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INTEGRATIVE REVIEW ARTICLE

FAMILY INTERVENTIONS IN PATIENTS IN THE FIRST PSYCHOTIC EPISODE: EVIDENCE OF LITERATURE

INTERVENÇÕES FAMILIARES EM PACIENTES NO PRIMEIRO EPISÓDIO PSICÓTICO: EVIDÊNCIAS DA LITERATURA

INTERVENCIONES FAMILIARES EN EL PRIMER EPISODIO PSICÓTICO: EVIDENCIAS DE LA LITERATURA

Ana Carolina Guidorizzi Zanetti¹, Marisa Anversa Carmo², Larissa de Souza Tressoldi³, Kelly Graziani Giacchero Vedana⁴, Bianca Cristina Ciccone Giacon⁵, Isabela dos Santos Martin⁶

ABSTRACT

Objective: to identify available evidence in national and international scientific production about what has been produced related to interventions for family members of patients in their first psychotic episode. **Method:** integrative review, going through six steps to systematize the research. The question raised was << What is the scientific knowledge produced about interventions for family members of patients in the first psychotic episode? >>. Data collection was performed in the PubMed / MEDLINE and LILACS databases and nine articles were selected. **Results:** in the synthesis of evidence, it was possible to observe that most of the studies surveyed propose, as effective family intervention, psychoeducation and support groups. It also points out the importance of training professionals as fundamental for inclusion and support for family members. **Conclusion:** it is necessary the promotion of actions of reception, listening and clarification about the disease, in order to guarantee a better prognosis to the patient. **Descriptors:** Psychotic Disorders; Family; Nursing.

RESUMO

Objetivo: identificar evidências disponíveis na produção científica nacional e internacional sobre o que se tem produzido com respeito às intervenções para familiares de pacientes no primeiro episódio psicótico. **Método:** revisão integrativa, percorrendo seis etapas para sistematizar a pesquisa. A questão elaborada foi << Qual é o conhecimento científico produzido a respeito das intervenções para familiares de pacientes no primeiro episódio psicótico? >>. A coleta de dados foi realizada nas bases de dados PubMed/MEDLINE e LILACS e nove artigos foram selecionados. **Resultados:** na síntese das evidências, foi possível observar que a maioria dos estudos levantados propõe, como intervenção familiar efetiva, a psicoeducação e os grupos de apoio. Também aponta a importância do treinamento dos profissionais como fundamentais para a inclusão e apoio aos familiares. **Conclusão:** é necessária a promoção de ações de acolhimento, escuta e esclarecimentos acerca da doença, com a finalidade de garantir um melhor prognóstico ao paciente. **Descritores:** Transtornos Psicóticos; Família; Enfermagem.

RESUMEN

Objetivo: identificar evidencias disponibles en la producción científica nacional e internacional sobre lo que se tienen producido con respecto a las intervenciones para familiares de pacientes en el primer episodio psicótico. **Método:** revisión integral, que abarca seis pasos para sistematizar la investigación. La cuestión elaborada fue << ¿Cuál es el conocimiento científico producido sobre las intervenciones familiares de pacientes en el primer episodio psicótico? >>. Los datos fueron recogidos en las bases de datos PubMed/MEDLINE y LILACS y se seleccionaron nueve artículos. **Resultados:** en la síntesis de las evidencias, fue posible observar que la mayoría de los estudios planteado propone, cómo eficaz intervención familiar, la psicoeducación y los grupos de apoyo. También señalan la importancia del entrenamiento de los profesionales como elemento esencial para la inclusión y apoyo a miembros de la familia. **Conclusión:** es necesario promover acciones de acogimiento, escucha y aclaraciones acerca de la enfermedad, con el fin de garantizar un mejor pronóstico para el paciente. **Descriptores:** Trastornos Psicóticos; Familia; Enfermería.

