

EARLY INTERVENTION PROGRAM FOR PSYCHOTIC DISORDERS AT THE PSYCHIATRIC HOSPITAL "SVETI IVAN"

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SUMMARY

The Early intervention program for the first episodes of psychotic disorders (RIPEPP) at the Psychiatric Hospital "Sveti Ivan" in Zagreb encompasses patients hospitalized due to various psychoses (acute psychotic disorder, schizophrenia, schizoaffective and delusional disorder, bipolar affective disorder with psychotic symptoms) in the "critical period" of illness, i.e. within five years after the occurrence of the first symptoms. The RIPEPP Program consists of an in- and out-patient part, and includes psychotherapeutic and psychoeducative components as well as the administration of antipsychotics. The Psychotherapeutic part, conducted by psychotherapists – group analysts, comprises psychodynamic group psychotherapy for patients and for family members. The Psychoeducative part, led by cognitive-behavioral therapists, is carried out through educative interactive workshops for both patients and their family members.

The paper describes the theoretical framework, as well as the professional, personnel, educative and organizational basis of the Program, the principles of evaluation and some experiences after five years of implementation.

Key words: early intervention - psychotic disorders - psychodynamic group psychotherapy – psychoeducation - out-patient program

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INTRODUCTION

Recognition and widespread implementation of early intervention in psychiatry, i.e. of preventive actions in psychotic disorders, is becoming more widespread over the last three decades in almost all the developed countries in the world. Early intervention is a comprehensive therapeutic approach in psychiatry that advocates the systematic early application of all available and efficacious therapeutic methods in the initial psychotic phase with the aim of attaining and maintaining complete remission as well as integral clinical and social recovery. When early intervention is carried out during the prodromal phase of psychosis, its goal is to prevent conversion into full psychosis, hence such an intervention is preventive in its aim and effect.

The Clinical Staging model of psychotic disorders according to which the development of psychosis proceeds in several phases (prodromal, first psychotic episode and lengthy chronic phase) has helped in the design of more adequate therapeutic strategies (Agius 2009, Agius et al. 2009, Agius et al. 2010). The onset of psychotic disorders is conceptualized in several stages: the prodromal phase, the acute psychotic episode and the "critical period". The prodromal, or the ultra high risk (UHR) phase (McGorry et al. 2003, McGorry et al. 2006, McGorry et al. 2007, Fava et al. 1993), is untypical in its clinical features, but during its course much of the damage to social functioning develops. In the acute psychotic episode the necessity for a complete

and comprehensive therapeutic intervention is clearly indicated. The "critical period", however, lasts the first 3-5 years after the first episode (Birchwood 2000), and during this phase, psychotic disorders cause the most severe damage, demanding the enforcement of a concentrated, target oriented and individualized therapeutic strategy with diverse therapeutic procedures, including psychopharmacological, psychotherapeutic and psychosocial interventions directed towards patients and their family members. Birchwood, in his Critical Period Hypothesis (Birchwood 1998) argued that such intensive intervention in the first three to five years after the first episode offered an opportunity of improving the prognosis of psychotic disorder, and it is on this hypothesis that the design of Early Intervention Services in first episode psychosis is based. Given the need to intervene as early as possible during the critical period, in order to have the best opportunity to achieve change, it comes as no surprise that the duration of untreated psychosis (DUP), which is the period from the occurrence of the first psychotic symptoms till the first adequate therapeutic intervention becomes of great importance. However, even in the most developed countries of western civilization, this period is usually very long, approximately two years (McGlashan 1999).

Two comprehensive meta-analytic studies (Marshall et al. 2005, Perkins et al. 2005) have shown that a long duration of untreated psychosis (DUP) is related to its unfavorable outcome. Moreover, the Scandinavian TIPS study – The Early Treatment and Identification of

Psychosis (Larsen et al. 2006, Melle et al. 2008) has proven that shortening of this period (DUP) through education of professionals and the public, and quick and easily available therapeutic interventions at the beginning of the disorder positively affect the patient's mental health and consequently the outcome of the illness. The importance of reducing the duration of untreated psychosis is underscored by several Magnetic Resonance Imaging studies which have shown progressive loss of brain gray matter through the prodromal period, to the first psychotic episode, and beyond. It appears that much damage to brain structure and plasticity occurs in the late prodromal period and the beginning of the first episode (Pantelis et al. 2003, Koutsouleris et al. 2009, Meisenzahl et al. 2008a, Meisenzahl et al. 2008b).

