Involving Families in the Treatment of Serious Mental Disorders

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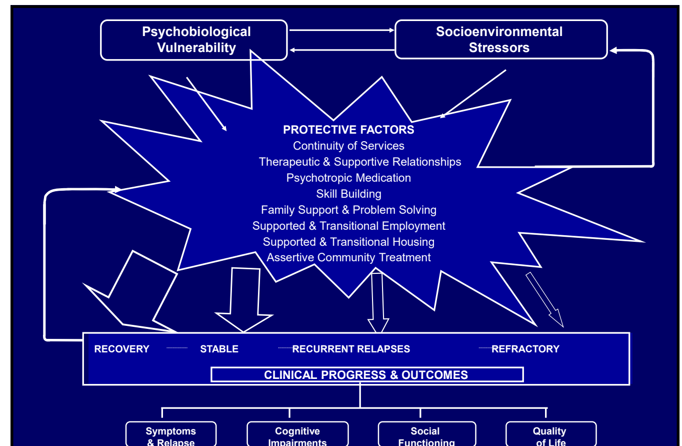

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Evidence Based Treatments are focused on Recovery: PORT recommendations

- Standardized pharmacological treatment
- Illness management skills training
- Family psychoeducation
- Supported employment
- Assertive community treatment
- Integrated dual disorders treatment

Kreyenbuhl et al., Schiz Bulletin 2010

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Illness Management Training

The social problem-solving model focuses on improving impairments in information processing that are assumed to be the cause of social skills deficits

The model targets domains needing changes including medication and symptom management.

Each domain is taught as part of a module, with the purpose of correcting deficits in receptive, processing, and sending skills.

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Meta-Analysis of 75 Studies of Skills Training in Schizophrenia

- Improvement in Social Skills
  - Self-rating
  - Behavioral Performance
- Generalization of Skills
  - Maintenance and Durability
  - Naturalistic Situations
  - Social Adjustment
- Higher Rate of Hospital Discharge
- Reduced Relapse Rates

Heinssen, Liberman & Kopelowicz, 2000

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Illness Self-Management Skills

- Identify the Warning Signs of Relapse
- Manage these Signs and Use them to Enlist Help
- Cope with Persistent Symptoms
- Avoid Alcohol and Illicit Drugs

- Obtaining information about Antipsychotic Medication
- Knowing Correct Self-Administration of Medication
- Identifying Side Effects of Medication
- Negotiating Medication Issues with Healthcare Providers

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Module: Medication Self-Management
Skill Area: Negotiating Medication Issues

Requisite behaviors:

- Pleasant greeting
- Describe problem specifically
- Tell length of occurrence
- Describe extent of discomfort
- Specifically request action
- Repeat/clarify advice/orders
- Ask about expected time for effect
- Thank for assistance
- Good eye contact
- Good posture
- Clear, audible speech

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- Demonstrate the skills using video

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- Role play using video

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Coaching with Positive

Reinforcement

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Cultural Modifications of Skills Training for Latinos

- Translation appropriate for educational levels
- Indigenous bilingual staff as trainers
- Integrate family participation
- Encourage generalization to natural settings
- Incorporate cultural norms
  - Attributions (e.g., Nervios vs. Locura)
  - Assertiveness vs. Deference to Authority
  - Independence vs. Interdependence

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Skills Training for Latinos with Schizophrenia (Kopelowicz et al 2003)

- 93 stable outpatients with schizophrenia and their key relatives
- Randomly assigned to 3 months of skills training and customary care or CC only
- 13 weeks of group skills training, 4 days per week, 1 hour per day (Illness Management)
- Family involvement included 13 weekly sessions and 2 home visits

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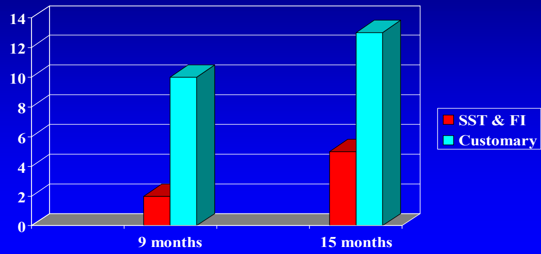
Number of Rehospitalizations



Kopelowicz et al 2003

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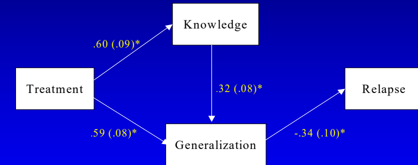
Path model of relationship among treatment, knowledge, generalization and relapse



Kopelowicz et al. Schizophrenia Bulletin 29:211-227, 2003

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Better outcomes in family psychoeducation

