

FAMILY TRAINING
Coordinated Specialty Care
EPI-NC

Session 2

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❑ **Recap from Session 1 : We looked at the Why, the How and the What.**

- presented studies backing **WHY** family involvement is important: a- improving clinical outcome of FEP individuals (*decrease relapse prevention, decrease hospitalization and hospital stay*) and

b- ↘ family burden.

- discussed **HOW** to involve families

- Looked at **WHAT** to Assess during Intake . This will determine the family interventions. (**Psychoeducation only or more Extended family sessions for high EE families**)

- ❑ Any Questions from last session?
- ❑ Today's Session will focus on **The Psycho Educational Part.**
- ❑ Basic assumption : Information helps ease the burden of caregivers . This means that all families in FEP programs should get basic information about the emerging illness of psychosis.



What basic Information



How to present it



Ind. Family



MF group

What Information :



**List of topics
from the Navigate
Family Manual**



**Feedback of OASIS families
Survey of 3/1/22 to 4/30/22**

The Navigate Manual identified 10 basic topics :(refer list on page 30)

- Psychosis**
- Medication**
- Coping with Stress**
- Basic Facts about Alcohol & Drugs**
- Healthy Life styles**
- Facts about Developing Resilience**
- Effective Communication**
- Developing a Plan for Staying**
- Developing a Collaboration with Mental health Professionals**
- A Relative's Guide to Supporting Recovery from Psychosis**

What do caregivers at OASIS say about the topics that has helped them:

- Survey was sent to the family group list (as all families of individuals admitted to OASIS are on that list server). Some of them attend MF group, others attend only individual family sessions and some attend both.**
- 60 members responded**
- Participants were asked when they attended the program: we got responses from family members as back as 2010 with most of the responses occurring in 2019 to 2022.**

Most useful topics identified :

- ❑ # 1 : The Importance of the first 5 years following a psychotic episode
- ❑ #2 : The Phases of Recovery and the challenges of each phase.
- ❑ #3 : The Subjective experience of psychosis.
- ❑ #4 : The Impact of Nutrition & Health on Recovery
- ❑ #5 : The Neuroscience perspective of Psychosis : what happens to the Brain during a psychotic episode
- (topics 2 to 5 were rated the same)*
- ❑ #6 : How Psychosis affects Cognition
- ❑ #7 : Impact of Substance Use on Recovery

#8 Relapse Prevention Plan

#9 Psychosis and Sleep Dysregulation

A whole section was devoted to **Stress (both the Biological Vulnerability in our FEP young individuals and the stress experienced by caregivers) ; a close look at the Nervous system and ways to creating a calm environment at home and set realistic expectations . In this section we focused on healthy communication.**

Today's focus is on assessing and presenting educational material in an individual family therapy session with case illustration.

As clinicians, we know that for any Psycho Educational material to be well received by clients and their caregivers, several conditions should be met:

1- Determine what is perceived by the caregiver as the most distressing part of the illness in their day to day life; usually it is the behavior of the individual with FEP (sleeping/withdrawal/ agitation. Not completing simple chores).... their affect (flat, I don't recognize my son any more...; poor motivation....).

In other words, it is important to weave the educational information with the needs and challenges that each family is going through during the session.

2- Describe The Timeline for Recovery :

- **It provides containment by decreasing anxiety of caregivers and clients as they know what to expect.**
- **It enhances patience and hope .**
- **It makes the illness more manageable. We can remind the individual and their caregivers that yes the illness is chronic but it does not need to be debilitating. (ex of other chronic illnesses: diabetes, asthma, high blood pressure..).**

3- Providing statistics on early treatment and recovery rate. (ex. The importance of the first year of treatment ... it gives them Hope and more likely to adhere with treatment recommendations..)

4- Before beginning the educational session , assess mental state of the individual and any risk factorscan our client absorb the information at this time? (*this is why I like to have in mind where the person is in their recovery: are they in the acute phase or early recovery ??*) . What about the caregiver(s) are they hyper activated ? As a therapist, do I need to use visuals more /pictures during the session ? Always use feedback from the Clinical team meetings on how the person is doing .

- Feedback of some parents:

“Provide awareness of the timeline for recovery was very helpful in providing context and realistic expectations.”

“Not to panic during an episode.”

