



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Family Psychoeducation for Caregiving Relatives of Individuals with First- Episode Psychosis: An Introduction

Nicholas Breitborde, PhD



MUNROE-MEYER
INSTITUTE

SAMHSA

Substance Abuse and Mental Health
Services Administration

Disclaimer

This presentation was prepared for the MHTTC Network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the MHTTC Network Coordinating Office. This presentation will be recorded and posted on our website.

At the time of this presentation, Tom Coderre served as Acting Assistant Secretary for Mental Health and Substance Use at the Substance Abuse and Mental Health Services Administration (SAMHSA). The opinions expressed herein are the views of the speakers and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

This work is supported by grants under Funding Opportunity Announcement (FOA) No. SM-18-015 from the DHHS, SAMHSA.

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/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

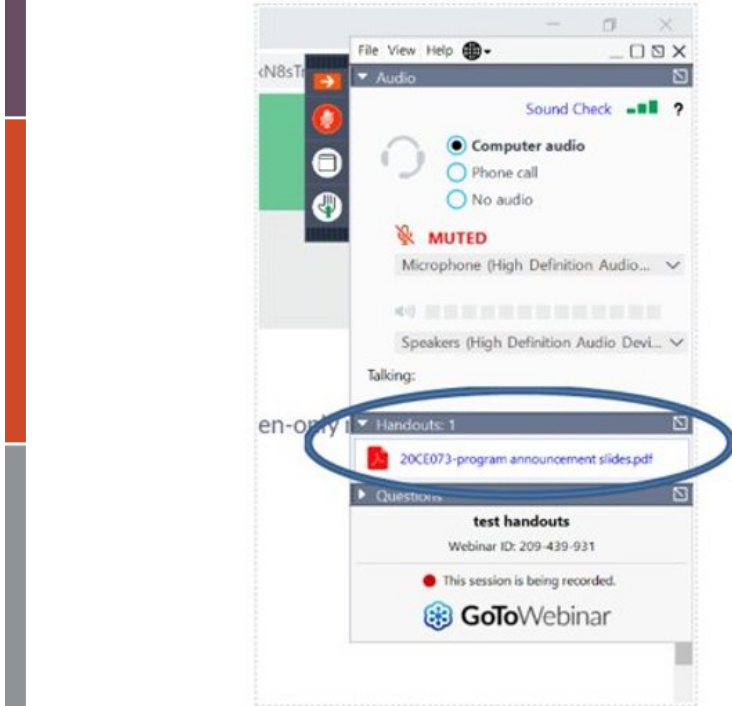
RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Announcements

- All attendees are automatically muted
- Submit questions any time during the webinar
- Those who attend the whole webinar will receive a certificate of completion
- This webinar is being recorded.

<https://mhttcnetwork.org/centers/mid-america-mhttc/event/family-psychoeducation-caregiving-relatives-individuals-first>





