

Online psychoeducational family intervention for persons with psychosis

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Background:

Previous research shows that psychoeducational family interventions have a positive effect on the course of schizophrenia (McFarlane et al., 2016; Pitschel-Walz et al., 2001; Pharoah et al., 2010). Involving family members in patient care can reduce relapse rates (Bird et al., 2010; Pitschel-Walz et al., 2001; Pharoah et al., 2010), increase compliance (Pharoah et al., 2010; Ran et al., 2015), improve social functioning (Ran et al., 2015) and family communication (Claxton et al., 2017).

Due to the Covid-19 pandemic, it is currently not possible to deliver such interventions under the same conditions. Using video communication services can be a good solution for providing people with schizophrenia and their care-givers with easy flexible access to education and group therapy. However, there is little research conducted to investigate the acceptance and feasibility of family interventions delivered online.

Considering the evidence regarding the effectiveness of the family approach, Berger and Gunia (2019) developed a psychoeducational family intervention for schizophrenia patients and their relatives (PEFI). PEFI is a flexible modular system, which aims at augmenting participants' knowledge about schizophrenia, social skills as well as communication and problem-solving strategies. The intervention is carried out in mixed groups (patients and relatives) and is therefore a unique treatment intervention for schizophrenia patients in German-speaking countries (Berger & Gunia, 2019).

Objective:

We aim to evaluate the acceptance, feasibility and potential impact of the synchronous online family intervention for persons with schizophrenia and their family members (PEFI).

Methods:

Adolescents with diagnosed schizophrenia and their family members were recruited from mental health services and associations for family members of persons with schizophrenia. The randomized assignment to intervention and control group was not possible due to a small number of participants.

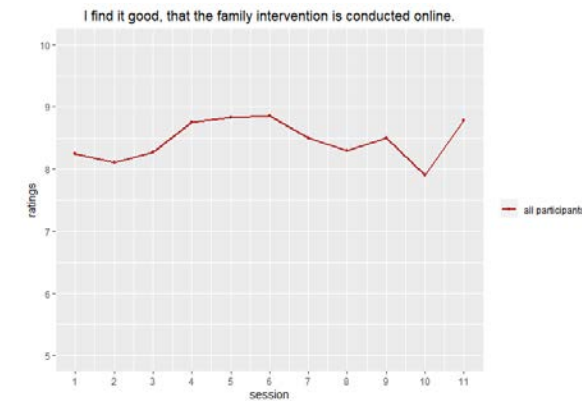
The online group was delivered via video conferencing service Zoom by two experienced psychotherapists. The intervention consisted of eleven sessions conducted weekly. Besides completing an interview and a range of online questionnaires related to the effectiveness of the family group before and after the intervention, the participants were asked to fill out an online evaluation questionnaire after each session.

Results:

A total of 4 patients and 8 relatives were recruited. The participants came from all over Germany. The sessions were well attended. One patient was absent once, one family member was absent twice, and three family members were absent once each.

The results revealed high acceptability of the family intervention delivered synchronously online among all the participants. The mean level of agreement with the questionnaire statement "I find it good, that the family intervention is conducted online" on a 10-point scale (strongly disagree (1)–strongly agree (10)) was $M = 8.46$ ($SD = 0.32$) (Figure 1).

Figure 1.

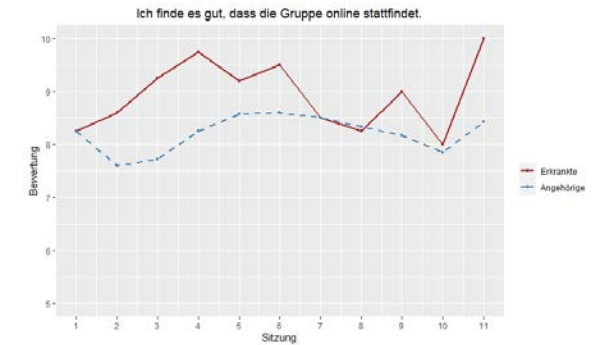


With the exception of sessions 7, 8 and 10, which are very exercise-oriented, the format ratings given by the patients increased in the course of the intervention. After the last session, the mean rating of the format by the patients was $M = 10$.

The ratings given by the relatives with the exception of sessions 2, 3, 9 and 10 were also higher than that of the first session.

The patients rated the online format of the intervention a little bit higher than the relatives ($M = 8.94$, $SD = 0.66$ vs. $M = 8.21$, $SD = 0.34$) (Figure 2).

Figure 2.



Conclusions:

Findings from the present pilot study suggest that family interventions delivered synchronously online via video are feasible and acceptable for patients and their families. Further they provide a good option for the participants to benefit from psychoeducational family interventions without leaving their home and from distant locations. A randomized controlled trial is needed to confirm these findings and for further evaluation of the clinical effectiveness of online family support groups.