Family-Focused Treatment with Youth and Young Adults at Clinical High Risk (CHR) for Psychosis

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University of California, Los Angeles
Attenuated Psychosis Syndrome: DSM-V Conditions for Further Study

• At least one of the following symptoms is present in attenuated form, with relatively intact reality testing, and is of sufficient severity or frequency to warrant clinical attention:
  1. Delusions
  2. Hallucinations
  3. Disorganized speech

• Symptoms have begun/worsened in the past year
• Never met criteria for a psychotic disorder
Clinical Characteristics of the Clinical High Risk Sample

- At imminent risk - 35% conversion rate within 2.5 years
- Average age = 17 (12 – 30)
- Most common co-morbid diagnoses:
  - Major Depressive Disorder 35%
  - Anxiety Disorders 46%
  - Attention Deficit Disorders 20%
- Global Assessment of Functioning Mean = 47
Why family interventions during the CHR period?

- CHR youth tend to be adolescents living with their families.
- They are in a developmental stage that requires them to cope with the daily demands of family life.
- Parents who bring these youths to clinics are often looking for support and guidance and may be at risk for developing symptoms themselves due to the stress imposed by their youths’ symptoms.
What do empirical findings suggest about the potential utility of family interventions during the CHR period?

- Evidence from adoption, expressed emotion, and treatment studies indicates that families play a key role in the evolution of symptoms in psychosis.

- Evidence from studies of individuals with bipolar illness indicates that FFT with pharmacotherapy may be more effective in preventing hospitalization than individual therapy with pharmacotherapy.

- Early work on family factors with youth at clinical high risk suggests that families may play an important protective role.
Effects of genetic risk and family functioning on eventual schizophrenia-spectrum disorders

% of sub-sample

High-risk, spectrum*

36.8

Low OPAS ratings

High OPAS ratings

Low-risk, spectrum**

5.8

4.8

5.3

*p < 0.001

**p = 0.582

Tienari, et al, BJM, 2004
Implications

• Adoptees at genetic risk are more sensitive to problems in the adoptive family.

• There may be a protective effect in having been reared in a “healthy” adoptive family.
Effects of Expressed Emotion (EE) and Medication on Relapse in Schizophrenia

Bebbington and Kuipers, 1994
Interaction of patient symptoms and family process: A simple causal model
Greater Persistence of Effects of Family vs. Individual Therapy: Time to Rehospitalization

**UCLA FFT Study** (N=53)

- Individually-focused treatment
- Family-focused treatment

Cumulative Survival Rate

Weeks

$X^2 (1) = 3.87, P < .05$

Studies of Family Factors and Family Treatment with CHR Youths and Young Adults
Camberwell Family Interview (CFI) identified 35% of the sample as high expressed emotion.

<table>
<thead>
<tr>
<th>Focus of Critical Comment</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Negative Symptoms</td>
<td>39%</td>
</tr>
<tr>
<td>Lack of Motivation</td>
<td>32%</td>
</tr>
<tr>
<td>Social Withdrawal</td>
<td>7%</td>
</tr>
<tr>
<td>Irritability, verbal/physical aggression</td>
<td>16%</td>
</tr>
<tr>
<td>Hypersensitivity (only category within positive symptom domain that received spontaneous criticism)</td>
<td>3%</td>
</tr>
</tbody>
</table>
Correlations between Camberwell Family Interview scales and improvement in symptoms/social functioning at 6 month follow-up controlling for baseline symptoms/social functioning

<table>
<thead>
<tr>
<th>Scale of Prodromal Symptoms</th>
<th>Critical Comments</th>
<th>Emotional Involvement</th>
<th>Positive Remarks</th>
<th>Warmth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>-.17</td>
<td>-.03</td>
<td>.13</td>
<td>.15</td>
</tr>
<tr>
<td>Negative</td>
<td>-.05</td>
<td>.40*</td>
<td>.48*</td>
<td>.34</td>
</tr>
<tr>
<td>Disorganized</td>
<td>-.32</td>
<td>-.02</td>
<td>.48*</td>
<td>.27</td>
</tr>
<tr>
<td>Strauss Carpenter Social Functioning</td>
<td>.09</td>
<td>.40*</td>
<td>-.10</td>
<td>.43*</td>
</tr>
</tbody>
</table>
10 minute problem solving interaction