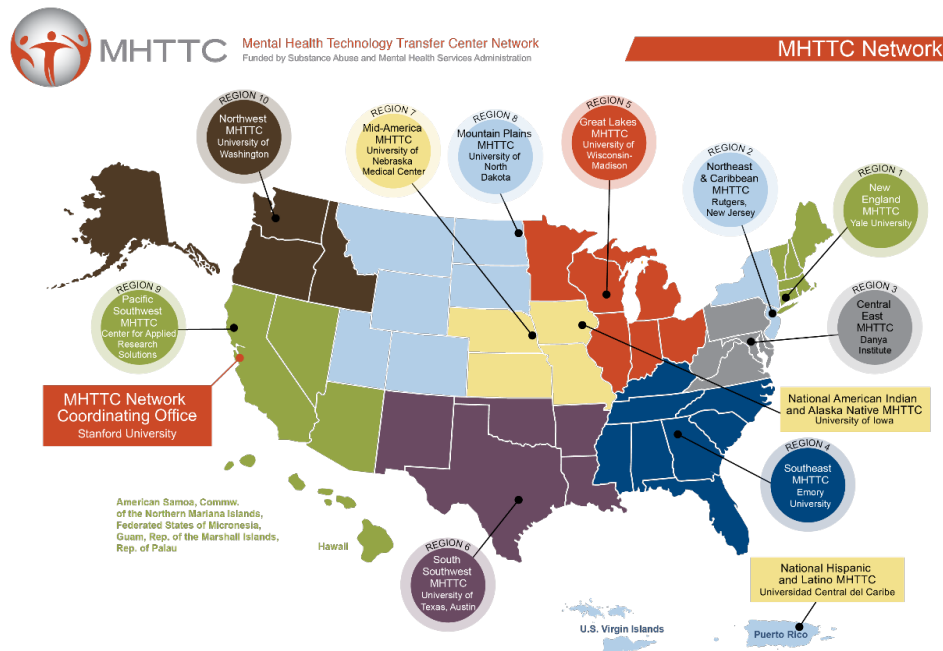
Evaluation

- At the end of this session, you will be asked to complete a brief evaluation.
- Because this event is federally funded, we are required to ask about participants' satisfaction with our services.
- To maintain our funding, we are required to get 80% participation.
- We greatly value your feedback and participation in the survey!!

Mid-America Mental Health Technology Transfer Center

Established to increase utilization of evidence-based mental health practices.

- Missouri, Iowa, Nebraska, and Kansas.
- Free training and technical assistance.
- SAMHSA grant awarded to the Behavioral Health Education Center of Nebraska at University of Nebraska Medical Center.
(5 years, \$3.7 million, grant number: H79SM081769)



Dr. Nicholas Breitborde



Dr. Nicholas Breitborde is Professor and Vice Chair for Academic Affairs in the Department of Psychiatry and Behavioral Health at The Ohio State University and Director of the OSU Early Psychosis Intervention Center (EPICENTER). He serves as a Content Area Expert for the Global Burden of Disease Study and is a former member of the American Psychological Association Task Force on Serious Mental Illness/Severe Emotional Disturbances. To date, his research has been cited over 40,000 times and has been funded by agencies such as the National Institute for Mental Health (NIMH) and the Substance Abuse and Mental Health Services Administration (SAMHSA).



Improving People's Lives Through Innovations in Personalized Health Care

Family Psychoeducation for Caregiving Relatives of Individuals with First-Episode Psychosis

Nicholas Breitborde, PhD
Department of Psychiatry and Behavioral Health



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Disclosures

- **Research/Grants**: ABCD; DMHAS (CT); IMHR; NIMH; ODMHAS; ODH; Pfizer; SAMHSA
- **Consultant**: IMHR
- **Speakers Bureau**: None
- **Stockholder**: None
- **Other Financial Interest**: None
- **Advisory Board**: None

Notes on the Development of Treatment of Schizophrenics by Psychoanalytic Psychotherapy[†]

Frieda Fromm-Reichmann*

IN THE PREANALYTIC PHASES of psychiatric development, psychotherapists considered schizophrenic states nontreatable. There seemed to be no medium in which the disturbed schizophrenic and the psychiatrist could communicate with one another. The thought processes, feelings, communications, and other manifestations of the disturbed schizophrenic seemed nonsensical and without meaning as to origin, dynamics, and actual contents.

TOWARD A THEORY OF SCHIZOPHRENIA

by Gregory Bateson, Don D. Jackson, Jay Haley, and John Weakland

Veterans Administration Hospital, Palo Alto, California; and Stanford University

Schizophrenia—its nature, etiology, and the kind of therapy to use for it—remains one of the most puzzling of the mental illnesses. The theory of schizophrenia presented here is based on communications analysis, and specifically on the Theory of Logical Types. From this theory and from observations of schizophrenic patients is derived a description, and the necessary conditions for, a situation called the “double bind”—a situation in which no matter what a person does, he “can’t win.” It is hypothesized that a person caught in the double bind may develop schizophrenic symptoms. How and why the double bind may arise in a family situation is discussed, together with illustrations from clinical and experimental data.



Whatever Became of the Schizophrenogenic Mother?

JOHN NEILL, M.D.* | Lexington, KY

This article chronicles the rise and fall of the concept of the “schizophrenogenic mother” popular in the psychotherapeutic literature from the 1940s to the 1970s. Sociocultural and ideological factors leading to the use of this damaging hypothesis—that women could “cause” schizophrenia in their offspring—are discussed.



Family Members as Recovery Supports

- Provide emotional, informational, and tangible support
- Support navigation of challenging health system
- Help in coping with mental health symptoms
- Assist with complex components of care
- Support hope and self-worth
- Etc...

