# Intervention for Adolescents With Early-Onset Psychosis and Their Families: A Randomized Controlled Trial

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**Objective:** The present study aims to assess the efficacy of a structured psychoeducational group intervention for adolescents with early-onset psychosis and their families. The intervention was implemented in parallel in 2 separate groups by focusing specifically on problemsolving strategies and structured psychosis-related information to manage daily life difficulties associated with the disease, to mitigate crises, and to prevent relapses. **Method:** We performed a 9-month, randomized, rater-blinded clinical trial involving 55 adolescent patients with earlyonset psychosis and either or both of their parents. A psychoeducational problem-solving group intervention (n = 27) was compared with a nonstructured group intervention (n = 28). The primary outcomes were number of hospitalizations, days of hospitalization, and visits to the emergency department. The secondary outcome measures were clinical variables and family environment. Results: Assessments were performed before and after the intervention. At the end of the group intervention, 15% of patients in the psychoeducational group and 39% patients in the nonstructured group had visited the emergency department ( $\chi^2 = 3.62$ , df = 1, p = .039). The improvement in negative symptoms was more pronounced in the psychoeducational group (12.84 [7.87]) than in the nonstructured group (15.81 [6.37]) (p = .039). **Conclusion:** A parallel psychoeducational group intervention providing written instructions in a structured manner could help adolescents with early-onset psychosis and their parents to manage crises by implementing problem-solving strategies within the family, thus reducing the number of visits to the emergency department. Negative symptoms improved in adolescents in the psychoeducational group. J. Am. Acad. Child Adolesc. Psychiatry, 2014;53(6):688–696. Key Words: psychosis, families, group therapy, psychoeducation

sychoeducational programs are among the most widely studied psychosocial interventions for psychotic disorders. These programs are systematic and didactic, and consist of psychotherapeutic interventions aimed at providing information about the disease in question to patients and their relatives to foster coping skills and understanding.<sup>1</sup>

Studies in adult populations with schizophrenia have shown that psychoeducational interventions can reduce the probability of relapse, number of hospitalizations, and symptom severity. <sup>2,3</sup> They can also improve social and occupational functioning and increase adherence to treatment. <sup>4,5</sup> Additional benefits include reduced family burden, improved coping skills, and recognition and understanding of psychosis as a disease. <sup>2,6,7</sup> In

accordance with the stress-vulnerability model, environmental factors such as family interactions can play an important role in the continuity of the disorder. 8-10 Hence, family psychoeducational programs are aimed at influencing the environment in which the patient lives<sup>11</sup> by reducing anxiety and increasing family members' selfconfidence and ability to react constructively to behavioral disturbances and the patient's symptoms. This result has been confirmed in recent studies that show that the relapse rate can be reduced by approximately 20% if the parents of patients with schizophrenia are included in the treatment.<sup>2</sup> Strenuous efforts to engage families in the prevention of relapses are justified, because 80% to 90% of patients are living with their parents when they are referred for treatment.<sup>12</sup>

To our knowledge, only 1 study<sup>13</sup> has assessed the efficacy of a psychoeducational treatment program in adolescents with psychosis, although it was not a randomized controlled trial. Furthermore, despite the fact that some programs offer psychoeducational approaches for young adults with a first episode of psychosis that include parents as an important complement in the program, <sup>14,15</sup> none of them includes a specific age range for adolescents. Other studies evaluate the efficacy of a family-focused psychoeducational approach for adolescents with mood disorders who frequently have accompanying psychotic features. 16-19 Our study aimed to examine the efficacy of a parallel, structured, and specific psychoeducational group intervention (PE) for adolescent patients and their families by comparing it with a nonstructured group intervention (NS).

To the best of our knowledge, this is the first randomized controlled trial to compare a PE intervention with an NS intervention in adolescents with early-onset psychosis. We hypothesized that patients in the PE group would have fewer hospitalizations, days in hospital, and visits to the emergency department. We also hypothesized that these patients would have better

clinical outcomes and more favorably perceived family environments.

#### **METHOD**

#### Study Design and Procedure

We performed a randomized, rater-blinded, outpatient trial. Participants were randomly allocated to PE or NS as an add-on intervention to treatment as usual, using a computer-generated sequence.

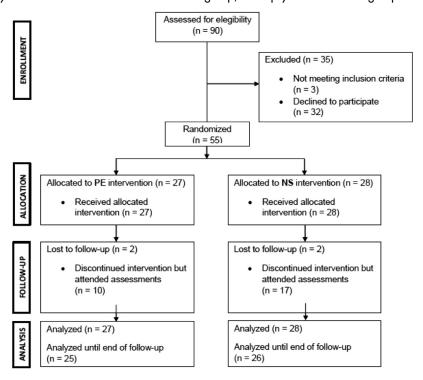
The group treatment was conducted once every 15 days at the outpatient clinic of the Child and Adolescent Psychiatry Department of Hospital General Universitario Gregorio Marañón, Madrid, Spain. After complete explanation of the study, written informed consent was obtained from all patients and their parents or legal guardians. The study was approved by the research and ethics committee of Hospital General Universitario Gregorio Marañón.

#### Study Participants

The program was offered to 90 participants (Figure 1). They were adolescent outpatients diagnosed with early-onset psychosis and accompanied by 1 or both parents.

The inclusion criterion for patients was the presence of at least 1 positive psychotic symptom (delusions or hallucinations) before age 18 years and 1 of the following diagnoses from the *DSM-IV*: schizophrenia, schizoaffective disorder, schizophreniform disorder,

**FIGURE 1** Study flow chart. Note: NS = nonstructured group; PE = psychoeducational group.



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