Day 2: Enhancing Family Engagement in Early Psychosis Treatment: Practical Strategies and Collaborative Approaches

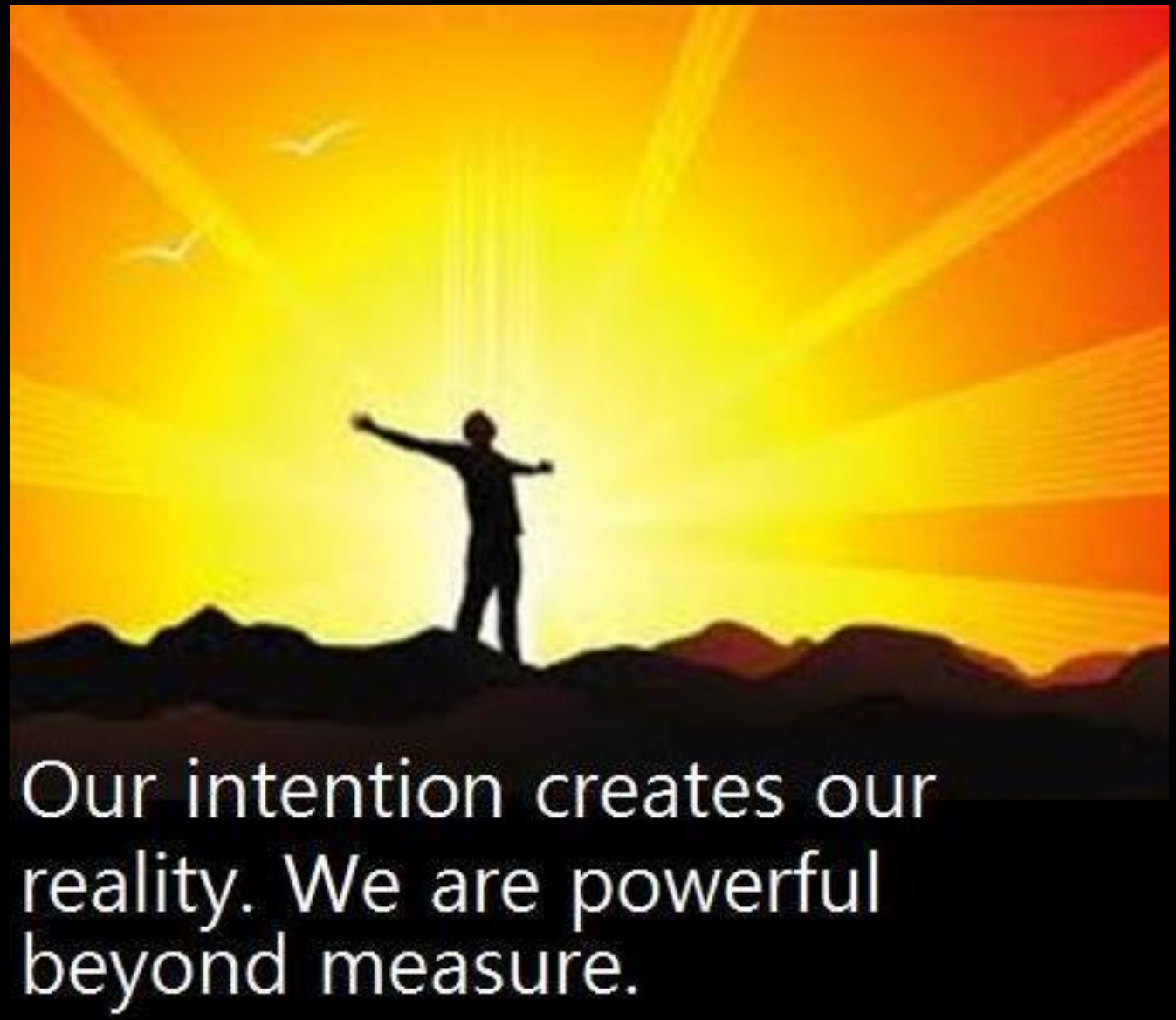
Michelle Friedman-Yakoobian
Ph.D.

mfriedm3@bidmc.harvard.edu

Training Overview 10/6:

1. Family treatment models
   - Family Focused Treatment (FFT)
   - Supportive Parenting of Anxious Childhood Emotions (SPACE)
   - Family-Directed Cognitive Adaptation (FCA)
2. **Navigating Common Challenges in Family Work:**
   - Identifying frequent pitfalls in engaging and supporting families.
   - Strategies for managing conflict, resistance, and setbacks productively.