¹Nurse, PhD, Professor, Department of Psychiatric Nursing and Human Sciences, School of Nursing of Ribeirão Preto, University of São Paulo / USP. Ribeirão Preto (SP), Brazil. E-mail: carolzanettieerp@gmail.com; ²Graduate student in Nursing, School of Nursing of Ribeirão Preto, University of São Paulo / USP. Ribeirão Preto (SP), Brazil. E-mail: marisa_anversa@yahoo.com.br;

³Nurse, Masters student, Post-Graduate Program in Psychiatric Nursing, School of Nursing of Ribeirão Preto, University of São Paulo / USP. Ribeirão Preto (SP), Brazil. E-mail: larissatressoldi@hotmail.com; ⁴Nurse, PhD, Professor, Department of Psychiatric Nursing and Human Sciences, School of Nursing of Ribeirão Preto, University of São Paulo / USP. Ribeirão Preto (SP), Brazil. E-mail: kelly.giacchero@gmail.com;

⁵Nurse, PhD, Professor, Nursing Course, Federal University of Mato Grosso do Sul Foundation - Coxim Campus. Coxim (MS), Brazil. E-mail: biagiacon@gmail.com.br; ⁶Nurse, Master, Laboratory Specialist, Department of Psychiatric Nursing and Human Sciences, School of Nursing of Ribeirão Preto, University of São Paulo / USP. Ribeirão Preto (SP), Brazil. E-mail: isabela_martin@yahoo.com.br

INTRODUCTION

In the last 20 years, interest in the search for clinical innovations and research related to the First Psychotic episode (FPE) has increased substantially. Thus, it was confirmed that interventions with patients and their relatives in the first psychotic episode are fundamental for the prevention of undesirable outcomes related to symptoms and relapses and for the social functioning of the affected individual.¹⁻²

The term psychosis is related to the presence of delusions, hallucinations, disorganized speech or behavior, lack of understanding of the patient about the disease and its consequences, and is characterized as an important impairment of the critical judgment of reality.³⁻⁴ The criteria for The definition of FPE may be changes in mental state or behavior that precede the onset of psychotic symptoms, such as nonspecific changes in mood, thinking, behavior, perception, and social functioning of the patient.³⁻⁵

The early diagnosis of the patient who experiences the FPE can guarantee a better prognosis and a better social functioning of the relatives. Thus, treatment should involve patients and their families, since the FPE is characterized by a series of changes that may generate disorganization in the family group of the patients, in an attempt to adapt to the new situation.^{1,6}

In this sense, the FPE has repercussions on the family of the affected patients, generating feelings of guilt, denial and prejudice that alter the social dynamics of the family.^{7,8} Studies have found that, on average, family members experience a moderate level of psychological stress and believe that the FPE causes significant conflict in their lives.^{1,9-10}

Some family members report that they carry what they call a "big burden," since you have to understand the symptoms, get information about the disease and find out how to ease the attacks and avoid relapses. The family has a fundamental role in the evolution of the patient in FPE, since it is the most intimate contact and often becomes the only social bond where patients can support themselves.

Family interventions are aimed at helping the patient's care, improving the relationship and communication among them, working on stress, exposing information and helping family members to manage their emotions towards patients, as there are studies reporting that the way family members treat FPE patients is directly related to the number of rehospitalizations, relapses and crises.¹¹ People who live with patients daily observe the

changes of mood, personality and physical changes, but one must be careful to differentiate the changes normal behaviors of adolescence.¹³

Some studies indicate that the interventions that obtained the most positive results were intensive interventions in the first psychotic outbreak that included intensive treatment of the patient and his relatives, such as help groups, support, information about the illness and the psychological issue of those involved, stress reduction work of all involved, improvement of the relationship and communication between the patient and his family, and problem-solving training and communication skills.¹⁴

In this direction, knowing the strategies of intervention adopted with the families of patients in the FPE in different countries and cultural contexts can provide important subsidies for the planning of effective actions of psychiatric Nursing, focusing on integral care in mental health.

OBJECTIVE

- To identify available evidence in national and international scientific production on what has been produced with respect to interventions for family members of patients in the first psychotic episode.

METHOD

Integrative review, covering six stages, to systematize the research, described below: identification of the theme and elaboration of the research question; establishment of inclusion and exclusion criteria for sampling; categorization of studies; evaluation of studies included in the review; discussion of results and synthesis of knowledge.¹⁵

The guiding question for the research was "What is the scientific knowledge produced about interventions for family members of patients in the first psychotic episode?"

