

Engaging, Empowering, and Partnering with Families in Early Psychosis Care

Early Psychosis Care Conference

St Louis, Missouri

April 22, 2025

Michelle D Sherman, PhD LP ABPP



Happy to be with you today!

Grateful to Dr. Rebecca Preston for the invitation

Disclaimer

- Author of books for families
- Have dedicated my 30-year career to supporting families in which an adult member has SMI/PTSD
 - Individual therapy, couples therapy, family education curricula development, group therapy, multiple family groups, etc., but have not worked in a specific Early Psychosis program – so take what works!

My Background

- Licensed clinical psychologist for 30+ years
- 17 years in the Veterans Affairs (VA) System
- 25 years as a Professor at the University of Oklahoma and Minnesota Medical Schools
- Board certified in Couple and Family Psychology
- Editor of the APA journal, *Couple and Family Psychology*
- Volunteer on NAMI Boards of Directors
- Personal lived experience as a family member





A New Engagement Strategy in a VA-Based Family Psychoeducation Program

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Ellen Fischer, Ph.D., M.P.A.
Ursula B. Bowling, Psy.D.
Lisa Dixon, M.D., M.P.H.
Lauren Ridener, B.A.
Denise Harrison, B.S.

Objective: This brief report describes the engagement strategy used in the Reaching out to Educate and Assist Caring, Healthy Families (REACH) program, a nine-month family psychoeducation program for veterans with serious mental illness or posttraumatic stress disorder (PTSD). **Methods:** A motivational interviewing-based strategy was created and implemented in a Veterans Affairs hospital to engage providers and veterans and their families into the intervention. **Results:** Of

with PTSD, 34% of veterans with an affective disorder, and 25% of veterans with a schizophrenia spectrum disorder went on to participate in at least one session of the REACH program with a family member; these rates compare favorably with those for programs requiring a much shorter commitment. **Conclusions:** This engagement strategy shows promise as an effective tool in recruiting veterans and their families into family psychoeducation. (*Psychiatric Services* 60:254-257, 2009)

Been thinking about these ideas a long time

Professional Psychology: Research and Practice
2008, Vol. 39, No. 4, 443-450

In the public domain
0735-7028/08/\$12.00 DOI: 10.1037/0735-7028.39.4.443

Key Factors Involved in Engaging Significant Others in the Treatment of Vietnam Veterans With PTSD

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In an effort to be responsive to the often complicated, multilayered family issues of people living with posttraumatic stress disorder, many well-intentioned therapists create a variety of family-based services—only to be discouraged when participation is very low. In the current project, 10 Vietnam veterans with posttraumatic stress disorder who were active in a stress recovery program and their live-in female partners completed separate semistructured interviews. Interviews explored each couple's perceptions about family participation in mental health treatment, including potential benefits and barriers. Findings revealed 9 key themes that elucidate many of the important issues in family engagement. The authors make 7 recommendations about how clinicians can overcome some of the possible obstacles to involving families in care.

Keywords: posttraumatic stress disorder, engagement, Vietnam veterans, family psychoeducation, family therapy

I've concluded...

Working with families can be...(no...)
is often... (no...)
IS challenging!!

But it can be incredibly gratifying and meaningful as well

You are systemic jugglers—needing to listen, monitor, and respond to (sometimes conflicting) feelings and needs of the client, family members, organization/insurance, and other people in the healthcare team.

You are walking into a complex system in which the homeostasis has been shaken

Juan Pablo Rodriguez (Unsplash)





Outline

- Rationale for Family Involvement (including specifically with First Episode (CSC) programs)
- Challenges in **Engaging** Families
- Challenges in **Collaborating and Partnering** with Involved Families
- Existing Models
- Michelle's Three Reflections
- Two Specific Skills
 - Role Plays / Practice of Skills
- Resources

Rationale for Family Involvement Generally

- Reduces relapse & hospitalization (Rodolico et al., 2022)
 - Via understanding psychosis, supporting treatment adherence, offering instrumental support, and connecting with the treatment team
- AND
- Decreasing negative Expressed Emotion (EE)
Criticism, emotional over-involvement, hostility
- May improve patient quality of life and adherence with treatment
- Estimates of about ½ of all people relapse with psychosis in 3 years after first episode (Alvarez-Jimeez et al., 2012)



Rationale for Family Involvement Generally (cont)

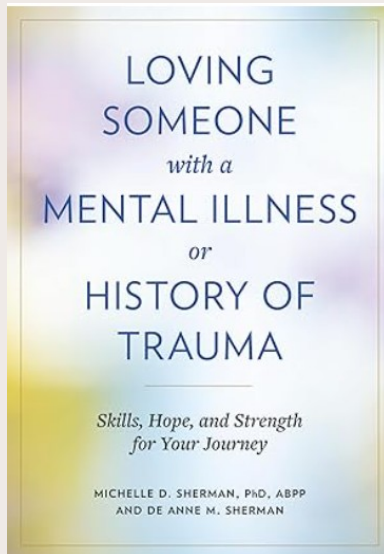
Families:

- Know the person's personality, preferences, strengths, history (meds, treatment, hospitalizations, etc.)
- Can help carry out treatment plans
- Are the "early warning system"
- Often experience a lot of suffering – and we can work to help improve their wellbeing
 - High rates of depression, anxiety, worry, exhaustion, powerless, burnout, etc.
 - Impaired role functioning in other domains (work, relationships, etc.)