A series of various, well designed, long-term and evidence based projects in the world have proven the effectiveness of an intensive multidimensional approach in the early phase psychotic disorders by the application of psychopharmacological therapy with antipsychotics, as well as of various psychotherapeutic and psychosocial methods of treatment (Alvarez-Jimenez 2009). Thus the British study Lambeth Early Onset (LEO) showed the efficacy and cost-effectiveness of active intervention in the community with evidence based biopsychosocial interventions (Gafoor et al. 2010) (McCrone 2010) throughout its 18-month duration. The Danish OPUS (A randomized multicenter trial of integrated versus standard treatment with a first episode of psychotic illness) study (Petersen et al. 2005, Bertelsen 2008, Rosenbaum B, 2009) showed in a large sample of patients with first episode psychotic disorders that after two years the integrated intensive approach gave statistically significantly better statistical results than the conventional treatment of psychoses in the community. The follow-up of the examined group of patients after their return to usual treatment in the community revealed the gradual loss of positive results over time, while the differences in comparison to the control groups disappeared. This opened a series of questions on the duration of the achieved improvement, on the necessary duration of intensive treatment. Equally important is the patient's continuous contact with the therapeutic team and the maintenance of the therapeutic alliance (Singh 2010).

The paradigm of early intervention injected new optimism in the treatment of psychotic disorders, particularly of schizophrenia which has for a whole century been characterized as a prognostically poor, progressive and disabling illness under the impact of Kraepelin's "fatalistic" teaching (Mc Gorry 2008).

Even today, Psychiatry substantially lags behind other medical disciplines in regard to the application of early intervention as the general preventative model in the treatment of psychotic illnesses. The reason for this is still not entirely clear, because early and efficacious intervention to prevent morbidity is the fundamental principle of public health (Emsley 2009).

QUALIFIED PERSONNEL AND EDUCATION

Psychotherapeutic and psychosocial procedures have been being used in the treatment of psychotic patients at the Psychiatric Hospital „Sveti Ivan“ (further on: PH "Sveti Ivan") for about forty years. The hospital has a long tradition in treatment, psychosocial rehabilitation and resocialization of psychotic patients within hospital and out-patient facilities, and within hetero-familial care. Psychotherapeutic work has occasionally been performed using both family and Gestalt therapy models (Burnać-Štefok & Golub 1996).

Psychodynamic group psychotherapy of psychotic patients has been used in the PH "Sveti Ivan" since 1990. Today it is a generally accepted therapeutic method in the hospital and out-patient treatment of both psychotic and other psychiatric patients. The Hospital cooperates with the Institute for Group Analysis Zagreb and the Department for Psychological Medicine of the UHC Zagreb in systematic stimulation and provision of education for psychiatrists, residents in psychiatry, psychologists and other experts engaged in psychiatry (social workers, work and occupational therapists) in various psychotherapeutic techniques, particularly in group analysis, family therapy, psychoanalytic psychotherapy, as well as in cognitive-behavioral therapy and psychosocial methods of treatment.

During perennial psychotherapeutic work, experiences gained in groups of psychotic patients have been exchanged in regular supervisions and seminars. Knowledge about modifications of group analytic therapy, essential for work with this particular population of patients, and about the characteristics of the group process and other specific aspects of work with psychotic patients (Restek-Petrović 1999, Restek-Petrović 2004, Restek-Petrović 2008) is being constantly gathered.

Comprehensive psychodynamic education of medical nurses, psychiatrists and residents has contributed to a change in the general psychological climate and the humanization of all interpersonal relations in the Hospital. It has positively influenced the shifts in understanding of the psychological functioning of a patient, and to the improvement of communication between patients and staff, and of mutual communication among professionals (Kamerman 2007, Restek-Petrović 2007). Personnel with skills in therapeutic education are especially active in two hospital wards with a predominant psychotherapeutic program, and to a lesser extent in all the other wards, as well as in the resocialization activities of the Patients' Club "Zajedno" ("Together") and the RIPEPP Program¹.