“Please discuss ______________ and attempt to reach a resolution. You will have 10 minutes for this discussion and I will be back after 10 minutes.”
• Homework
• Screen time (TV, computer, X-box, social networking, etc.)
• Phone time (talking, texting)
• Chores (housework, picking up room, etc.)
• Waking up independently and getting ready for school/work.
• School/work attendance
• Relationships with brother(s) and/or sister(s)
• Compliance with medications
• Activities with friends
• Irritability with family members
• Bed time or curfew
• Eating and weight issues
• Use of the car
• Money
• Use of shared space (bathroom, kitchen, etc.)
• Time management
• Communication
• Recreation/vacations
Topics that Create the Most Tension in Families of CHR Youths

- Communication
- Irritability
- Chores

- FATHERS
- MOTHERS
- YOUTHS
## Coding Categories for the 10 minute Family Interaction

<table>
<thead>
<tr>
<th>CALM-CONSTRUCTIVE CODES</th>
<th>DEFINITION</th>
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</thead>
<tbody>
<tr>
<td>1. Affection and Compliments</td>
<td>Expressing positive feelings about another’s behavior or attributes.</td>
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<tr>
<td>2. Mild Listening</td>
<td>Minor indication of listening; saying “mm-hm”; nodding</td>
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<tr>
<td>3. Active Listening</td>
<td>Empathic listening; eliciting other’s point of view</td>
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<tr>
<td>4. Calm Speaking</td>
<td>Speaking clearly and concisely in a neutral or positive tone of voice</td>
</tr>
<tr>
<td>5. Organization</td>
<td>Keeping the conversation on track</td>
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</tbody>
</table>
Coding Categories for the 10 minute Family Interaction

CRITICAL-CONFLICTUAL CODES

1. Anger and Irritability
   Using an angry or irritated tone of voice or withdrawing. “I said I DON’T want to talk about it.”

2. Complaints
   Complaints, criticisms, overgeneralizations, demanding/intrusive statements, monologues

3. Cut-off
   One person starts to speak before another has finished.

4. Off-Task Comments
   Tangential comments. “Hey, they have crayons here.”
Partial correlations between baseline problem solving codes and improvement in adolescents’ symptoms/social functioning at follow-up controlling for baseline symptoms/functioning

<table>
<thead>
<tr>
<th></th>
<th>Prodromal Symptoms Positive</th>
<th>Prodromal Symptoms Negative</th>
<th>Social Functioning</th>
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<tbody>
<tr>
<td>Parent Communication</td>
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<tr>
<td>Calm-Constructive</td>
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<td>.36*</td>
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<tr>
<td>Critical-Conflictual</td>
<td>-.29</td>
<td>.05</td>
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<td>Youth Communication</td>
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<tr>
<td>Calm-Constructive</td>
<td>-.27</td>
<td>-.15</td>
<td>.38*</td>
</tr>
<tr>
<td>Critical-Conflictual</td>
<td>-.40*</td>
<td>.13</td>
<td>.09</td>
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(O’Brien et al., 2009 Schizophrenia Research)
Multi-Site Study Collaborators

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Yale University
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University of North Carolina, Chapel Hill
Dr. Diana Perkins

Emory University
Dr. Elaine Walker

Harvard
Dr. Larry Seidman
The NAPLS Study of FFT for Prodromal Youth

Patient Enters Study

Assessment Battery

Random Assignment

FFT-PY (18 sessions over 6 mos) plus assessment feedback

Enhanced Care (EC):
- 3 sessions of family education over 6 mos
- Crisis management as needed
- Assessment feedback