The selection criteria were: articles that portrayed interventions performed on relatives of patients in the first psychotic episode; articles published in English, Portuguese and Spanish, produced from January 2003 to July 2013; Articles indexed in the PubMed / MEDLINE (Medical Literature Analysis and Retrieval System Online) and LILACS (Latin American and Caribbean Literature in Sciences and Health) databases. The descriptors employed were first psychotic episode, family and family intervention in multiple combinations, in English, Portuguese and Spanish. Articles whose abstracts were not available for access, as well as articles whose

content is in a language other than Portuguese, English or Spanish, as well as dissertations and theses, were excluded.

In the PubMed / Medline database, 178 articles were found and in LILACS, two. After exhaustive reading of the title, abstract and keywords, 14 articles were pre-selected for reading in full. After reading the articles in full, only nine articles were included in the

research, since they referred to the guiding question of the review and were evaluated based on a data collection instrument, which organizes and tabulates the information, containing the authors, title, the objectives of the study, the results and the conclusions.

RESULTS

Figure 1 presents the synthesis of the studies identified and included in the integrative review.

Authors	Title	Objective	Main results	Conclusion
Chaves ¹⁴	First psychotic episode: a window of opportunity for treatment?	First psychotic episode: a window of opportunity for treatment? Report the patient's approach with first psychotic outbreak.	Intensive interventions in the first psychotic episode should include intensive treatment of the patient and his / her relatives, with the proposal of groups of help, support and information about the illness and the psychological issue of those involved. Psychoeducational interventions also help and stimulate the participation and exchange of experiences between patients and their families.	Further studies should be carried out to insert FPE strategies in the public network in order to improve the quality of life of both the patient and the family.
Martínez, Blanqué, Codina, Montoro, Mauri, Barrantes-Vidal. ¹⁶	Rationale and state of the art in early detection and intervention in psychosis.	Provide reasons for early detection and intervention in psychosis, analyze and interpret psychosis screening programs, provide an overview of interventions.	Suggested interventions to improve prognosis include case management, individual therapy, psychoeducation, Cognitive-Behavioral Therapy (CBT), multifamily support groups, and interventions that address problem solving and communication skills training.	Evidence suggests that it is possible to identify individuals in risk groups to develop psychosis and thus initiate intervention to reduce or delay development as well as alleviate the symptoms and distress of both patients and caregivers.
Tait, Lester, Birchwood, Freemantle, Wilson. ¹⁷	Birmingham Early Detection Project in untreated psychosis trial redirection: Randomized controlled group of general clinical education in the detection of first psychotic episode.	Estimate whether an educational intervention directed at general practitioners increases the clinician's referral rate for young people with first psychotic episode and thus accelerate treatment, making it more effective and involving the family.	The results suggest that enhancement of general practitioners' knowledge about psychotic outbreak symptoms is imperative to provide information to patients and families, contributing to greater participation, and directing family members to improve prognosis.	As general practitioners are the gateway to care for patients with psychotic symptoms, a better understanding of the symptoms of psychotic outbreaks could speed up the referral process to specialized centers, as well as contribute to a greater participation of the family in the treatment.

