<sup>b</sup>, Gloria M. Reeves, MD<sup>b</sup>, Jason Schiffman, PhD<sup>a,\*</sup>

# Historical work (Mueser et al., 1989)

- *Behavioral Family Therapy*
  - Improve family's understanding of mental illness and its treatment
- Use of skills training (e.g. modeling, role playing, feedback, home practice)



# Explaining hallucinations (Mueser, 2005)

**Therapist:** One common symptom of schizophrenia is hallucinations. Hallucinations are seeing, hearing, feeling, smelling, or tasting something when nothing around the person actually caused that sensation. The most common kind of hallucination is auditory hallucinations or hearing voices. When people have auditory hallucinations, they are often heard through their ears and sound just like a regular voice even though

no one is actually talking. Joe, have you ever had hallucinations?

**Joe (the client):** Sometimes I hear these guys calling me names. Or I hear people talking about me.

**Therapist:** I see. What's that like?

**Joe:** It's distracting because I start listening to the voices. It also gets me down. I don't like it.

**Therapist:** Yes, it's common for people to feel distracted and upset when they hear voices. Darlene? Did you know Joe hears voices?

**Darlene (the mother):** Yes, I thought he's heard voices and sometimes he's talked about it. But I always thought that he heard the voices just inside his head. I didn't realize that they sounded like they came through his ears.

**Joe:** Yes, they sound just like regular voices, except they're usually putting me down.



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Psychosocial and psychological interventions for relapse prevention in schizophrenia: a systematic review and network meta-analysis



Irene Bighelli, Alessandro Rodolico, Helena García-Mieres, Gabi Pitschel-Walz, Wulf-Peter Hansen, Johannes Schneider-Thoma, Spyridon Siafis, Hui Wu, Dongfang Wang, Georgia Salanti, Toshi A Furukawa, Corrado Barbui, Stefan Leucht

- **Research question:** what is the “the efficacy, acceptability, and tolerability of psychosocial and psychological interventions for **relapse prevention** in schizophrenia?”
- **Main findings:** compared to TAU at 1-yr follow-up, **family PE** and **individual PE** significantly reduced relapse (23-25% v. 35%)

# Psychosis psychoeducation with families

- Family psychoeducation (with and without behavioral or skills training) was associated with a lower chance of relapse at 12 months (v. TAU)
  - Family PE alone (w/o behavioral or skills training) was actually superior
  - $\leq 2$  sessions = not effective
- Median # of sessions = 12