Intention


Our intention creates our reality. We are powerful beyond measure.

Consultation Sessions (every last Wed 12-1 EST)

- Oct 29
- Nov 26
- Dec 31
- Jan 28
- Feb 25

Check in

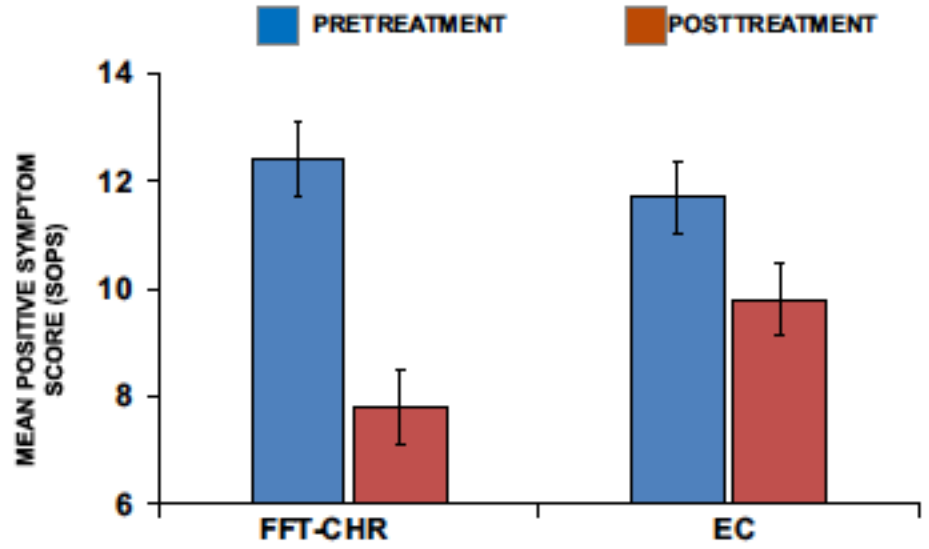
In the chat, please share **one thing you thought about after last week's workshop** — or **a question that came up this week in your work with families.**

Family Focused Treatment

Family-Focused Treatment for Adolescents and Young Adults at High Risk for Psychosis: Results of a Randomized Trial

David J. Miklowitz, PhD, Mary P. O'Brien, PhD, Danielle A. Schlosser, PhD, Jean Addington, PhD, Kristin A. Candan, PhD, Catherine Marshall, MSc, Isabel Domingues, MD, Barbara C. Walsh, PhD, Jamie L. Zinberg, MA, Sandra D. De Silva, PhD, Michelle Friedman-Yakoobian, PhD, Tyrone D. Cannon, PhD

mixed-effect regression models. The treatment-by-time interaction was significant ($F_{1,97} = 5.49$, $p = .02$; n = 102).



⬇ Positive symptoms: FFT > EC

⬆ Functioning:

FFT > EC,

only for CHR > 19

Time, P < .0001,
Treatment by time, *P*=.02

Journal of Consulting and Clinical Psychology

A Randomized Trial of Family Focused Therapy With Populations at Clinical High Risk for Psychosis: Effects on Interactional Behavior

Mary P. O'Brien, David J. Miklowitz, Kristin A. Candan, Catherine Marshall, Isabel Domingues, Barbara C. Walsh, Jamie L. Zinberg, Sandra D. De Silva, Kristen A. Woodberry, and Tyrone D. Cannon

- Pre-Post Problem-solving Interactions
  - 66 CHR

FFT > EC

- ↑ constructive communication, active listening, calm communication
- ↓ conflictual behaviors, irritability and anger, & criticism, and off-task comments
- Changes equal in participants and family members

Family Focused Treatment

18 sessions over 6 months

- Engagement phase
- Psychoeducation about risk for psychosis
- Communication enhancement training
- Problem-solving skills training

Miklowitz et al., 2009

Family-Focused Treatmnt: Session Outline

Sessions 1-6 (Educational Sessions):

- Session 1: Get to know each other and Goals and expectations of treatment
- Session 2: Learn about psychosis risk symptoms and Vulnerability-Stress model
- Session 3: Identifying and Evaluating Stress
- Session 4: Mobilizing coping efforts and Prevention planning
- Session 5: Learn a new skill
- Session 6: Optimizing family support

Sessions 7-11 (Communication Enhancement Training):

- Session 7: Expressing positive feelings
- Session 8: Active listening
- Session 9: Communication clarity
- Session 10: Making positive requests for change
- Session 11: Expressing negative feelings

Sessions 12-17 (Problem Solving):

