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The positive effects of family therapy in state psychosis: The Ian R. H. Falloon model

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Abstract
Introduction: The latest developments in the treatment of mental disorders include systematic education of patients and their families on mental disorders and treatment. Psychoeducation is considered an integral part of modern and integrated treatment for mental disorder. It is the principal intervention in the application of the theory of psychosocial rehabilitation in practice. It is a model adapted to the needs of the chronically ill patient family. *Purpose:* The purpose of this paper is to highlight the active involvement of the family members throughout the course of the disease, mainly due to the long-term interaction and patient care. *Results:* All family psychoeducational models in studies of intervention compared with usual supportive intervention of the individual patient, always in combination with drug therapy proved highly effective not only in reducing relapses and reduce tension and stress in the family, reducing the expression of negative emotions as well as relieve the family from feeling the burden, but also to change the attitudes and behaviors of the family towards the patient, and finally improve the family atmosphere. *Conclusions:* The intervention psychoeducational is an important link in the treatment of mental illness particularly on the part of the family. Both the teacher and the supportive role of psychoeducational intervention is invaluable therapeutic value.

1. Introduction

Mental disorders occur in people in all countries, societies and in all ethnic groups regardless socio-economic status. The prevalence is estimated to be 10% for adults, and It is estimated that about 20%-25% percent of the population will suffer by a mental disorders at least once in theirlifetime [1].

In Greece, mental disorders are frequent. Epidemiological studies that have been carried out in the general population show that 14%-16% of Greeks suffer from a psychiatric disorder, with more frequent anxiety disorders. Ina study that was conducted by the World Health Organization, in which Greece participated, it was found that 22% of those visiting primary health care are suffering from a psychiatric disorder during the last month and the importance of prevention of them is given by the psychiatric community [2, 3]. It is a universal truth that the global life long prevalence for any given psychiatric disorders is reported to be as high as 48%1. In other words, it is estimated that there are at least 450 million people in the world currently suffering from some kind of mental disorders, with 150 million affected by depression and 25 million by schizophrenia.

Considering their prevalence, their tendency to manifest high continuity and general difficulties in their treatment, mental disorders constitute a major public health problem. Regarding the treatment, it should not be forgotten that the treatment in this case is a multidimensional process. Professionals should also implement a personalized treatment program, where they should take into consideration the intensity, severity of symptoms and the level of functionality of the family[4,5].

Family treatment is the newest psychotherapeutic technique predominantly practiced in community mental health by specially trained members of the mental health team. It covers a wide range of psychopathology such as neurosis, schizophrenia and disorders of communication within the family and not a specific therapeutic intervention model approach or intervention but more, from various schools and theories surrounding the interpretation of psychopathology and family therapy.

The basic principle that all therapists are adopting is that the family is considered the sick as a whole.

The main approaches include:

- Psychodynamic (Ackerman).
- Systemic – system approach (Jackson).
- Structural (structural).
- Development (Minuchin) character.[6,7].

The intervention techniques vary, but all of them require a proactive therapist.

The indications for the treatment of the family from the position that any change in individual behavior, requires a change in the behavior of family members.

Aims psychoeducation are: let 1 [8].

Types of interventions psychoeducational

- Educational interventions designed primarily to provide education for mental illness.
- Intervention skills training designed primarily to develop skills.
- Supportive interventions designed primarily to strengthen the emotional capacity of families to cope with stress.
- Integrated interventions that include information, education, skills and support in a single intervention [9,10]

2. Behavioral Family Therapy – Model Ian R. H. Falloon

One of the most effective models of psychoeducation is the psychiatrist's Ian Falloon, which is based on behavioral principles of learning and educational aspect combines with the behavioral family therapy, recommending a comprehensive psychosocial intervention.

Addressed in chronic psychotic patients and their families, the most important goal of treatment increase the efficiency of problem-solving functions of the family.

Healing process includes:

- Education for the disease.
- Training in communication skills.
- How to express positive emotions.
- How to express negative emotions.
- How to ask something in a positive way active listening.
- Training in solving problems and achieving goals.

Application procedure:

- Meet the family.
- Therapeutic contract with family.
- Behavioral assessment of each member of the family.
- Assessment of overall family communication and problem solving ability.
- Formulating the therapist possibilities, problems and goals of the family.
- Therapeutic intervention.
- Education of the disease.
- Training in communication skills.
- problem Solving.

Framework application: let 2.

Structure of each session

Each session consists of four parts:

1 Assessment of progress and a brief review of the problems.

2 Overview of the tasks assigned to the household at the end of the previous session. This includes a repetition of what happened at home during the execution of the task assigned was contracted to:

3 Learning Skills: family members will receive instructions on how to use the imitation model, behavioral rehearsal and feedback will be given to enhance the improvement of their skills.

