

Working with families of young people with early psychosis

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October 2021

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Why work with families of young people with early psychosis?

- In 1988 Falloon noted "The family remains unrivalled in the care of the mentally ill and is arguably the most valuable resource in promoting the long-term health and welfare of its members. Such an important resource deserves our utmost respect."

• Ian R. H. FALLOON *Psychological Medicine* 1988, 18: 269-274

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Why work with families of young people with FEP?

- In 2017 Claxton and colleagues found that overall "family intervention for psychosis is an effective intervention for early psychosis service users and their relatives."
- Melanie Claxton, Juliana Onwumera, and Miriam Fornells-Ambrojo. *Do Family Interventions Improve Outcomes in Early Psychosis? A Systematic Review and Meta-Analysis*. *Frontiers in Psychology* 2017; 8: 371 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5366348/>
- In 2020 Camacho-Gomez and Castellvi found that family intervention for psychosis "is effective for reducing relapse rates, duration of hospitalization, and psychotic symptoms, and for increasing functionality in First Episode Psychosis patients up to 24 months".

• Miguel Camacho-Gomez, Pere Castellvi. *Effectiveness of Family Intervention for Preventing Relapse in First Episode Psychosis Until 24 Months of Follow-up: A Systematic Review With Meta-analysis of Randomized Controlled Trials*. *Schizophrenia Bulletin*, Volume 46, Issue 1, January 2020, Pages 98–109. <https://doi.org/10.1093/schbul/sbz038>

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Australian Early Psychosis Guidelines: working with families

- 3.3.9.1 The needs of individual family members should be recognised and addressed (where appropriate, within clinical services, or alternatively, by referral to external agencies) at all stages of a person's recovery.
- 3.3.9.2 The case manager should have frequent contact relevant to the phase of illness and the needs of the individual and their family.
- 3.3.9.3 Family attendance and involvement should be reviewed as part of the clinical review process.
- 3.3.9.4 The treating clinician should assist the family by providing information about psychotic disorders (including the recovery process) and by helping the family, where necessary, develop skills in problem solving and enhanced coping strategies.
- 3.3.9.5 The treating clinician should maximise the responsiveness of the family to early warning signs in order to facilitate relapse prevention.
- 3.3.9.6 Where necessary, the clinician should prepare the family to deal with crises.
- 3.3.9.7 Family peer support workers may be a useful resource for information and emotional support, particularly in situations when an individual being treated does not support the involvement of the family.
- 3.3.9.8 Families with more complex needs, such as those with a history of sexual and/or other abuse or long-standing emotional conflict, may need to be referred to specialist agencies.

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Principles of Family Intervention

- Broad definition of family
- Permission of the individual with psychosis
- Engagement with families as early as possible
- Flexible individualized services
- Hope inspiring and resiliency focused
- Collaborative
- Informed by the trauma of psychosis

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Broad Functions of Family Intervention in Early Psychosis

- Assessment of family needs
- Case management
- Education
- Collaboration
- Support
- Solving problems
- Other stress reduction strategies

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Assessment of Family Needs*

- family members' understanding of psychosis, its treatment and prognosis
- the family's previous experience with psychosis, and their explanatory model(s) of the psychosis
- the practical, cognitive and emotional impact of the psychosis on individual family members
- the family's strengths and coping resources, including members' perceptions of their strengths and coping resources
- the family's experience in dealing with stress
- the family's appraisal of the resources available to support them
- the patterns of communication within the family (how the family relates to and communicates with the person with the illness)

*Australian Clinical Guideline for Early Psychosis 2nd Ed 2016

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Case management

- Families may be experiencing multiple stressors or crises and it may be that only some of these involve the person with psychosis
- Socio-economic strains, health, legal or marital problems can all interfere with family's abilities to help their young person
- Helping families to access critical resources to contain or resolve these crises can be pivotal to engaging them in the young person's treatment.
- **Case example:** families with food or housing insecurity.