## THE LANCET Psychiatry

Volume 9, Issue 3, March 2022, Pages 211-221



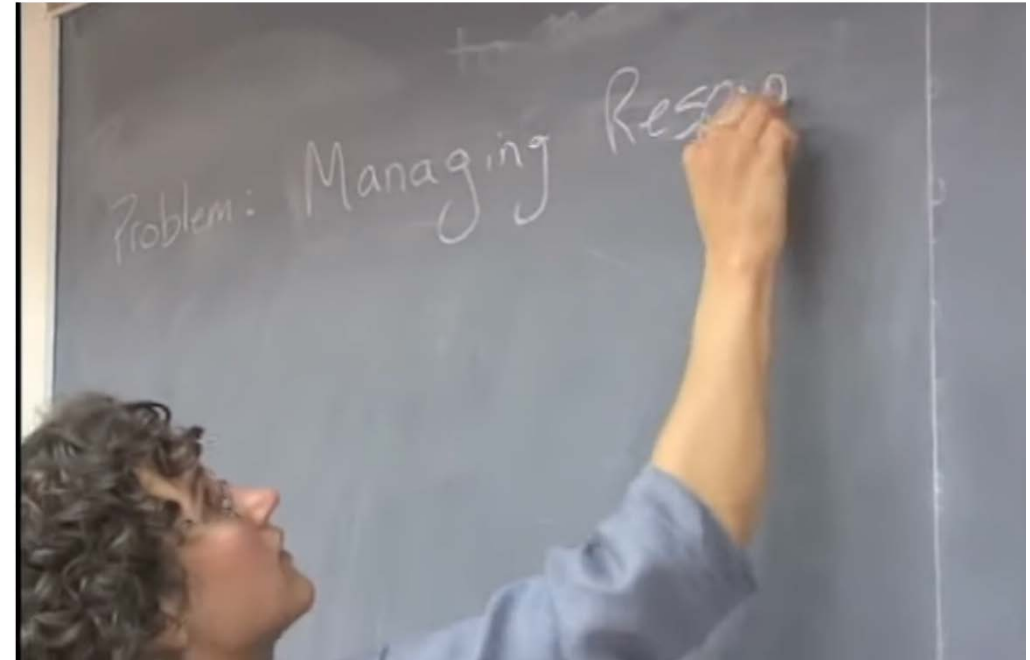
### Articles

## Family interventions for relapse prevention in schizophrenia: a systematic review and network meta-analysis

[Alessandro Rodolico MD<sup>a\\*</sup>](#), [Irene Bighelli PhD<sup>b\\*</sup>](#), [Chiara Avanzato MD<sup>a</sup>](#), [Carmen Concerto PhD<sup>a</sup>](#), [Pierfelice Cutrufelli MD<sup>a</sup>](#), [Ludovico Mineo MD<sup>a</sup>](#), [Johannes Schneider-Thoma MD<sup>b</sup>](#), [Spyridon Sifis MD<sup>b</sup>](#), [Maria Salvina Signorelli PhD<sup>a</sup>](#), [Hui Wu MD<sup>b</sup>](#), [Dongfang Wang MSc<sup>b</sup>](#), [Prof Toshi A Furukawa MD<sup>c</sup>](#), [Gabi Pitschel-Walz PhD<sup>b</sup>](#), [Prof Eugenio Aguglia MD<sup>a</sup>](#), [Prof Stefan Leucht MD<sup>b</sup>](#)  

# Example: McFarlane's model (McFarlane et al., 1994; 1995)

- Multi-family groups go back to the 1960s
- McFarlane's model: 4-8 families meet with 2 clinicians on a biweekly basis for ~1-2 years
- Involves building rapport/alliance among patients and families, providing education, problem-solving, skill-building, etc.



From a national health authority  
Learn how experts define health sources in a journal of the National Academy of Medicine [↗](#)

Family Psychoeducation -- Introductory Video

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# What about other outcomes? (Alhadidi et al., 2020; Lincoln et al., 2007)

- Likely increase in knowledge of illness
- Likely increase in use of psychiatric medication
- Likely decrease in stigma
- Potential decrease in SZ-spectrum symptoms

# Early-stage psychosis psychoeducation



Schizophrenia Research  
Volume 252, February 2023, Pages 148-158



## Psychoeducation for individuals at clinical high risk for psychosis: A scoping review

Shaynna N. Herrera<sup>a</sup> , Cansu Sarac<sup>a</sup>, Antigone Phili<sup>a</sup>, Jane Gorman<sup>a</sup>, Lily Martin<sup>a</sup>, Romi Lyallpuri<sup>a,b</sup>, Matthew F. Dobbs<sup>a</sup>, Joseph S. DeLuca<sup>a</sup>, Kim T. Mueser<sup>c</sup>, Katarzyna E. Wyka<sup>d,e</sup>, Lawrence H. Yang<sup>f,g</sup>, Yulia Landa<sup>a,h</sup>, Cheryl M. Corcoran<sup>a,h</sup>

Schizophrenia Bulletin vol. 46 no. 1 pp. 98-109, 2020  
doi:10.1093/schbul/sbz038  
Advance Access publication 3 May 2019

## Effectiveness of Family Intervention for Preventing Relapse in First-Episode Psychosis Until 24 Months of Follow-up: A Systematic Review With Meta-analysis of Randomized Controlled Trials

Miguel Camacho-Gomez and Pere Castellvi\*



Schizophrenia Research  
Volume 238, December 2021, Pages 44-51



## Emotional and stigma-related experiences relative to being told one is at risk for psychosis

Kristen A. Woodberry<sup>a,b,c,d</sup> , Kate S. Powers<sup>a</sup>, Caitlin Bryant<sup>c,e</sup>, Donna Downing<sup>a</sup>, Mary B. Verdi<sup>a</sup>, Katherine M. Elacqua<sup>a</sup>, Audrey R.L. Reuman<sup>f</sup>, Leda Kennedy<sup>c,g</sup>, Daniel I. Shapiro<sup>c,d,h</sup>, Michelle L. West<sup>c,d,i,p</sup>, Debbie Huang<sup>j</sup>, Francesca M. Crump<sup>k</sup>, Margaux M. Grivel<sup>l</sup>, Drew Blasco<sup>l</sup>, Shaynna N. Herrera<sup>m</sup>, Cheryl M. Corcoran<sup>m,n</sup>, Larry J. Seidman<sup>c,d</sup>, Bruce G. Link<sup>o</sup>, William R. McFarlane<sup>a,b</sup>, Lawrence H. Yang<sup>j,l</sup>