Health Outcomes for Caregiving Relatives

Table 1

Individuals' with Schizophrenia and Caregiving Relatives' Scores on the RAND-36

	Key Relatives		Relatives with Schizophrenia	
	M	SD	M	SD
PHC	41.47	12.82	45.98	10.82
MHC	42.47	13.20	41.05	10.56
GHC	41.10	12.83	42.28	9.99

NB. PHC = Physical Health Composite; MHC = Mental Health Composite; GHC =

General Health Composite

Family Psychoeducation



Functions of Family Psychoeducation

- Case management
- Collaboration
- Education
- Problem-Solving
- Stress Reduction
- Support

Principles of Family Psychoeducation

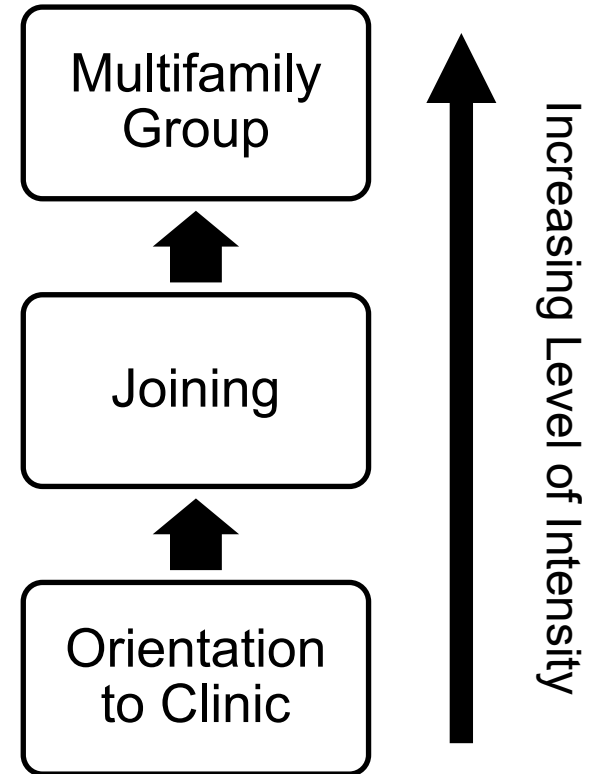
- Broad definition of family
- Collaboration/Permission of the individual with psychosis
- Early engagement
- Flexible, individualized services
- Hope-inspiring and resiliency focused
- Collaborative
- Informed by the trauma of psychosis

Format of Family Psychoeducation

- Single vs. Multiple family group
- Home vs. Clinic-Based
- Inclusion of individual with psychosis?

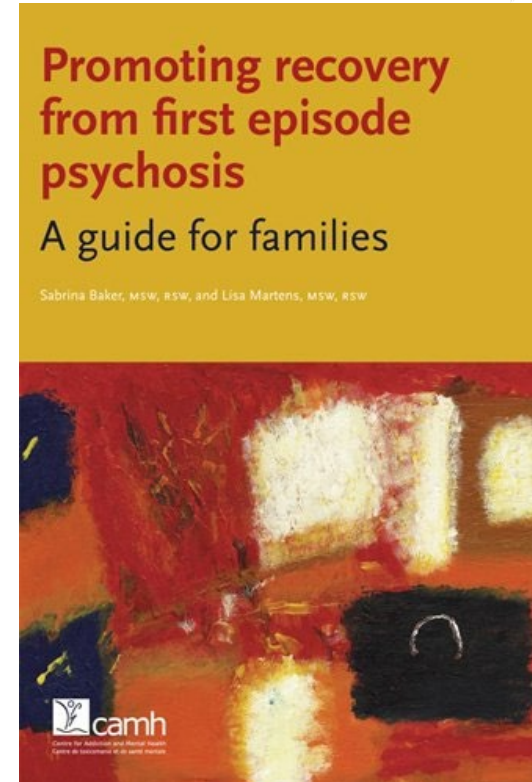
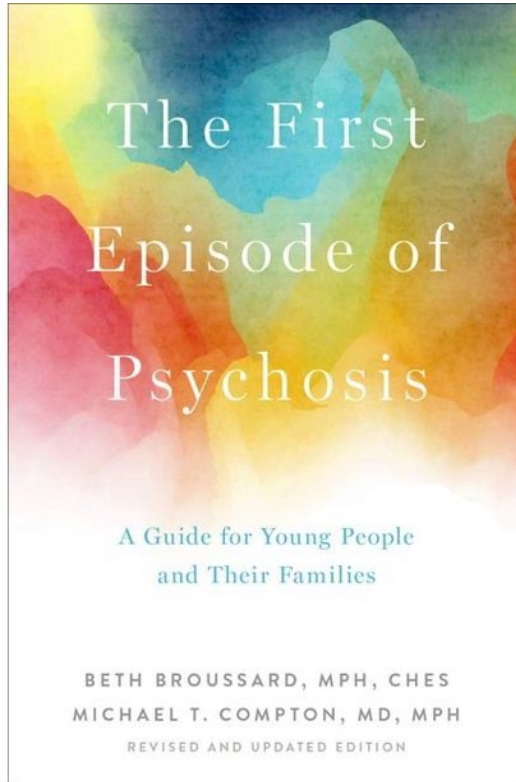
Family Psychoeducation Example: EPICENTER

