

FAMILY THERAPY & FIRST EPISODE PSYCHOSIS

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WHY DO WE INVOLVE FAMILIES IN TREATMENT?



- Families are usually the first to observe symptoms, initiate treatment, and support involvement in treatment (Drapalski et al., 2018).
- Families are often the bridge to clients who are reluctant to be in treatment.
- The family is an important psychosocial environment that impacts a young person's recovery.
- Many young people with first episode psychosis are still living at home with their families.



FAMILIES ARE IMPACTED BY PSYCHOSIS TOO:

- Stigma
- Situational burden
- Negative impact on other children
 - Economic burden
 - Social isolation
 - Fear of the future



FAMILY INFLUENCE ON RELAPSE

- Concept of Expressed Emotion (EE) includes:
 - Hostility
 - Emotional Over-Involvement
 - Criticality
- Warmth and Positive Regard (Brown 1959)
- EE is just one predictor of relapse.
- EE has been considered a strong predictor of relapse in first-episode individuals.
- Exposure to high EE increased likelihood of relapse by 95%, compared to low EE (Ma, et al. 2021).

Families - High expressed emotion



WHAT PREDICTS
RELAPSE?

CULTURAL CONSIDERATIONS AND EXPRESSED EMOTION

- Although Expressed Emotion (EE) has cross-cultural validity across a number of studies, some research has demonstrated that this is not the case.
- Important for family clinicians to understand the cultural context of the families
- Expressed Emotion (EE) can be viewed as a cultural construct and clinicians should be cautious about how it is conceptualized in different cultures:
 - In a study of African-American families, high-EE was related to better outcomes (Gurak and De Mamani 2017).
 - In a study of Mexican-American families, high-EE did not predict relapse (Kopelowicz et al. 2000).