Clinical Psychology Review 56 (2017) 13-24



Contents lists available at ScienceDirect

Clinical Psychology Review

journal homepage: [www.elsevier.com/locate/clinspsychrev](http://www.elsevier.com/locate/clinspsychrev)



Review

## Effectiveness of psychoeducational interventions for family carers of people with psychosis: A systematic review and meta-analysis

Jacqueline Sin<sup>a,b,\*</sup>, Steve Gillard<sup>a</sup>, Debbie Spain<sup>c</sup>, Victoria Cornelius<sup>d</sup>, Tao Chen<sup>e</sup>, Claire Henderson<sup>b</sup>



# BEGIN (Herrera et al., 2022; 2023)

## What is Psychoeducation?



BEGIN utilizes a structured presentation to facilitate learning and enhance therapy.

We offer a 5-session psychoeducational therapy program called BEGIN: Brief Educational Guide for Individuals in Need. BEGIN provides education about psychosis-risk and teaches young people how to self-assess and monitor their symptoms. BEGIN also assists young people in identifying personal and treatment goals, and helps them learn more about mental health treatment and make decisions about treatment.

- [Mount Sinai's CUE program](#)

# Let's consider again

- “Jenna” is a 25-year-old, cisgender, heterosexual, Asian-American young woman who was recently diagnosed with schizophrenia after a brief hospitalization.
- She lives with her mother in a northeastern metropolitan city, in a working-class neighborhood.
- This is Jenna and her mother's first contact with the mental health system.



Source: Pixabay

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# Cultural considerations

- Practice cultural humility
  - Self-reflection
  - Open discussions of cultural dynamics/identities → positive therapeutic alliance + tx outcomes (Owen et al., 2016; Vasquez, 2007)
- Be aware of differences in acculturation
- Respect cultural beliefs
- Use a cultural formulation approach
- Explore explanatory model of illness
- Use a strengths-based approach
- Negotiate a shared understanding: Find common ground

## **Step 3. Allow young people to explore their illness narrative.**

During this step, clinicians are encouraged to ask a series of questions to help understand the meaning of psychosis from the young person's perspective. Ask young people a few questions to help them explore their narrative, such as:

- What do you call this problem?
- What do you believe caused this problem?
- What course do you expect it to take?
- What do you think this problem does to your body?
- How does it affect your body and your mind?
- What do you fear the most about this problem?
- What do you fear most about treatment?

# Frameworks

- Intersectionality (Crenshaw, 1990)
  - “ADDRESSING” Model (Hays, 1996)
  - Age and generational influences
  - Developmental or other
  - Disability
  - Religion (or spirituality)
  - Ethnic and racial identity
  - Socioeconomic status
  - Sexual orientation
  - Indigenous heritage
  - National origin
  - Gender identity



Primary Clinician’s Manual



Delivering Culturally Competent Care in FEP

- IV. Main Themes and Best Practices .....
  - A. Theme: Religion and Spirituality .....
    - 1. Sub-themes, Scenarios and Best Practices..
  - B. Theme: Family Culture.....
    - 1. Sub-themes, Scenarios and Best Practices:..
  - C. Theme: Language Barriers .....
    - 1. Sub-themes, Scenarios and Best Practices..
  - D. Theme: Gender and Sexuality.....
    - 1. Sub-themes, Scenarios and Best Practices..
  - E. Theme: Youth Culture .....
    - 1. Sub-themes, Scenarios and Best Practices..

# Stigma

Journal of Psychiatric Research 148 (2022) 348–356



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## Psychological interventions for personal stigma of patients with schizophrenia: A systematic review and network meta-analysis

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Brief Reports

Full

## Public Stigma Associated With Psychosis Risk Syndrome in a College Population: Implications for Peer Intervention

Lawrence H. Yang, Ph.D., Deidre M. Anglin, Ph.D., Ahtoy J. Wonpat-Borja, M.P.H., Mark G. Opler, Ph.D., Michelle Greenspoon, M.A., and Cheryl M. Corcoran, M.D.


