

Participant Retention, Family Engagement, and Relationship to Fidelity in Early Psychosis Intervention Care

Cheryl Y. S. Foo, PhD

Associate Director, Center of Excellence for Psychosocial and Systemic Research

Director of Family Services, First Episode and Early Psychosis Program

Massachusetts General Hospital

Instructor of Psychology, Harvard Medical School

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A Team Effort

Study Team:

- Catherine Leonard, BS
- Merranda McLaughlin, PhD
- Kelsey Johnson, MPH
- Dost Öngür, MD, PhD
- Kim Mueser, PhD
- Cori Cather, PhD

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Talk Outline

1. Why Participant and Family Engagement Matters

2. Influential Program Factors: Findings from Massachusetts

a) Program Fidelity

b) Engagement Strategies

3. Practical Implications

Participant Disengagement Compromises Early Intervention



Treatment Disengagement

15-50% patients drop out before recommended treatment duration



Critical Window

Most within first 12 months when treatment gains are potentially also the largest



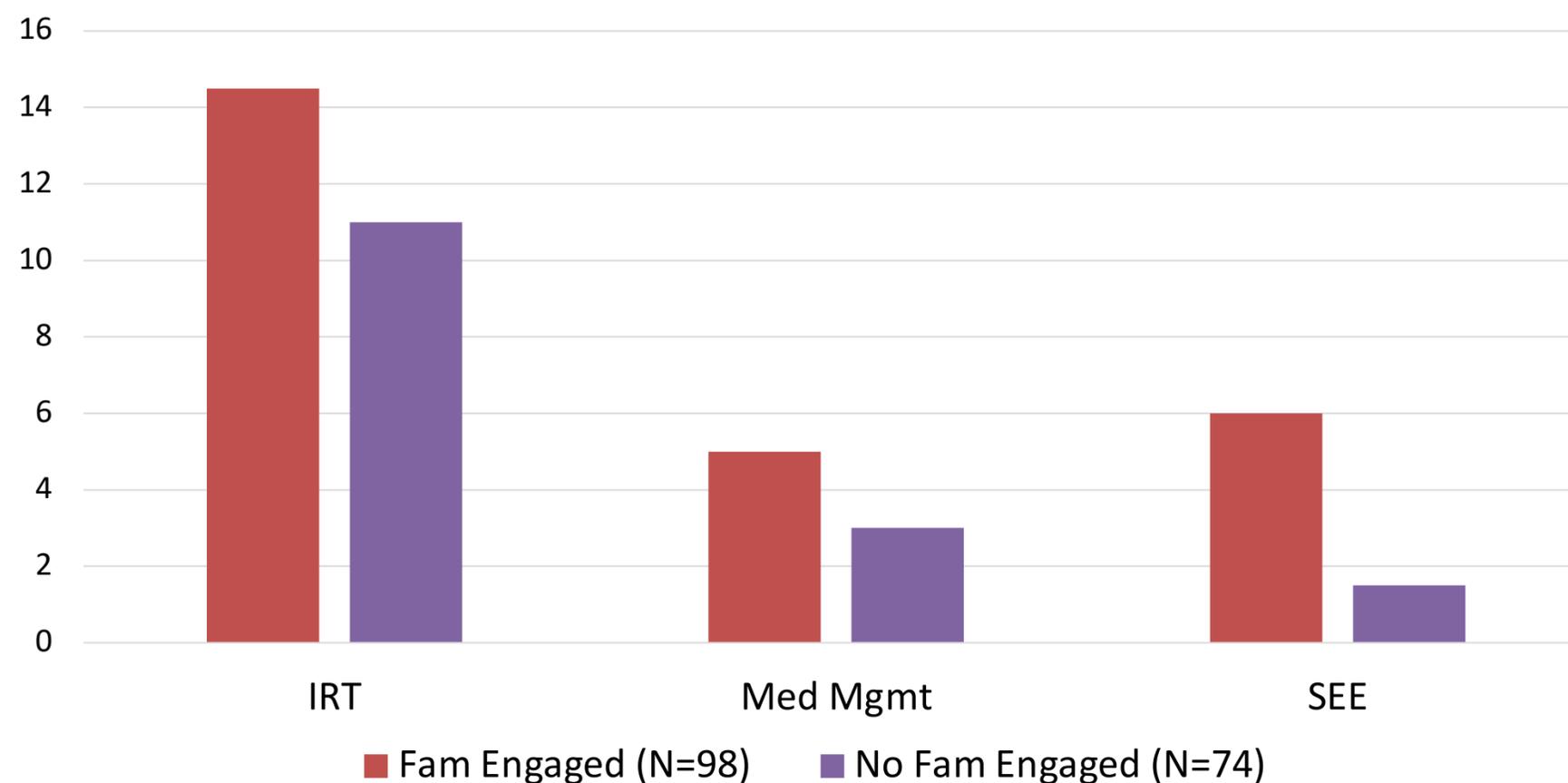
Individual-Level Predictors

E.g., persistent substance use, limited insight, medication non-adherence –difficult to modify early in treatment

Family Support Enhances Recovery

- Evidence-based psychoeducation and support for families (e.g., *NAVIGATE Family Psychoeducation*, *McFarlane Multi-Family Group*, *Family Focused Therapy*)
- Up to 50% reduction in relapse/hospitalization rates vs. control
- Reduced caregiver burden and distress
- Improved family communication and family relationships

Minnesota FEP: Family-Engaged participants attended more sessions in other CSC services



Family Intervention: One of our best intervention that's not used



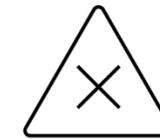
Evidence-to-Practice Gap

22-46% families receive evidence-based intervention, when >90% patients prefer some degree of family involvement