NAVIGATE FAMILY EDUCATION PROGRAM

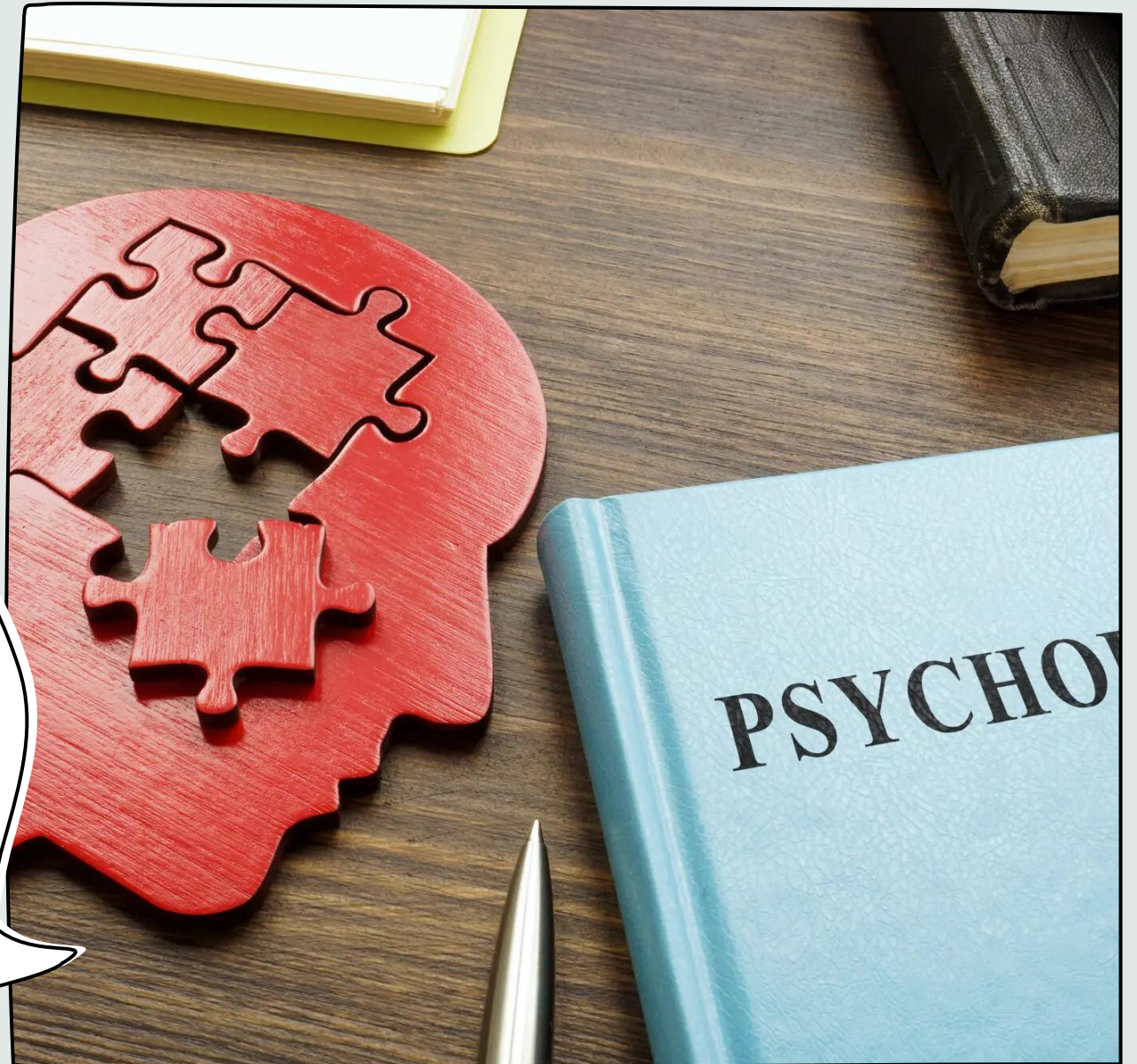
- Family manual was initially developed in 2014 with an updated version in 2020
- Manual contains:
 - Clinical guidelines
 - Assessments
 - Individual Participants
 - Family Members
 - Handouts
 - Loved one is always invited to participate, and they can decline.
 - The early sessions are meant to mirror the IRT sessions so that if the loved one doesn't come but they are going to IRT in theory, they are getting the same exposure.



WHAT DOES FAMILY THERAPY LOOK LIKE?