Published Online: 1 Mar 2013 | <https://doi.org/10.1176/appi.ps.003782011>

# Local considerations

## Early-Stage Psychosis Services in the US

- Baseline: Black patients were less likely to have private insurance, more likely to be homeless or transient, had significantly poorer quality of life, more severe disorganized symptoms, and worse neurocognition, but less alcohol use (v. White patients)
- Among persons in usual community care, non-Hispanic blacks scored significantly higher throughout treatment on positive and disorganized symptoms (v. non-Hispanic whites), and non-Hispanic blacks were less likely than non-Hispanic whites to receive individual therapy
- *Families of Hispanic participants in usual community care were less likely than non-Hispanic white families to receive family psychoeducation*
- Families of non-Hispanic black participants were less likely than those of non-Hispanic white participants to receive family psychoeducation in specialized treatment
- No health insurance → early discharge

## Racial-Ethnic Disparities in First-Episode Psychosis Treatment Outcomes From the RAISE-ETP Study

Oladunni Oluwoye , Ph.D., C.H.E.S., Bryan Stiles, B.A., Maria Monroe-DeVita, Ph.D., Lydia Chwastiak, M.D., M.P.H., Jon M. McClellan, M.D., Dennis Dyck, Ph.D., Leopoldo J. Cabassa, Ph.D., M.S.W., Michael G. McDonell, Ph.D.

Published Online: 28 Aug 2018 | <https://doi.org/10.1176/appi.ps.201800067>

## Demographic, psychosocial, clinical, and neurocognitive baseline characteristics of Black Americans in the RAISE-ETP study

Arundati Nagendra <sup>a</sup> , Nina R. Schooler <sup>b, c</sup>, John M. Kane <sup>c, d, e, f</sup>, Delbert G. Robinson <sup>c, d, e</sup>, Kim T. Mueser <sup>g</sup>, Sue E. Estroff <sup>h</sup>, Jean Addington <sup>i</sup>, Patricia Marcy <sup>c</sup>, David L. Penn <sup>a, j</sup>

[Schizophr Res.](#) Author manuscript; available in PMC 2021 Feb 1.

PMCID: PMC7239728

Published in final edited form as:

NIHMSID: NIHMS1548005

[Schizophr Res.](#) 2020 Feb; 216: 523–525.

PMID: [31902559](#)

Published online 2020 Jan 3. doi: [10.1016/j.schres.2019.12.004](https://doi.org/10.1016/j.schres.2019.12.004)

## The Impact of Early Family Contact on Quality of Life among non-Hispanic Blacks and Whites in the RAISE-ETP trial

Oladunni Oluwoye, PhD, CHES,<sup>a</sup> Liat Kriegel, PhD, MSW,<sup>a</sup> Karl C. Alcover, PhD,<sup>a</sup> Michael T. Compton, MD, MPH,<sup>b</sup> Leopoldo J. Cabassa, PhD, MSW,<sup>c</sup> and Michael G. McDonell, PhD<sup>a</sup>

## Predictors of Early Discharge From Early Intervention Services for Psychosis in New York State

Franco Mascayano, M.P.H., Els van der Ven, Ph.D., Gonzalo Martinez-Ales, M.D., Cale Basaraba, M.P.H., Nev Jones, Ph.D., Rufina Lee, Ph.D., Iruma Bello, Ph.D., Ilana Nossel, M.D., Stephen Smith, Ph.D., Thomas E. Smith, M.D., Melanie Wall, Ph.D., Ezra Susser, Ph.D., Lisa B. Dixon, M.D., M.P.H.

# Community-based participatory research

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WORK-IN-PROGRESS & LESSONS LEARNED

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## Early Assessment and Support Alliance Connections: Community-Based Participatory Research to Develop a Peer-based Early Psychosis Web Resource with Young Adults

Dora M. Raymaker, PhD<sup>1,3</sup>, Tamara Sale, MA<sup>2,3</sup>, Mariam Rija, BA<sup>3</sup>, Nicholas Buekea, BS, OTD<sup>3</sup>, Nybelle Caruso, BS, PSS<sup>3</sup>, Ryan Melton, PhD<sup>1</sup>, Natalie Cohrs, BA, PSS<sup>3</sup>, Veronica Gould, BS<sup>1,3</sup>, Christina Wall, MS<sup>1,3</sup>, and Mirah Scharer, BS<sup>1,3</sup>

(1) Portland State University; (2) Oregon Health and Science University; (3) EASA Connections Design Team

Submitted 30 August 2019, revised 3 March 2020, accepted 12 March 2020

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# National Alliance on Mental Illness



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## NAMI Family-to-Family

### Support & Education

Mental Health Education —

NAMI Basics

NAMI Ending the Silence

NAMI Family-to-Family

NAMI Family & Friends +

NAMI Hearts+Minds

NAMI Homefront +



# Agenda

1. The psychosis spectrum
2. Psychoeducation
3. Psychosis psychoeducation
4. Essential considerations
- 5. Summary & Q&A**

# Summary

- Psychoeducation works for psychosis – many positive outcomes
- Involving families is key
- Cultural factors and broader identity factors must be considered in this work
  - Developmental and intersectional lenses



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# Questions



# Appreciation



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