¹ RIPEPP – Program rane intervencije kod prvih epizoda psihotičnih poremećaja

GROUP PSYCHOTHERAPY IN THE TREATMENT OF PSYCHOTIC DISORDERS

Group psychotherapy is nowadays generally accepted and widely applied as it is, in combination with antipsychotics, an efficacious method of treatment in psychotic disorders (Kanas 1996, Gonzales de Chavez 2009), with characteristics that distinguish and differentiate it from all other similar therapeutic methods. It contains a combination of therapeutic elements specific to the group format which can have an impact upon psychotic patients.

The group therapeutic framework is a democratic situation which enables the members to contact persons with similar hardships. Communication and learning from interpersonal relations is established in a safe and protective environment. Similarities with other group members diminish the feeling of seclusion and stigmatization. "Vertical transference" onto therapists is of lower intensity than in individual therapy and deep regression is more easily avoided. "Horizontal transferences" are dispersed among group members (Foulkes 1977), so the emotional charge within the group is lower and thus more tolerable for psychotic patients and more easily accessible to therapeutic procedures. Confrontation with one's own ill part and with the psychopathology of other members enhances a more critical attitude towards the disorder and better insight into the patient's own problems. The process in the group enables better testing of reality, as it is easier to differentiate objective and subjective reality in the experience of other members.

Group psychotherapy for psychotic patients gives the possibility of education, and counseling to enable better coping mechanisms for dealing with long-lasting disorder and stigmatization, as well as with impediments in social functioning (Restek-Petrović & Urlić 2009, Mihanović et al. 2006).

Goals, ways of implementation and work technique in the group of psychotic patients substantially differ depending on the therapist's theoretical orientation. Group analysts in our therapeutic team accept the conceptual attitude that psychotic disorders are a continuum of mental disorders among which psychoses are the most severe (Schermer & Pines 1999, Urlić 1999, Ivezic-Štrkalj & Restek-Petrović 2008), as well the reality based optimistic attitude towards the possibility of their inclusion in interpersonal relations, in achieving higher levels of object relations, intersubjectivity and empathy. The function of group therapy is to give relief, support and elements of education, but also to enable internal changes. Patient groups are not meant to be only places of "adaptation training", i.e. of building a more functional and adaptive false self (Winnicott 1965) that is more in accordance with community norms, but to be also the site of

transformation of psychotic experiences, of revealing and going through early traumatic experiences, primitive fantasies and the reconstruction of psychological defense mechanisms, as well as of integral clinical and social recovery (Restek-Petrović 2004, 2008).

THE GROUP OF YOUNG PATIENTS WITH FIRST EPISODE PSYCHOTIC DISORDER – INITIAL EXPERIENCES AND PROBLEMS IN THERAPEUTIC PROCESS

Psychotherapeutic work with young psychotic patients in PH "Sveti Ivan" started in 1995, with the forming of one group of patients at the beginning of a disorder, which was led by the first author of this paper. This group is continuously active until today.

Patients were included in the group after hospital treatment of the first or after repeated early psychotic episodes, provided that they had preserved cognitive and emotional personality capacities. The group is of mixed gender and homogenous regarding the members' age. It is open-ended, held once a week and lasting an hour. A large number of patients have passed through it over many years. Some left the group after working through the traumatic experience caused by hospitalization and psychosis, and upon establishing better criticality towards their illness. Some, however, have remained in treatment for several years with more demanding therapeutic goals.

Work with the population of psychotic patients has brought about an insight into their specific needs. It is evident that there is a need for systematic education about the disorder, as the information that patients occasionally obtain from therapists and medical staff during hospitalization and through personal inquiry from various sources after hospitalization is insufficient. The need for education of family members was also observed. Through such education the family members would in the truest sense of the word become partners in treatment. Families with pronounced maladaptive communication and relationship patterns in interpersonal family dynamics should also be included into the therapeutic processes.

THE ONSET OF THE EARLY INTERVENTION IN FIRST EPISODE PSYCHOTIC DISORDERS PROGRAM (RIPEPP)

Personnel, professional, scientific, organizational, facility and financial resources for designing and starting of the complete treatment program for patients in the early phase of psychosis were articulated at the PH "Sveti Ivan" in 2005 (Table 1).