“The most difficult part for me was seeing how it (schizo-affective disorder) changed my son’s life. One moment he was a typical kid going off to college and the next he is in a psych ward with a disability. Seeing him in torment and not being able to fix it is horrible.”

—A DAD



“As an engineer by training, I want to fix things . . . I know I can’t just fix her depression . . . letting go of trying to change her is the hardest part of the job.”

—A HUSBAND

Rationale for Family Involvement with CSC Programs

- Usually clients WANT family involvement (Jones et al., 2021)
- Over 70% of people in CSC programs live with family (Drapolski et al., 2018; Polillo et al., 2022)
- Lack of family support has been associated with increased client disengagement rates (Lucksted et al., 2015; Mascayano et al., 2020)
 - An important issue as about 1/3 of clients disengage from services before the end

Rationale for Family Involvement with CSC Programs





Schizophrenia Research

Volume 276, February 2025, Pages 57-78



Systematic review and meta-analysis of family-based interventions for early psychosis: Carer and patient outcomes

John F.M. Gleeson^a  , Kelsey Ludwig^b, Bryan J. Stiles^c, Stefan Piantella^a, Catharine McNab^d, Sue Cotton^{e f g h}, Madeleine I. Fraser^a, Mario Alvarez-Jimenez^{e f}, Amity Watson^{e f}, Elizabeth Fraser^c, David L. Penn^{a b}



Rationale for Family Involvement with Early Psychosis Programs

Review of 40 studies

Significant treatment effects for family interventions within 5 years after onset (compared to treatment as usual) for:

Carers

Psychological distress

Burden

Critical comments & emotional overinvolvement (parts of

EE)

Patients

Reduced rates of hospitalization



HOWEVER

- Most providers in general psychiatric care report having minimal to no contact with families
- Most families say they have little to no access to the treatment team
- Many CSC providers struggle with engaging and keeping families positively oriented in care
- SO – let's start by looking at ENGAGEMENT



Been trying some approaches for a while...

Psychiatric Services





Issues ▾ PS In Advance Editor's Choice Authors and Reviewers ▾ More ▾ Submit

FULL ACCESS | Letters | Published Date: 1 December 2005

Family Participation in the Treatment of Persons With Serious Mental Illness

Michelle D. Sherman, Ph.D., Hashib D. Faruque, M.D., and Dana D. Foley, Ph.D. | [AUTHORS INFO & AFFILIATIONS](#)

Publication: Psychiatric Services • Volume 56, Number 12 • <https://doi.org/10.1176/appi.ps.56.12.1624>

Share     PDF/EPUB

70% had regular contact with a family member within 90 miles
46% allowed us to contact them
3 conditions: pamphlet; added letter; added phone call
Minimal response!

We learn from our failures! This is not easy!



**What are the most common challenges
you experience in ENGAGING families?**





COMMON FAMILY-LEVEL BARRIERS to ENGAGEMENT

- **Stigma and Shame**
- **Lack of Knowledge (psychosis symptoms, treatment availability/access, how treatment could help)**
- **Cultural Differences**
- **Family Dynamics (power struggles, pre-existing relationship challenges, communication problems)**
- **Time Constraints**
- **Transportation, Financial Barriers, Childcare**
- **Family's own mental health challenges**
- **History of families not feeling engaged/appreciated/valued**
- **Concerns about privacy / confidentiality**
- **Anosognosia**



**What are the most common challenges
you (or clinicians broadly) experience in
WORKING and PARTNERING WITH
families?**





COMMON CHALLENGES IN WORKING WITH FAMILIES

- Lack of coordination of services
- Stigma within the system (our own/other providers' negative attitudes or stereotypes)
- Lack of training: on how to engage & work w/ families
- Limited funding or resources
- Large caseloads
- Organizational demands/paperwork
- Families making recommendations that are not consistent w/ team's treatment plan
- Helping families to provide support while fostering autonomy (& without enabling)
- Substance abuse



Despite the challenges, your relationship with the client and family are very important

- Qualitative research regarding early psychosis intervention services (Polillo et al 2022)
 - Top-rated facilitator of client ENGAGEMENT in care (for both clients & families): Positive therapeutic relationship with the clinician
 - Per families: Common BARRIER to client continuation in CSC: disliking or not trusting the clinician