Gerson, Wong, Davidson, Malaspina, McGlashan,Corcoran. ¹⁸	Self-report of coping strategies in families of patients in the early stage of psychotic disorders: An exploratory study.			The coping strategies most reported by family members were those of active coping, planning, extinction of competitive activities, pursuit of social support, positive reinterpretation, and acceptance and growth toward religion.	It is important to consider the coping strategies of the family in front of the patient in the FPE so that more effective family intervention strategies can be implemented.
Melau, Thorup, Petersen, Gluud, Krarup, Jeppesen, Bertelsen, Nordentoft. ¹⁹	The five-year effect versus two years of assertive specialized intervention for the first psychotic episode - OPUS II: study protocol for a randomized clinical trial.	To report the different strategies of approach used by relatives of people with schizophrenia.		OPUS II treatment consists of three steps: treatment in the community, psychoeducational family treatment and social skills training and, in addition, patients receive group intervention to facilitate recovery, cognitive-behavioral therapy. With the treatment extended to five years, patients showed significant improvement in symptoms and relapses.	Patients, who previously underwent two years of OPUS II treatment, showed more negative symptoms, such as involvement with alcohol and drugs, depression and more frequent seizures. With five years of treatment, it was possible to address the entire critical period of mental illness to promote improved health for both the patient and family members.
Lester, Freemantle, Tait. ²⁰	Birchwood, Michail, Redirection: Randomized controlled group of general practitioner training in the first psychotic episode.	To compare the effect of five years of OPUS II treatment (Intensive Assertive Treatment Program) with the effect of two years of the same treatment.			Improving the knowledge of health professionals, especially general practitioners, can improve the rapid access to specialized treatment, as well as assist in the insertion of the family in this context.
Tempier, Balbuena, Garety, Craig. ¹¹	Assertive community outreach improves social support? Results of the Lambeth study on premature episode of psychosis.	To evaluate the effect of an educational intervention performed by general practitioners on the reference rates of early identification services and the duration of untreated psychosis of young people with first psychotic episode.		The training of general practitioners in identifying the first psychotic episode does not change reference rates for early intervention services or reduces the duration of untreated psychosis.	Early intervention, through an CATmodel of care, can improve clinical outcomes by re-establishing or maintaining links between patients, family, and friends.

Shiers, Lester. ²¹	Early intervention for the first psychotic episode.	To assess the effect of community assertive treatment (CAT) on clinical and social outcomes among patients who had a first psychotic episode.	The results pointed to the improvement of patient independence after being submitted to CAT, which is patient care focused on the approach to community centers, providing support for the recovery of normal life in the community. Overall, the results suggest that the structural aspect of social support was associated with good prognosis at 18 months of follow-up.	Health professionals should participate in training to improve mental health knowledge and the importance of the family in this process.
Corcoran, Gerson, Sills-Shaha, Nickou, McGlashan, Malaspina, Davidson. ¹³	Need for greater involvement of primary care professionals for their success.	Accuse small involvement of all health areas to improve mental health care.		According to the findings, it is essential that health services improve the quality of care for patients in FPE and their families.

Figure 1. Description of the articles identified in the searched databases and synthesis of the results. Ribeirão Preto, SP, 2014.

DISCUSSION

This study aimed to show, in the national and international literature, what was produced in relation to interventions for family members of patients in the first psychotic episode in the period 2003 to 2013.

The main results of the studies presented showed the importance of family interventions in improving the patient's prognosis and in the family's well-being. In addition, the studies pointed to the lack of knowledge of health professionals about FPE and, therefore, the difficulties to establish adequate treatment.^{14,16,19-22}

According to the reviewed studies, the most effective interventions are those that include support groups and psychoeducation. The identification of psychotic symptoms, the definition of each intervention as well as its strategies and the importance of respecting the individuality of each patient and his family were also identified as key aspects for the effectiveness of interventions.^{14,16,19}

Regarding the importance of previously identifying psychotic symptoms, the studied literature showed that the identification of individuals in groups at risk for developing psychosis should be established early in order to avoid the onset of FPE, as well as alleviate the symptoms of the disease and anguish of both patients and their caregivers.^{11,14,16}

The interventions that stood out and were more effective involve support groups and psychoeducation. These interventions used the

technique of problem solving, training of communication skills, techniques to improve the patient's family and social bonds, and instructions about the disease.^{11,14,16,19}

Support groups are oriented towards psychological assistance and have a high degree of effectiveness, since they are carried out with multiple families concomitantly. These groups, therefore, can be characterized by meeting individuals with similar problems who are willing to share their personal experiences and engage in the development of a sporting and interconnected process.²² In addition, multifamily support groups rely on a variety of therapeutic factors, Instillation of hope, solidarity, development of socialization techniques, imitative behavior, release of emotions and interpersonal learning.¹⁶

A study carried out evaluated the results of offering a support group and found positive aspects for the participants to increase social resources, a higher level of knowledge about diseases, an increase in the coping capacity of life situations, an improvement in self-confidence, a decrease of fear and ambiguity, emotional relief and reduction of hopelessness.²³⁻⁴

The professionals who organize the support groups have a responsibility to intervene, in order to help members confront what is ill-adapted or pathological in one's behavior, and to offer support, with a focus on valuing positive attitudes towards strengthening the mechanisms to defend participants.²⁵