- Over 20 controlled clinical trials, comparing to standard outpatient treatment, have shown:
  - Much lower relapse rates and rehospitalization
    - Up to 75% reductions of rates; minimally 50%
  - Increased employment
    - At least twice the number of consumers employed, and up to four times greater--over 50% employed after two years--when combined with supported employment
  - Improved family relationships and well-being
  - Reduced friction and family burden
  - Reduced medical illness in family members
    - Doctor visits for family members decreased by over 50% in one year

Dixon et al 2003

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Standard Approaches to Family Treatment in Severe Mental Illness

- Psychoeducation
- Communication skills training
- Problem solving techniques
- Social network development (MFG)

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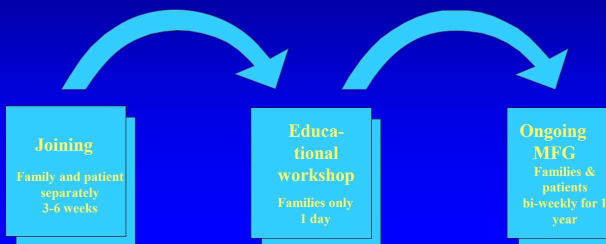
Stages of a Multifamily Group (McFarlane, 2004)



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Psychoeducational Workshop

- Symptoms and Clinical Presentation
- The Causes of the Disorder
- Treatments and Rehabilitation
- The Importance of Family Participation

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MULTIFAMILY GROUPS

- Five to Eight Families
- Two Clinicians
- 1 ½-Hour Sessions – Biweekly – 1 Year Minimum
- Refreshments/Snacks are provided
- Initial Sessions avoid emphasis on clinical issues
- Initial Sessions emphasize establishing a working alliance by building group identity and developing a sense of mutual interest and concern. Drop outs are Failures

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PROBLEM SOLVING IN MFGs

- The CORE of MFG Sessions
- Designed to compensate Information-Processing Deficits in Schizophrenia
- FORMAT:

Checking in	15 Minutes
Go-round	20 Minutes
Selecting a Problem to Solve	5 Minutes
Solving the Problem	45 Minutes
Wrap-up Socializing	5 Minutes

- Clinicians should GET READY and HAVE A PLAN – IN ADVANCE

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The key question is:

- How should we incorporate cultural factors to engage Latino families in the psychoeducation approach?

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The Mediating Role of Culture

- Culture is the specific value orientations, belief systems, or sets of practices of a given group
- Culture resides both in the individual and in the social group
- Culture is a dynamic and creative process that is constantly changing through a person's interactions with the social world

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The Assessment of Culture

- Best undertaken by paying attention to people's daily routines and how such activities are tied to families, social networks and communities
- The key to a cultural assessment is asking what matters most to people or what is most at stake for people

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Cultural Modifications Necessary for Latino Families

- Encourage participation of fathers
- Acknowledge folk conceptions of illness
- Reframe to fit family beliefs and attitudes
- Focus on education rather than strictly on communication/problem solving skills
- Acknowledge each family member's role
- Goal: Interdependence vs independence
- Utilize prosocial EE factors (warmth)

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Cultural Adaptation of MFG to Mexican-Americans

Objectives

- To increase utilization of professional mental health services
- To improve treatment adherence

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Application of Theory of Planned Behavior to MFG Approach

- Attitudes
  - Client's assumptions about mental illness and the benefits of treatment are targeted
- Subjective Norms
  - Centrality of the family for decision making points to the need to encourage families to actively participate in treatment plan
- Perceived Behavioral Control
  - External locus of control requires the utilization of problem solving techniques to overcome financial and transportation obstacles

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MFG for Mexican-Americans with Schizophrenia (Kopelowicz et al 2012)

- 174 poorly adherent patients (80% inpatients) with schizophrenia and their key relatives
- Randomly assigned to 12 months of MFG-A, MFG-S or customary care (1 year follow up)
- All groups conducted in Spanish, bi-weekly for 90 minutes each session
- MFG-A focused on adherence and based on Theory of Planned Behavior (Azjen 1991)

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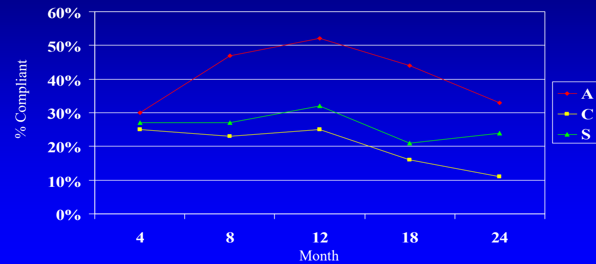
Adherence to Medication



