

# Family sessions with young adults with first episode psychosis: Towards more reflexive practices ?

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## Background

Despite their historical importance in family therapy (Haley, 1980), systemic research and practices with young adults with a first onset of psychotic disorders are somewhat sparse. In this field, family psychoeducation is a widespread approach (McFarlane, 2016). A more reflexive stance (named "Open Dialogue") has more recently been promoted in family therapy (Seikkula & Osion, 2003).

## Method

The objective of this study examining cases was to investigate the possibilities of implementation of a specific reflexive interview technique within family sessions regularly done in our program.

### Population:

Four pilot case studies conducted at the Geneva Young Adults Psychiatry Unit (i.e. specialized unit for early recognition and treatment of mental illness) are described.

### Instruments:

A) *Reflexive interview (RI)* (Auberjonois et al., 2011; Tettamanti & al., 2019) was done by a trained family therapist during one family session. He asked questions first to clinicians then to family about previous meetings. RI tries to promote a more « open dialogue » through a less *expert* and *directive* therapeutic position. RI invites *co-construction* and *reciprocity* during collaboration with families.

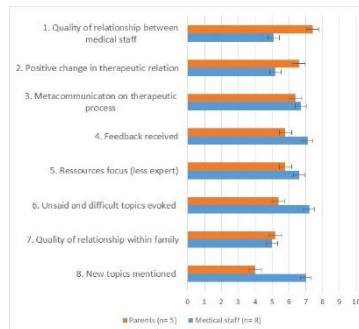
### Questions (examples):

- What did you learn from this family ? (to the medical staff)
- Are there any issues you haven't talked about yet ? (to medical staff and family)

B) Qualitative and quantitative feedbacks (i.e. mixed method study) on usefulness of interview were collected from each family member and from participating clinical staff after the interview. Quantitative scale used to evaluate the effect of RI goes from 0 (= not useful at all) to 10 (= extremely useful)

## Results

### Feedbacks on RI usefulness: mean level and rate of agreement (> 5)



	Parents (n=5)	Medical staff (n=6)
1	80%	38%
2	80%	50%
3	80%	75%
4	60%	88%
5	60%	63%
6	60%	88%
7	60%	50%
8	20%	88%

Note. \*Scale used to evaluate each dimension goes from 0 (= not useful at all) to 10 (= extremely useful)

### Case illustration of RI (see Tettamanti et al., 2019) :

This reflexive interview was organized for a 23 years old single male patient, who had completed a high-school degree at 21 years. Having no knowledge of his father, he was first brought up by his mother who died when he was 11 years old. Welcomed by his foster-care parents during 6 years, he then lived in sheltered housing during 2 years before he returned to his foster-care parents at age 19. He experienced a first manic/psychotic episode with acute inpatient care at the age of 18 and has been taken into outpatient follow-up by our program during the last 5 years, including individual sessions every fortnight and family-sessions every 6-8 weeks.

	Family (mean/rank)	Parents (mean/rank)	Medical staff (mean/rank)
Quality of relationship between medical staff	7.3/2	8.5/1	6.0/8
Positive change in therapeutic relation	8.0/1	8.0/2	7.5/3
Metacommunication on therapeutic process	5.7/4	4.5/6	8.0/2
Feedback received	6.3/3	5.5/4	7.0/6
Ressources focus (less expert)	5.3/6	5.5/4	8.5/1
Unsaid and difficult topics evoked	5.3/6	7.5/3	7.5/3
Quality of relationship within family	5.6/5	4.5/6	7.0/6
New topics mentioned	4.3/8	4.0/8	7.5/3

Note. \*Scale used to evaluate each dimension goes from 0 (= no useful at all) to 10 (= extremely useful)

## Discussion

Data from case studies showed a beneficial effect of reflexive interview techniques that contributed to place clinicians in a more reflexive stance. Majority of families and medical staff perceived this interview as allowing for metacommunication on therapeutic process. Of note, family members underlined positive change in quality of relationship between medical staff after interview but medical staff tend to minimize this component. Families also especially valued positive changes in their therapeutic relation with medical staff after interview. This usefulness of reflexive interview was scarcely mentioned by medical staff who focus more on new and difficult topics mentioned.

### References

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