Follow-ups as per NAPLS

Post-treatment family reassessment

Follow-up over 2 years
Educational Sessions

Work collaboratively to establish treatment goals

Provide information and facilitate discussion of subthreshold psychotic symptoms

Discuss the Vulnerability-Stress model of symptom development

Identify and evaluate current individual and family stressors

Mobilize coping efforts and broaden coping skills

Optimize family support
**Communication Enhancement Training**
Expressing positive feelings
Active listening
Making positive requests for change
Expressing negative feelings constructively
Communication clarity

**Problem Solving Enhancement**
Defining the problem
Breaking a complex problem into a sequence of smaller problems
Brainstorming solutions
Analyzing pros and cons
Selecting and implementing an action plan
**THERAPIST COMPETENCY AND ADHERENCE SCALE (TCAS) FOR FAMILY-FOCUSED TREATMENT (Weisman et al, 1998)**

<table>
<thead>
<tr>
<th>N/A</th>
<th>Very Poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Competent</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

1. GENERAL SKILLS
   - A. RAPPORT AND ALLIANCE-BUILDING
   - B. PACING/EFFICIENT USE OF TIME
   - C. HOMEWORK
   - D. SESSION COMMAND

2. EDUCATION

3. COMMUNICATION TRAINING
   - A. ROLE-PLAY
   - B. GIVING/SOLICITING FEEDBACK

4. PROBLEM-SOLVING
Family Focused Treatment and Enhanced Care

Family-Focused Treatment

Increase Knowledge about Symptoms
Increase Coping Abilities
Increase Positive Communication
Decrease Family Conflict
Increase Problem Solving Abilities

CHR Youth Improvements in Social and Role Functioning
Improvement in Symptoms

Family Members
Decreased Distress
Increased Parenting Satisfaction
451 enrolled in NAPLS and assessed for trial eligibility

72 excluded due to participation in another trial
73 did not respond to calls
66 refused due to distance/time commitment
60 refused due to family involvement
27 converted to psychosis prior to trial
24 involved in outside family treatment

Random Allocation, 129

Family Focused Therapy (18 sessions), 66
- Withdrew prior to treatment, 11
- Completed (16-18 sessions), 25
- Partial completion (8-15 sessions), 17
- Minimal treatment exposure (< 6 sessions), 13

Enhanced Care (3 sessions), 63
- Withdrew prior to treatment, 9
- Completed (3 sessions), 45
- Partial completion (2 sessions), 5
- Minimal treatment exposure (1 session), 4

Follow-Up, 102

Completed 6 month assessment, 55
Did not complete 6 month assessment, 11
Analyzed, 66

Completed 6 month assessment, 47
Did not complete 6 month assessment, 16
Analyzed, 63
Which Treatment is More Effective at Improving Family Communication, 18 Sessions of Family Focused Therapy or 3 Sessions of Enhanced Care?
Family members’ constructive behavior during problem solving interactions.

Changes in Specific Communication Codes

- Participants in FFT-CHR showed greater increases from baseline to 6-months in ACTIVE LISTENING, and CALM COMMUNICATION compared to participants in EC.
- FFT-CHR showed greater decreases in IRRITABILITY and ANGER, COMPLAINTS AND CRITICISM, and OFF-TASK COMMENTS compared to participants in EC.
Proportions of Youths’, Mothers’, and Fathers’ Constructive Behavior During Problem Solving Interactions
Engaging Families
Families of at-risk youth are likely to be surprised by an offer of family therapy

<table>
<thead>
<tr>
<th>Baseline Psychosocial treatment in Clinical High-risk Subjects</th>
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<tbody>
<tr>
<td>Any therapy</td>
<td>55.0%</td>
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<tr>
<td>Psychotherapy</td>
<td>46.3%</td>
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<tr>
<td>Family therapy</td>
<td>4.2%</td>
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<tr>
<td>Group therapy</td>
<td>1.9%</td>
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<tr>
<td>School support</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