In relation to psychoeducational intervention, it should be emphasized that this involves a set of approaches that have the function of providing knowledge to patients and their families about mental disorder, new ways of dealing with it, ways of treatment, patient needs, reduction The stress arising from interpersonal relationships, the adequacy of the degree of expectations and demands regarding the patient and the prevention of recurrences. This type of approach can be carried out together with the support groups or individually with each family. In addition, it should involve the participation of a multidisciplinary team to broaden the information and solve doubts in all areas of the disease. The effectiveness of this intervention is observed in the significant decrease in relapse and hospitalization episodes and in the improvement of the patient's psychosocial functioning, as well as the general well-being of the family.²⁶

Before choosing the best intervention for each case, it is necessary to consider multiple factors, such as knowledge of professionals, identification of coping mechanisms used by relatives, gaps in the knowledge of those involved in treatment on the main symptoms, identification of the first crisis and which is the appropriate place to conduct the patient.

It is important to gain insight into coping strategies that family members have regarding the mentally ill patient to be able to assess whether these strategies can help or hinder treatment and intervention proposals.

The coping techniques most reported in the reviewed studies were positive coping strategies, where the family members help the patient to perform activities that can improve their mental health. These strategies aim to reduce or inhibit psychotic episodes by performing pleasurable activities that allow the maintenance of the active mind of the patient. Family members of patients with chronic illnesses and high disease time reported "avoidance" strategies, in order to obtain greater distancing from the patient, which suggests the fatigue and burden that the family members carry, which may be related to the high level of expressed emotion built up over time.¹⁸

Relatives of patients who are vulnerable to psychotic behavior usually do not have as much information about the main symptoms and how to identify them. In this direction, relatives end up attributing the patient's first symptoms to the phase of adolescence, when diseases usually manifest themselves. Consequently, many patients delay in starting the treatment, compromising its effectiveness.¹³

It is necessary to perform psychoeducation correctly to eradicate all gaps in the knowledge of those involved, as well as to create public campaigns to inform the population about the symptoms and the appropriate places for the treatment of patients in the FPE.

Some studies have shown the importance of the knowledge that health professionals should have about mental disorders and suggest that an integral system approach, consisting of a combination of primary health care, secondary care education and training, with protocols clear and determinant criteria for rapid access to early intervention services, community awareness campaigns, and clear protocols for the recognition and management of psychosis in mental health services.²⁰

Thus, to ensure the integral care of the patient in the FPE and their families, the participation of nurses is fundamental. The work of the Nursing team must be carried out under an interdisciplinary perspective, regardless of the original or specific training of each professional. The nurse needs to know the approaches and interventions that can be shared with all the professionals of the health team and provide the actions of all the areas, since each professional can share a different look for each aspect.

The most important instruments of work for nurses working in the area of mental health are listening, therapeutic follow-up, daily care, on call, collective and / or individual, and the singularization of care. These instruments aim to promote autonomy and improve the patient's quality of life.²⁷

CONCLUSION

According to the findings of the study, it was possible to show the family interventions used with FPE patients in the last ten years. The main ones are those used with support groups and psychoeducation. Some aspects, such as the early identification of psychotic symptoms, the definition of each intervention, its strategies and the importance of respecting the individuality of each patient and his family, and the coping strategies used by the family members were identified as fundamental for the effectiveness of the interventions. All interventions are designed to improve the patient's prognosis and the well-being of his or her family.

Few studies addressed the exclusive work of the Nursing team for family interventions, since most considered the work of the multidisciplinary team to be fundamental. Thus, this study provided support for the implementation of intervention proposals for FPE patients and their families. It is expected

to contribute to the emergence of new advances in comprehensive mental health care.

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Corresponding Address

Ana Carolina Guidorizzi Zanetti
Departamento de Enfermagem Psiquiátrica e Ciências Humanas
Escola de Enfermagem de Ribeirão Preto
Universidade de São Paulo
Av. dos Bandeirantes, 3900 - Campus Universitário
Bairro Monte Alegre
CEP: 14040-902 – Ribeirão Preto (SP), Brazil