

# INCORPORATING FAMILY INTERVENTIONS: MAXIMIZING THE IMPACT OF COGNITIVE BEHAVIORAL THERAPY FOR PSYCHOSIS (CBT-P)

All-Ohio  
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**Danelle Hupp, Ph.D.,**  
**Harry Sivec, Ph.D., &**  
**Val Kreider, Ph.D., LPCC-S, LICDC-CS**  
Best Practices in Schizophrenia Treatment (BeST) Center at  
Northeast Ohio Medical University (NEOMED)

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## BEST PRACTICES IN SCHIZOPHRENIA TREATMENT



Coordinated Specialty Care  
for First Episode Psychosis



Cognitive Behavioral Therapy  
for Psychosis



Family Education  
and Support



Integrated Primary and  
Mental Health Care



Pharmacotherapy for  
Schizophrenia



Cognitive Enhancement Therapy

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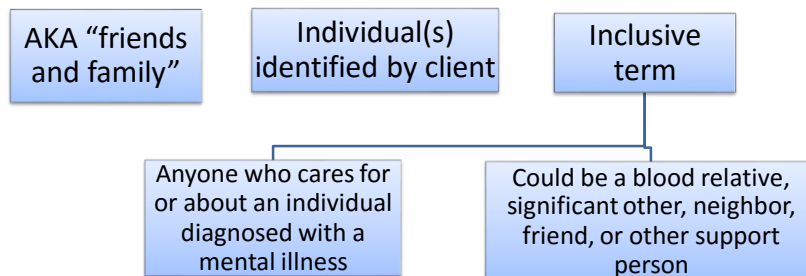
### OVERVIEW

- I. Recognizing the importance of involving friends and families in the treatment of schizophrenia-spectrum disorders
- II. Identifying barriers to involving friends and families
- III. Engagement strategies for involving friends and families
- IV. Identifying current CBT-p approaches for incorporating friends and families into treatment
- V. Proposed methods for involving friends and families in a spectrum of services informed by CBT-p

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## RECOGNIZING THE IMPORTANCE OF INVOLVING FRIENDS AND FAMILIES

### DEFINING “FAMILY”



## RESEARCH SUPPORT

- When knowledgeable and supportive families are engaged in treatment, outcomes are improved<sup>1</sup>:
  - Reductions in relapse and re-hospitalization rates
  - Improved family well-being, family relationships, social functioning and medication adherence
  - Decreased psychiatric symptoms, family burden and costs of care
- Schizophrenia Patient Outcomes Research Team (PORT) recommends providing family-based services<sup>2</sup>

<sup>1</sup>Cuijpers, 1999; Dixon & Lehman, 1995; Dyck et al., 2000; Falloon et al., 1985; Jewell, McFarlane, Dixon, & Miklowitz, 2005; McFarlane et al., 1995; Penn & Mueser, 1996; <sup>2</sup>Kreyenbuhl, J., Buchanan, R., Dickerson, F., & Dixon, L., 2010

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## ROLE OF FRIENDS AND FAMILIES

Involving knowledgeable and supportive family members and support persons:

Supports  
treatment  
goals

Helps with  
achieving  
client goals

Provides  
historical  
data and  
information  
about  
current  
condition

Benefits  
client and  
his/her  
family and  
friends

**Benefits  
EVERY  
member of  
the  
treatment  
team**

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## ENGAGING CLIENTS AND FAMILIES CAN BE DIFFICULT!

Research has consistently found that *even minimal* clinician-family contact occurs in *less than half* of the cases for individuals being treated for schizophrenia



So we know it is important, and we know it is recommended...but it is tough!

What makes it so difficult?

Dixon et al., 2009; Hackman & Dixon, 2008;  
Murray-Swank et al., 2007

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## BARRIERS TO FAMILY INVOLVEMENT