N=372

Treatment history in the psychosis prodrome: characteristics of the North American Prodrome Longitudinal Study Cohort.
Cadenhead et al., (2010) *Early Intervention in Psychiatry*
Families may initially feel defensive and blamed?
Response to Initial Family Resistance

• Normalize, Explore, and Validate
  – “I’m really glad you brought that up. A lot of people have expressed similar concerns initially.”
  – “Please tell me some more about your concerns about family therapy.”
  – “I can understand why you would feel that way. Your feelings make a lot of sense in light of your previous experiences.”
  – Would you be open to hearing a bit more about our specific approach and the reasons we think this might be useful for your family?
Reasons to involve the family in the treatment of at-risk youth

- Adolescents and young adults (12-25) are usually living with or closely associated with parents and siblings.
- Symptoms often require adaptation on the part of individuals and family members.
- Supportive family relationships can positively affect the course of clinical high risk states.
- Therapists’ time with youths is limited and skillful family members may have a much greater impact.
- Siblings’ and parents’ adjustment may be affected by functioning of youth with symptoms and deserve some support.
Additional Responses to Initial Resistance

• Be clear this is a skill building approach
• Emotional tone of sessions will be low-key
• Talk to parents about the challenge of adapting to a new circumstance

• Talk to youth about boundaries and goals
Overview of Treatment: Family Education Sessions

Session 1: Joining, Goal Setting, and Overview
Session 2: 10 minute interaction; Discussion of Symptoms and Vulnerability-Stress Model
*Case Conceptualization*
Session 3: Identifying and Rating Stress
Session 4: Mobilizing Coping and Teaching a Skill
Session 5: Optimizing Family Support
Session 6: Prevention Action Plan
Goals with Parents and Youth: for Session One

• Set the tone for the therapy: optimistic, empowering, calm, and organized.

• Develop a working relationship and a collaborative agenda for treatment.

• Explain this particular approach to family therapy.
Session 1: Joining

• Identify and support family members’ strengths

• Engage all of the family participants

• “Tell me something about you as a person - your interests, strengths, hobbies. What do you like to do in your free time?”
Session 1: Collaborative Goal Setting

- We have some goals based on assessment, and skills we would like to introduce because we think they would be useful to you and your family.
- But first I would like to understand what you would like to work on during our time together?
  - How would your life be different if our work is successful?
Session 1: Goal Setting

- Feelings about self (mood, self-esteem)
- Managing symptoms
- Relationships with family members, friends, classmates, and teachers
- Enjoyment of leisure time – hobbies, fun activities
- Functioning at school/work
  - Getting up independently and getting there on time
  - Getting required work done
  - Satisfaction with school/work
- Skills of independent living
  - Grocery shopping, cooking, laundry, cleaning
Session 1: Goal Setting (cont)

- Build a bridge between family members’ goals and the skills they will master in Focused Family Therapy.
- Using handouts is optional
Example of Family Member’s Goals and a Connection with Session 2 topics

Father: I want to know how we can help him when he has symptoms. We need the right tools. What is the best thing to do?

Mother: He sits around a lot and isolates himself. I want to know when to push him to do more and when to let him be.

Youth: I would like to feel less confused. I’d like there to be less tension with my parents.
Therapist’s Connection with Session 2

Topics

• One tool – shared understanding of your/son’s symptoms
• Another tool – shared conceptual map
• These tools will help to reduce confusion and tension and increase effectiveness
Session 2: Facilitate family discussion of prodromal symptoms

- Invite the youth to share his/her experiences
- Ask family members how they know when youth is experiencing symptoms?
- How does the youth tend to cope?
- How do family members try to help?
- Are those strategies working?
- What reactions does the youth find most helpful? most difficult?
Handout # 2b

Positive Symptoms

Grandiosity
Confusion about what is real
Mind Reading
Suspiciousness
Ideas of Reference
Disorganized Communication
Odd Beliefs
Perceptual Disturbances
Handout # 2a

**Negative Symptoms**

- Flat Affect
- Lack of Motivation
- Disinterest in being social
- Disinterest in personal hygiene
- Trouble with academic/occupational functioning
Handout #2f
Vulnerability-Stress Model

