

THE IMPORTANCE OF THE FAMILY IN PSYCHIATRIC ILLNESSES (S)

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RELATIVES' EXPRESSED EMOTION (EE)

- FIRST DEVELOPED TO STUDY FAMILY RELATIONSHIPS IN SCHIZOPHRENIA
- LATER USED IN RESEARCH ON MANY PSYCHIATRIC ILLNESSES AND SOME PHYSICAL ILLNESSES

STAGES IN RESEARCH ON EE

- DEMONSTRATION OF A LINK BETWEEN RELATIVES' EE AND THE OUTCOME OF AN ILLNESS
- CLINICAL INTERVENTION TO ALTER THE FAMILY ENVIRONMENT
- STUDIES OF COST-EFFECTIVENESS OF INTERVENTION
- INTEGRATION OF INTERVENTION INTO STANDARD CLINICAL PRACTICE

RATING OF EE FROM CAMBERWELL FAMILY INTERVIEW (CFI)

VERBAL CONTENT

NON-VERBAL

RATE

VOLUME

TONAL VARIATION

RATING OF EE FROM CFI

- CRITICAL COMMENTS
- ANGER
- HOSTILITY
- ANGER++ & REJECTION
- OVERINVOLVEMENT

COMPONENTS OF OVERINVOLVEMENT

Over-emotional in interview

Over-protective

Excessive self-sacrifice

Over-identification

RATING OF EE FROM CFI

- OVERINVOLVEMENT
- GUILT & ANXIETY
- WARMTH
- LOVE

PREVALENCE OF HIGH EE ATTITUDES

- CRITICAL COMMENTS ARE AS COMMON IN PARTNERS AS IN PARENTS
- OVERINVOLVEMENT IS MOST COMMON IN MOTHERS
- WHEN IT OCCURS IN OTHER FAMILY MEMBERS THE MOTHER IS USUALLY ILL OR ABSENT

EE AND RELAPSE OF SCHIZOPHRENIA OVER 9 MONTHS

CRITICAL COMMENTS	RELAPSE
HOSTILITY	RELAPSE
OVERINVOLVEMENT	RELAPSE
WARMTH	WELL

EE and the outcome of illness

- For conditions in red, EE is significantly associated with outcome
- PSYCHIATRIC
- Schizophrenia*
- Manic-Depressive Illness*
- Post-Traumatic Stress Disorder
- Major Depression*
- Eating Disorders*
- Alcoholism*
- Dementia
- Hyperactive Children

NON-PSYCHIATRIC

- Diabetes
- Epilepsy
- Myocardial Infarction
- Crohn's Disease
- Ulcerative Colitis
- Parkinson's Disease
- Chronic low back pain*

* SUCCESSFUL INTERVENTION

Carlos Ballus Creus, Barcelona EE & chronic low back pain

- Most patients were women and their carers were their husbands.
- 53% of husbands were high EE: 20% CC, 10% Hostility, 43% EOI
- EE did not affect the course of back pain
- Quality of life measured by **physical role limitation** and **emotional role impairment**

EE & chronic low back pain

- Best predictor of **physical role limitation**
- CC $r = -0.4$ ($p < 0.05$) 19% of variance
- Best predictor of **emotional role impairment**
- **EOI** $r = 0.4$ ($p < 0.05$) 14% of variance
- Husbands show protection, caring and helping behaviours in response to patients severe emotional problems. This suggests an interactive process → over protection

FAMILY INTERVENTION FOR CHRONIC LOW BACK PAIN

- Randomised controlled trial
- Relatives and patients received:
 - 1. education, 2. Group therapy sessions
- Results: increase in pain knowledge
relatives $p < .001$, patients $p < .05$
- Reduction in intensity of pain $p < .05$
- Decrease of 30% in appointments with
pain specialist $p < .05$

INDEX OF HIGH EE

- **6 OR MORE CRITICAL COMMENTS**
- **ANY HOSTILITY**
- **SCORE OF 3 OR MORE ON
OVERINVOLVEMENT**

SCHIZOPHRENIC RELAPSE

CITY	ETHNIC GROUP	HI EE	LO EE
LONDON	BRITISH	58	16
LONDON	BRITISH	50	12
L.A.	ANGLOPHONE	56	17
L.A.	HISPANIC	56	11
CHICAGO	BLACK & WHITE	70	29
SALFORD	BRITISH	53	22
SYDNEY	AUSTRALIAN	53	24
KONSTANZ	SWISS	55	15
KROMERIZ	CZECH	59	26
FUNABASHI	JAPANESE	46	8

SCHIZOPHRENIC RELAPSE OVER 9 MONTHS

- AVERAGE OF 10 STUDIES
- **HIGH EE 56%**
- **LOW EE 18%**

<u>CITY</u>	<u>GROUP</u>	% HI EE
MILAN	ITALIAN	70
CRACOW	POLISH	69
LOS ANGELES	ANGLO-AMERICAN	67
MADRID	SPANISH	58
SYDNEY	ANGLOPHONE	54
OKAYAMA	JAPANESE	46
LOS ANGELES	MEXICAN	41
GALICIA	SPANISH (RURAL)	34
CHANDIGARH	HINDI (URBAN)	30
	HINDI (RURAL)	8