Table 1. Expert team members for the implementation of the RIFEPP Program

Psychiatrist	No	Baccalaureate in nursing	No	Psychologist	No
Group analyst	4	Group therapist	2	Clinical psychologist	1
GA educator*	2	Introductory level	2	Psychologist	2
In GA education	7				
*CB therapist	4				
In CBT education*	2				

*GA: group analysis; *CB: cognitive-behavioural; *CBT: cognitive-behavioral therapy

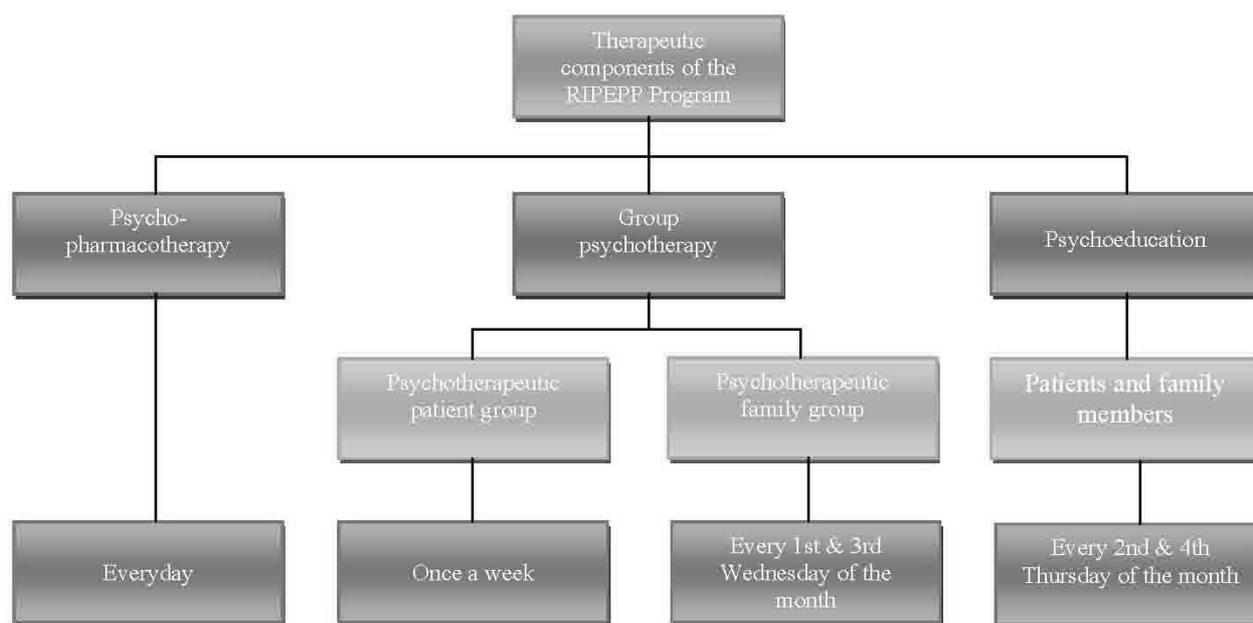


Figure 1. Therapeutic components and time schedule of the RIFEPP Program

In defining the Program's concept the experiences of large world projects of early intervention have played a great role. These include the Danish OPUS, British LEO, Scandinavian TIPS and the Danish DNSP (Danish National Schizophrenia Project), as well as the Australian EPPIC (Early Psychosis Prevention and Intervention Center). Also important has been participation at world congresses, particularly those organized by the ISPS (International Society for Psychological Treatments of Psychoses) and IEPA (International Early Psychosis Association), and knowledge obtained in the School of Psychotherapy of Psychoses at the Interuniversity Center Dubrovnik. In terms of actual personnel and professional capacities, we have also accepted both the recommendations of the Gamian-Europe basic standards (International Organization of Patient Advocacy Groups in Europe) for community treatment of patients with severe psychotic disorders (Agius et al. 2005), and the WHO recommendations (Mental Health Declaration and Action Plan for Europe 2004).

Our own experiences, gained over a long time in hospital and out-patient psychotherapeutic work with psychotic patients are integrated as well, and these resulted in the institution of a Referral Centre of the

Ministry of Health and Welfare for Psychotherapy of Psychotic Disorders in our Hospital in 2006. The expert team has theoretically formulated the basic components of the RIFEPP Program.