High
Stress
Low

Threshold

Presence of Symptoms

Absence of Symptoms

Low
High

Biological Vulnerability
Session 2

• Reflect
  – What was it like to talk about symptoms?
  – Any thoughts about the stress-vulnerability model?
  – How might our discussion of symptoms and the stress-vulnerability model inform your decisions about when to push and when to back off? About what to share with your parents?
Pause for Case Conceptualization
Map out a Game Plan

- Consider youth’s symptoms and family member reactions
- Consider youth and family members’ goals
- Think about family members’ conversational styles and problem solving abilities
- Reflect on what it feels like to be in the room with the family and how you get “pulled into” the family system
- Think selectively about what materials from the manual will be most useful to the family, how to sequence those materials, and how to present them during treatment.
Session 3: Identifying Stress

• Help family members to identify and share their sources of stress
• Do family members differ in their expressions of stress?
• Do they know when they are starting to experience stress so they can catch it and cope with it early?
Handout # 3a
Sources of Stress

Major Life Events
- Family member moves out
- Divorce
- Financial troubles
- Vacation
- Death of a family member or friend
- Birth of a new sibling

Unexpected Changes
- Routine changes
- Change in sleeping habits
- Change in meal schedule

Daily Hassles
- Long commute
- Wake up early for classes/work
- Chores
- Food preparation
- Organize schedule
- Traffic

Boredom

Negative Emotional Experiences
- Arguments with family members, teachers/colleagues, or peers
**Handout # 3b**  
**Locating Stress**

<table>
<thead>
<tr>
<th><strong>Self</strong></th>
<th><strong>Family</strong></th>
</tr>
</thead>
</table>
| • Negative self talk  
• Self-critical thoughts  
• Too high of expectations  
• Trouble with organization  
• Don’t like to wake up in morning | • Unclear rules  
• Unclear expectations  
• Tension  
• Arguing  
• Need more independence |

<table>
<thead>
<tr>
<th><strong>School/Work</strong></th>
<th><strong>Community</strong></th>
</tr>
</thead>
</table>
| • Classes are too demanding  
• Bullies  
• Too few friends  
• Teachers don’t like me  
• Boss is too hard on me | • Dangerous neighborhood  
• Prejudices  
• Isolated |

---
Handout # 3c
What Stress Looks Like

Physical Symptoms
• Clenched jaw
• Muscle tension
• Headache
• Trouble Sleeping
• Sensitive to stimuli

Behavioral
• Overeating
• Withdrawal
• Stop exercising
• Stop doing fun things

Cognitive Symptoms
• Preoccupies with worries
• Trouble focusing
• Negative thoughts

Affective
• Anxious
• Depressed
• Irritable
## Family Stressors

<table>
<thead>
<tr>
<th></th>
<th>Youth</th>
<th>Mom</th>
<th>Dad</th>
<th>Brother/Sister</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
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<tr>
<td>Family</td>
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<td>School/Work</td>
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<td>Community</td>
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</table>
Session 4: Mobilizing Coping

Examples of Coping Strategies

1. Exercise
2. Enjoying Art and Music
3. Talking with other people

1. Relaxation
2. Spirituality
3. Keeping things in perspective
4. Positive self-talk
5. Go have fun
6. Cook something special
7. Do something new and different that is healthy
8. Take action
<table>
<thead>
<tr>
<th>Stress</th>
<th>Coping Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self:</td>
<td></td>
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<tr>
<td>Family:</td>
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<tr>
<td>School/Work:</td>
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Handout # 4b

Strategies I’ve been using to handle stress: Need new ones?
Teach the Family a New Coping Skill

• School Accommodations
• Pleasant Events Scheduling
• Relaxation Training
• Social Skills Enhancement
• Enhancing Medication Adherence
• Addressing Sleep Problems
Handout: Pleasant Events