4 Assignment of the house: this project will be assigned to help the family members' practice skills in their daily lives [9,11,12]

Meet the family

Apart from the therapeutic sessions, arranged at a regular, weekly meeting of all members of the family, a half-hour. The aim is to discuss the family's objectives and problems of all its members and to use the skills in communication and problem solving, taught sessions.

Thereby enabling the family to adopt the most improved method of problem solving in everyday life.

3. Analysis of Application

3.1. First Contact

- If the patient has a productive episode of the disease, it is advisable to delay the start of the intervention until symptoms subside and the patient is able to gather and process the information given orally and to respond in an appropriate manner.
- Furthermore, the medication should have been silized.
- When the patient is ready to participate, a meeting with all members of the family should be arranged in order to describe the procedures and chart of the family

therapy.

3.2. Initial Meeting with the Family - Presentation of the Objectives of the Intervention

To promote the management of the disease through the understanding, the appropriate treatment with medication, effective stress management and the implementation of specific strategies to address residual symptoms and problematic behaviors.

To help each family member to achieve their personal goals.

To facilitate the functions of coping with the stress of each member and to enhance the efficiency of the problem solving process of the family [13,14]

3.3. The Role of the Therapist is

- Assess the strengths and weaknesses of family members in dealing with stress and achieving their goals.
- To teach the patient and family strategies that will help them improve the effectiveness of their efforts.
- To emphasize that the method is teaching - learning skills rather than traditional family therapy.
- Demonstrate that his role is initially energetic and directional when teaching skills, while reducing his active involvement as early as possible and it will be limited to practicing and strengthen the family.
- Describe clearly the position regarding confidentiality [15,7]

4. First Phase

In the phase of psychosis intervention's objectives are:

- To Encourage the patient to describe to his family his experience with psychosis.
- To identify and correct misconceptions about psychosis.
- To inform the family about the causes, treatment and course of psychosis.
- To reduce unrealistic expectations for healing and rapid return to premorbid level of functioning.
- To place the foundations for future interventions, giving the cognitive framework of the factors which positively as well as negatively influence the course of disease.

The structure of the sessions include:
The correction of misunderstandings.
The definition of psychosis.
The symptoms of psychosis.
The course of psychosis.
The causes of psychosis.

5. Second Phase

About pharmacotherapy

- The treatment plan should include the repairing of the chemical disorder of the brain and reduce stress.

Objective:
Cooperation in medication.
The structure of the sessions include:

- Rationale for the administration of drugs.
- Correcting misconceptions.
- Finding the appropriate dose, prodroms symptoms of relapse.
- Side effects of medications.

6. Third Phase

6.1. Training in Communication

The way in which family members express their feelings and thoughts and the way they communicate with each other have a great impact on the course of the disease.

- Thus, we teach the family how
- To express positive emotions.
- To request something politely.
- To express negative - unpleasant feelings.

6.2. Solving Family Problems and Reaching the Goal

For greater efficiency in solving family problems and resolving personal goals of each member using the method of six stages:

1 Define the problem as accurately as possible. Devote time for discussion. Use skill "listen carefully" to clarify the problem. Application and other communication skills if necessary eg expression of unpleasant emotions.
2 A list of all possible ideas / solutions. Record all ideas, even the bad ones, without discussion and comments.
3 Discuss any possible solution. We discuss the main advantages and disadvantages of each solution. Avoid lengthy discussions at this stage.
4 Select the best solution. The best solution is not necessarily the ideal solution, but one that can be easier implemented with the existing resources.
5 Programming to implement the best solution. A scheduling action describes what should be done for each member, how would you do it, when to do it, etc. Defined time for review of all efforts.
6 Review Reviewed all the efforts made. Separate the elements of any successful effort. Give praise to all the efforts of family members, regardless of how small or large, or were successful. The problem solving process continues until you achieve the goals [7,10,14].

7. Results

Treatment with a psychotic family member aims to eliminate the abnormal communication and alliances seen them: symbiotic relationship, emotional fusion (Fusion), double bond (double bind), psefdoamoivaiotita (pseudomutuality), apodiopompaiopoiisi (scape goating).

The rationale for therapeutic intervention in which a family member is sick of schizophrenic psychosis, based on

their investigations have shown that the family of the agent, is associated with relapse prevention.

The psychoeducational intervention (psychoeducational intervention) along with education and social skills is the core of the social rehabilitation of psychotic individual.

As shown in the le ... in a survey of 236 patients suffering from schizophrenia and their relatives, with psychoeducation the care of the mentally ill and their families is enriched due to:

- It offers long-term monitoring.
- It is accessible for community patients.
- It is flexible and tailored to the needs and capabilities of patients.
- It is implemented by an interdisciplinary team – multidisciplinary team.
- It encourages the active participation of patients in decision making.
- It is based on trust, removing the power relationship doctor-patient relationship.
- respects the choices of the patient.
- Promotes the involvement of families in the treatment process [16-18].