THE CONCEPT OF THE RIFEPP PROGRAM

The RIFEPP Program encompasses patients in the early phase of psychotic disorders treated due to a psychotic episode as in- or out-patients in the PH "Sveti Ivan", who are in the "critical period" of the disorder, i.e. within five years since the onset of the first psychotic symptoms (Birchwood 2000).

The RIFEPP Program is intended for patients with acute psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder or BAD (manic phase) and their families. The aim of the Program is complete clinical and social recovery of the patient through achieving insight into the illness and accepting the treatment, as well as the prevention of relapse/recurrence. Expressed in psychodynamic terminology, the goal is to attain higher levels of object relations, a more cohesive self and more mature defense mechanisms. Furthermore, it is intended that there should be adequate

education of patients and their families on the causes, occurrence, clinical features and treatment of the disorder, as well as insight into early symptoms of relapse; but also the correction of maladaptive patterns of behavior, communication and interpersonal relations in a family that negatively influences the maintenance of remission. The Program consists of psychotherapy and psychoeducation, accompanied by psychopharmacological therapy (Figure 1).

The psychotherapeutic part comprises groups of patients and groups of their family members. The groups are conducted by group analysts and trainees in group analysis, according to principles of psychodynamic group therapy.

The psychoeducational part is attended by the patients and family members together, and consists of 15 interactive workshops which each last 75 minutes and are held twice a month. Psychoeducation is conducted by psychiatrists and cognitive-behavioral therapists with the collaboration of psychiatrists and group analysts. An experienced group analyst – educator and supervisor analyzes the whole Program once a month in corporate supervision. The course of each individual component of the Program is then monitored on a regular basis, knowledge and experiences are integrated, and possible problems are solved together. All parts of the Program are regularly evaluated by corresponding measuring instruments.

The RIPEPP Program is carried out on two levels – hospital and out-patient. Psychopharmacotherapy is introduced during hospitalization, usually using new antipsychotics according to the principle "start low, go slow". After the achievement of partial remission, the patients are transferred to open wards with intensive psychotherapeutic and sociotherapeutic programs, where the work on achieving understanding of the disorder continues, as well as work on developing adherence to treatment and clinical recovery. The establishment of a therapeutic alliance with the patients' families is also being developed simultaneously (Table 2).

GROUP PSYCHOTHERAPY FOR PATIENTS

Patients who correspond to the inclusion criteria for the Program, but also to general criteria and indications for entering psychodynamic group psychotherapy of psychotic patients (Restek-Petrović & Orešković-Krezler 2007) are recruited into the groups. Since the recruits are young patients with preserved emotional

Program are solely organic brain damages, comorbidity of severe drug dependence or expressed lack of motivation for such treatment. Patients with the cited and cognitive capacities, the exclusion criteria for the contraindications are offered other specific procedures or only parts of the Program, e.g. psychoeducation and sociotherapeutic and rehabilitation activities in the patients' club, with possible engagement of family members in the group work.

Group psychotherapy is held once a week for one hour. Groups consist of ten members and are led in a co-therapeutic manner by a psychiatrist who is also a group analyst or by a trainee in group analysis with a co-therapist who is a resident in psychiatry. The work technique is adjusted to patients with psychotic disorders. The characteristic of the group work is higher activity of the therapist, who incites communication and interactions, supportive attitude, avoidance of interpretations, especially at the beginning of group work, „upwards interpretations” and steering the discussions more to „here and now” than to „there and then” (Mihanović et al. 2006, Restek-Petrović 2004). Experiences from the world early interventions programs that apply the mentioned therapeutic format are used for understanding the group process in young psychotic patients (EPPIC 2000, Calgary Early Psychosis Treatment and Prevention Program – Calgary EPP 2001).

The perennial experiences of therapists in the work with such patients are integrated into the group psychotherapeutic procedures (Restek-Petrović et al. 2009), along with the experiences and knowledge gained during the RIPEPP Program supervisions. Today, after five years of conducting the Program in the Hospital, there are seven psychotherapeutic groups of young psychotic patients, and one group of older patients (in the fourth and fifth decade of life) who have suffered a first psychotic episode. The groups function on the principle of „open ended groups”, and patients stay in the group as long as is needed. After leaving the group, should relapse occur or there is the necessity of working on new problems, they can resume group work if a vacancy is available.