- Sessions 12-17: Structured problem solving

Session 18: (Termination)

Session 18: Discuss treatment needs/referrals

Miklowitz et al., 2009

Engagement Phase

Connecting with youth and family to learn about family values and goals

Joining - Enlist youth and family as partners to work through obstacles and take steps to meet goals

Convey empathy, optimism and hope

Learn about individual needs/ wishes of all family members

Miklowitz et al., 2009

Educational Sessions 1-6

- Session 1: Goal Setting and Overview of Treatment
- Session 2: Symptoms and Vulnerability Stress Model
- Session 3: Identifying and Evaluating Stress
- Session 4: Mobilizing Coping Efforts
- Session 5: Teaching a New Skill
- Session 6: Optimizing Family Support

Depression

Depressed moods:

Sad, low, or don't care

Annoyed or irritable

Nothing is interesting

Other symptoms:

Trouble concentrating

Sleep problems

Low self-esteem

Tearful

Appetite change

Tired

Some people also:

- Wish they weren't alive
- Feel worthless or guilty a lot

Trouble with Thinking & Perception

Confusion about what's real

Things seem to have special meaning for you

Mind reading

Unusual beliefs

Worried or suspicious of other people's intentions

Feeling famous or uniquely important

Trouble expressing yourself or losing your train of thought

Changes in hearing (voices/whispers), vision (seeing shadows, vague figures), taste, smell or body sensations

Positive CHR Symptoms

Handout # 2b

Less Motivation & Pleasure

Being less interested in (or not enjoying as much):

Your interests, learning or work

Hanging out

Dressing well or keeping clean

Less Expressiveness

Others think you aren't interested in them or the topic due to:

- Less emotion in your face, voice, or gestures
- Not having much to say

Concentration Issues

During school, work or conversations

Anxiety

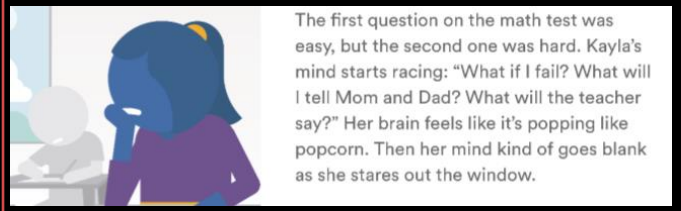
Worrying or obsessing

Procrastinating or avoiding

Sudden panic

Body/head aches or tension

Fear judgment or embarrassment



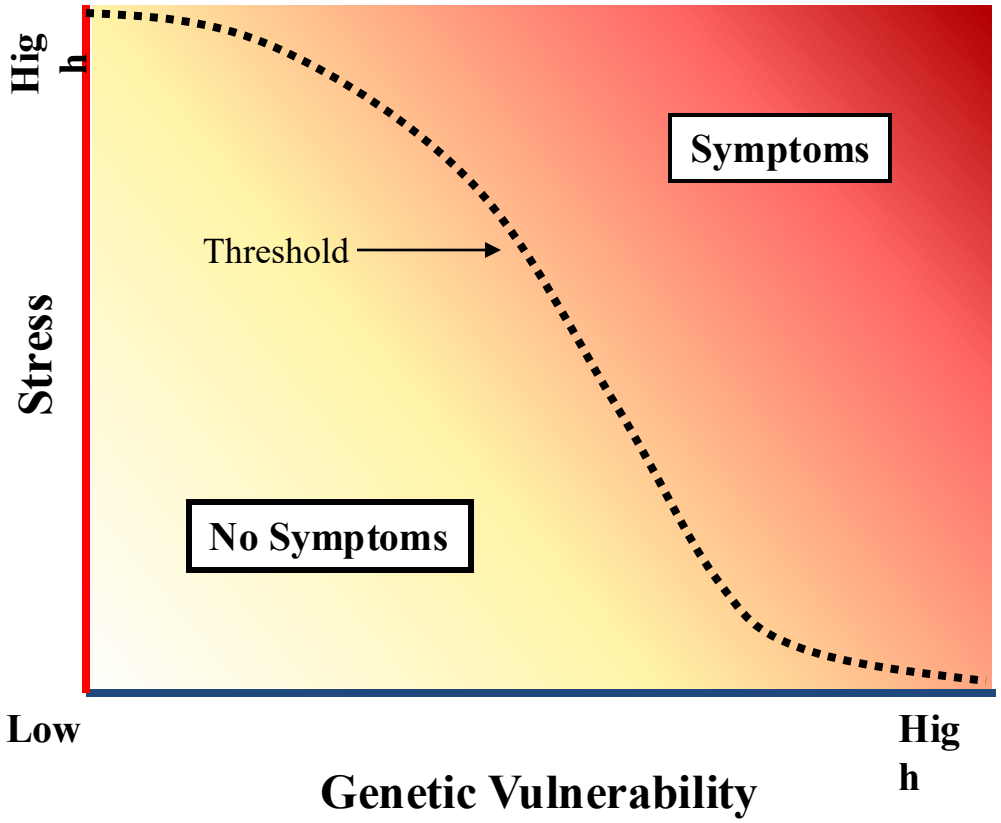
Specific fears (Phobias)