- Not all families may need/want intensive family psychoeducation (Cohen et al., 2008)
- Family members progress through a series of increasingly intensive interventions until distress is alleviated
- Strategy consistent with goals of family members (Askey et al., 2009)



Orientation to the Clinic

- Family member(s) invite to participate at first appt.
 - Collect additional clinical information
 - Review components of treatment program
 - Answer questions about treatment, etiology, and course of illness
 - Obtain bidirectional ROI
 - Introduce family to treatment team
 - Provide educational materials



UNDERSTANDING A FIRST EPISODE OF PSYCHOSIS

Caregiver: Get the Facts

What does it mean when a health care professional says a "first episode of psychosis"?



It can be scary at first—learning your child has a mental health diagnosis. But, once you really think about it, it is no different than learning your child has asthma or diabetes. You become educated about the condition, you find the resources and professionals your child needs to be healthy, and you continue to love your child just as much as you ever did.

—Malisa, Parent



Hearing a health care professional say your youth or young adult is experiencing a first episode of psychosis can be confusing. The good news is that the emotions and behaviors you have been concerned about are often symptoms of a treatable disorder. By engaging in treatment and entering recovery, people with psychoses can feel better and can go on to lead productive, meaningful lives. Recovery does not necessarily mean a cure for people experiencing a first episode of psychosis. It does mean that people are actively moving toward wellness.

It is important to talk with a health care provider about treatment options and additional information. Your provider may be a child and adolescent psychiatrist, general psychiatrist, psychologist, pediatrician, social worker, or other health care provider. If you are concerned that your youth or young adult is experiencing a first episode of psychosis, it is important to seek a thorough evaluation. The evaluation includes talking about their symptoms, blood and urine tests, potentially a brain scan, and perhaps other tests to ensure there is no underlying medical condition causing the symptoms. It is also important to ensure that they can tolerate medication, if recommended as part of a treatment plan.

What do we mean by recovery?

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Recovery focuses on wellness and resilience, encouraging (people) to participate actively in their own care.



Substance Abuse and Mental Health Services Administration

SAMHSA

www.samhsa.gov • 1-877-SAMHSA • 1-877-726-4737

UNDERSTANDING PSYCHOSIS

From the NATIONAL INSTITUTE of MENTAL HEALTH



Who develops psychosis?

Psychosis can affect people from all walks of life. Psychosis often begins when a person is in his or her late teens to mid-twenties. There are about 100,000 new cases of psychosis each year in the U.S.

What causes psychosis?

There is no one specific cause of psychosis. Psychosis may be a symptom of a mental illness, such as schizophrenia or bipolar disorder. However, a person may experience psychosis and never be diagnosed with schizophrenia or any other mental disorder. There are other causes, such as sleep deprivation, general medical conditions, certain prescription medications, and the misuse of alcohol or other drugs, such as marijuana. A mental illness, such as schizophrenia, is typically diagnosed by excluding all of these other causes of psychosis. To receive a thorough assessment and accurate diagnosis, visit a qualified health care professional (such as a psychologist, psychiatrist, or social worker).

What is psychosis?

The word psychosis is used to describe conditions that affect the mind, where there has been some loss of contact with reality. When someone becomes ill in this way, it is called a psychotic episode. During a period of psychosis, a person's thoughts and perceptions are disturbed, and the individual may have difficulty understanding what is real and what is not.

What are the signs and symptoms of psychosis?