Predictors of Family Engagement

- Younger age
- Living with family
- White
- More symptomatic

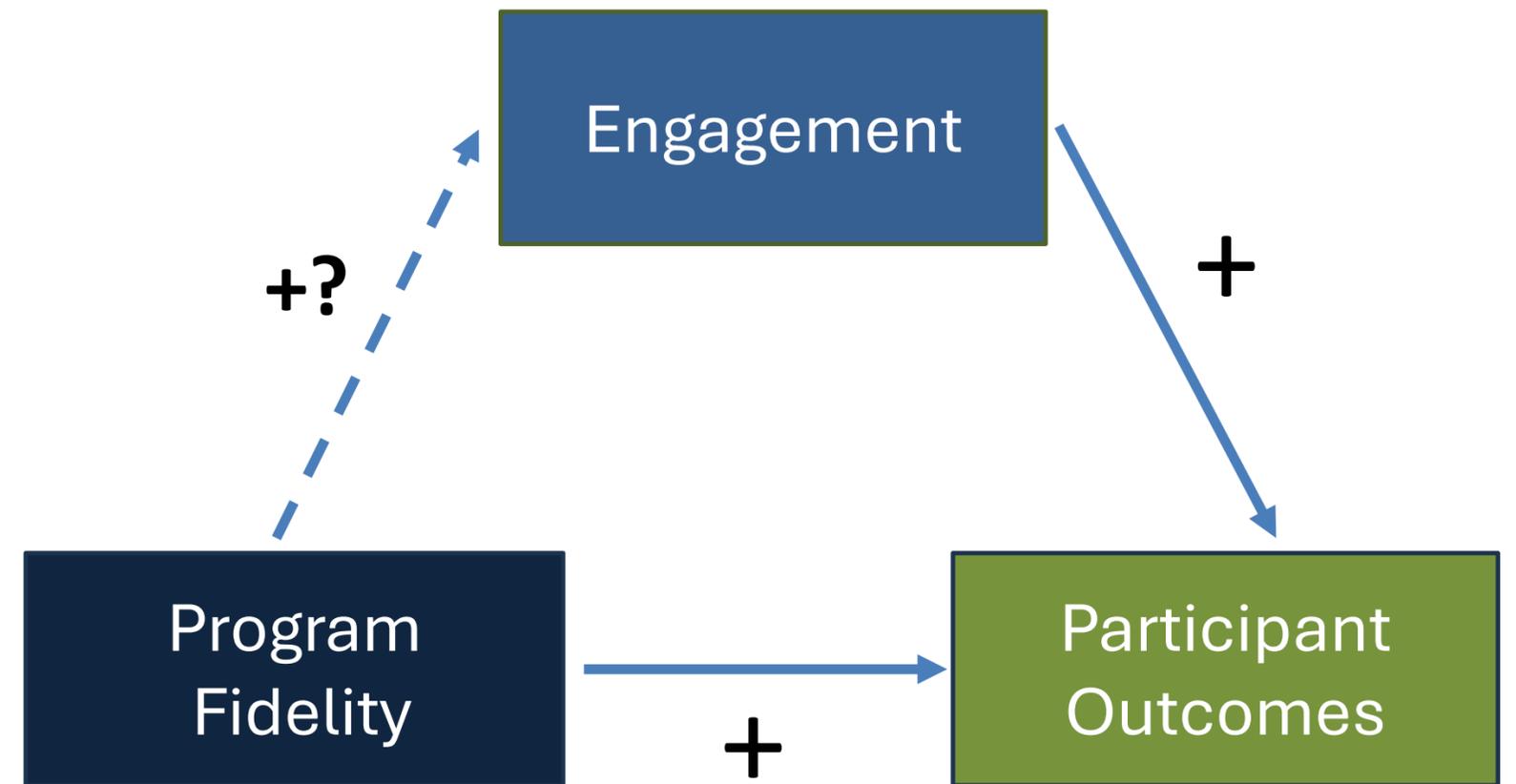


Barriers

- Limited trained staff and family services
- Limited family-friendly hours
- Families may fear judgment or blame
- Family cultural and language barriers

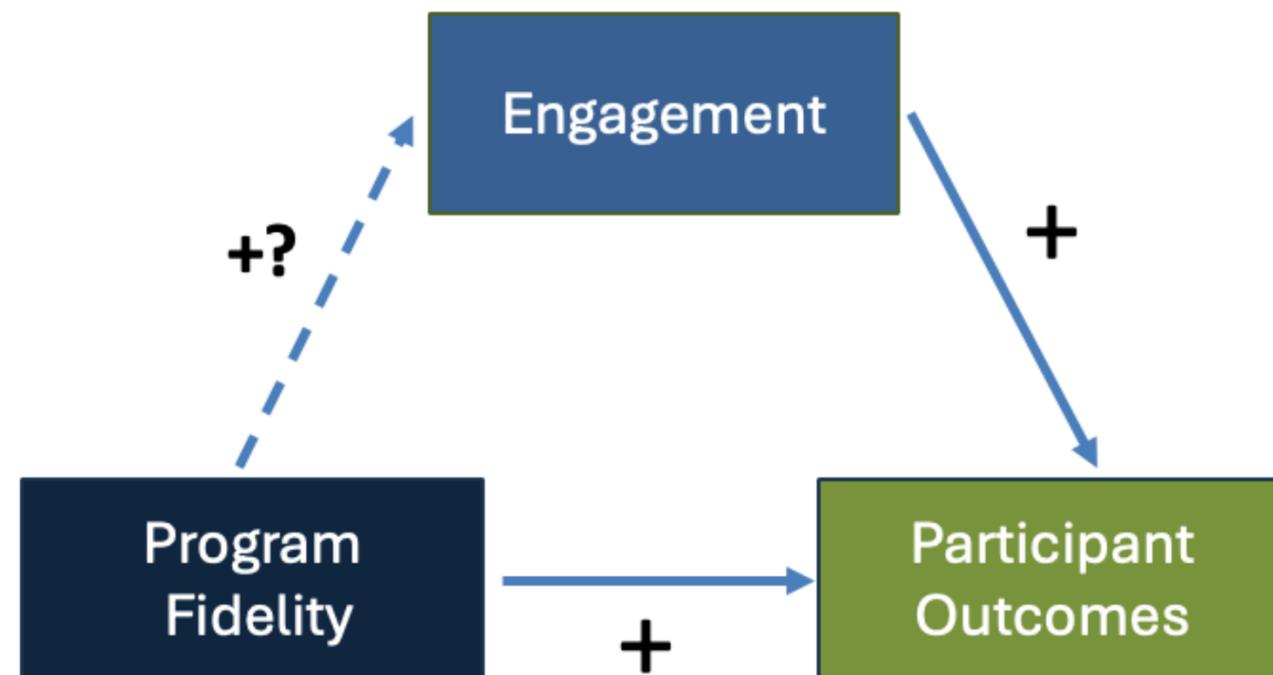
Why Program Fidelity Matters

- Faithful implementation ensures effectiveness
- A measure for quality monitoring and quality improvement
- Addington FEPS-Fidelity Scale
 - Higher levels of fidelity predicted reduced symptoms and improved social functioning for participants
- State- and Model-specific adaptations
 - OnTrackNY (Bello et al., 2017)
 - NAVIGATE in Minnesota (Meyer-Kalos, 2025)
 - Massachusetts (DeTore et al., 2026)
 - EASA Practice Guidelines 2026