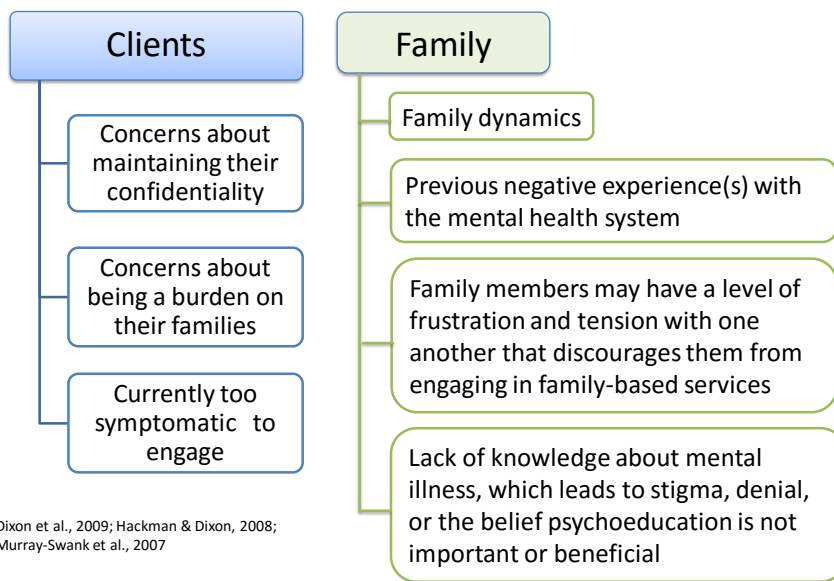
## BARRIERS

**Barriers to engagement exist on a number of levels:**

- Patient
- Family member/friend
  - Provider
  - Agency
  - Logistical

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### BARRIERS: CLIENTS AND FAMILIES



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### BARRIERS: PROVIDERS, AGENCIES, LOGISTICAL

Providers	Lack of clinical training in family work (which can lead to anxiety and lack of confidence)
	May not understand the importance of family involvement
Agency	Funding (e.g., inadequate resources, financial considerations, staff trainings, reimbursement/billing)
Other logistical & practical barriers	Scheduling appointments for multiple individuals, transportation, childcare, time constraints

Dixon et al., 2009; Hackman & Dixon, 2008; Murray-Swank et al., 2007

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### BUT IT IS POSSIBLE – AND WHEN IT HAPPENS, IT WORKS!

This approach represents “change” and doing things differently – and change is hard for clients, families, providers, and agencies

This is likely a “cultural shift” for many of us

Just remember:  
Difficulty with engagement is typical

But this is where you come in...

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## ENGAGEMENT STRATEGIES FOR INVOLVING FRIENDS AND FAMILIES

### ENGAGING FRIENDS AND FAMILY

- Plant the seed for family involvement then cultivate this (with client and family)
- **Inform families that they are a critical part of the treatment team**
  - **Step one** is the team recognizing the critical role of the family
  - **Step two** is helping the family understand that they play a role in ongoing treatment and recovery
  - **Step three** is helping the family to identify what this role looks like (will change over time) and supporting them in these efforts
- WORK to gain their trust
- Look to other treatment providers for insight

## ENGAGING FRIENDS AND FAMILY

- Be a change agent
  - Set precedent that family and friend involvement matters and is the expectation, as opposed to the exception
  - Work with patients to identify supportive friends and family
    - Think outside the box
    - Avoid the word “family”
  - Start by setting the stage early
    - Make invitations known
    - Discuss expectations

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## ENGAGING FRIENDS AND FAMILY

- Consider:
  - When are ROIs signed?
  - Do those individuals who were identified by the patient receive reminder calls and invitations to appointments?
  - Do families know who to call with questions and concerns? Do they know the process for evening and weekends?
  - Who encounters the family most often? Who does the family work best with?
  - Consider cultural factors
    - Multicultural diversity, heritage, traditions, beliefs
    - Spirituality
    - Religious affiliations

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## ENGAGEMENT AND UNDERSTANDING FAMILY BELIEFS

- We live in a diverse culture with many different beliefs operating within our client and within families
- Sometimes families will drop out as they feel the agency is not understanding of their religion or spiritual practice
 

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  - Don't be afraid to ask about cultural/spiritual beliefs
  - Ask for clarity about their practice if you are unsure
  - Emphasize the religious/spiritual beliefs and mental health treatment can work together

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- Addressing this early on may help families to feel more comfortable in seeking help and in keeping them engaged
- When we demonstrate that we are engaged in process of cultural humility, families tend to stay in the programs

Gurak, K., Weisman de Mamani, A., & Ironson, G., 2017

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## THEY'RE ENGAGED WITH PROVIDERS: NOW WHAT?