Existing Models / Resources



Supports for Families

- NAMI, including Family to Family and other groups/programs

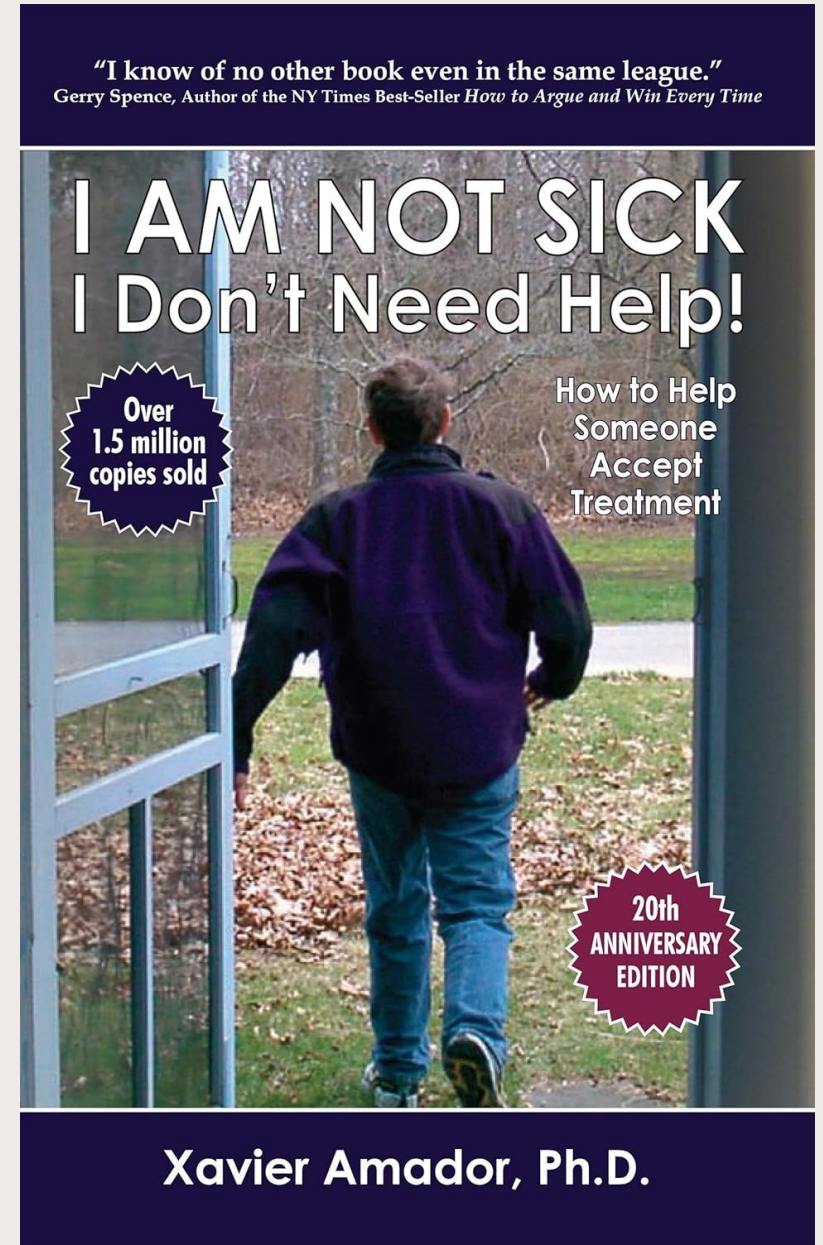


- Related Issues but Some Families Find Helpful:
 - DBSA (Depression and Bipolar Support Alliance)
 - Alanon
 - CRAFT (developed for addictions: involves reinforcing desired behaviors and ignoring others)



If client has anosognosia

- Xavier Amador, PhD
- LEAP communication skills
 - Listen
 - Empathize
 - Agree
 - Partner



Supports for Families (cont)

- Psychosis REACH (Dr. Kate Hardy and colleagues)
 - online skills training, live workshop, option to connect with a family ambassador
 - FIRST skills

Fall back on your relationship
Inquire Curiously
Review the information and put it together
Skill development
Try out the skill and get feedback

Hardy et al. (2020)



Supports for Families

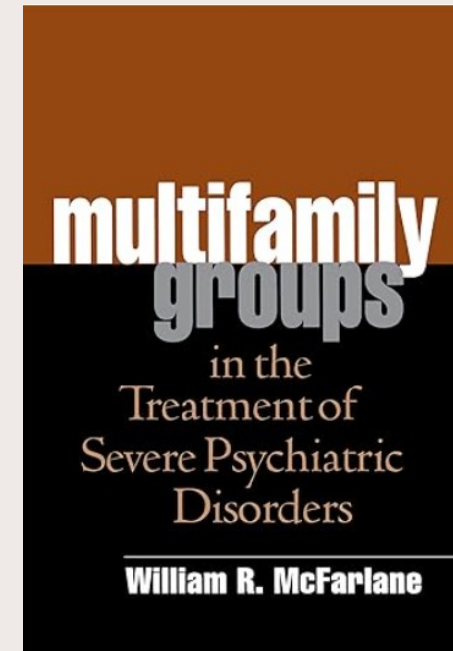
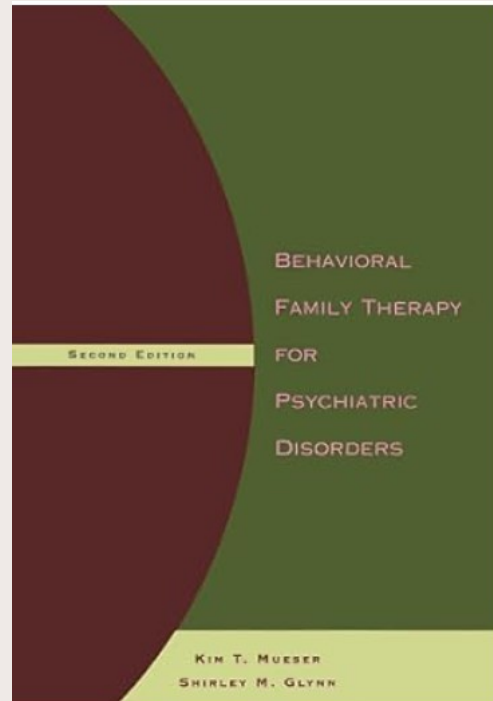
(current research studies)