1. going to a sporting event
2. thinking about enjoyable events
3. teaching
4. playing with animals
5. dancing
6. knitting
7. doing crossword puzzles
8. going to the mountains
9. Shooting pool or playing ping-pong
10. Dressing up and looking nice
11. Roast marshmallows over a fire
12. Go bowling
13. Go canoeing
14. Doing woodworking
15. Sitting in a sidewalk café, relaxing
16. Doing something new and different
17. Read a joke book with friends/family
18. Drink a cold glass of water
19. At dinner have every family member talk about the funniest thing that happened during the day
20. ____________________________
21. ____________________________
22. ____________________________
Relaxation Training

• Tense and relax technique (Goldfried and Davison, 1976)

• “Direct your attention to your left hand. I’d like you to make a fist with your left hand and to squeeze that fist tightly. Study the tension in your left hand and arm. Now relax the left hand and let it rest. Notice the difference between the tension and the relaxation……..”
Homework

• Design an assignment that encourages the family to practice the new skill you have taught them.
Communication Enhancement Training
Sessions 7-11

- Facilitate a Discussion of Family Members’ Current Communication Style – strengths and challenges
- Preview skills of communication enhancement training – Make connections between skills and their goals.
- Teach Skill
- Assign Homework, Answer Questions, Plan for next session
Communication Enhancement Skills

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

• Look at the Person

• Say Exactly What S/He Did That Pleased You

• Tell Him/Her How You Felt When S/He Did That
# Catch a Person Pleasing You

<table>
<thead>
<tr>
<th>Day</th>
<th>Person Who Pleased You</th>
<th>Exactly What Did They Do That Pleased You?</th>
<th>What Did You Say to Him or Her?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
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<tr>
<td>Sunday</td>
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**Examples:**
- Looking Good: Having a chat
- Being on Time: Making a suggestion
- Helping at Home: Going to Work; Showing Interest
- Cooking Meals: Offering to Help
- Working in Yard: Tidying up
- Being Pleasant: Making Bed

**Feel Good!**
Active Listening

• Look at the Speaker
• Attend to What is Said
• Nod Head, Say “Uh-Huh”
• Ask Clarifying Questions
• Check Out What You Heard
Making a Positive Request for Change

• Look at the Person
• Say Exactly What You Would Like Him/Her to Do
• Tell Him/Her How You Would Feel When S/He 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 __.”
Expressing Negative Feelings about *Specific* Behaviors

- Look at the person; speak firmly
- Say exactly what he or she did that you did not like
- Tell him or her how you felt when s/he did that
- Suggest how the person might prevent this from happening in the future
# Expressing Negative Feelings about Specific Behaviors Assignment

<table>
<thead>
<tr>
<th>Day</th>
<th>Person Who Displeased You</th>
<th>What Exactly Did He or She Do That Displeased You?</th>
<th>How Did You Feel (angry, sad, etc.)?</th>
<th>What Did You Ask Him or Her to Do in the Future?</th>
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Communication Clarity

• Get to the point

• Use bullet points

• Use short sentences to highlight the main points

• Be specific rather than abstract

• Bring up one topic at a time
Additional Communication Skills

- Chatter Box
- Soft Start-up

Taking a Time-out
Problem Solving Enhancement Sessions 12-17

- Offer the family a rationale for problem solving that is connected to their goals.
- Explain the technique step by step.
- Identify a list of specific problems.
- Take on one problem at a time.
- Therapist will take the lead initially, but over time ask the family members to lead while therapist plays more of a supportive role.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Step 2: List all possible solutions: “Brainstorm.” List all ideas, even “bad” ones. Have everyone come up with at least one possible solution. DO NOT EVALUATE ANY SOLUTION AT THIS POINT.

(1) ______________________________________________________________________
(2) ______________________________________________________________________
(3) ______________________________________________________________________
(4) ______________________________________________________________________
(5) ______________________________________________________________________
(6) ______________________________________________________________________

Step 3: Discuss and list the advantages and disadvantages of each possible solution.