- How to keep families and friends engaged
  - Customer service – meet their needs and wants, whenever possible and appropriate
  - Continue to offer them support
  - Ensure the family feels like a valued member of the team
  - Provide them with resources and information at every opportunity
    - [See RESOURCE LIST]

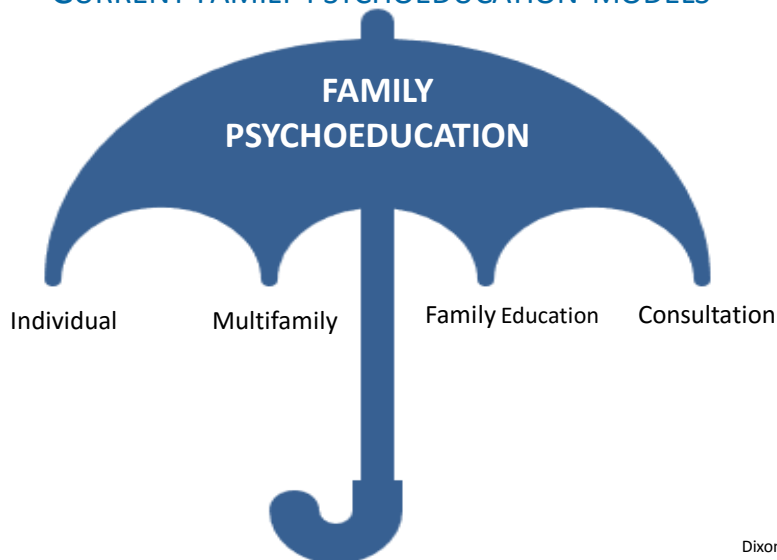
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## THEY'RE ENGAGED WITH PROVIDERS: NOW WHAT?

- Make referrals when necessary and when there is a level of readiness
- Determine what motivates the family
  - As individuals
  - As a family unit
  - Shared goals and common ground

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## OPPORTUNITIES TO INVOLVE FAMILIES IN TREATMENT: CURRENT FAMILY PSYCHOEDUCATION MODELS



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## OPPORTUNITIES TO INVOLVE FAMILIES IN TREATMENT

- Participation in family psychoeducation is one way to involve families and friends in treatment and recovery
- However, family services are minimal
  - Overall, families are dissatisfied with mental health services
  - Vast majority of clients have contact with family; ~30% of families received basic information about illness/treatment; ~8% of families attended a support or educational program<sup>1</sup>

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## OPPORTUNITIES TO INVOLVE FAMILIES IN TREATMENT

- Another way to increase family and friend involvement
  - Train CBT-p clinicians to include family
    - Hypothesis: CBT-p enhanced by family support is more likely to lead to better outcomes (improved recovery; reduced symptoms and reductions in re-hospitalization rates)

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## WHAT CAN WE LEARN FROM CURRENT CBT-p APPROACHES THAT INCORPORATE FRIENDS AND FAMILIES

### EXAMPLES OF WAYS TO INCLUDE FRIENDS AND FAMILIES IN CBT-P INFORMED SERVICES

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**WITH:** Wellness – Inform – Talk – Help

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**GF-CBT:** Group and Family-Based Cognitive Behavioral Therapy for Youth at Risk for Psychosis

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**REORDER:** Recovery Oriented Decisions for Relatives Support

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# W.I.T.H.

## A FAMILY INTERVENTION FOR EARLY PSYCHOSIS

- DEVELOPED BY CLAUDE LECLERC AND TANIA LECOMTE, 2012

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### WITH: WELLNESS, INFORM, TALK, HELP

- A model for multifamily group intervention
  - Can be done with a single family, or done with MFG
  - Can be presented for 2 hours over 16 weeks, or 1 hour over 24 weeks
- 
- Combines CBT-p and psychoeducation to family members of individuals who are experiencing early psychosis

Leclerc & Lecomte, 2012

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## WITH: WELLNESS, INFORM, TALK, HELP FORMAT

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Groups can run parallel to the CBT for psychosis groups

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Modules can be offered in one-hour format across 24 sessions or in two-hour format across 16 sessions

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Each group typically includes about 10 parents/family members/friends

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Groups are designed to be facilitated by two therapists