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Educating families about psychosis (and any comorbid disorders)

- Didactic or interactive teaching, usually a combination of both
- Eliciting expertise of family members and the young person and helping them relate the information about psychosis to their own experiences
- Flexible use of language (and interpreters where indicated) to facilitate comprehension

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Educating families about psychosis (and any comorbid disorders)

- Sensitivity to different cultural perspectives on mental illness and communication styles.
- **Case example:** culture specific delusions, bewildering/painful symptoms such as Capgras.
- "Adopting an expert stance and focusing on practical concerns, rather than taking a reflective approach, is crucial in working with Singaporean families when adapting a Western-based multi-family psychoeducation group."*

*Christopher Lob, Wilfred Liang, Helen Lee, Charmaine Tang, Development of Multi-Family Therapy for First Episode Psychosis in Singapore. *Journal of Family Therapy* 03 February 2021. <https://doi.org/10.1111/1467-6427.13395>

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Collaboration

- A key aim of family intervention is to promote a working relationship between the family and the treating team in order to optimize treatment and recovery.
- Involving family members in treatment planning and reviews
- Providing family members with access to the treating team to voice concerns or provide information
- Expressing appreciation for the family's input and perspectives
- Understanding and respecting the values that are central to the family

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Support

- Having a child develop psychosis can be devastating, especially early on when family members often have so little understanding about what is happening.
- Showing understanding, empathy and support also usually facilitates engagement and the development of a therapeutic relationship.
- If family services are provided in the context of multiple family groups then mutual support and sharing of ideas and strategies (mutual support and validation) may also be valuable.
- Access to peer support can also be invaluable for families.
- Reputable external support should be facilitated when required.

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Solving problems

- Family's coping with a loved one with a psychotic illness will experience a multitude of challenges and problems and are often in need of help in solving problems.
- Practical assistance and referrals to resources that can assist promotes engagement with the family and increases their ability to attend to the tasks of assisting their child to recover.
- This can be anything from a medical certificate for work to accessing Centrelink, NDIS applications, Financial Management services or mental health services for other family members.

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Other stress reduction strategies

- Teaching communication and problem-solving strategies using modelling and role play.
- For example, families have sometimes struggled during the prodromal period with how to manage substance use or behaviour disorders in their child and often these strategies – accusation, nagging, threats of withdrawal of care - have fuelled family distress, parental conflict and even ejection of the child from the home.
- Helping families to try a new way of managing this including a harm minimization approach, positive reinforcement of desired behaviours, consistent limit setting can reduce unhelpful levels of negative expressed emotion.

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Getting help for carers

- **Carer support:**
 - <https://www.carersaustralia.com.au/support-for-carers/carer-advocacy/> <https://www.sane.org/>
 - <http://www.mindcarersupport.com.au/> www.mindcarersupport.com.au
- Mind Carer Helpline 1300 550 260
- Commonwealth Carer Respite Centres operate across Australia. They provide information, referral and direct support to people who are caring for someone with an illness. They can offer emotional support, counselling, workshops on topics of interest, respite, linkage to carer groups, and referral to other kinds of support. Contact 1800 623 222 to find the Carer Respite Centre nearest to you, or ask a case manager, doctor, or family peer support worker to assist you with a referral.
- The National Illness Fellowship offers a program called 'Wellbeing'. This program is designed to support families, carers, and friends to care for someone with a mental illness. This program runs for eight 9's hour 'wellness' or four 'wellness' sessions, including information, education and support. This can be done in your own home. <http://www.nationalillnessfellowship.org.au/> or ask a family peer support worker to find out when a program is running near you.
- Mind provide a range of services to carers, including a telephone support line, carer support groups, and a carer counselling service. To find out more, check out their website <http://www.mind.org.uk/about-us/carer-support/>
- **For parents and their young people:**
 - Turning Tables Program <http://www.turningtablespg.org.au/>
 - www.relationships.com.au
 - Relationship Australia has a sliding scale of fees. www.relationships.org.au
- **Treating carer mental ill-health – evidence based treatments for anxiety and depression**
 - CBT/PT (via GP Mental Health Care Plan)
 - MyCompass – www.mycompass.org.au. Free, self-directed evidence based treatment for mild to moderate anxiety and depression by the BLACK DOG INSTITUTE www.blackdoginstitute.org.au
 - Mind Spot - free, Commonwealth funded, supported on-line treatment for mild to moderate anxiety and depression. GP referral required (www.mindspot.org.au)

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