Study Objectives

Modifiable Program-Level Factors



Actionable Engagement Strategies



Mixed Methods Overview



9 of 10 first-episode psychosis coordinated specialty care programs in Massachusetts, USA



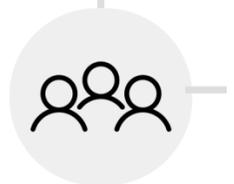
Aim 1: Examine engagement rates and associated program-level factors

Outcomes from Annual Program Census reporting (10/2022 – 09/2023):

participants who discontinued services over program duration; # families with ≥ 1 family intervention visit

Program Characteristics: EPINET Program-Level Core Assessment Battery

Program Fidelity: Massachusetts Psychosis Fidelity Scale (MAPS) (www.mapnet.online)



Aim 2: Identify and compare engagement strategies between high/low programs

Thematic Analysis of team interviews (N=43 providers)

Frequency of endorsement between high vs. low participant retention/family engagement programs

Program Characteristics (2022-2023)

86%

Mean Participant Retention Rate

(SD: 13)

40%

Mean Family Engagement Rate

(SD: 27)

65

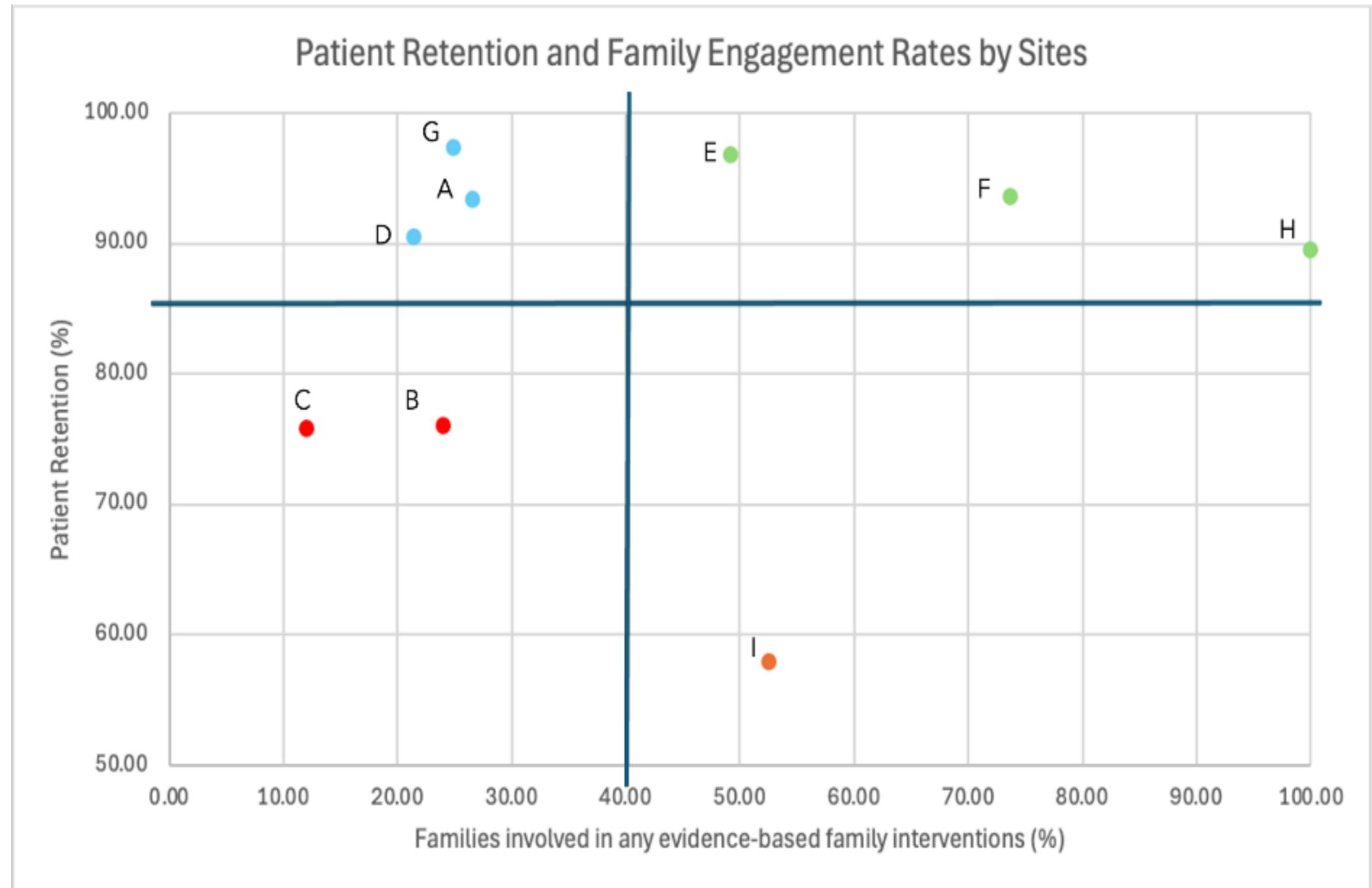
Mean # of Participants Served

(SD: 33)

7 out of 9

NAVIGATE Model, including

NAVIGATE Family Psychoeducation



What Drives Participant Retention? *Program Factors*



High-fidelity, evidence-based psychotherapeutic components

- Individual Therapy ($R^2=.62$, $p=.01$)
- Degree of Family Engagement ($R^2=.72$, $p<.01$)



More comprehensive intake assessment

($R^2=.77$, $p<.01$)

- **Feedback and treatment planning**
(5/9 teams; $g=1.58$ [0.12, 2.97], $p=.03$)



Better inpatient care coordination

($R^2=.65$, $p=.02$)

- **Provider visits during hospitalization**
(5/9 teams; $g=2.11$ [0.37, 3.78], $p=.02$)