- **UPLIFT (Understanding Prodromes & Lowering Risk in Family Therapy):** Michelle Friedman-Yakoobian Ph.D. (PI)
- 6-months of Family Focused Therapy (FFT)
 - Psychoeducation
 - Communication skills training
 - Problem-solving skills



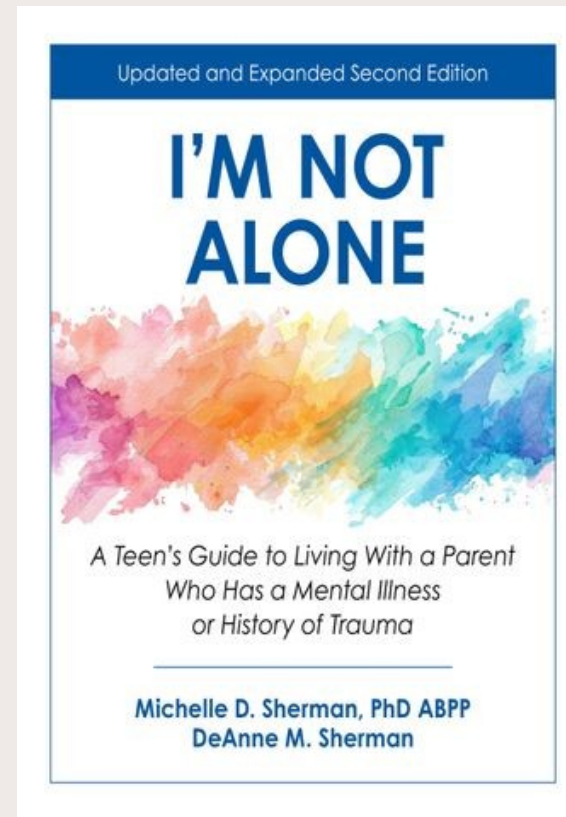
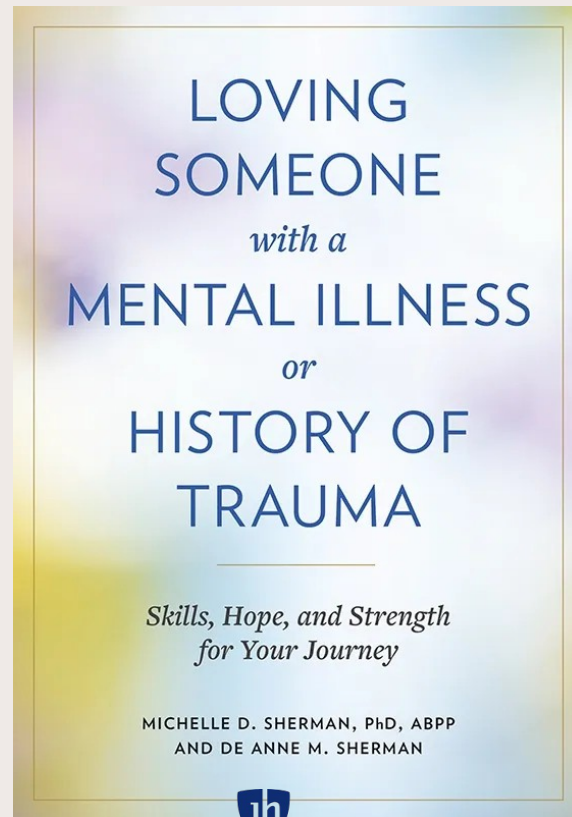
Supports for Families (cont)

- Behavioral Family Therapy (Drs. Kim Mueser & Shirley Glynn)
- Multi-family group therapy (MFG: William McFarlane, MD)
- Open Dialogue (Finland based approach now being used in the USA)





- Been collaborating with my mother, DeAnne Sherman (educator/advocate) for 20 years
- Two new books





Four Parts to “Loving Someone with a Mental Illness or History of Trauma”

One REFLECTING ON YOUR EXPERIENCE

- Chapter 1* | Your Emotional Journey
- Chapter 2* | Your Coping Tools
- Chapter 3* | Your Support Network
- Chapter 4* | Stigma and Discrimination
- Chapter 5* | Naming Losses and Moving toward Acceptance

Two SUPPORTING YOUR LOVED ONE

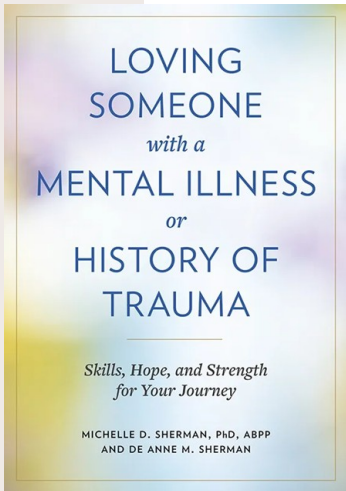
- Chapter 6* | Empowering Your Loved One in Living Their Best Life: Working toward Goals and Connecting with Other People
- Chapter 7* | Navigating the Health Care System

