



Mid-America (HHS Region 7)

MHTTC

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

# Family Psychoeducation for Individuals Caring for Relatives with Psychosis

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Improving People's Lives Through Innovations in Personalized Health Care

# Family Psychoeducation for Caregiving Relatives of Individuals with Psychosis

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# Disclosures

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# Notes on the Development of Treatment of Schizophrenics by Psychoanalytic Psychotherapy<sup>†</sup>

Frieda Fromm-Reichmann\*

**I**N 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?

# 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

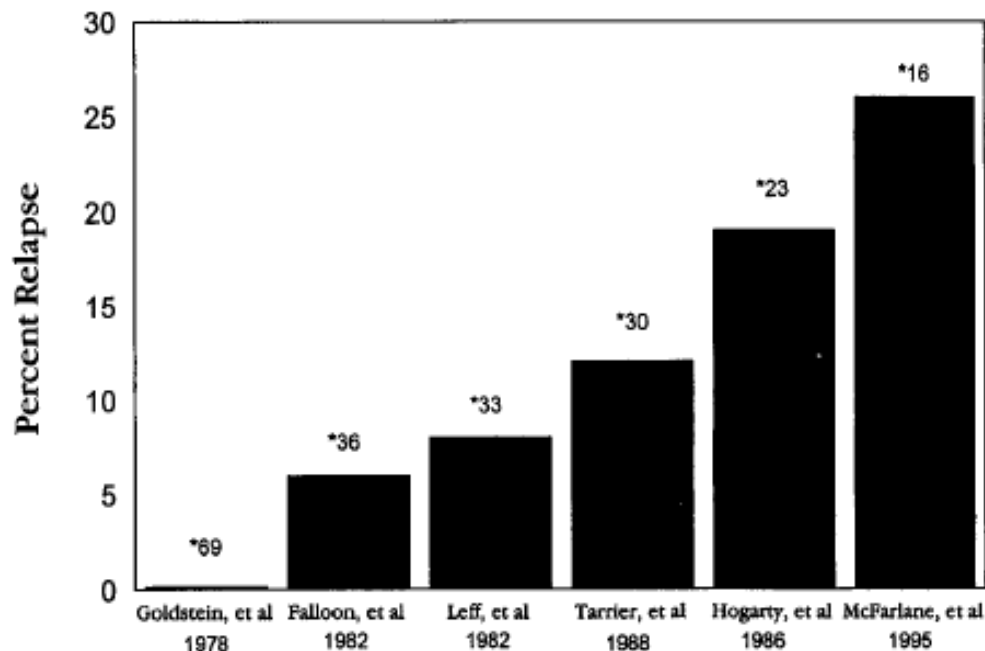
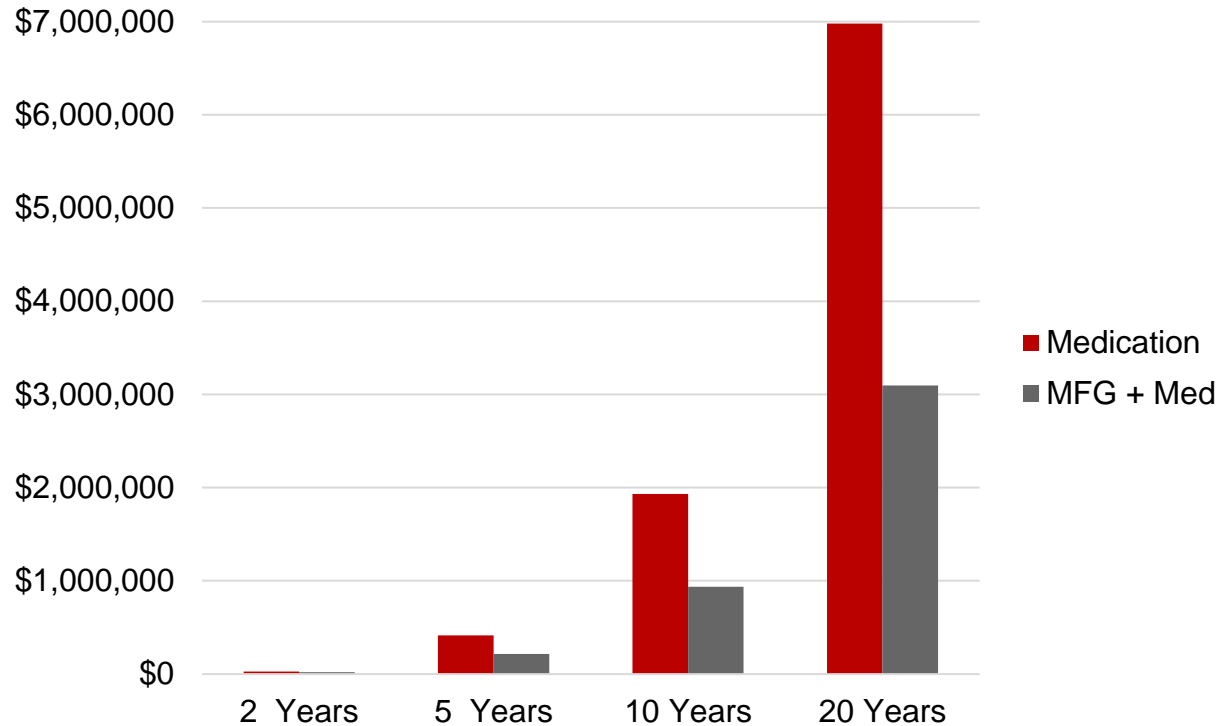
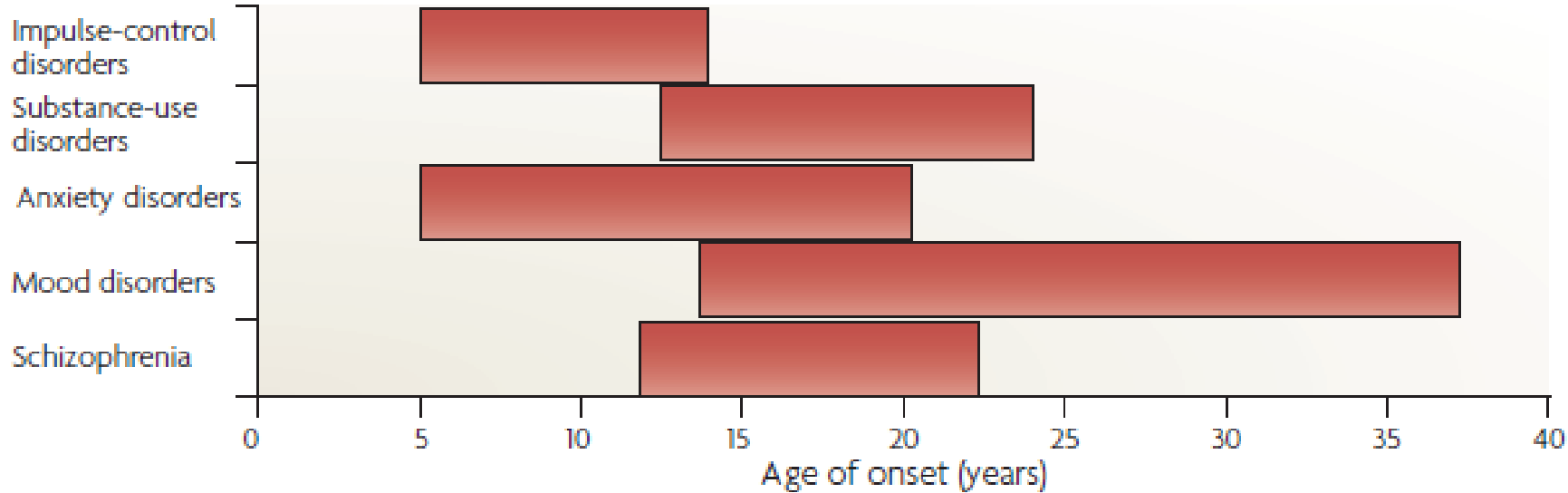


FIG. 1. Relapse rates in family-treated cases from six controlled clinical trials. Numbers at the top of each bar indicate the percentage of first-admission cases in the sample.