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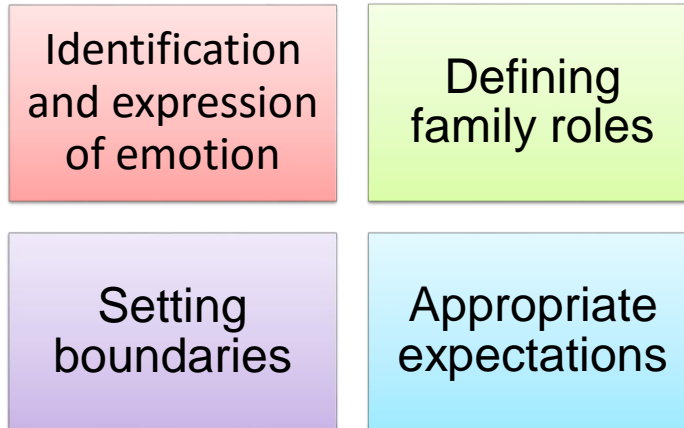
## WITH: WITH: WELLNESS, INFORM, TALK, HELP CONTENT

- Psychoeducational in nature
- Also provides psychoeducation on CBT-p skills and concepts to be used:
  - For participants to use in their own personal lives to help in reducing their own distress
  - During the group
  - At home with their family member who is experiencing psychosis

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WITH: WELLNESS, INFORM, TALK, HELP  
CONTENT

Topics Include



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THEMES

- Stress: How it impacts my life
- Verify the hypothesis and look for alternatives
- Drugs, alcohol, and states of mind
- Coping and competence

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## WITH: WELLNESS, INFORM, TALK, HELP RESULTS

Recent research involving 40 families resulted in <b>improvements</b> for family members in the following areas:	Psychological distress
	Depression
	Interpersonal sensitivity
	Better understanding of "recovery"

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## WITH: WELLNESS, INFORM, TALK, HELP RESULTS



There was a clinical and statistical decrease in perceived stress in parents when compared to baseline scores

Family members were appreciative of the experience, and they reported using the skills regularly.



Retention rate for families and youth in WITH trial = 80%

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# GF-CBT

## GROUP AND FAMILY-BASED COGNITIVE BEHAVIORAL THERAPY FOR YOUTH AT RISK FOR PSYCHOSIS

DEVELOPED BY LANDA, MEUSER, ET AL., 2015

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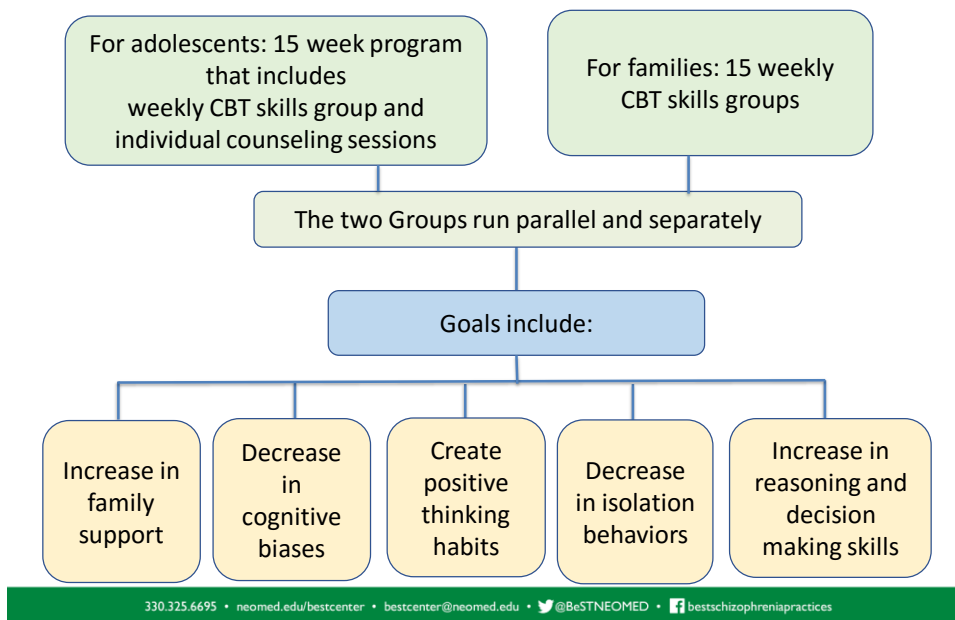
### FAMILY ADDS TO RECOVERY

