Preface to the Third Edition

Since the first edition of the SAFE Program manual, the field of family intervention and education has grown and changed in many positive ways. The original manual included a quotation describing the inclusion of family members in mental health care as being "fraught with ambivalence at best; neglect or hostility at worst" (Gantt, Goldstein & Pinsky, 1989). Fortunately, positive movement is occurring, moving away from neglect and hostility and ambivalence-induced inertia to action. Several examples are noteworthy.

First, because of the importance and usefulness of family involvement, numerous treatment guidelines now recommend family involvement and education. Several practice guidelines strongly recommend the use of family intervention, including the Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations (Lehman et al., 1998; Lehman et al., 2004), the American Psychiatric Association's best practice guidelines and the expert consensus guidelines for schizophrenia. Further, the *President's New Freedom Commission Report* (2003) recommends that mental health services be transformed to focus more on recovery and consumer/family needs and interests.

Secondly, the recovery movement has begun to open up new possibilities for consumers' well-being. In this vein, families can be viewed as valued contributors in the consumer's journey and as supporters in implementing evidence-based treatment plans. For an excellent review of the role of family intervention in the recovery movement, see Glynn et al (2006).

Third, specific evidence-based programs have been created to address the common, complex issue of dual diagnosis—such as the Family Intervention for Dual Disorders (Mueser, Drake, Fox & Noordsy, 2003) and Behavioral Couples Therapy for Alcoholism and Drug Abuse (O'Farrell & Fals-Stewart, 2000; Rotunda, Alter, & O'Farrell, 2001). Other than providing some basic comorbidity information on substance abuse and mental illness, the SAFE Program does not specifically address substance-abuse issues. When the issue arises in session, we discuss treatment options (for both the consumer and family member), but addictions are not a central focus in the program. Clinicians desiring further information and resources on dual diagnosis issues are directed to these two excellent resources.

Fourth, there is growing recognition of the necessity of tailoring family interventions to meet the needs of specific cultural groups. For example, some research has found comparatively high rates of depression among Latino family caregivers of adults with schizophrenia (Magana, Ramirez Garcia, Hernandez & Cortez, 2007), which has implications for intervening with this group. An excellent statement on "cultural competence" relevant to working with families is available in the Substance Abuse and Mental Health Administration (SAMHSA) Center for Mental Health Services' "Evidence-Based Practices: Shaping Mental Health Services Toward Recovery Toolkit" on family psychoeducation (available online: http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/family/competence.asp. Additional research is needed in understanding the needs of cultural groups and the implications for family intervention.

Despite this tremendous progress, much work remains. Most families are not offered any support or education at all, and research is needed on what families will benefit the most from which type of family intervention. Preliminary work is being done on creating such algorithms for family services (e.g., Cohen et al., 2008), and the VA system is committed to expanding services for veterans' families in the coming years. As the recovery movement grows and we develop new treatments, let us embrace the challenges and rewards associated with educating, supporting and empowering families as teammates in the journey of recovery.

Modifications for the Third Edition

On the basis of feedback from families and clinicians over the past decade, as well as shifts in the conceptualization and provision of care, I have incorporated the following changes in this third edition.

- The psychosocial rehabilitation model and recovery orientation are now imbedded throughout the manual. For example, sessions now provide descriptions of the full array of psychosocial treatment options.
- Information about bipolar disorder and its treatment was added to the session on managing depression.
- References were updated throughout the manual to reflect the latest research on epidemiology and treatment approaches.
- Specific information relevant to Global War on Terrorism veterans is now included, such as research on epidemiology, clinical examples, and treatment options.
- In light of the growth and value of positive psychology, greater attention is now paid to the importance of noticing and celebrating consumers' strengths. Similarly, the session on managing post-traumatic stress disorder (PTSD) includes information on post-traumatic growth (PTG).
- A new session was added, namely "Empowering Your Loved One on the Journey of Recovery," which replaces the "Making the Most of your Holiday" session.
- The 18 sessions are organized into four categories (see "Format of the SAFE Program") to help facilitators in selecting relevant sessions for their participants' needs. The Resource List was updated with recent books, movies and websites.