Typically, a person will show changes in his or her behavior before psychosis develops. Behavioral warning signs for psychosis include:

- Sudden drop in grades or job performance
- New trouble thinking clearly or concentrating
- Suspiciousness, paranoid ideas, or uneasiness with others
- Withdrawing socially, spending a lot more time alone than usual
- Unusual, overly intense new ideas, strange feelings, or no feelings at all
- Decline in self-care or personal hygiene

• Difficulty telling reality from fantasy

• Confused speech or trouble communicating

Symptoms of psychosis include delusions (false beliefs) and hallucinations (seeing or hearing things that others do not see or hear). Other symptoms include incoherent or nonsense speech and behavior that is inappropriate for the situation. A person in a psychotic episode also may experience depression, anxiety, sleep problems, social withdrawal, lack of motivation, and difficulty functioning overall.

Someone experiencing any of the symptoms on this list should consult a mental health professional.



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

Joining Sessions

- Series of individual family meetings designed to
 - Provide education on psychosis
 - Strengthen alliance/rapport with family

Topics Addressed

- Etiology of psychosis
- “Critical Period” Hypothesis
- Stress-Diathesis Model of Relapse
- Identifying warning signs of relapse
- Explanatory model of psychosis
- Uncertainty with regard to relative’s illness



Multifamily Group

- Two 90-minute sessions per month
- 5-10 families
- Rolling admission to develop “veteran” families who can serve as guides/mentors to new members

Multifamily Group

Problem-Solving Sessions

- Identify specific challenge or question
- Generate list of possible solutions
- Review pros and cons of each possible solution
- Identify solution(s) that family feels would be most effective

Educational Sessions

Outside speaker reviewing topics of interest for families

- Estate planning
- Mental health advocacy
- Housing options
- Living with a mental illness
- Medication

McFarlane, 2002

Benefits of Family Psychoeducation

- Meta-analysis of 18 RCTs with ~1500 participants
- Reduced rates of relapse (NNT = 8) and hospitalization (NNT = 3) during first year of treatment
- Improved medication adherence
- Reduced family burden (single family only)

PORT 2009 Psychosocial Treatment Guidelines

- EBTs
 - ACT
 - Supported Employment
 - Skills Training
 - **Family-Based Services**
 - Token Economy Interventions
 - CBT
 - Substance Abuse Treatment
 - Weight Management Treatment
- Summary Statements
 - Cognitive Remediation
 - Peer Support and Peer-Delivered Services
 - Medication Adherence Programs
 - Interventions for Recent-Onset Psychosis