Protective Factors in High EE Homes

Relapse rate (%)

High contact, no drugs	92
High contact, drugs	53
Low contact, no drugs	42
Low contact, drugs	15

ELEMENTS OF FAMILY INTERVENTION 1

- EDUCATION ABOUT SCHIZOPHRENIA
- PROBLEM SOLVING
- IMPROVING COMMUNICATION

Improving Communication

- ONLY ONE PERSON MAY SPEAK AT A TIME
- EVERYONE HAS A FAIR SHARE
- ONLY DIRECT COMMUNICATION ALLOWED
- PROMOTE ACTIVE LISTENING
- (CHANGE SEATING ARRANGEMENT)

ELEMENTS OF FAMILY INTERVENTION 2

- LOWERING EE
- REDUCING CONTACT
- EXPANDING SOCIAL NETWORKS
- REALISTIC EXPECTATIONS

THERAPEUTIC INTERVENTIONS FOR CRITICAL RELATIVES

- 1. EDUCATION: NEGATIVE SYMPTOMS ARE PART OF THE ILLNESS
- 2. POSITIVE REFRAMING OF CRITICAL COMMENTS
- 3. NEGOTIATING CHANGE IN BEHAVIOUR

THERAPEUTIC INTERVENTIONS FOR OVERINVOLVED PARENTS

- 1. EDUCATION } RELIEVES
- 2. RELATIVES GROUP } GUILT
- 3. EXPLORE ANXIETIES ABOUT SEPARATION
- 4. BRIEF TRIAL SEPARATIONS

THERAPEUTIC INTERVENTIONS FOR OVERINVOLVED PARENTS

- 5. ENCOURAGE PARENTS TO GO OUT TOGETHER
- 6. GIVE PERMISSION TO RELINQUISH SOME RESPONSIBILITY
- 7. ENCOURAGE REVIVAL OF SOCIAL CONTACTS
- 8. HELP WITH LOSS OF CHILD AND EXPECTATIONS

FAMILY WORK FOR SCHIZOPHRENIA: A PRACTICAL GUIDE

2ND EDITION
2002

KUIPERS L, LEFF J, LAM D.

LONDON: GASKELL

Studies on Family Work for Schizophrenia All Patients on Drugs and in High Contact with High EE Relatives

Trial 1

Nil

vs

Education

+ Relative Group

+ Family sessions

Trial 2

Education

+ Relatives group

(patient excluded)