Some people also do:

- Repetitive actions or pacing

Handout # 2d

Vulnerability-Stress Model



Stress-Vulnerability Model

Stressors: e.g., Starting college/ new job, relationship stress, lack of sleep, unhealthy eating, using street drugs, etc.

Vulnerability (Genes/ early experiences)

Symptoms can boil over!

Factors affecting vulnerability:

e.g., Close relative has mental illness, birth complications, head injury, illness when baby

Symptoms: e.g., Having trouble telling what's real and what's not, extreme anxiety, feeling suicidal, etc.

Symptom Reliever: e.g., Avoiding street drugs, regular sleep, learning skills to manage/ reduce stress, CBT, utilizing supports, omega 3, possibly taking prescribed meds


Comments/ Questions/
Case Examples?

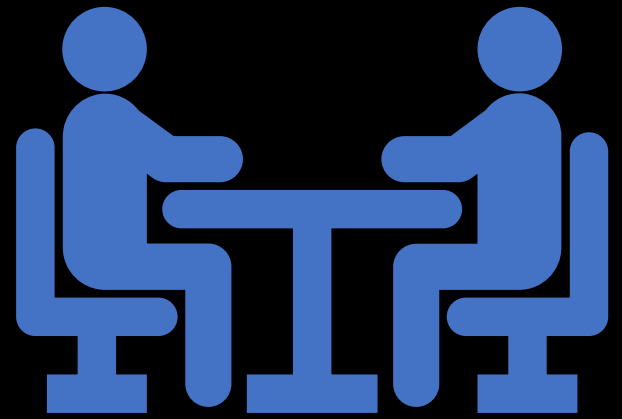
Communication Enhancement Training (Sessions 7-11)

- Active listening
- Expressing positive feelings
- Communicating clearly
- Making positive requests for change
- Expressing negative feelings about specific behaviors

Miklowitz et al., 2009

Steps of Communication Skill Training (Part 1)

- Model the skill (e.g., active listening)
- Ask one member to rehearse the skill with another
- Offer praise
- Encourage constructive feedback from other family members
- Assign homework (practice) to entire family



Handout # 12

The Five Basic Communication Skills

- Expressing Positive Feelings
- Active Listening
- Making Positive Requests for Change
- Communication Clarity
- Expressing Negative Feelings about Specific Behaviors

Expressing Positive Feelings

- Look at the person
- Say exactly what they did that pleased you
- Tell them how <u>you</u> felt when they did that

Handout # 17

Catch a Person Pleasing You

Day	Person Who Pleased You	Exactly What Did They Do That Pleased You?	What Did You Say to Them?
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Handout # 15

Active Listening

- Look at the speaker
- Attend to what is said
- Nod head, say “Uh-Huh”
- Ask clarifying questions
- Check out what you heard

Your job is to try to understand the other person’s perspective

Making a Positive Request

- **Look at the Person**
- **Say Exactly What You Would Like Them to Do**
- **Tell Them How You Would Feel When they Did That**
- **In Making Positive Requests, Use Phrases Like:**
  - **"I would like you to _____ ."**
  - **"I would really appreciate it if you would _____ ."**
  - **"It's very important to me that you help me with _____ ."**

Communication Clarity

- Think about what you want to say
- Consider how your listener might feel
- Talk about only one topic at a time
- Be specific
- Use short sentences
- Stop and check in to make sure that your listener understood you

Handout # 19

Expressing Negative Feelings about Specific Behaviors

- Look at the person; speak firmly
- Say exactly what they did that you did not like
- Tell them how you felt when they did that
- Suggest how the person might prevent this from happening in the future

Role Play/ Practice

Role Play/ Practice a communication skills session

Problem Solving

Sessions 12-18 (roughly)

Goal-Setting/ Problem-Solving Guide:

1) What is the problem or goal that you want to work on? (Get everyone's opinion and try to develop a goal that everyone can agree with. Be as specific as possible)

2) Brainstorm about all possible solutions and write them in on the table below. DO NOT evaluate these until Step 3.