What Drives Participant Retention? *Strategies*

More high participant retention teams (N=6) compared to low retention teams (N=3) had:



Prioritized providing case management and practical support

(7 teams; 100% vs. 33%)

“We have a team that will work with them and try to get a PT1, offer Charlie Cards, and **do what needs to get done to get them to appointments.**”



Periodic treatment reviews

(4 teams; 67% vs. 0%)

“We usually do a check-in one month out after orientation for each family...***it's a good place to bring up if they're not fully utilizing our CSC services.***”

What Drives Family Engagement? *Program Factors*



High leadership prioritization of family services

(5/9 teams; $g=1.45$ [0.03, 2.79], $p=.05$)



Higher overall fidelity to CSC services

($R^2=.63$, $p=.01$)



High-fidelity supported education and employment ($R^2=.51$, $p=.05$)

- **Benefits counseling**

(3/9 teams; $g=1.60$ [0.03, 3.55], $p=.05$)

Marginally significant effects ($p=.10$):

- Greater degree of outreach and engagement practices (e.g., family-friendly hours)
- In-community family intervention visits (4/9 teams)
- In-community family partner or family resource specialist services (6/9 teams)

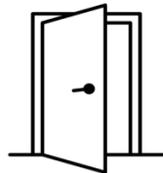
What Drives Family Engagement? *Strategies*

More high family engagement teams (N=4) compared to low engagement teams (N=4) had:



Prioritized providing case management and practical support (5 teams; 75% vs. 40%)

“The family's going to gravitate to the person who's going to meet their immediate need...then we'll roll in psychoed.”



Proactive recommendation of family services upon enrollment (6 teams; 100% vs. 40%)
vs. reactive referrals (3 teams; 0% vs. 60%)