Including family in the treatment of high risk clients may help to keep transition to psychosis from occurring

Helpful for family members to learn CBTp skills in order to reduce their own distress	Family members can also coach the individual at home and other significant places	Helps families to develop stronger sense of empathy	Helps families have a better understanding of what is happening to their loved one	And it doesn't have to be a blood relative <ul style="list-style-type: none"> <li>• Anyone who has a close relationship with the client and who spends about 4 hours a week with the individual will work just as well</li> </ul>
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## TREATMENT SET-UP



## GETTING THE GIST OF THINGS

Gist memories are the core meaning we make out of our experiences

When cognitive biases are operating, gist memories of neutral or irregular experiences can be turned into a representation of something threatening

- Increase in stress occurs
- Increase in stress may cause increase in psychotic symptoms

## GOALS WHEN WORKING WITH GIST REPRESENTATIONS

A main goal of this model to help adapt the gist memories and experiences in a way that will give the client the ability to make reality based meaning from their experiences

- Including the odd or irregular experiences
- Develop ability to reduce cognitive biases in their thinking
- Help clients learn to “Catch, Check, and Change” their thoughts and experiences to reality based information

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## WHAT HAPPENS WITH FAMILIES IN GF-CBT

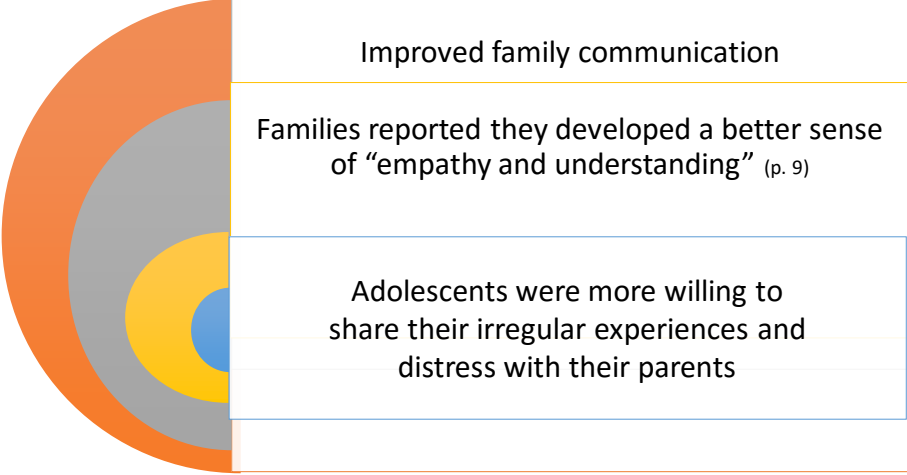
Family/friends get their own CBT Skills group

Their group includes:

- Didactic learning including experiential learning (e.g., role plays or modeling behavior)
- PowerPoint presentations
- Workbook
- Videos
- Homework

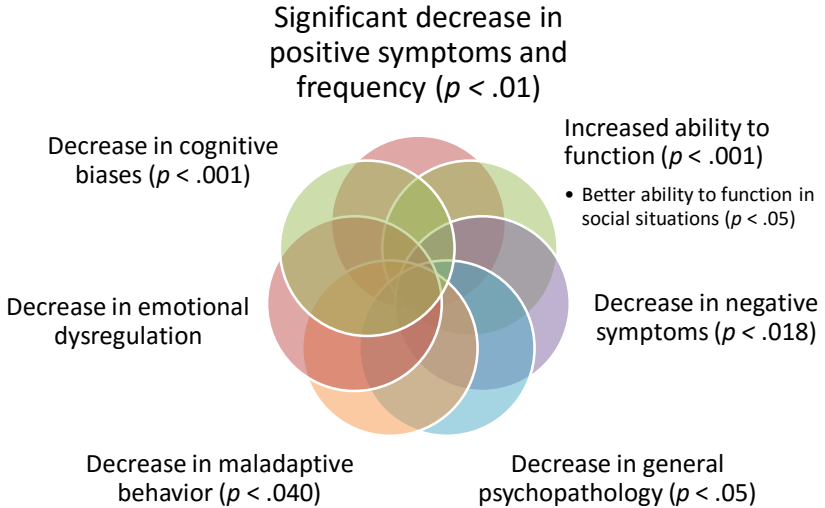
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### RESULTS OF GF-CBT FOR FAMILY