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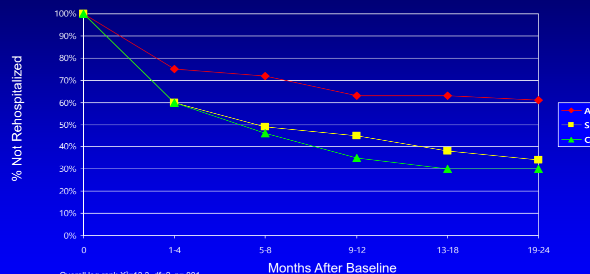
Time to Hospitalization



Overall log-rank X^2=13.3, df=2, p=.001.
A vs S: X^2=8.0, p=.005.
A vs C: X^2=11.4, p=.001.
S vs C: X^2=0.2, p=0.62.
Pairwise Wald tests from PH model, all df=1.

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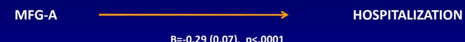
MFG-A → HOSPITALIZATION

B=-0.29 (0.07), p<.0001

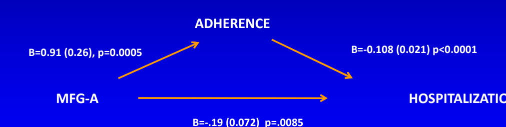


ADHERENCE

B=0.91 (0.26), p=0.0005

B=-0.108 (0.021) p<0.0001

MFG-A → HOSPITALIZATION



B=-.19 (0.072) p=.0085

Mediation Analysis of Treatment Effect on Adherence and Hospitalization

N=174. Sobel: -2.94, p=.003 (34% of the MFG-A-HOSPITALIZATION association)

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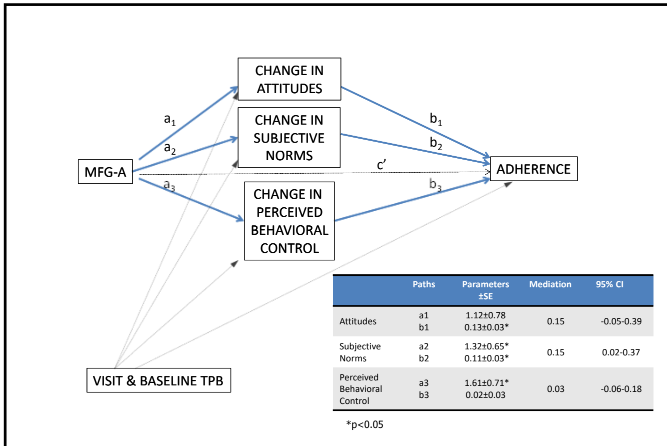

	Paths	Parameters ±SE	Mediation	95% CI
Attitudes	a1 b1	1.12±0.78 0.13±0.03*	0.15	-0.05-0.39
Subjective Norms	a2 b2	1.32±0.65* 0.11±0.03*	0.15	0.02-0.37
Perceived Behavioral Control	a3 b3	1.61±0.71* 0.02±0.03	0.03	-0.06-0.18

*p<0.05

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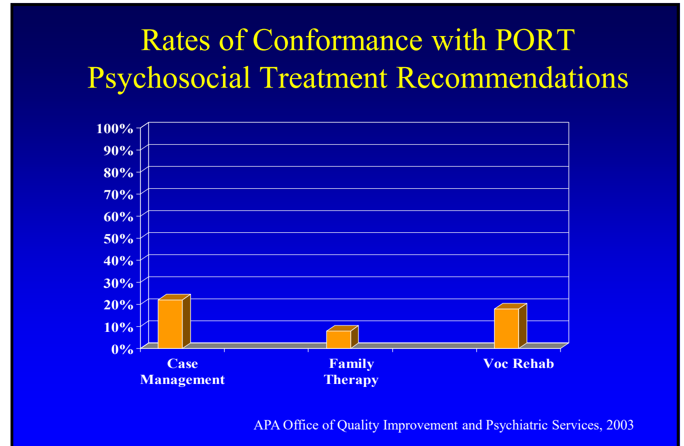

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Conclusions

- As investigators give a voice to the family, either through quantitative research, qualitative research or experience working in that community, they are more likely to be successful in engaging families in the treatment process.
- Engagement is not a fixed entity. It is an iterative process in which clinical investigators engage the client and his/her family and continually evaluate their efforts.
- Incorporating the family in a culturally appropriate fashion within routine clinical settings would improve access to treatment, integration of care and ultimately, clinical outcomes for Latinos with serious mental disorders.

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