# Cost-Effectiveness of Family Psychoeducation





# 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*

# 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, including family psychoeducation (Goldstein, 1992; McFarlane, 2002)

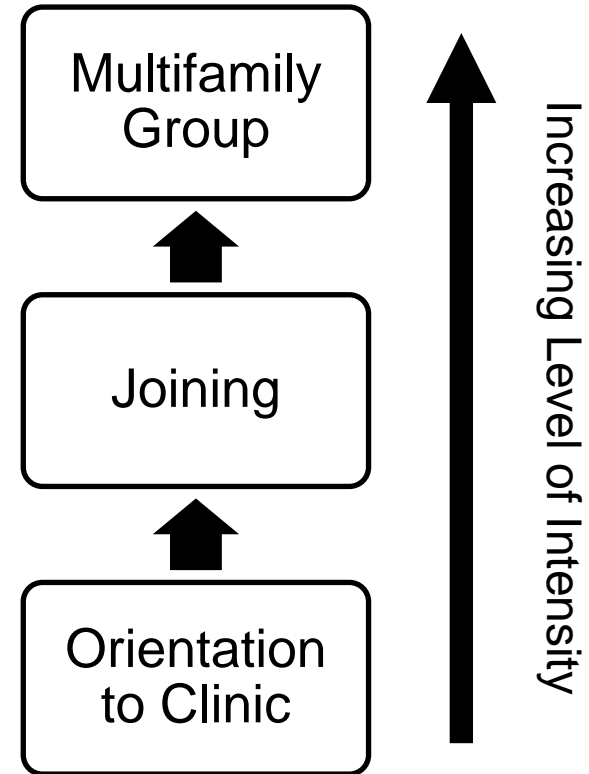




# Step-Based Family Psychoeducation

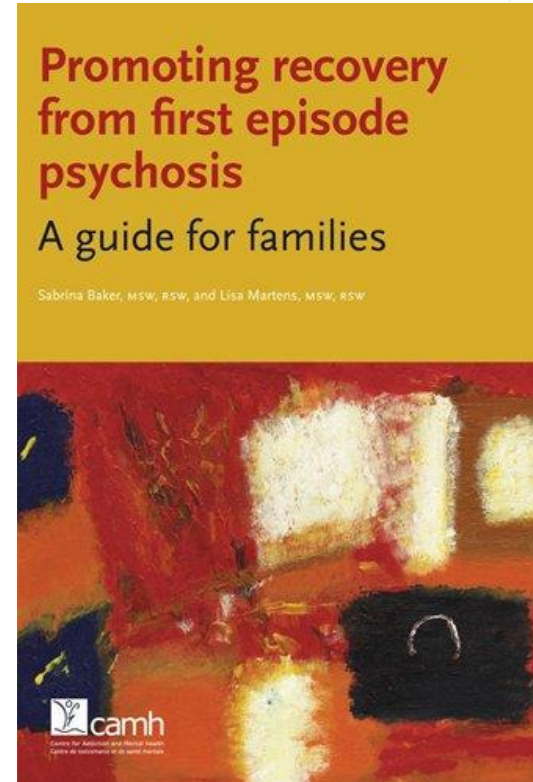
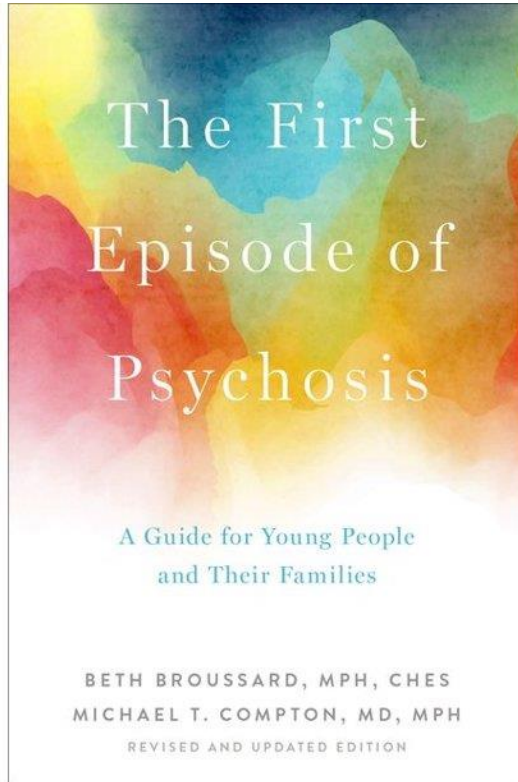
# Family Psychoeducation Example: EPICENTER

- 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.