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### RESULTS OF GF-CBT FOR CHR YOUTH



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## PROS AND CONS OF GF-CBT

### PROS

- Feedback from the youth participants on what was most important for them
  - Altruism
  - Installation of hope
  - The length of the program – 18 weeks, felt just right to the youth
- This is a great place to start when working with CHR youth and their families
- None of the participants transitioned to psychosis

### CONS

- This study had a small sample size that completed – only 6 youth and families
- It's often hard to get families to participate for as long as 18 weeks
- For some, this could be not financially feasible

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## PSYCHOEDUCATION MODELS FOR INDIVIDUAL FAMILY UNIT

### RECOVERY ORIENTED DECISIONS FOR RELATIVES SUPPORT (REORDER)

DEVELOPED BY GLYNN, COHEN, DRAPALSKI AND DIXON, 2014

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## REORDER: RECOVERY ORIENTED DECISIONS FOR RELATIVES SUPPORT

- Primary aims
  - Promote recovery through shared decision making
    - Especially to include relative or loved ones in treatment
  - Increase likelihood that involved relative will participate constructively in client's recovery
- Structure
  - 2 phases:
    - Consumer Intervention (3 sessions) and
    - Family Intervention (3 sessions)
  - 45-60 minutes per session over two months

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## REORDER: RECOVERY ORIENTED DECISIONS FOR RELATIVES SUPPORT PHASE 1: CONSUMER INTERVENTION

- **First session**
  - Develop alliance
  - Formulation of illness and challenges (CBT-p model)
  - Identify personal recovery goals
  - Exploring recent situation with family and friends – and role of these individuals in supporting goals
  - Discuss willingness to include family
    - Including rehearsals of inviting family
    - Rehearsals to ask other providers to include family

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**REORDER: RECOVERY ORIENTED DECISIONS FOR  
RELATIVES SUPPORT  
PHASE I: CONSUMER INTERVENTION**

- **Second session**
  - Alliance
  - Commitment to include family
    - MI and decision balance (pros/cons of involvement)
- **Third session** (if family is coming)
  - Alliance and commitment
  - Values clarification (see example later)
    - How family may help or hinder reaching recovery values

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**REORDER: RECOVERY ORIENTED DECISIONS FOR  
RELATIVES SUPPORT  
PHASE 2: FAMILY INTERVENTION**

- **First session** (with friends/family and no consumer)
  - Introductions, alliance-building
  - Define recovery
  - Elicit family's understanding of illness/problems (formulation from family perspective)
- **Second session** (often with consumer unless high levels of ambivalence)
  - MI for disengaged family
  - Illness education and strategies for other families
    - Can offer NAMI and other multi-family options here

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REORDER: RECOVERY ORIENTED DECISIONS FOR RELATIVES  
SUPPORT  
PHASE 2: FAMILY INTERVENTION

- **Session 3**
  - Review and discuss treatment team contacts
  - Review and discuss education information
  - Choose more work on connecting with treatment team **OR** more illness education and strategies  
*(opportunity for CBT here)*

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REORDER: RECOVERY ORIENTED DECISIONS FOR RELATIVES  
SUPPORT OUTCOMES

- N = 226 Veterans with SMI
- REORDER compared with enhanced TAU
- REORDER showed significant differences:
  - Reduced paranoid ideation
  - Better scores on “Overcoming Stuck-ness”, measure of recovery
  - **Robust impact on family involvement** – 52% family involvement from REORDER participants vs 13% family involvement for enhanced treatment as usual even when those treatment programs offered strong family programs

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## REORDER INSPIRED CBT-P FAMILY MODEL

- The REORDER structure can be used to help CBT-p clinicians meaningfully include family members in a recovery oriented, CBT-p consistent fashion around the client's goals.
- A variety of common CBT-p strategies can be used with both the client and (in an adapted form) with family and friends.