Family Psychoeducation and First-Episode Psychosis

Family Psychoeducation and First-Episode Psychosis

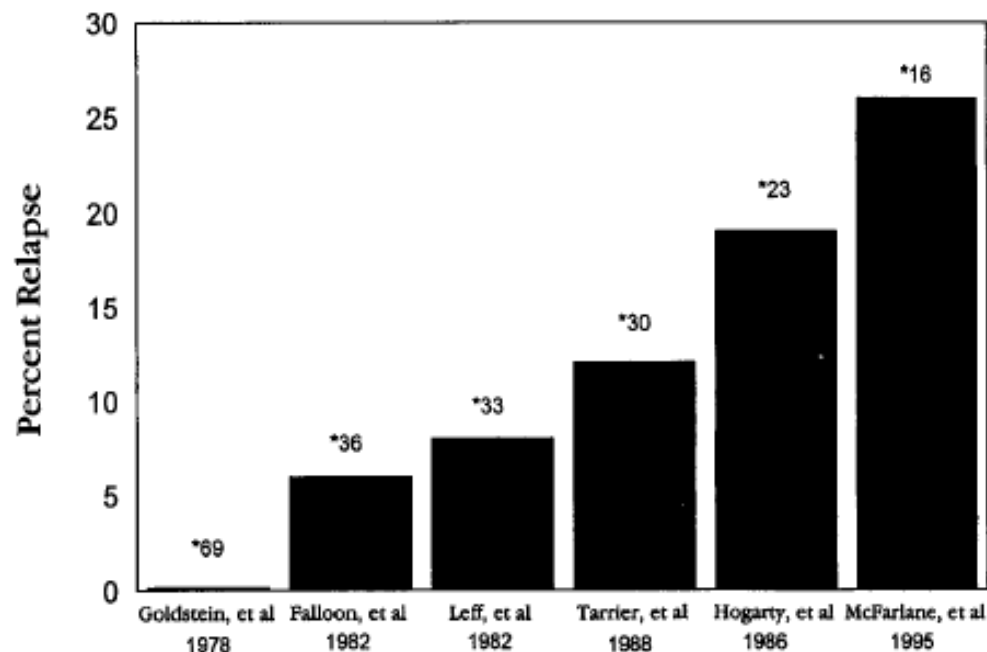
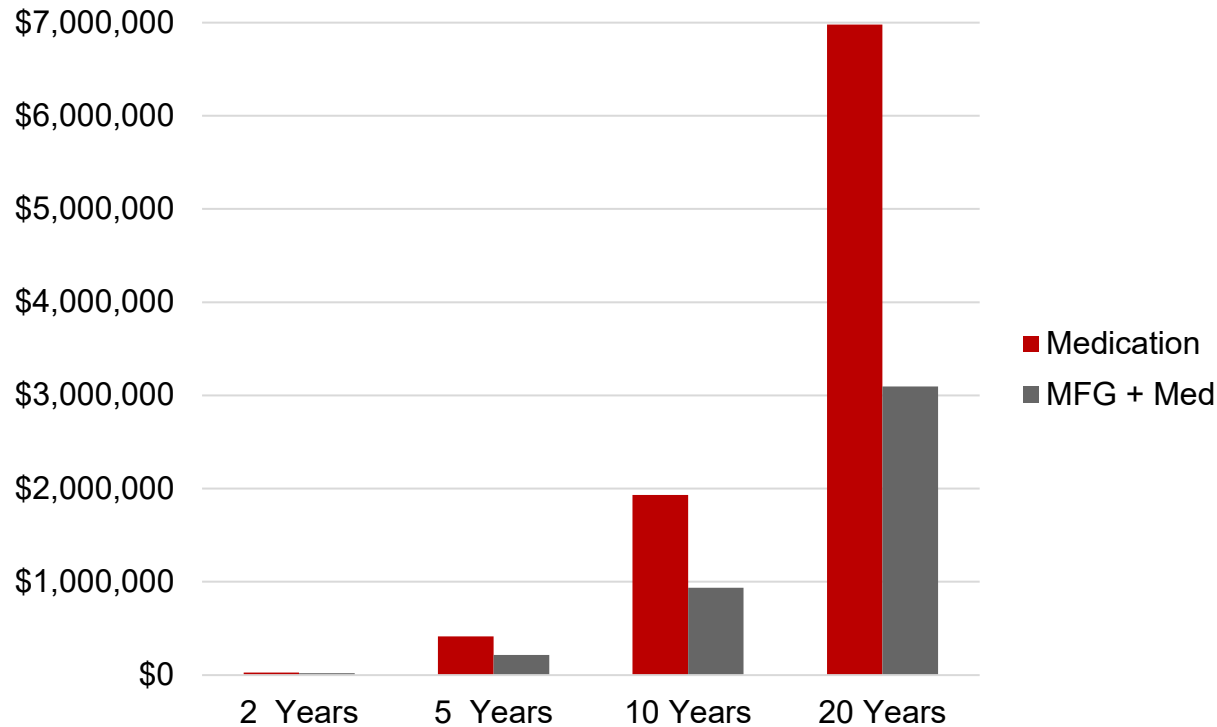
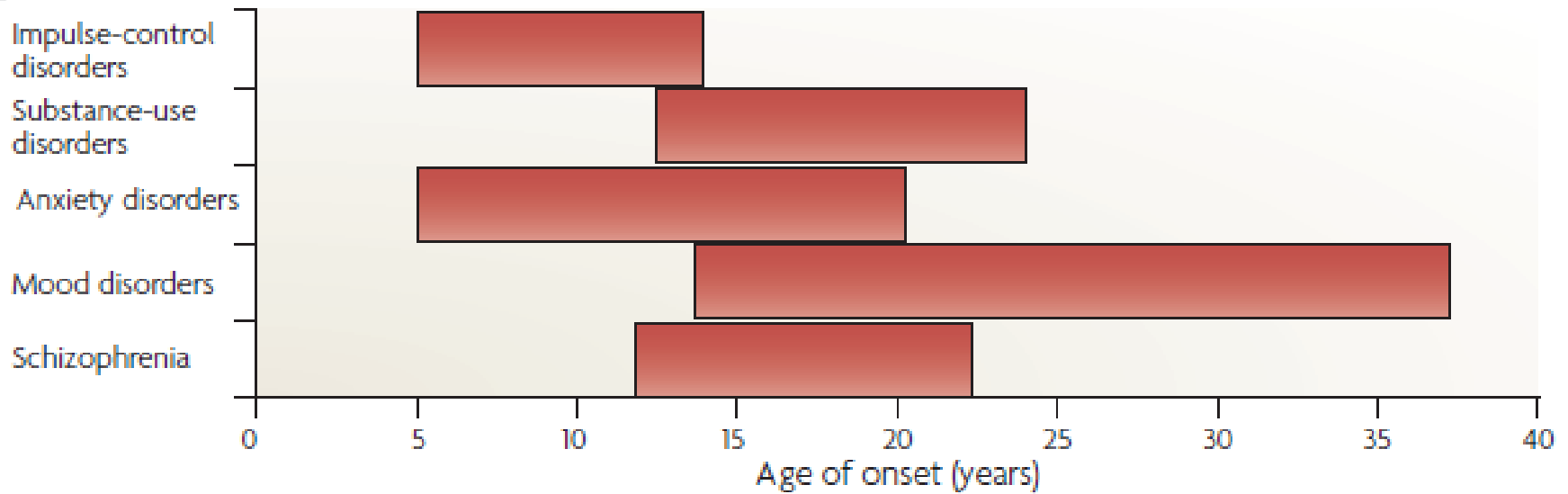