—Melissa Rappert



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 psychosis 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.<sup>1</sup>

Recovery focuses on wellness and resilience, encouraging (people) to participate actively in their own care.<sup>2</sup>



## 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.



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# 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

# Psychosis 101

# Overview of Psychosis 101

- What is Psychosis?
- Etiology and Treatment of Psychosis
- ‘Critical Period’ Hypothesis
- Stress-Diathesis Model of Symptomatic Relapse
- Identifying Early Warning Signs of Symptomatic Relapse
- Explanatory Models of Symptoms and Behavioral Changes
- Uncertainty Early in Psychosis
- Joining Multifamily Group



# What is Psychosis?

- Psychosis is a cluster of symptoms that accompanies differed diseases; it is not a disease itself
- Example: Fever
  - Just as many diseases have fever as a symptom, many diseases have psychosis as a symptom

# Core Components of Psychosis

## Positive Symptoms



- Hallucinations
- Delusions
- Disorganized Behavior and Speech

## Negative Symptoms

- Reduced Motivation
- Reduced Displays of Emotion
- Reduced Speech
- Reduced Enjoyment from Pleasurable Events

## Cognitive Symptoms

- Problems with
  - Memory
  - Attention
  - Problem-Solving
  - Recognition of Others' Emotions
  - Processing Speed



# Symptoms of Psychosis Vary from Person to Person

# Common Symptoms and Behavioral Changes that Accompany Psychosis

- Depressed or elevated mood
- Anxiety
- Substance use
- Thoughts of suicide and/or suicide attempts
- Troubles at work or school
- Increased difficulties and/or reduced interest in peer relationships
- Disruption of normal sleep patterns
- Motor functioning difficulties (e.g., increased 'clumsiness')

# Etiology of Psychosis

- Psychosis results from a variety of problematic changes to the structure and function of the brain
- Examples...
  - Structural changes: Loss of neurons (i.e., brain cells) in regions of brain related to higher order cognitive functioning
  - Functional changes: During cognitive tasks (e.g., problem-solving), reduced activation of regions of the brain involved in the completion of such tasks

# Etiology of Psychosis

- Certain changes to the brain may disrupt the balance of chemicals in the brain (i.e., neurotransmitters)
- Example:
  - Individuals may have elevated levels of dopamine within neurons (i.e., pre-synaptic) and in the space between neurons (i.e., synapse).



# What Causes These Changes to the Brain?

# Psychosis Results From a Combination of Genetic and Environmental Factors

## Genetic

- Several genes linked to psychosis
- No single gene causes psychosis

## Environmental

- Birth injury
- Maternal exposure to viruses, toxins, or famine
- Stress/Trauma
- Substance use



# Examples of Proven Treatments for Psychosis and It's Accompanying Challenges

- Antipsychotic medication
- Cognitive Behavioral Therapy
- Cognitive Remediation
- Family Psychoeducation
- Peer Support
- Supported Employment and Education
- Social Skills Training

# Treatment of Psychosis

- The best outcomes for psychosis typically occur when someone participates in both pharmacological and psychosocial treatment
- Pharmacological Treatment = Medications
- Psychosocial Treatments = Cognitive Behavioral Therapy; Family Psychoeducation; Cognitive Remediation; etc...

# Common Myths About the Causes and Consequences of Psychosis

- *If my child has psychosis, that means I did something wrong*
- *Psychosis is something that you just need to “snap out of” and “try harder”*
- *People with psychosis never recover and cannot live meaningful and happy lives*

NONE OF THESE ARE TRUE!!!