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HOW CLINICIANS MIGHT INVOLVE FRIENDS  
AND FAMILIES IN CBT-p INFORMED WAYS:  
TO PARTNER  
TO INFORM  
TO TEACH  
TO GUIDE

## WHAT CBT-P WITH FAMILY ENHANCEMENT MIGHT LOOK LIKE

- Begin with standard, individually based CBT-p
- Develop recovery goals and formulation
- Invite family/friends with client's permission after engagement stage, during active work stage
  - To help client reach recovery goal
  - To inform and educate family and friends to resources for managing their own stress and concerns
  - To guide family to support new learning
- Refer to short-term or long-term family psychoeducation programming, as needed and as appropriate

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## EXAMPLES OF CBT-P WITH FAMILY ENHANCEMENT

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**TO PARTNER AND SET GOALS:**  
**USE THE REORDER STRUCTURE AND APPLY THE**  
**VALUES CLARIFICATION EXERCISE**

**With the client:**

- Values List and/or Card Sort
- Identify top 5 values (e.g., kindness; be productive)
- Translate into small goals consistent with values
  - Value= kindness → small goal= specific, kind action
  - Value= productive → small goal= specific, small task
- Discuss how family involvement might help or hinder efforts to work toward this value
  - Can also Use of Decision aids (Ottawa Personal Decision Guide (OPDG))

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**VALUES CLARIFICATION EXERCISE CONTINUED**

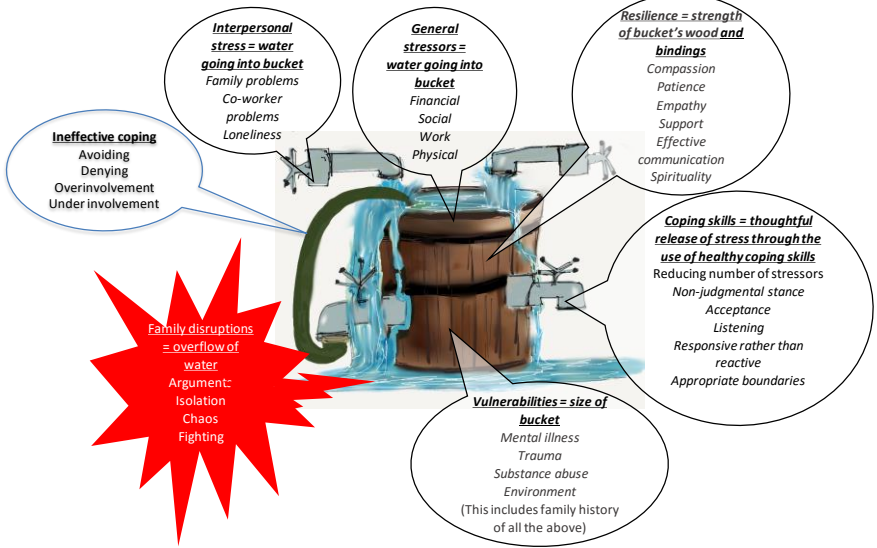
**Include family/friends and provider:**

- Would they be willing to support this goal/value?
- Possible outcomes (+ and -): Troubleshooting together
- What role would each person play?

**Hoped for outcome:** Alignment and partnering of client, family/friends, and provider working toward goals

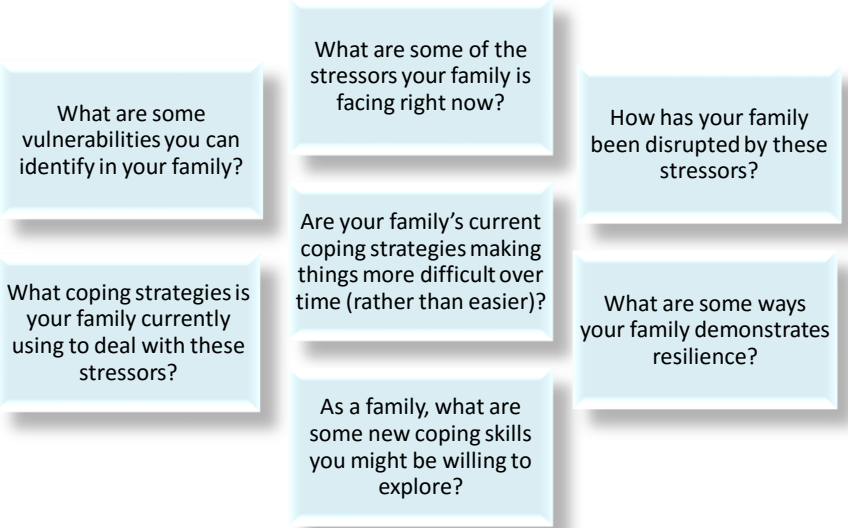
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### TO INFORM: USE THE STRESS BUCKET TO HELP CLIENT AND FAMILY UNDERSTAND ROLE OF STRESS