GROUP PSYCHOTHERAPY FOR FAMILY MEMBERS

Leaning upon the experiences of Vaughn and Leff (1976), McFarlane (2002), Birchwood and Tarrier (1994), Thorsen, Grønnestad and Oxnevad (2006), Chazan (2001) and others in the treatment of patients

Table 2. Preventive and therapeutic areas of the early intervention concept

Preventive area		Therapeutic area
Primary level	Secondary & tertiary level	
Prodromal symptoms	Psychotic episodes	Psychotic episode within "critical period" (3–5 yrs from the onset of the first psychotic symptoms)

with psychotic disorders, our own model of family interventions within the RIPEPP Program was enacted in 2005, with the expectation of positive impact upon the quality of life of the family members of persons with schizophrenia and other psychotic disorders. Group analysis was used (Foulkes 1977) as the method of work in the group of family members who live with the ill member and who showed motivation and capacity for introspection. The groups are of open ended type, led by co-therapeutic pairs, and sessions are held every two weeks lasting 90 minutes. The experience of work in such a group revealed the need to modify the classic group-analytic techniques. At the beginning the agreed setting was strictly deferred because of therapeutic neutrality and the importance of therapeutic continuity, as well as due to greater opportunity to foster communication among the group members. Therapeutic interventions were aimed at enabling mutual interactions and understanding of happenings in the group within the context of "here and now", simultaneously with the situation "there and then". Due to frequent drop-outs, poor motivation of the members and great resistance to change, it was of utmost importance to adjust the techniques and the aims of the work. The therapists became more flexible, occasionally more supportive, patient, emphatic and actually more experienced, maintaining the concept of work based on group-analytic understanding of the group dynamics. Thus a partnership was created with the family members of persons with psychotic disorders, and an atmosphere of confidence was established, in which there gradually emerged a change in attitude towards psychotic disorder in a family member (Kezić et al. 2010). Also, a change in the dynamics of the family relations was observed, with positive influence upon the stabilization of the patients' clinical picture. Improvement of their social functioning was accompanied by a positive shift in the process of separation and individuation of other family members (Grah et al. 2010).

PSYCHOEDUCATION

Psychoeducation within the RIPEPP Program is performed in the form of multifamily workshops following cognitive-behavioral principles. It is theoretically postulated in the works of Crowe (1986), Faloon (1992, 1996), McGlashan (1996), McFarlane (2003) and McGorry (1998, 2002.), while implementation leans upon the experiences of the British IRIS Program (Initiative to Reduce the Impact of Schizophrenia) and the German psychoeducational model (Bauml 2006.)

Psychoeducation is conducted in a habitual setting and facility outside the Hospital, throughout the whole year, over two week intervals, each session lasting 75 minutes. The didactic part is based on the andragogical principle of stimulated interaction in presenting thematic units, and the psychotherapeutic component is

mostly based on the experiences of supportive and cognitive-behavioral therapy. In accordance with this, the customization of the educative content is being emphasized, along with enhancing cohesion, limits and ability of critical thinking. The inter-relationship of thought, emotions and behavior within the stressogenic biopsychological (stress vulnerability) model of the occurrence and maintenance of the disorder (Zubin & Spring 1977, Goh et al. 2010) is emphasized.

Since 2005, several models of work have been tested, from separated education for the patients and for the family till today's multifamily form which has proved to be more efficacious and practical. Work is conducted upon the principles of a large open group (from 30 to 50 participants), an ex cathedra approach is avoided, and it is attempted to maieutically create a utilitarian meaning in each individual. Various educational aids are used as well, including PowerPoint presentations and specific examples from praxis. A person can always return to the group, and when necessary, the contents may be repeated several times. It is endeavored to fulfill the basic PORT (The Schizophrenia Patient Outcomes Research Team) criteria (Lehman et al. 1998), so that the program of psychoeducation in the present shape comprises the following workshops:

1. What is psychosis?
2. How much of what is happening to you, do you understand? Do you really need help and what kind of help?
3. The anatomy and functions of the brain.
4. Where is the beginning of healthy behavior and the end of psychosis? Stigma – what is that?
5. The causes and symptoms of psychotic disorders
6. Stress and psychotic disorder
7. The diagnosis and types of psychotic disorders
8. The role, the effects and side-effects of medication and choosing of the type of treatment.
9. The importance of keeping up with the regime of treatment. Recovery (the worst is behind me)
10. Suicidality
11. How to stay well. The continuation of life and early signs of deterioration
12. An early recognition of deterioration symptoms, development of disorder time line
13. An early recognition of deterioration symptoms, development disorder time line (exercise)
14. Problem solving and prevention action plan
15. Final workshop. A little bit on the theory of development of a man. Synthesis of things learned.