Three STRENGTHENING YOUR RELATIONSHIP WITH YOUR LOVED ONE

- Chapter 8* | Strengthening Your Connection
- Chapter 9* | Communication
- Chapter 10* | Limit Setting
- Chapter 11* | Intimate Relationships
- Chapter 12* | Parenting with a Partner Who Has a Mental Illness or Has Experienced Trauma

Four MANAGING COMMON CHALLENGES

- Chapter 13* | When Your Loved One Doesn't Acknowledge the Illness or Declines Help
- Chapter 14* | Addictive Behaviors Including Alcohol and Drug Use
- Chapter 15* | Possible Impacts of Trauma (Including Post-Traumatic Stress Disorder)
- Chapter 16* | Mental Health Crises





Michelle's Three Reflections

(from my clinical experience, research, and review of available models)



Specific Credit to Colonel Dutch Doerman PsyD ABPP, US Air Force (Ret)



1. Remember “It’s all about the okra”



Amber Malquist (Unsplash)



HOW

- ✓ Treat like a guest in your living room
- ✓ Listen to their story, culture, beliefs, experiences: See them as the expert in their experience/family & important part of the team
- ✓ Assess “who is family” (& encourage a ROI)
- ✓ See and talk about their loved one (client) as more than an illness & having strengths & a life of purpose
- ✓ Offer grace & patience & kindness
- ✓ Ride the waves without panic



HOW

- ✓ Validate the family's challenges & mental health/illness themselves
 - ✓ Caring can be HARD
 - ✓ Acknowledge the burden/toll
- ✓ Instill HOPE

It's tiring to be strong all the time. Can someone just take care of me?

Federation of Families, 2025. S.A.

'The way you do this is important, the way you talk to us, the way you ask us questions, it's not like you're going through a process, it's hard to describe or explain why.' (Mohammed, Service user)

British Psychological Society: Family interventions in psychosis: Guidelines for psychologists and practitioners supporting families and social networks (2021)



2. Pause and Offer Family Grace

- ✓ Think about “why” they’re behavior this way - Check your attributions (“resistance, sabotaging, manipulative, low functioning, checked out”?)
- ✓ Remember they are doing their best - and have a life outside of caring. Thank them for how they are showing up
- ✓ Honor their strengths (they are in the program) & how they’ve overcome really hard things
- ✓ Focus on making 1-millimeter changes and offer options
- ✓ How can I as a clinician stay hopeful



3. Focus: How can I help the family today?

How are you different from the system?

- Listen to what matters to THEM
- Figure out the gap between where the family is today and where they want to be:

- ✓ What are your biggest worries/concerns today?
- ✓ How can I help? (it may not be next page in manual)
 - a. Provide and/or connect with education & resources
 - b. Be aware of supports in the community



**Reaching out to
Educate &
Assist
Caring
Healthy Families**

Date: _____ Name _____

In our appointment today, we are going to talk about a new program at our hospital for Veterans and their families/friends, the **REACH Project** (Reaching out to Educate and Assist Caring, Healthy Families). In order for us to think about how this program might help you, please check the goals below that apply to you right now. What would you like to be different in your life? We believe we can help you move toward your goals.

I would like to:

(please **CHECK** all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Communicate better with my family and friends | <input type="checkbox"/> Have my family/friends better understand what I'm going through |
| <input type="checkbox"/> Have my family more involved in my mental health care without sacrificing my privacy | <input type="checkbox"/> Help my family/friends learn to back off and stop pressuring me |
| <input type="checkbox"/> Have less tension and fewer arguments with people | <input type="checkbox"/> Find a job that I can enjoy |
| <input type="checkbox"/> Learn how to better manage my temper | <input type="checkbox"/> Learn what I can do to stay out of the hospital |
| <input type="checkbox"/> Do more fun things | <input type="checkbox"/> Feel closer to important people in my life |
| <input type="checkbox"/> Manage money more effectively | <input type="checkbox"/> Learn how to better manage my medications and their side-effects |
| <input type="checkbox"/> Learn how to relax | <input type="checkbox"/> Find some hobbies |
| <input type="checkbox"/> Have less stress at home | <input type="checkbox"/> Learn how to solve problems more effectively |
| <input type="checkbox"/> Feel less lonely | |
| <input type="checkbox"/> Be able to trust people more | |

3. Focus: How can I help the family today

- Are there kids involved & how are they?

My kids are why I am still alive. I have some really dark days. I would definitely not be here any longer if not for them. – A.T.

3. Focus: How can I help the family today?

Teach specific skills

- Give self grace & practice self-compassion

It's OK:

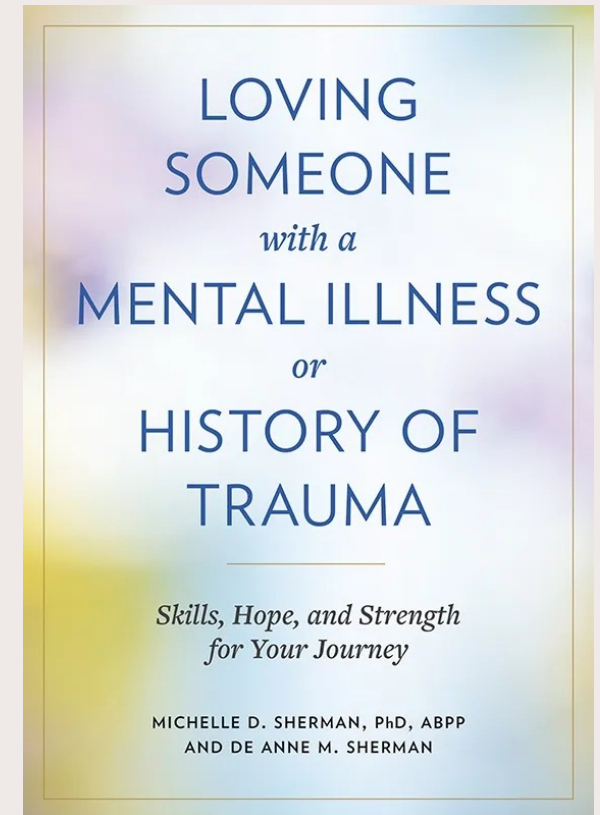
- ✓ To make mistakes
- ✓ To not be perfect
- ✓ To put my own needs first
- ✓ To have regrets
- ✓ To disappoint my partner
- ✓ To feel angry with him
- ✓ To say no
- ✓ To take time for myself

—A WIFE

3. Focus: How can I help the family today?

Teach specific skills

- Goal setting skills
- Early warning signs / Psychiatric Advanced Directive
- Problem-solving skills
- Strategies to empower their LO
- Limit-setting skills (& conflict disengagement skills)





3. Focus: How can I help the family today?

Teach specific skills

- Recognize recovery can be not linear (coping with ambiguity and uncertainty)
- Regularly encourage

“The most challenging part is unpredictability. Just when things seem to be going well, there can be very real, unexpected setbacks. The path to healing and wholeness is seldom smooth and steady. That can be exhausting.”

—A DAUGHTER



Summary

- 1. Remember: It's all about the Okra**
- 2. Pause: Offer family grace**
- 3. Focus: How can I help the family today?**



Sample Skill:

Teaching Families How to Respond when their Loved One Declines Care

- Listen
 - Use their words rather than focusing on labels or diagnoses
 - Explore the WHY: How could treatment help your loved one move toward their goals?
 - Recognize the positive steps your loved one makes, and offer practical help
 - Encourage your loved one to advocate for themselves
-
- Dr. Pat Deegan encourages people to create **power statements** to convey their wishes. For example, your loved one could tell their provider: “I want you to help me find a medication that will help me so that I can .”



Responding when Loved One Declines Care

- Hold onto hope and encourage your loved one to seek/re-engage with help
- Be patient
- Respect your loved one's choices and release efforts to control
- Take good care of YOURSELF!

Just as you cannot yell at a flower to grow faster, you cannot hurry people along in their mental health journey.

People grow at their own pace.

You can only control yourself and your choices.

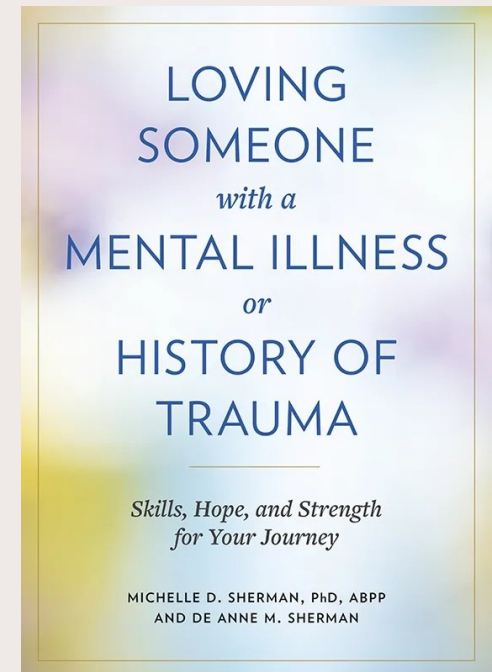


Sample Skill:

Teaching Families How to Respond to Triggering Situations

The 4 Cs

- Catch
- Calm
- Challenge
- Choose compassion





**What are common triggers you hear
from families?**



STEP ONE: CATCH

The first step involves catching yourself when you're experiencing a reaction to an event or situation. You may notice changes in your body that indicate you're upset, such as muscle tension, sweating, flushed face, clenched jaw, or rapid breathing.

As you check in with yourself, pay attention to your reactions. There's no need to judge them or act on them—just notice and honor your