# The 'Critical Period' Hypothesis

- First few years of psychosis is a 'critical period' in the course of illness
  - Most of the functional deterioration that accompanies psychosis occurs during this period
  - The severity of symptoms during this period is predictive of the severity of symptoms decades later
  - Individuals with psychosis show the best response to treatment during this period of illness

# Stress-Diathesis Model of Symptomatic Relapse

(Nuechterlein and Dawson, 1984)

- Stressful life events may trigger the relapse of psychotic symptoms
- Why?
  - Individuals with psychosis experience prolonged/elevated autonomic arousal following stressful life events
  - Autonomic arousal is hypothesized to trigger the biological mechanisms that lead to expression of psychotic symptoms

# The Importance of Relapse Prevention

- Prevention of future symptomatic relapses is an important goal in the treatment of first-episode psychosis
- Each relapse increases likelihood of...
  - Greater challenges in returning to previous level of functioning
  - Development of treatment-resistant symptoms
  - Need to increase dose of antipsychotic medication

# Identifying Early Warning Signs of Relapse

- Relapses are typically preceded by identifiable changes in thought, behavior, or emotions (i.e., early warning signs)
- Identifying early warning signs may allow your relative and her/his treaters to respond in ways that may prevent a relapse from occurring
  - Increase self-care and stress-management activities
  - Reduce substance use
  - Change in medication
  - Greater participation in therapeutic activities

# Common Early Warning Signs for Symptomatic Relapse

- Changes in sleep
- Changes in appetite
- Increased social isolation
- Increased substance use
- Being more or less talkative
- Depressed mood
- Elevated mood
- Reduced self-care activities
- Increased feelings of anxiety or guilt
- Racing thoughts
- Increased suspiciousness
- Increased bizarre thoughts
- Increased bizarre behavior
- Reduce enjoyment/interest in pleasurable activities



# Explanatory Models of Symptoms and Behavioral Change

- What do you think caused your relative's \_\_\_\_\_?
- What course do you expect \_\_\_\_\_ to take?
- How serious is \_\_\_\_\_?
- How does \_\_\_\_\_ affect your relative's mind and/or body?
- What kind of treatment do you think your relative should receive for \_\_\_\_\_?
- What results do you hope your relative will obtain from treatment?
- What problems has \_\_\_\_\_ caused for you, your family, and your relative?
- What do you fear most about \_\_\_\_\_?
- What do you fear most about the treatment for your relative's \_\_\_\_\_?

# Common Uncertainties in Psychosis

- *What is the correct diagnosis for my relative?*
  - Determining a specific diagnosis may often be challenging early on while the illness is still unfolding. However, identification of psychotic symptoms can be done accurately early in the course of illness, and treatment decisions are based primarily on what symptoms an individual is experiencing and not on a specific psychiatric diagnosis

# Common Uncertainties in Psychosis

- *What is the correct treatment for my relative?*
  - No single treatment is effective for everyone with psychosis. Consequently, it is common for there to be several changes early in the course of treatment as the clinicians work to identify the best treatment for your relative. These changes may include: (i) starting or stopping different psychosocial treatments; (ii) switching to different medications; and (iii) changing doses of medications.

# Common Uncertainties in Psychosis

- *Do people with psychosis get better?*
  - People with psychosis can get better. Starting treatment early after the symptoms emerge may increase the likelihood that this will occur. Individuals with psychosis can live meaningful and happy lives. This can include, for example, having supportive friends, living independently, working or going to school, participating in romantic relationships, and having children

# Common Uncertainties in Psychosis

- *Will my relative need to be in treatment for the rest of her/his life?*
  - The vast majority of individuals who stop their antipsychotic medication will experience a symptomatic relapse. Individuals with psychosis and their psychiatrists should work closely and collaboratively to determine the appropriateness of stopping medication
  - The benefits of certain psychosocial interventions appear to persist even after the end of treatment. However, it is unclear how long this may last. Even after the completion of a psychosocial treatment, your relative may benefit from participation in occasional “booster sessions” to help solidify previously learned skills.

# Joining the Multifamily Group

- Group meets twice per month for 90 minutes
- Provides an opportunity for families to
  - Learn more about how to support relative with psychosis
  - Develop strategies to address common challenges experienced by individuals with psychosis and their family
  - Receive and provide support/advice to other families

# What to Expect?

- At beginning of the group, other families will describe their experiences with their relative's illness and as participants in the group
- We will identify a specific challenge faced by one of the families and help them develop an effective response to this challenge
- You can say as much or as little as you would like
- We ask that all information said in group remains confidential

# 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

**Thank You**

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