3) Consider the pros and cons of each possible solution (write these in on the table below).

Possible Solutions (brainstorming)	Pros (Advantages)	Cons (Disadvantages)

4. After evaluating the pros and cons of each possible solution, I have decided that the best solution, or combination of solutions is:

_____

_____

_____

5. My plan for carrying out this solution is as follows:

Tasks: What specific tasks will I do?	
Time-frame: When will each task be done?	
Resources: What do I need to carry out the plan?	
Possible obstacles: What might get in the way? How can I avoid these obstacles or deal with them if they happen?	

6. Evaluation: Did my plan work? If not, what obstacles came up? Should I try again? Should I choose another solution?

_____

_____

_____

Supportive Parenting of Anxious Childhood Emotions (SPACE)

Case Example

Seb is a 14-year-old trans male living with his mom. They have always been very close and Seb considers his mom to be his closest friend. Seb told his mom last year that he was hearing voices that distracted him while he was at school. He began refusing to attend school when he also started to experience “shameful thoughts and images.” He would not tell his mom what these were specifically, but he noted that the shameful thoughts were triggered when he saw younger children playing. He began avoiding the school playground. After a few weeks, he began feeling triggered by seeing any children younger than 10. And eventually he required that mom help him to avoid even seeing pictures of children in magazines, computer or TV. Mom noted feeling overwhelmed by the need to try to keep Seb safe from all these triggers. She took family leave from work in order to be more available to help Seb avoid triggers. She called the clinic often, making suggestions to the clinical team about how to better serve Seb. For example, she asked them to remove any magazines with pictures of children from the waiting area. She also asked if Seb could start working with a different therapist because Seb appeared more upset after a recent session.

What is SPACE?

- Developed by Eli Lebowitz at Yale Child Study Center
- Parent-based program for children / adolescents with anxiety, OCD, and related problems (also being testing in adult children who have ”failed to launch”)
- Focuses *only* on parent behavior – child does not participate in this treatment
- Studies have found symptom and functioning improvements similar to CBT (https://www.spacetreatment.net/manual-and-books)
- Can be especially useful when child is refusing to take part in therapy

Basic Elements of SPACE

Parents learn skills and tools to help their child overcome anxiety, OCD or related problems.

The treatment focuses on changes that parents can make to *their own behavior*, they *do not need to make their child change.*

Two main changes parents learn to make in SPACE treatment are:
1) *respond more supportively* to their anxious child
2) *reduce the accommodations* they have been making to the child's symptoms.

Responding More Supportively

- Learn about anxiety
- Convey empathy for and acceptance of child’s experience of anxiety
- Confidence in child

Reducing Accommodations

- Charting accommodations
- Identifying one to reduce
- Developing clear written plan for reduce/ eliminate accommodation
- Focuses only on parent behavior – child is not required to do anything … though child's anxiety and behavior will be impacted by the change
- Praise for coping

Example Plan- OCD Accomodation

Bob, you are a wonderful kid and I love you. I know that you feel really anxious about sitting in a seat that could be contaminated and like me to wash your seat before you sit in it. I am learning about how to better help you with anxiety and now realize that buying bleach wipes for you and washing the chairs with bleach every time you sit is not helping you to cope with anxiety. Starting tomorrow, I will no longer be stocking the house with bleach wipes and I will not wash the seat for you. I will remind you one time that I know OCD makes it hard for you to believe it, but the seat is safe. Then I will not respond to any more questions or requests to clean the seat. I know this change will be hard for you at first, but I know that you will be able to handle it – and my taking this step will help you cope better with your anxiety in the future.

Sample Plan For child that is calling parents multiple times per day at work Lebowitz et al. 2014

- Mother and father will each not respond to more than one phone call a day.
- Mother and father will each call child one time per day.
- Mother will call at 2 P.M. and father will call at 4 P.M.
- Child will be informed of this in advance.

Sample Plan – Letter to child

Monica, last week we told you we were going to be thinking about ways to help you get better at handling the worry-thoughts you have every day. We know those thoughts make you really scared and are proud of you for doing so well at school and dance despite the thoughts. Even though you think you really need to talk to us on the phone when you have those thoughts, we are sure that you will actually be okay even if you don't talk to us. We believe that 100%. That's why from now on Mom and Dad are not going to answer the phone when you call us at work more than one time. You can talk to each of us one time and after that we will not answer any more. Because we know how hard it might be for you we will also call you one time every day. Mom will call you at 2 and Dad will call you at 4. We know this could be hard for you and we are not trying to punish you or hurt you. We love you and want to help you to handle your worries.