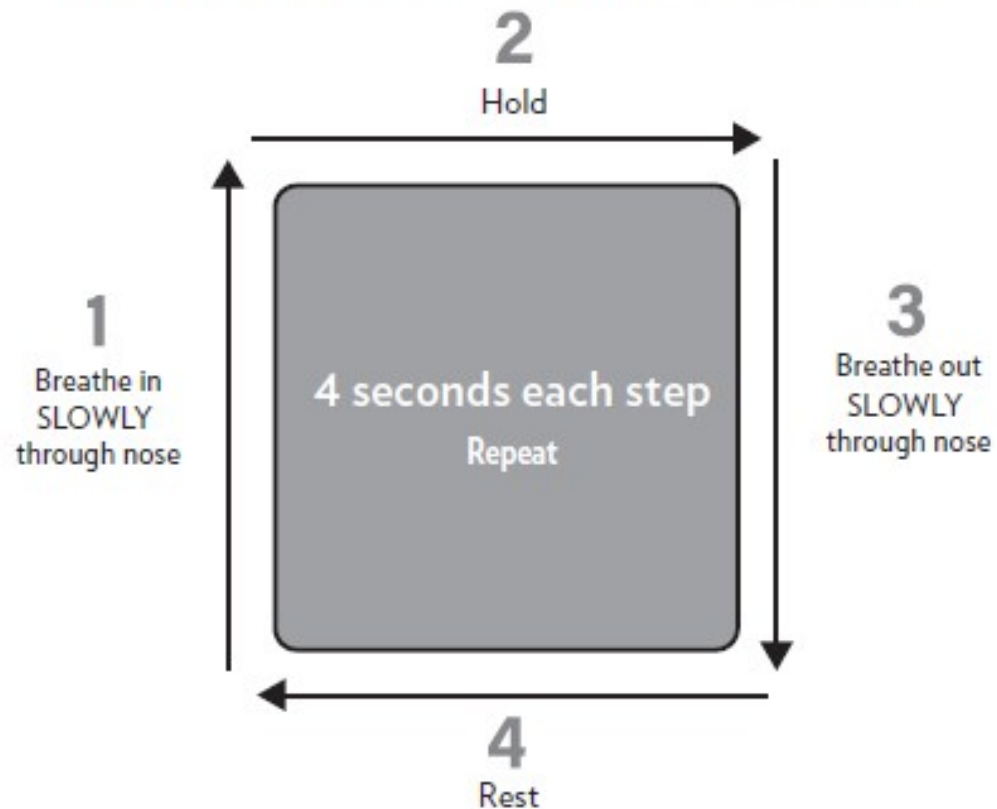
- Feelings
- Thoughts
- Impulse about how to respond (What's my gut reaction? What's my instinct telling me to do or say?)



STEP TWO: CALM

Take a moment to pause before responding. You may visualize a stop sign or say the word “stop” to yourself. Then, do something that calms your spirit. Taking this time helps you feel in control and able to make a choice about how you want to *respond* rather than *react*.

The Square Breathing technique is a useful tool to regulate your nervous system, lower your blood pressure, and help you feel relaxed and calm. It's also useful for insomnia.





STEP THREE: CHALLENGE

With that hopeful, open mindset, consider these questions:

1. What kind of a person do you want to be right now?
 - *How can I act in a way that aligns with my values?*
 - *How can I balance supporting my loved one with taking care of myself?*
2. What may be underneath or causing your loved one's behavior?
 - *What might their behavior be trying to tell me?*
 - *Is this a time to show empathy for their struggle with mental illness?*
 - *Could I choose to give my loved one the benefit of the doubt, believing they are doing their best and offering them grace?*
3. What's more important here—being right or your relationship?
 - *Is it worth the energy to address this issue?*
 - *Is this reflecting something else going on in our relationship that needs to be addressed?*



STEP FOUR: CHOOSE COMPASSION AND CHANGE

- Choose to do nothing
- Agree to disagree
- Ignore the behavior
- Distract yourself
- Deal with it later

Or

- Approach with compassion – like you're talking as a kind friend rather than a critical judge



CATCH MYSELF

CALM

CHALLENGE MYSELF

**CHOOSE COMPASSION
AND CHANGE**

Triggering event

My feelings

Daughter ends a heated discussion mid-stream and leaves the room.

Angry, ignored, dismissed



Maybe my daughter is flooded. Perhaps she is taking a break to calm down because she knows she cannot communicate well now. She doesn't want to say something to hurt me.

I'll give her space and we can continue tomorrow when we're calm. I want her to know I respect her boundaries.



Let's Practice

Anger at Clinician

Common Challenge of Family Disengagement (“they just don’t care”)

Another topic?

Underneath anger may be exhaustion, fear, hopelessness....maybe they need to hear messages such as:

Find the balance between being a supportive advocate and taking care of yourself.

Sometimes it's a daily recommitment to releasing your efforts to control, focusing on being in the present, and showing up in love for your loved one and yourself.



Free Online Resources (see handout)

For Clinicians

the british psychological society
promoting excellence in psychology

Family interventions in psychosis

Guidelines for psychologists and practitioners supporting families and social networks

GUIDELINES

June 2021

Division of Clinical Psychology

mapnet M-PATH

Psychosis Informed Care in Community Outpatient Settings: Working with Families

Mass DMH MHTTC

0:00 / 84:27

Working with Families

CLINICIAN'S TIP SHEET

Family Involvement in Programming for Early Serious Mental Illness

Authors
Laurie Flynn and David Sherman, Ph.D.

Technical Assistance Material Developed for SAMHSA/CMHS under Contract Reference: HHS5263201200020/
Task Order No. HHS52632022

Free Online Resources (see handout)

For Families:

Psychosis REACH





Free Online Resources (see handout)

For Families: Caregiver Action Network

The screenshot shows the Caregiver Action Network (CAN) website. The header includes the logo and navigation links: CARING BY CONDITION, CAREGIVER RESOURCES, ABOUT CAN, and STAY CONNECTED. The main heading is "Blueprint For Families Of Loved Ones With Mental Health Issues". Below the heading is a paragraph of text: "Mental health challenges affect the whole family and are hard on everyone. This is one of the many reasons why we work with family members of people affected by mental health concerns, and we know there are real barriers that get in the way of family members such as yourself who may be seeking answers. Sometimes the patient may even refuse to have a 'family caregiver' at all, insisting they can manage their illness on their own." Below this is another paragraph: "This is why we created this Blueprint – a guide for families of a loved one with mental health issues." At the bottom, there are four video thumbnails with titles: "Supporting Your Loved One In Managing Their Medications", "HIPAA May Not Be The Barrier You Think It Is", "Discussing Mental Health", and "Am I Doing This Right?".

