



Essential Element #5: Family Education and Support

OVERVIEW

Family education and support is essential to the overall success of any Coordinated Specialty Care (CSC) team. Families can experience a high level of stress when their loved one develops psychosis, and this stress can lead to conflict that is hard on everyone and impedes recovery for individuals with psychosis. There is often a gap between the time when individuals start having symptoms of psychosis and when they receive treatment. This can be a frightening and confusing time for families, as they may not have a lot of knowledge or understanding of the illness (Heinssen, Goldstein, & Azrin, 2014; Kane, 2017). Education about the illness and what to expect can help alleviate some of the fear and help individuals build support networks. In CSC programs, families are viewed as team members and are included in all aspects of care when participants are willing. Programs generally require families to be involved when individuals being served are under the age of 18 (Heinssen et al., 2014). Family members can include family members of choice and biological relatives. All team members should be aware of the need for family support, but there is usually one specific team member who is responsible for family support/education in CSC.

MAJOR FUNCTIONS OF FAMILY EDUCATION AND SUPPORT

While the family education and support function may vary depending upon the local context, major responsibilities of any CSC family education and support specialist include:

- Ensure that families are included in all aspects of an individual's care when participants are willing (Heinssen et al., 2014)
- Create environments in which families feel comfortable talking about concerns (Gingerich, 2017)

- Help families manage stress and build capacity and confidence to interact effectively with their loved one
- Acknowledge, navigate, and when necessary work with the family to resolve different perspectives and expectations of individuals and family members
- Understand the tension between dependence and independence from family as young people develop into autonomous, functional adults

OUTCOMES

When family education and support is strong, CSC programs will exhibit outcomes such as:

1. Decreased family stress and feelings of helplessness among family members (Heinssen et al., 2014)
2. Decreased stress and illness management among individuals with psychosis
3. Strengthened family support for individuals
4. Increased likelihood that family will remain in contact with individuals over time (Heinssen et al., 2014)

OTHER CONSIDERATIONS

The role of the family education and support specialist may vary across different CSC models. For example, in the Recovery After an Initial Schizophrenia Episode (RAISE) Connection Program, a part-time recovery coach (who also provided individual and group psychotherapy interventions) conducted family psychoeducation sessions (Heinssen et al., 2014). At times in the RAISE Early Treatment Program, there was a part-time family therapist, while in other instances, the team leader served as the family therapist (Heinssen et al., 2014). Despite these differences, however, the core function of family education and support is essential to the success of the program.

Resources

For further information to support CSC family education and support specialists, please see:

- National Institute of Mental Health (NIMH) Recovery After an Initial Schizophrenia Episode (RAISE)
https://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml?utm_source=rss_readers&utm_medium=rss&utm_campaign=rss_full
- “OnTrackNY: The Development of a Coordinated Specialty Care Program for Individuals Experiencing Early Psychosis”
<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201600512>
- “Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes from the NIMH RAISE Early Treatment Program”
<http://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.2015.15050632>
- OnTrack Coordinated Specialty Care for First Episode Psychosis Manual II: Implementation
https://www.nimh.nih.gov/health/topics/schizophrenia/raise/csc-for-fep-manual-ii-implementation-manual_147093.pdf
- The NAVIGATE Team Members’ Guide
<https://raiseetp.org/studymanuals/Team%20Guide%20Manual.pdf>
- NAVIGATE Family Education Manual
<https://raiseetp.org/StudyManuals/Family%20Manual.pdf>
- OnTrackNY Primary Clinician’s Manual
http://www.ontrackny.org/portals/1/Files/Resources/PrimaryClinicianManual_2015.03.25_Final.pdf
- OnTrackNY Recovery Coach Manual
http://ontrackny.org/portals/1/Files/Resources/RecoveryCoach_2015.01.21.pdf

References

- Heinssen, R. K., Goldstein, A. B., & Azrin, S. T. (2014). *Evidence-based treatments for first episode psychosis: Components of Coordinated Specialty Care*. Retrieved from https://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep_147096.pdf
- Kane, J. (2017, January 13). *Dr. John Kane: Coordinated Specialty Care* [Video file]. Retrieved from <https://www.youtube.com/watch?v=pk76x1YX9Kc&feature=youtu.be>