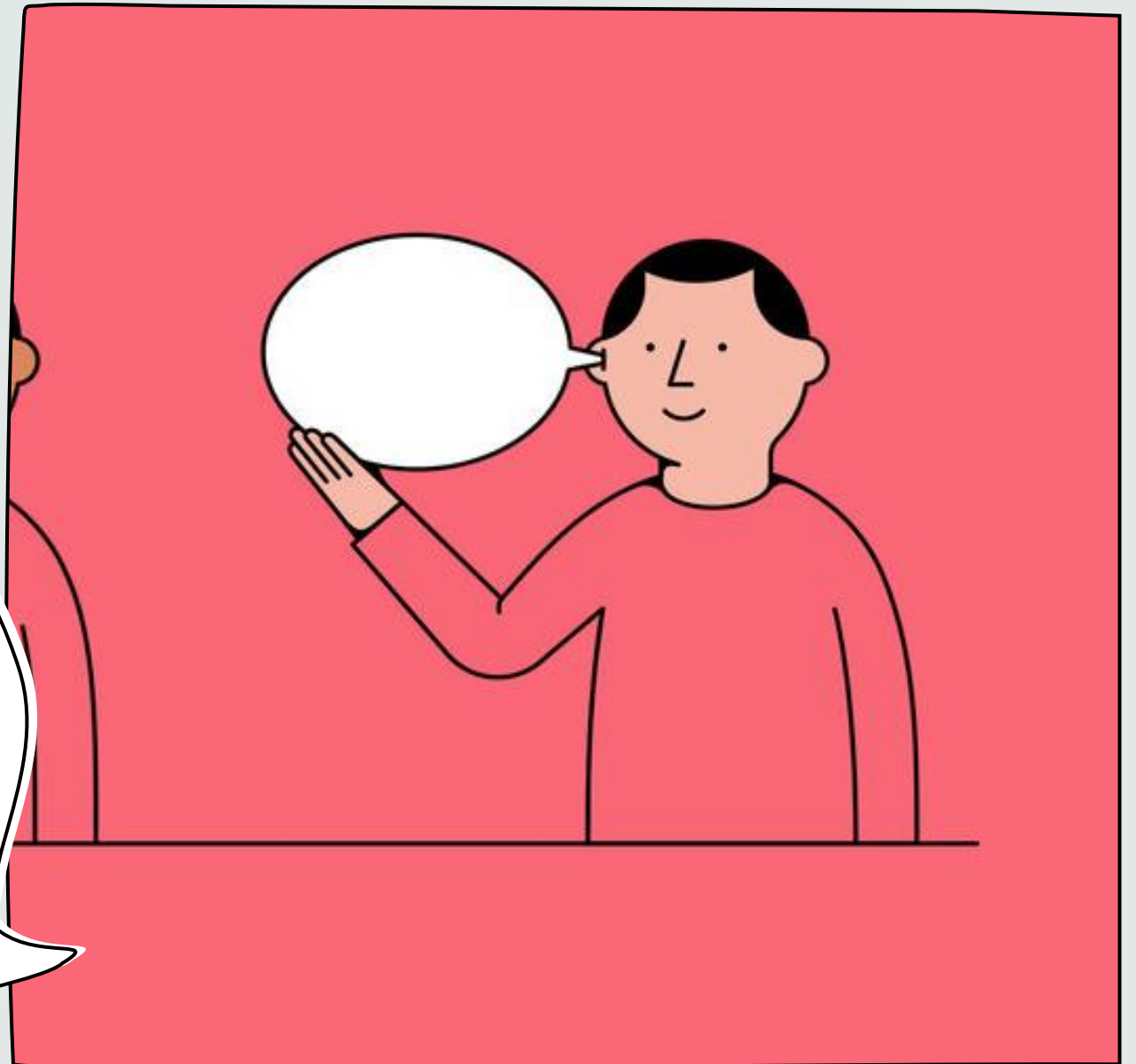
PSYCHOEDUCATION

- Understanding Psychosis
 - Medications
 - Coping with Stress
- Basic Facts about Alcohol and Drugs
 - Healthy Lifestyles
- Facts about developing resilience
- How to navigate the mental health system, collaborate with your treatment team, socialization to mental health services



WHAT DOES FAMILY THERAPY LOOK LIKE? *COMMUNICATION SKILLS*

- How to have effective conversations
 - Active listening
 - Expressing positive feelings
 - Expressing negative feelings
- Center communication on emotional experience
 - Conflict resolution
- *With an emphasis on practicing in session



A hand is shown balancing a row of wooden blocks on a table. The blocks are arranged in a slightly curved line, and the hand is positioned behind them, supporting them from below. The background is blurred, showing a person in a blue shirt.

WHAT DOES FAMILY THERAPY LOOK LIKE?
RELAPSE PREVENTION PLANNING

- Developing a plan for staying well
- Developing a plan to collaborate with mental health professionals
- Reviewing a relative's guide to supporting recovery from psychosis



FAMILY THERAPY STRATEGIES

- Family therapy is unique to each site.
 - Different strategies work for different populations and clinic structures.
- Additions to the family therapy programs include:
 - Multi-Family Group (MFG)
 - Family Peer Partners
 - Integrated assessments with family members.

WORKING TOGETHER

- Be flexible and meet people where they are in their journey.
- Integrate families into assessments.
- Involve a family peer partner as part of a treatment strategy.
- Other team members: encourage involvement in family therapy and emphasize its importance.

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