The screenshot shows the Caregiver Action Network (CAN) website. The header includes the logo and a search icon. Below the header is a large image of a diverse group of people smiling. Below the image is a progress bar showing "Mental Health" with "20 Lessons" and "0% Not started". The main heading is "Blueprint For BIPOC Caregivers Of Children With Mental Health Issues".

Free Online Resources (see handout)

For Families

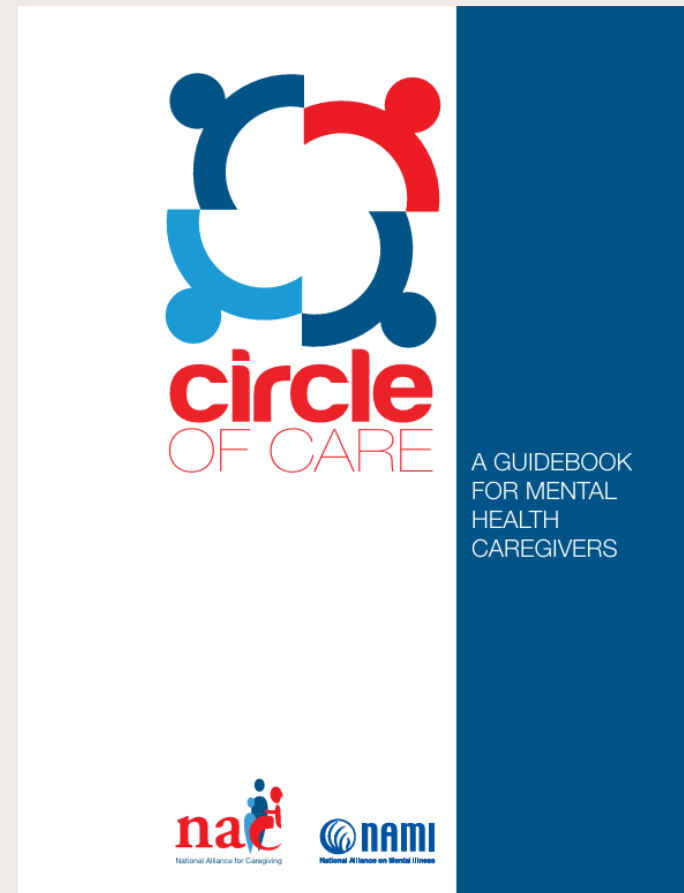
Schizophrenia & Psychosis Action Alliance
Caregiver Toolkit



Free Online Resources (see handout)

For Families:

NAMI Circle of Care Guidebook



Free Online Resources (Parenting resources)

For Clinicians AND Families:

Temple University's Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities:

Parenting with Mental Health Challenges

Advanced Self-Advocacy Plans (ASAPs)



Free Online Resources (Parenting resources)

For Clinicians AND Families:

Parenting Well Approach

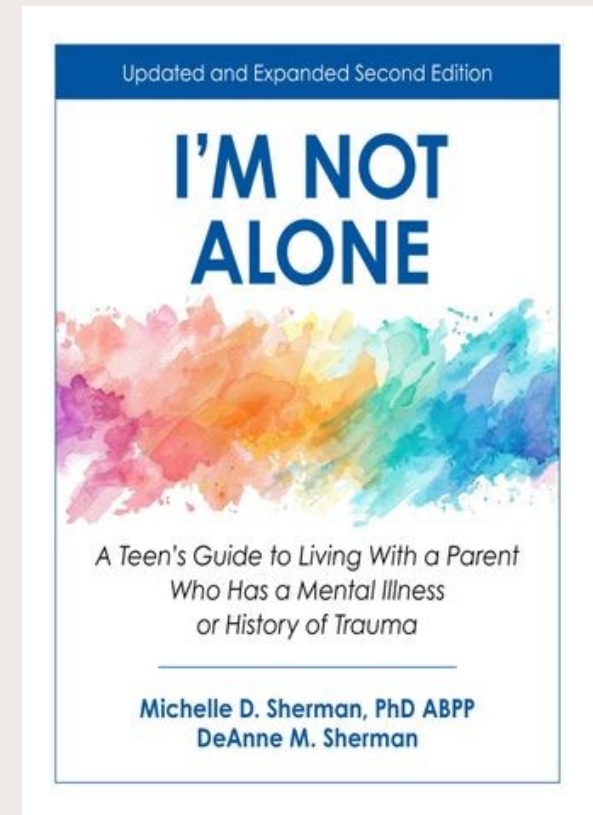
National Research Center for Parents with Disabilities, Brandeis University



Planting a Seed.....

- What about the KIDS?
- What are CSC programs doing for these at-risk offspring?
- I'd love to connect with others who share this interests 😊

Please do come talk to me or reach out later!





Discussion

- Best practices or tips you might share?
- Resources you've found helpful
- What's on the horizon for family involvement in CSC programs?
- Your experience with tele/digital work with families?
- Have the families you served found any apps or AI to be useful?
- Q&A

Thank you

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