“The group helped me not feel alone”

- ❑ Psycho Education can occur either in individual family sessions or in Multifamily group.**
- ❑ Although MF group is highly encouraged (decreases isolation, parents learn from each other), preference of modality of treatment is left up to the caregiver.**

Case Illustration:

Brandon(age 24) and his mother Tanya present to their first family session after intake. (done with Brandon and his mother). Family therapist noticed that Brandon was uncommunicative and guarded, looking around the room, staring at the camera on therapist's desktop (used for virtual session). Mother looked several times at Brandon and stated this is how he was at home. "Come on Brandon this session is for you." M was obviously frustrated with B.

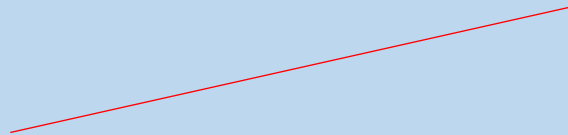
How would you proceed as a family therapist ?

++ B's symptoms consist of paranoid delusions directed towards his mother. Decrease functioning level with isolation and quitting his job the past few months due to paranoia. No substance use. Prodromal phase began a year ago. Recently hospitalized IVC 'd by mother. B. was very close to his mother. Mother described B.at baseline as a caring son.

Acknowledge what you are observing :

- **Therapist to both of them:** *“ These are difficult moments you both are going through”.*
- **Th. to mother:** *“ Brandon is not back to himself yet. I know you miss his loving smile and conversation you had together. Some of it will come back eventually ...it will take time.. Recovery from what Brandon experienced will more likely be “ up and down”. I wish it was a straight line but 75 to 80% of our young people find that it is “Up and down “.*

It helps to have a white board in my office where I can draw and write few words (to be used when caregiver is hyper activated and client is still symptomatic such as this case).



- **very rare does Recovery happen in a straight line.**



- **Ups & downs of Recovery**
- **Recovery takes time and things do get better.**
- **Give time for the Brain to heal**
- **B. is still in the early phase of recovery**

➤ **Therapist to Brandon :(does not admit he has paranoid symptoms)**
address paranoid symptoms without calling it paranoia by asking him *“what will make you comfortable today in this room ?”*

Brandon shrugs his shoulders. → Mother gets frustrated

➤ **Th. back to B.:** *“I noticed you were looking at the camera on my computer. It is used for virtual sessions. Would you like me to remove it ?.”*

Brandon nods but remains quiet → Mother getting more frustrated.

➤ **Th. to Brandon:** *“anything else that you need to feel comfortable. You know you can take a break whenever you need to .” We can make the session today shorter if it is easier for you.”*

Brandon nods and this time looks in the direction of the therapist.

➤ *“ It will get better Brandon. It takes time... “It must be hard for you to feel your mother getting upset and frustrated with you and for your mother to feel that she does not have the power to make it better for you right away. “*

“ If you were both to remember one thing from today’s session is that Recovery takes time and it has its ups and downs”

- Go back to the white board and ask what might help the situation.

Mother will need some **practical suggestions** to deal with the situation to get some relief from her anxiety and Brandon needs to have the space to heal without feeling pressured to talk .

1- **Medications prescribed** : will enhance recovery. It will help you feel more comfortable at home and in other places. Acknowledge that those medications are strong but effective . Take them same time every day (the brain and the nervous system like routine) . If any side effect , talk to your doctor, do not stop them on your own. (at this time, do not ask mother to monitor his meds intake as he is paranoid towards his mother). Ask him how does he remember to take his meds?

2- Expectations during the Acute/Very Early phase of one's recovery:

Brandon is in shut down mode at this time (withdrawal, does not want to communicate) . Communication is not always verbal : it can be a nod of the head at this time. Would both Brandon and mother be able to accept that ?

If Brandon needs to stay in his room in this phase, as his room is the place where he feels safe, can he accept that his mother knocks on his door to say hi to him and to see if he needs something.

Can mother reach out to a family member or a friend for support ?
Introduce MF group as a support and hear other families going through similar experiences .

What Educational Materials have we used in this session?

- **Recovery from Psychosis: brief description that recovery is not a straight line.**
- **Introducing the concept of phases of recovery.**
- **The importance of Medication(s)**
- **Focus was more on how communication is occurring between mother and young adult (the IP) and decrease high level of anxiety or EE (hyper activation of mother and hypo activation of son).**
- **Practical behavioral suggestions targeting the distress level of both mother and son were given to practice until next session.**