We are very proud of the way you've been handling things this past year. You've been going to classes, you've been running your own errands, and you've been getting to your appointments on time. We also see that your OCD can make it hard for you when we discuss certain topics that you find anxiety-provoking or distressing, such as family matters or politics. If you ask us to stop discussing these topics, we have been changing the subject or trying to make you feel better. We now realize these behaviors are not actually showing you how much we believe that you can tolerate your distressing and uncomfortable thoughts and feelings – and might even be making the OCD stronger.

That's why we have decided that from now on, when we are at home or in the car, we will let our conversations flow naturally. This means that if you ask us to stop discussing a particular subject, we will remind you one time that we understand your feelings but we believe you can handle them, and finish what we were saying. We promise not to intentionally leave you out of conversations.

This might sound hard at first, but we are 100% sure you can handle this. We aren't angry at you and this isn't a punishment. We just love you too much to give into your OCD instead of showing you how much we believe in you.

Troubleshooting

Parent feeling blamed for child's difficulty

- Natural response of caring parents to anxiety
- What is needed is counter to what instinct / evolution would tell us

Parent feels it didn't work because the child was still upset/ didn't change their behavior

Extreme reaction/ aggression/ regression by child in response to reduced accommodations

- Ping pong ball analogy
- Recruiting supporters

Family Directed Cognitive Adaptation Program:

