



Connecticut Early Psychosis Learning Health Network

Empowering Families: An overview of family interventions in FEP Care

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Why is family treatment important?

- Young people are often living at home with family and rely on family for various forms of support
- Young people experience FEP may present unique challenges to family members and clinical providers, including:
 - irrational behavior
 - aggression against self or others
 - difficulties communicating and relating
 - conflicts with authority figures
 - impaired awareness of illness

...families might become better prepared to deal with these challenges through family work

(Rationale from RAISE Project)

Family treatment is effective!

- Family treatment is evidence-based for FEP family education and support (Goldstein et al., 1978; Leavey et al., 2004; Zhang et al., 1994)
- Family treatment yields better client outcomes than, for example, individual treatment alone (Brekke and Mathiesen 1995; Clark 2001; Evert, Harvey et al. 2003)
 - Perhaps because conflictual family relationships → worse outcomes (Leff and Vaughn 1985; Butzlaff and Hooley 1998)
- *9mo+ long family work reduces relapse rates 20-50% over and above medication alone people with recent psychosis relapse. (Pitschel-Waltz, Leucht, et al, 2001)



Recent meta-analysis: family treatment vs standard of care in early psychosis

	Outcome	Time of data collection	FT > SOC?
Service user	(1) Symptoms (BPRS; PANSS, SOPS)	End of treatment	
		Up to 2 years follow-up	
	(2) Functioning (C/GAS)	End of treatment	
		Up to 2 years follow-up	
(3) Relapse (num. of people hospitalized/relapse in symptoms/transition to psychosis)	End of treatment		
	Up to 5 years follow-up		
Carer	(4) Length of hospitalization throughout treatment /follow-up	End of treatment	
		Up to 2 years follow-up	
	(5) n of carers changed from high to low EE (CFI, FMSS)	End of treatment	
		Up to 2.5 years follow-up	
	(6) EE: criticism (FQ, PRS)	End of treatment	
		Up to 2.5 years follow-up	
	(7) EE: emotional over involvement (FQ)	End of treatment	
		Up to 2.5 years follow-up	
	(8) Communication conflict (FCS, FES, and clinician coding)	End of treatment	
Up to 2.5 years follow-up			
(9) Caregiver burden (ECI)	End of treatment		
	Up to 2.5 years follow-up		

(Claxton et al., 2017)

Considerations

- Young person in charge of who they want involved
 - Negotiate boundaries early on...then check in throughout
 - Age considerations (adult vs. minor); conservatorship status
 - Can always receive collateral information
- Family member's relationship to the young person
- Prior experience with mental illness or mental health system
- Cultural considerations (including religious, spiritual, or other cultural explanations for symptoms)

Families understandably experience a variety of feelings...



How can we empower families?

- Provide education about psychosis
- Provide practical help
- Strategies to manage difficult situations at home (problem-solving, communication, orient to crisis services)
- Reduce stigma and blame...normalize
- Teach coping skills
- Help them reduce stress in the home
- Encourage them to support young person's goals
- Teach them to monitor symptoms and communicate with the team
- Support and connection...connect them with other families (e.g., NAMI, MFG)
- Instill hope ...recovery is an expectation

Family Treatment Offerings

- Individual Family Support
 - Orientation, education, support, skills (w/ or w/o young person)
 - Family Focused Therapy (FFT: Miklowitz, O'Brien, Schlosser, et al, 2010)
- Multi-family or Group Support
 - Multi-family psychoeducation groups (McFarlane, et al, 1995)
 - Local community support groups
 - Workshops
- Educational Resources
 - Access to handouts, readings, video content

Examples of how families can support recovery

- Encourage medication decisions
- Helping their young person express concerns or thoughts to team (side effects, concerning experiences)
- Monitor symptoms, provide collateral
- Support treatment engagement – rides, reminders
- Encourage young person to pursue their educational, vocational, and social goals
- Be available to listen
- Discourage substance use
- Help solve problems
- Lower stress in the home (relationships, schedules, expectations)
- Celebrate progress
- Provide hope

FFT Overview

- Psychoeducation about:
 - symptoms of psychosis + common comorbidities (e.g., depression)
 - Recovery
 - Stress and symptoms
 - FFT
- Gather information about sources of conflict and stress in family
- Evaluate strengths and areas that may merit improvement
- Set goals
- Join with the family
- Communication Skills
 - Positive emotions
 - Active listening
 - Positive requests for change
 - Expressing negative feelings about a behavior
 - Communication clarity
- Problem Solving
 - Challenges, Underlying/Main problem, Solutions, Action Plan
 - Non-judgmentally generating challenges/solutions
 - ~10 minute observation of family problem solving strategies

(FFT: Miklowitz, O'Brien, Schlosser, et al, 2010)

Guidelines:

- **Take one step at a time.** Go slow. Progress may be gradual. Recovery takes time.
- **Lower expectations for the short term.** Compare this month to last month rather than last year. Increase expectations only after a period of improvement or stability.
- **Use symptoms as a guide.** If they worsen, slow down, simplify, reach out, and ask for more professional help. If they improve, continue forward gradually.
- **Know and watch for early warning signs.** If you notice subtle changes in behavior or increases in symptoms, slow down or take a break. Ask for help early, when a little may go a long way.
- **Keep it cool.** Enthusiasm is normal. Disagreement is normal. *Just tone it down.*
- **Give each other space.** It's okay to offer. It's okay to refuse.
- **Observe your limits.** It's okay to say "no". A few good rules keep things clear and safe.
- **Ignore what you can't change.** Let some things slide. Get support for yourself.
- **Don't tolerate aggression or threatening.** Contact your clinician or emergency services immediately if you notice any behaviors suggesting risk for suicide or violence.
- **Keep it simple.** Keep sentences short and to the point. Stay calm and positive.
- **Keep or reestablish family routines.** Stay connected to friends and family.
- **Solve problems step by step.** Work on one thing at a time. Consider alternatives.
- **Get enough sleep.** Find ways to rest. Look into formal or informal respite options if needed.
- If it's in your nature, consider using **meditation or mindfulness** to lower anxiety and stress.
- **Consider therapy for yourself** if you experience changes in mood, sleep, or capacity to cope.
- **Stay Hopeful.** You are not alone. Treatment can help.

[Handout: Family Guidelines for Young Person with Psychosis \(CEDAR Clinic\)](#)

Scenarios

- “Emotionally overinvolved”
 - Work with the dynamic, but also consider separate work
 - Boundaries
 - Complacency...pace
- Hard to engage “they are an adult, they should be independent”
- Poor engagement by young person, family key in monitoring for early warning signs of relapse

Additional Resources for Working with Families

- Handouts for families:
 - [Handout: Family Guidelines for Young Person with Psychosis \(CEDAR Clinic\)](#)
 - [Understanding FEP for Caregivers](#)
- [Clinical Tip Sheet on Families](#)
- [MILO Study](#) – motivational interviewing intervention for families of treatment ambivalent young people

Upcoming Schedule

- 10/23 – Overview of Family Interventions
- 11/5 at 11am – FEP Treatment Approaches **Webinar***
- 11/12 – Health and Wellness
- 11/26 (no ECHO – holiday)
- 12/10 – topic TBD
- 12/24 (no ECHO – holiday)