FIG. 1. Relapse rates in family-treated cases from six controlled clinical trials. Numbers at the top of each bar indicate the percentage of first-admission cases in the sample.

Cost-Effectiveness of Family Psychoeducation



Breitborde et al., 2009



Emerging Adulthood

- Developmental stage between adolescence and adulthood characterized by:
 - Identity exploration
 - Instability
 - Period of self-focus
 - Feeling in-between
 - High optimism for the future

Community Mental Health Journal, Vol. 36, No. 4, August 2000

Recovery and Serious Brain Disorders: The Central Role of Families in Nurturing Roots and Wings

*Laura Lee Hall, Ph.D.
Rona Purdy*

Negative Outcomes Cluster Early in Psychosis

- Symptomatic relapse (Wiersma et al., 1998)
- Rehospitalization (Eaton et al., 1992)
- Depressive episodes (Upthegrove et al., 2010)
- Suicide (Brown, 1997)
- Cognitive decline (Lewandowski et al., 2011)
- Onset of substance use disorders (Barnett et al., 2007)
- Worsening of physical health (Srihari et al., 2013)

Better Treatment Response in Early Psychosis

- Individuals early in the course of illness are more responsive to treatment
 - Response rate to antipsychotic medication up to 90%
(Agid et al., 2013)
 - Greater benefits from psychosocial treatment
(Goldstein, 1992; McFarlane, 2002; Bowie et al., 2014)

Conclusions

- Family psychoeducation:
 - Promotes positive outcomes for people with psychosis and their caregiving relatives
 - Reduces cost of care
- Despite the needs to consider developmental stage and illness-related variables when working with families of people with FEP, family psychoeducation is especially beneficial when provided early in the course of a psychotic disorder

Thank You

EPICENTER

wexnermedical.osu.edu/epicenter

**GET HELP.
FIND HOPE.**



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

August 4th 9am-5pm

A Step-Based Model for Family Psychoeducation in Coordinated Specialty Care Programs

Family psychoeducation is an evidence-based treatment for individuals with psychotic disorders, including those with first-episode psychosis. However, family caregivers differ in the intensity of family psychoeducation services that they desire. In this workshop, we will review the format and delivery of a step-based family psychoeducation protocol designed to meet the varying psychoeducational needs of family caregivers of individuals with first-episode psychosis.

Click here to register

https://unmc.zoom.us/meeting/register/tJ0uduqqpz4jH9d_nkPVHvDqirGanX98E_PC



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network


Funded by Substance Abuse and Mental Health Services Administration

Take Our Survey

Follow the link

<https://ttc-gpra.org/P?s=987658>

OR

**Use your smartphone's
Camera app to scan the
QR code** 



MUNROE-MEYER
INSTITUTE

SAMHSA
Substance Abuse and Mental Health
Services Administration



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Connect With Us

JOIN OUR MAILING LIST:



FOLLOW US ON SOCIAL MEDIA:



/MidAmericaMHTTC



@MidAmericaMHTTC



/company/MidAmericaMHTTC

EMAIL: midamerica@mhttcnetwork.org

WEBSITE: mhttcnetwork.org/midamerica



MUNROE-MEYER
INSTITUTE