Helping Families Manage Cognitive Challenges Related to Psychosis

https://pmc.ncbi.nlm.nih.gov/articles/PMC5695924/pdf/nihms778476.pdf

Cognitive declines occur early in schizophrenia

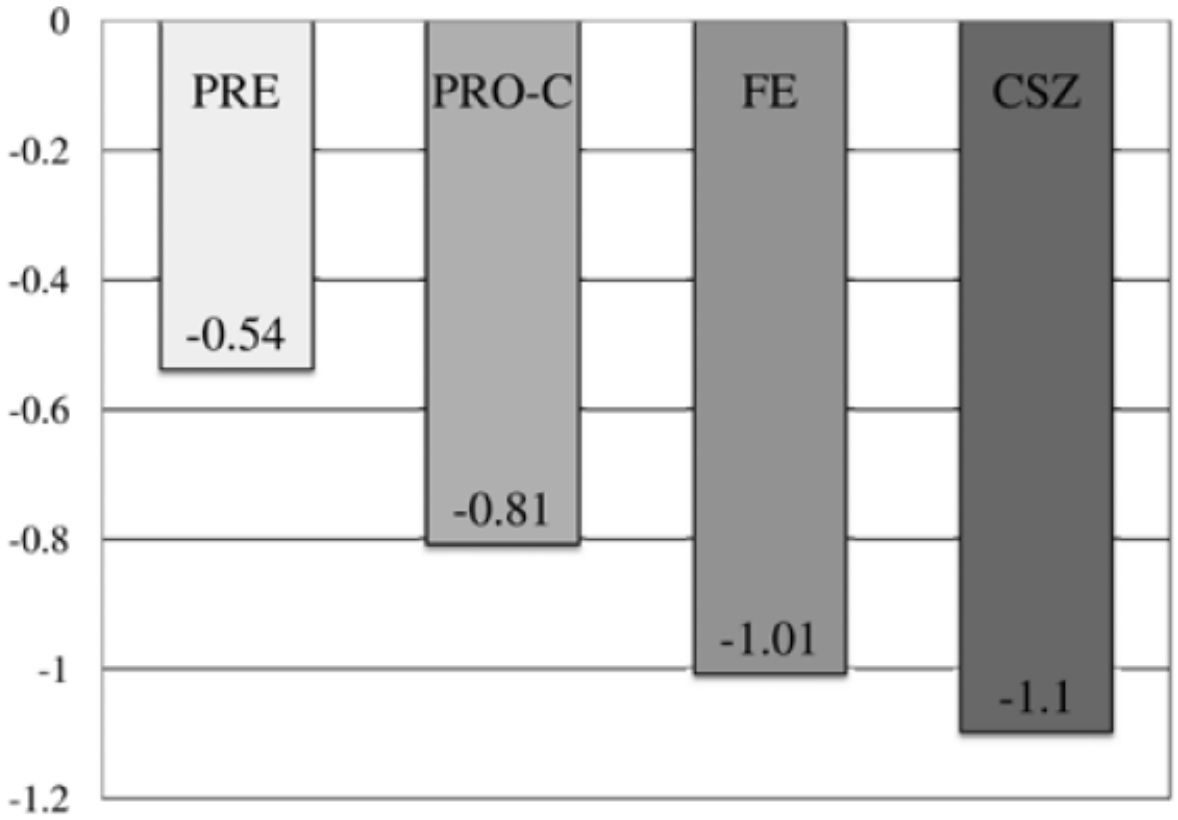


Fig. 1. Effect sizes from 4 meta-analyses on cross-sectional IQ impairment in individuals with psychosis or at risk for psychosis compared to controls (Cohen's *d*), from L. Seidman. CSZ, chronic schizophrenia[71]; FE, first-episode schizophrenia[72]; PRE, premorbid[70]; PRO-C, prodrome converter[73].

Liu, Keshavan, Tronick and Seidman Schiz Bulletin 2015

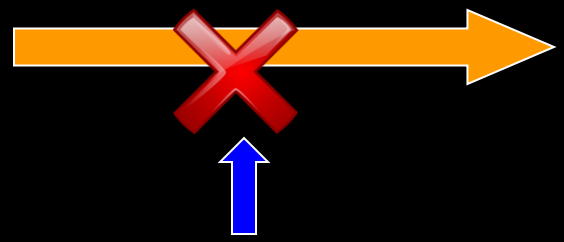
What is Family-Directed Cognitive Adaptation (FCA?)

FCA combines:

- **Family education & support** – learning together about psychosis and cognitive challenges.
- **Practical strategies** – making small changes in the home and routines to compensate for (work around) memory, attention, and other cognitive problems.

Cognitive adaptation

Cognitive deficits



Problems in:

Grooming

Independent living skills

Social Skills

Work Performance

Quality of Life

Change environment to overcome cognitive deficits

Environment changes

(Reminder signs, Electronic cues, Remove distractions, Organization system)

How it works:

- Families and clients set **functional goals** (e.g., making phone calls independently, managing healthy routines).
- Together, they match strategies to challenges:
- **Apathy** → more cues and reminders (alarms, checklists).
- **Disinhibition** → simplifying environments (removing distractions, organizing clothing).
- **Executive difficulties** → structured routines, planners, visual cues.

What preliminary research shows

- In a pilot study, nearly all families completed the program.
- Clients showed improved **adaptive skills** (effect size ~.73) and reduced **negative symptoms** (effect size ~.67).
- Families reported **lower burden and depression** (effect sizes .71–1.21).
- Both families and clients gave very high satisfaction ratings, noting better coping, improved communication, and more independence

Case Example: *Michael*

- 38-year-old man who lived with his mother. He experienced his first episode of psychosis in his late 20s, which led to fears that the CIA was monitoring him. Although he was psychiatrically stable, he had not worked for more than 8 years and relied heavily on his mom for day-to-day tasks.
- Chose 2 goals: 1) **Healthy lifestyle:** eating more vegetables, reducing junk food, adding daily structure. 2) **Independence with phone calls:** learning to call doctors and services on his own.

Target 1: Healthy Lifestyle

- **Organization/ minimize distraction**
  - Made vegetables more accessible
  - Used daily calendar to record vegetables eaten each day
  - Remove unhealthy foods from home
- **Memory aids**
  - List of healthy foods (less reliance on verbal memory)
  - Signs and index cards to prompt practice
- **Motivation and persistence**
  - Mom modified her diet too
  - Joined healthy lifestyle group (increase socialization too)
  - Joined gym (increase daily structure and activation)
- **Skill building using multiple methods to enhance learning**
  - MI and CBT techniques used to help minimize barriers to asking for substitutions when eating out
  - Wrote out steps for skill
  - Practiced skill in office and at restaurant

Reminder card:

REMEMBER SUBSTITUTIONS!	
•No salt •Light mayonnaise •Low-fat cheese or no cheese	•No butter on the bun •Light dressing

WHY ASK FOR SUBSTITUTIONS?

- It is critical for me to stay on my diet in order to manage my diabetes!
- I can't always eat at home– I need to eat out without breaking my diet.
- The servers make substitutions all the time. It is part of their job to help me.
- If I ask nicely, I'm not being a jerk!

Target 2: Make phone calls independently

- Identification of obstacles
  - Fear of CIA listening and bothering people
  - “I don’t know what to say”
- Cognitive therapy techniques to challenge fear beliefs and coping reminders put on index card
- Phone call sheet listed steps for making calls on own.

*Mom coached to play greater role in Target 2

Phone Call Plan:

1) **F**igure out- What is the goal of the phone call?