In the first two workshops all the therapists and patients participate together, as well as their family members. The participants get acquainted with each other, adapt and work through current attitudes and beliefs, and exchange experiences about treatment they have received until the moment that they enter the workshop. The last workshop is also mutual and

Table 3. Applied psychological techniques in various phases of the RIPEPP Program

Patients	Family Members
BETA II – test of intellectual capacities	Self-esteem scale (Rosenberg 1965)
Self-esteem scale (Rosenberg 1965)	Short version UCLA loneliness scale
Short version UCLA loneliness scale	Lifestyle questionnaire (Kellerman)
Emotional empathy scale (Raboteg-Šarić 1991)	SF-36
Lifestyle questionnaire (Kellerman)	Scale of perceived social support
SF-36	Test of object relations (Žvelc 1998)
Scale of perceived social support	
Test of object relations (Žvelc 1998)	
Picture test of separation and individuation (Žvelc & Žvelc 2000)	
SFS (Social functioning scale, Birchwood et al. 1990)	
Insight scale (Birchwood et al. 1994)	
Parental bonding instrument (Parker et al. 1979)	
Relationship questionnaire (Bartholomew Horowitz 1991)	
SCL-90-R	

recapitulates the learned matter, with accentuated possibility of applying didactic contents. Each workshop contains a written task within a topic, important for the evaluation of the acquired contents and the level of its understanding. Along with other printed educational materials, the workshop participants have at their disposal a brochure (Molnar 2010) with a comprehensible presentation of basic psychoeducational principles. It also contains answers to the most frequent questions posed by patients and family members.

THE EVALUATION OF RESULTS

Numerous investigations point to cognitive function deficits in persons with psychotic disorders, poor insight, low self-esteem, significant loneliness, poorer social functioning and lower quality of life (Morgan et al. 2010, Addington et al. 2003, Jones et al. 2010, Popolo et al. 2010). It is also known that psychotic patients manifest in their interpersonal relations strong dependence, fear of regression, annihilation of self, mistrust and fear of abandonment (Klein 1977), and mostly use less mature psychological defense mechanisms. It is expected that the implementation of the RIPEPP Program will establish adequate overall functioning of patients and their families, and will bring about improvement in cognitive, social and emotional functioning and in the quality of life of patients and the whole family.

The following aspects are assessed at the very beginning and in various phases of execution of the program with the aim of evaluating the therapeutic effects of the Program: cognitive and social functioning, insight, attachment styles, parental styles, self-esteem, loneliness, defense mechanisms, object relations and the quality of life. Patients and their family members participate in this evaluation by filling in different tests, scales and questionnaires (Table 3).

FIVE YEARS OF EXPERIENCE – CONCLUSION

The program of early intervention in psychotic disorders at the Psychiatric Hospital "Sveti Ivan" is based on comprehensive psychodynamic understanding of psychoses and on current knowledge of interpersonal dynamics in a family with a psychotic member. The characteristic of the Program is the implementation of psychodynamic group psychotherapy in the treatment of first episode psychotic disorders, along with psychoeducative activities founded on supportive and cognitive-behavioral principles.

Over the five years of its functioning, The RIPEPP Program has brought numerous new experiences to the whole therapeutic team. Positive therapeutic results in all three parts of the Program that were reported in Croatian and world professional meetings and congresses (Restek-Petrović et al. 2006, Restek-Petrović et al. 2008, Restek-Petrović et al. 2009, Restek-Petrović et al. 2010, Mihanović et al. 2010, Molnar et al. 2009, Molnar et al. 2010, Grah et al. 2006, Grah et al. 2010), continually support and enhance the favorable experiences and enthusiasm of all the experts engaged in the Program.

The Program has been upgraded, altered and improved in accordance with the experiences gained and the new facts from the literature, as well as through feedback from the participants – the patients and their families.

The use of long term open ended psychotherapeutic groups could be one way of maintaining improved outcomes of Early Intervention for Psychosis programs beyond the two-three years of good outcome presently reported in the international literature.

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