Advantages (Pros)                      Disadvantages (Cons)
________________________________________________________________________
________________________________________________________________________
Problem Solving Worksheet

Step 4: Choose the best possible solution or solutions and list. (May be a combination of possible solutions).

Step 5: Plan how to carry out the solution and set a date to carry it out.
Who will do what?
What resources are needed?
Date:

Step 6: Carry out the solution. Do it on time.

Step 7: Praise family members for their participation. If the solution didn’t work, go back to step 1 and try again.
Problem-Solving: Therapeutic Stance and Techniques

- Be a coach or referee, and keep a low profile
- Structure the family; encourage them to focus and slow down
- Encourage participants to use their communication skills during the exercises
- Encourage open discussions of problems before initiating the solution sequence
FFT Termination

• Have family engage in final 10-minute problem-solving interaction
• Review progress relevant to their goals and praise participants for their efforts
• Review the prevention plan and modify as needed
• Ask family members to reflect on therapy – what was most/least helpful?
• Referrals for ongoing support for the relatives and patient
Training/Supervision Process

• All treatment sessions are videotaped.
• Supervisor watches, rates, and provides feedback on every session of therapist’s work with first FFT family and meets with therapist 1/week for 1 hour.
• Once a therapist is rated in the competent range supervision moves to once every 2 weeks and then once a month.
THERAPIST COMPETENCY AND ADHERENCE SCALE (TCAS)
Weisman, Miklowitz et al, 1998

• Psychological Education
• Communication Training
  – Role-Play
  – Giving/Soliciting Feedback
• Problem Specification/ Problem Solving
• General Skills
  – Rapport and Alliance Building
  – Pacing/Efficient Use of Therapy
  – Session Command
  – Homework
THERAPIST COMPETENCY AND ADHERENCE SCALE (TCAS)
Weisman, Miklowitz et al, 1998

1= Very Poor
2= Poor
3= Fair
4= Competent
----------------------
5= Good
6= Very Good
7= Excellent
THERAPIST COMPETENCY AND ADHERENCE SCALE (TCAS)
Weisman, Miklowitz et al, 1998

Psychological Education

Clarity and accuracy of delivery
Personalizes the information
Presents information in interactive manner
Tries to involve all participants
Addresses emotional reactions to the material
without getting completely side-tracked

Therapist helps the family to put information into practice
Communication Training
- Therapist presents a clear rationale for the skill.
- Makes connections between skills taught and family members’ goals.
- Adapts skills to meet the needs of the family.
- Teaches skills clearly and specifically

Role-Play
- Therapist models skill
- Sets up role plays and gives family members opportunities to practice
- Starts with basic skills and gradually adds complexity

Giving/Soliciting Feedback
- Positive, encouraging, and specific
- Tactful and clear when identifying problems and strengthening skills
- Asks family members to provide feedback first
- If family members have resistances, explore and validate
Pacing and Efficient Use of the Session

1 = Session seems aimless

3 = Session has some direction. Significant problems structuring and pacing (e.g., too little structure, inflexible about structure, too slowly paced, too rapidly paced)

5 = Reasonably efficient structuring. Appropriate control over flow of discussion. At times therapist lets family go on too long, or may occasionally interrupt or inappropriately cut off family members’ discussion.

7 = Very efficient structuring. Tactful limiting of peripheral and unproductive discussion. Pacing of session is optimal.
THERAPIST COMPETENCY AND ADHERENCE SCALE (TCAS)
Weisman, Miklowitz et al, 1998

HOMEWORK
1 = Homework is not given (with no apparent reason for the omission), is described in a confusing manner, or is given in an offhanded manner.

3 = Homework is given (or followed up), but therapist does not convey the importance of the assignment to treatment; or, it is not clear whether the family understood the assignment.

5 = Homework described satisfactorily but there may be some doubt that the family has fully understood the assignment. Therapist adequately stresses importance of homework and conveys expectation of compliance.

7 = Homework assignments optimally identified and described. Therapists request that clients repeat assignments. The relevance and importance of assignments are clear and/or are emphasized by the therapist.