Goal of call: _____

_____

2) **A**ssure yourself that the phone call is reasonable—read your coping cards!

I NEED to make this call because: _____

_____

I have a RIGHT to make this call because: _____

_____

It is SAFE to make this call because: _____

_____

What's the worst thing that could happen if I make the call? _____

_____

Could I handle that (circle)? Yes No

3) **R**ehearse the call (alone or with the help of someone else)

4) **M**ake the call

5) **S**ummarize:

How did it go (1 is easy and 5 is hardest ever)? 1 2 3 4 5

What can I do next time to make this easier? _____

_____

6) Pat yourself on the back for a job well-done!

Additional interventions

- Daily planner for managing own appointments
- Initiated weekly “family meetings”
- Problem solving training (executive function)
- Help to set up therapist for follow-up

“Michael”

- Healthy lifestyle:
  - Lost 40 lbs by 6-month follow-up
  - Made substitutions 75% time
  - Active member of gym and group
- Phone calls:
  - 100% calls at end of program, 80% 6 month follow-up
- Other:
  - Joined clubhouse
  - Obtained full-time job
- Assessments:
  - Improved negative symptoms at follow-up and 6-month
  - Improved SAFE scores at follow-up but not 6-month


Comments/ Questions/
Case Examples?

Role Play – Common Mistakes and Better Options

Some common family treatment dilemmas and some ideas

Dilemmas with Carer:

Dilemma	
Carer wants to use family meeting to tell you every last detail about what is wrong with the client	Talk on phone before meeting, listen to concerns and talk with carer about prioritizing
Carer expects you to provide a report on what the client talks about in therapy	Without condescending, talk with carer about importance of private communication to build trust and for treatment to be effective.
Carer wants to direct the treatment (fantasy– if you tell him to do it he will)	Talk with carer individually – validate their concerns and wishes for you to do the same thing with a different result, may share your strategy to some extent
Carer worries the treatment will be harmful to the client	Encourage carer to discuss concerns with you, provide validation and support as well as information.

Dilemmas with Carer Cont:

Dilemma	What can help
Carers are parents who hate each other	Begin meeting with each parent separately, highlight shared concerns about client and importance of working together to co-parent effectively.
Carer is extremely anxious/ burnt out/ needs a break	Support carer in getting help via individual treatment, asking for help from extended family, friends, church, etc., and taking time for self.
Carer sees symptomatic behaviors as volitional personality flaws (laziness, stubbornness, etc)	Psychoeducation, talking with other families through NAMI or multifamily group
Carer has limited resources (financial constraints, demanding work, caring for other relatives, carer has mental illness, etc)	Help family obtain needed supports (SSI, CBFS, PT1, etc). Consider home visit and evening availability if possible.

Dilemmas with Clients:

Dilemma	What can help
I don't want you talking with my parents about what I say	Clarify that confidentiality (aside from limits re safety) will be maintained. Focus is on helping family provide better support to them. Highlight ways in which it may be in their best interest to have family participate.
Concerns that family treatment creates burden on family	Share research on effectiveness of family trt in reducing rehospitalization and family distress
Client does not want to participate	Ok to meet just with parents at first. Family provider may continue finding ways to get to know the client. Some clients decide to participate eventually when invited again at a later time.
*Note: family treatment is easiest to set up at the beginning of treatment when it is presented as a regular part of treatment.	

For More Information

Manuals:

- https://cedarclinic.org/for-families-2/
- http://navigateconsultants.org/2020manuals/family_2020.pdf
- https://ontrackny.org/Portals/1/Files/Resources/Family%20Treatment%20and%20Resources%20Manual%204.18%20Final.pdf?ver=2018-05-01-120346-543

Online course module:

https://www.cbhknowledge.center/modules/mhttc-csc-basics/07-family-education-and-support-in-coordinated-specialty-care-for-early-psychosis/story.html

Family Directed Cognitive Adaptation:

SPACE:

- https://www.amazon.com/Breaking-Free-Child-Anxiety-Scientifically/dp/0190883529
- https://www.spacetreatment.net/
- https://www.youtube.com/watch?v=VUayeUlc_Gs

Culturally responsive care

- https://ontrackny.org/Portals/1/Files/Resources/OnTrackNY%20Cultural%20Competency%20Guide_%20Final%205.29.18.pdf?ver=2018-06-07-11044
- Course module: https://www.cbhknowledge.center/modules/mhttc-csc-basics/03-culturally-responsive-coordinated-specialty-care-for-early-psychosis/story.html

Workshop Feedback

https://forms.office.com/r/rXz0yDAYjQ