vs

Education

+ Family sessions

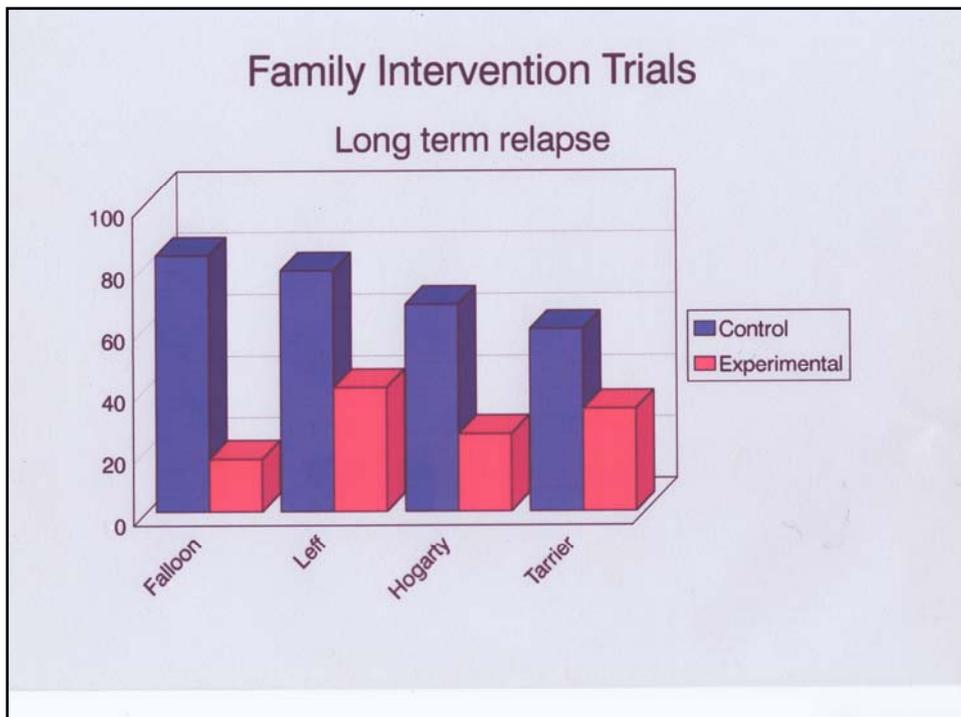
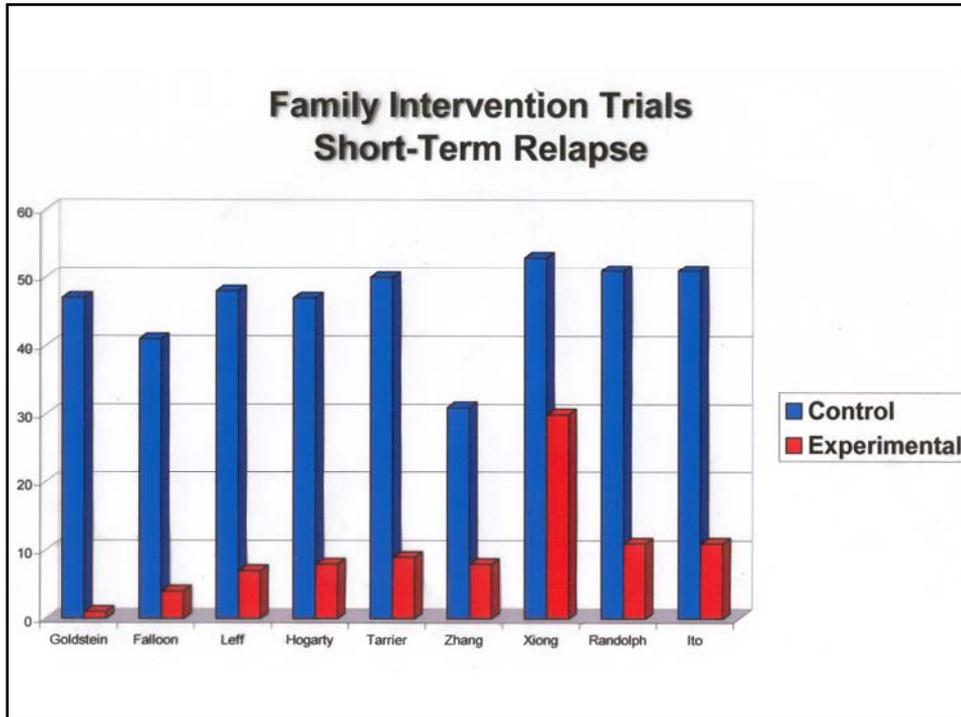
(patient included)

QUESTIONS TO BE ANSWERED

- CAN THE THERAPISTS PRODUCE THE DESIRED CHANGES IN THE FAMILIES?
- IF THE FAMILIES CHANGE, DO THE PATIENTS IMPROVE?

RESULTS OF THE 2 TRIALS

	TRIAL	1	TRIAL	2	
	DRUG ONLY	FAM. WORK	FAM. WORK	RELAT ATND.	GROUP NON-ATND.
LOW EE/ CONTACT	40%	75%	73%	80%	25%
RELAPSE RATE 9 months	50%	8%	8%	17%	60%



TRIAL OF **FAMILY WORK** vs. EDUCATION

TRAINING COSTS PER TRAINEE

£1,841

COST OF THERAPY PER FAMILY

FAMILY WORK £724

EDUCATION £120

EXTRA COST £604

IS IT COST-EFFECTIVE?

TRIAL OF **FAMILY WORK** vs. EDUCATION

ONE YEAR

	DAYS IN HOSPITAL	COSTS
	mean	mean
FAMILY WORK	61	£10,996
EDUCATION	106	£14,938
	SAVING	£ 3,942

NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE

- RECOMMENDS THAT FAMILY MEMBERS CARING FOR A PERSON WITH SCHIZOPHRENIA SHOULD RECEIVE FAMILY WORK

IDENTIFYING FAMILIES MOST IN NEED OF HELP

- FAMILIES IN WHICH THERE IS PHYSICAL VIOLENCE
- FAMILIES WHO CALL IN THE POLICE
- PATIENTS WHO ARE TAKING THEIR MEDICATION BUT RELAPSE MORE THAN ONCE A YEAR
- FAMILIES WHO ANTAGONISE STAFF

THE IMPORTANCE OF THE FAMILY

- THE MAIN BARRIER IS MAKING THE NECESSARY TRAINING AVAILABLE TO STAFF IN GENERAL PSYCHIATRIC SERVICES
- IN THE UK SEVERAL TRAINING CENTRES HAVE BEEN ESTABLISHED

TRAINING IN FAMILY WORK

- MERIDEN WEST MIDLANDS FAMILY PROGRAMME (BIRMINGHAM)
- IN 10 YEARS 2,600 FAMILY WORKERS HAVE BEEN TRAINED
- CARING FOR CARERS: 3 DAY PROGRAMME TO TRAIN CARERS AND PROFESSIONALS TO WORK TOGETHER TO SUPPORT LOCAL CARERS