They achieved:

- Increase the degree of acceptance of the disease by the patient and his family.
- Reduce feelings of stigma which stems from the disease.
- Maintenance of expressed emotion in the family in a low level.
- Improve their communication and problem solving skills.
- Promoting the right of self control of the patients.

Finally, psychoeducational intervention studies in groups of relatives Indicating:

- Improving knowledge.
- Reduce the subjective and objective burden.
- Control of expressed emotion [6,13,19]

Psychosis Information Project: let 3.

From the meta-analysis of Pitschel -Walz G et al, (2006), 25 studies in 874 patients showed that psychoeducationals interventions in patients with schizophrenia and their families:

- They improved their knowledge.
- promoted the quality of life.
- Reduced the recurrence by 20% [14,20,21]

8. Discussion

Surveys conducted in families of psychotic individuals emphasize the existence of many intense difficulties that affect the other members which are often associated with the presence of the disease, such as lack of understanding of the nature of the mental illness, fear of the stigma, difficulties in domestic communication, isolation from society, and many more.

Also important studies in recent years record the reasons for recommending. psychoeducation to patients with schizophrenia as:

- It is chronic and relapsing disease,> 85% will experience another episode at least.
- Most patients are possessed by distorted perceptions of the disease and medication.

Also, inadequate or total lack of conformity in respect of the taking of the medication listed as the most leading cause of relapse.

After each relapse:

The recovery is slowed and the patient suffers lower levels of functional (1st episode: 88%, the second episode: 57%, the third episode: 32%).

- The time the recession is lengthened (1st episode: 47 days, 2nd episode: 77 days, third episode: 139 days).
- The disease symptoms resist to therapeutic intervention (1st episode: 12%, the second episode: 18%, the third episode: 25%, 55% of patients resist to treatment
- The burden on families and caretakers increases.
- The psychosocial stress and everyday life trigger relapses.

The training helps the family members so as to be more effective in their interventions for the mental patient; Researchers have report that what stress and burden on the family, but also the inability for strategies to tackle the problems of patient related how family members manage their emotions. This indicates that the intervention in the family should focus on identifying the problems and how can its members to make better use of some strategies, which in turn will contribute so that they can identify what bother them and they can better interpret the attitude of the patient. Improving these aspects, marks the reduction of negative relationships and increase self-esteem [9,19,22].

9. Conclusions

Psychoeducational approaches, which have proved effective not only in schizophrenia, but in a variety of psychiatric condition such as depression and bipolar disorder.[23]

Schizophrenia is a multifactorial etiology psychiatric disorder with many impacts not only for the person who's suffering but to the family and society in general. It is now well established that family attitude plays an important role in the course of schizophrenia and affective disorder The treatment of schizophrenia is based on a multidimensional treatment plan, which apart from medication is also based on family, social and educational interventions. Education and family therapy aim at the welfare of all members, while psychoeducation is designed to deal effectively with the patient and, by extension, to maintain the balance.[1-3,9]

The main objectives of psychoeducation are to educate the patient about the close relationship of schizophrenia and stress the importance of medication. Also psychoeducation aims to increase the capacity for solving problems related to environmental stress. Moreover to educate the family and the patient in coping strategies pathognomonic persistent symptoms of schizophrenia or face environmental stress. The psychoeducation aims precisely at this point. The knowledge of the disease, leading to disillusionment and therefore better

treatment.

Studies from over the globe demonstrating exact this, psychoeducation and family therapy can have a positive effect to the course, treatment and rehabilitation of schizophrenic patients. Furthermore promotes healthy family and interpersonal relationships and helps to the demystification of the disease.

Tablet 1. *Aims of Psychoeducation.*

main	**special**
Information on mental illness and acceptance	Giving a rationale for treatment to facilitate the understanding of this disorder, pharmacotherapy and psychosocial treatment
Education for acquiring specific skills to deal with stress, improve communication and effective problem	Solving Strengthen self-dealing. Helping the patient and family to get an active role in the management of mental illness Develop therapeutic alliance
Support to overcome social isolation and stigmatization	The therapist presented as a supportive person who knows the disease and its treatment

Tablet 2. *The framework of Family therapy.*

Duration of Session	**About an hour**
Meetings	All family members are expected to attend the meeting
Place	in family home
Duration of contact and number of sessions	The contact maintained for at least two years It usually takes 10 to 12 sessions (one session per week), followed by 1 session every other week for 6-9 months and one session per month for the remaining months

Tablet 3. *Psychosis information Project*

236 patients with schizophrenia and their relatives		
intervention group N = 125 medication + psychoeducation	Group control N-111 medication	Results of the survey: Readmission and the duration of hospitalization was significant lower in the intervention group reintroduction: 21% vs 38% at 1 year and 34% vs 65% the second year. Duration of treatment: 17 days vs 30 days the first year and 39 days vs 78 days the second time. Patients with history 2-5 hospitalizations benefited more.
duration of treatment 1 year	Review: 2 years	

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