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### TO INFORM: HELPING FAMILIES TO UNDERSTAND THE CONSEQUENCES OF STRESS



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## TO TEACH : STRATEGIES FOR ADDRESSING COGNITIVE BIASES AND UNHELPFUL THINKING HABITS

### THE ALTERNATIVE EXPLANATIONS EXERCISE

Practice coming up with **Alternative Explanations** for these examples:

“You say ‘Hi’ to someone at the store, but they don’t say ‘Hi’ back

<i>Possible Interpretation</i>	<i>Likely Emotional Response</i>
<i>They don't like me</i>	<i>Upset and mad</i>
<i>They didn't see me</i>	<i>Understanding</i>

“You call loved ones/family members at home but he/she doesn’t answer”

<i>Possible Interpretation</i>	<i>Likely Emotional Response</i>

“A loved one stays in his/her room all day

<i>Possible Interpretation</i>	<i>Likely Emotional Response</i>

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## TO TEACH: OTHER CBT-p STRATEGIES EASILY ADAPTED FOR FAMILY AND FRIENDS

Normalization – education  
about commonness of  
psychotic experience

Catch it, Check it, Change it

Activity monitoring and  
scheduling

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## To GUIDE: USING FORMULATION TO DEVELOP AND SUPPORT COPING STRATEGIES AND GOAL PURSUIT

- Identify personal recovery goal
  - Have a relationship/friendship; more social and active
  - Participation in activities consistent with faith beliefs
- Formulation
  - Symptom: voices, worry, rumination, poor memory, jumps to conclusions
  - Safety behaviors: rumination and checking maintains symptoms
  - Responds well to reward-based learning and motivation
- Family role
  - Help with activity scheduling (to support recovery goal) with reward system for increasing evidence of independent behavior
  - Teach family about impact of reassurance-seeking behavior on rumination/worry
  - Practice more noticing and less reassurance (mindfulness training)
  - Practice alternative explanations exercises together

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### SUMMARY

- Including family members and friends during the course of CBT-p is an important way to maximize treatment
- How to do this more systematically with individual CBT-p?
  - Build into electronic note format
  - Include family involvement in fidelity reviews
  - Partner with local family education groups and options (streamline referral and communication process)

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## QUESTIONS AND DISCUSSION

- Questions for us?
- Discussion:
  - How have you incorporated family members and friends in your work with clients?
  - Please share your challenges, successes, and lessons learned incorporating friends and families in your work.

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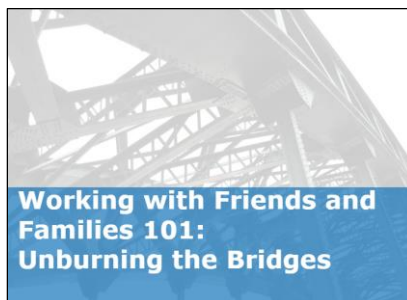
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## CONTACT US!

**Danelle Hupp, Ph.D.**

*Clinical Psychologist, Clinical Assistant Professor,  
Senior Consultant and Trainer for Family-Based Services*  
[dhupp@neomed.edu](mailto:dhupp@neomed.edu); (330) 325-6701

**Harry Sivec, Ph.D.**

*Clinical Psychologist, Clinical Assistant Professor,  
Senior Managing Consultant and Trainer for Cognitive Behavioral Therapy for Psychosis Program*  
[hsivec@neomed.edu](mailto:hsivec@neomed.edu); (330) 325-6699

**Val Kreider, Ph.D., LPCC-S, LICDC-CS**

*Clinical Assistant Professor, Professional Clinical Counselor,  
Senior Consultant and Trainer for Cognitive Behavioral Therapy for Psychosis Program*  
[vkreider@neomed.edu](mailto:vkreider@neomed.edu); (330) 325-6406

Best Practices in Schizophrenia Treatment (BeST) Center, Department of Psychiatry, Northeast Ohio Medical University (NEOMED)

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