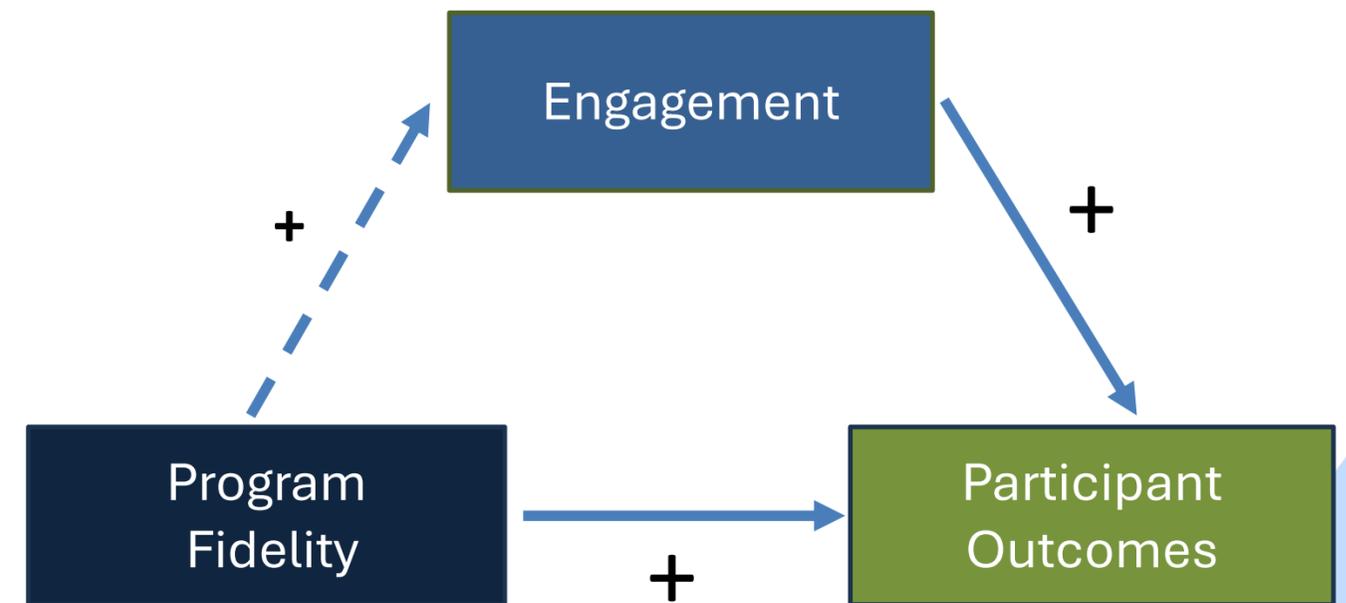


Educational framing of family services (5 teams; 75% vs. 40%)

“The key is approaching all families from the perspective of providing support and education rather than fixing, blaming, or pathologizing the family.”

What Does it Mean for Early Psychosis Care?

- **Quality matters: High-fidelity CSC implementation related to better participant retention and family engagement**
 - Routine fidelity monitoring including engagement metrics for QI and early outcome predictor
 - Importance of adequate resources and staff training



What Does it Mean for Early Psychosis Care?

- **Use of effective engagement strategies differentiated programs facing common barriers**
- **Providing case management/practical supports address treatment barriers for both participants and families, and may serve as “gateway” to engagement**
 - Attention to social determinants of health (e.g., *AHC Health-Related Social Needs Screening Tool*), treatment navigation, ability to provide in-community visits
 - Who can play this role on the team? *Promise of family peer support*

What Does it Mean for Early Psychosis Care?

- **Optimize with different participant and family engagement strategies**
 - ***For participants: Enhance therapeutic alliance and goal alignment***
 - Comprehensive intake assessments with structured feedback
 - Provider visits during hospitalization
 - Periodic treatment reviews to align services with evolving goals and preferences
 - ***For families: Increased accessibility and practical support***
 - Proactive outreach strategies, family-friendly office hours, flexibility to meet at home/in community

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What Does it Mean for Early Psychosis Care?

- **CSC as Participant-Centered *and* Family-Inclusive Treatment**

- Family involvement and evidence-based family intervention for psychosis as a standard clinical recommendation rather than an opt-in service
- Frame as educational and supportive rather than as therapy
- Shared decision making with participants
 - *Who* would you like to be involved in your care? *How* do you want them to be part of your care? In what aspects? In what scenarios? Why is that important to you?
- Flexibility in how family involvement can look like
- “No wrong door” for family contact
- Whole-team training in family engagement principles and basic family education

Study Limitations and Next Steps

- Measuring patient retention and family engagement
- Well-resourced teams may have higher fidelity
- Client and family factors still important: differentiated strategies for groups at higher risk for disengagement
 - E.g., Culturally-responsive family peer navigator for Black families
 - Client and family perspectives
- ***Are these findings true for other early psychosis programs using other CSC models?***

Learning from Oregon EASA programs and upcoming fidelity reviews!

Questions and Discussion

- How do these findings compare to your clinical experience?
- What other strategies have been successful in your team?
- What strategies might you try applying? Anticipated challenges?

Thank You!

Cheryl Y.S. Foo, PhD

Email: cfoo1@mgh.harvard.edu

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