Schizophrenia and family interventions

Schizophrenia has historically been defined as a complex cluster of symptoms (Keen, 1999) which is multi faceted (Frangou and Murray, 2000) and is reported to be a major psychiatric disorder that alters an individual's perception, thoughts, affect and behaviour (NICE, 2010).

Symptoms of schizophrenia will vary from individual to individual with each individual having their own unique combination of symptoms and experiences, the precise pattern of which will be influenced by their particular circumstances (NICE, 2010).

The International Classification of Disease (ICD – 10, 2000) identifies that schizophrenia is characterized by the distortion of thought and perception with phenomena such as delusions, hallucinations, thought disorder and ideas of reference also being present.

The cause of schizophrenia is not universally agreed upon; however, it is suggested that schizophrenia is complex interaction of multiple factors (Broome et al., 2005; Garety et al., 2007).

The core features of schizophrenia have been traditionally divided into three categories (Nettle, 2001).

These categories are described as; positive symptoms which, represent the onset of the psychotic features of the illness; negative symptoms which, represents the loss of normal function and withdrawal from social norms and finally the third category is classed as schizophrenic thinking which, describes the unnecessarily complex, unconventionally abstract and

concrete thought processes (Horrobin, 2001) of the individual with schizophrenia.

Individuals with schizophrenia may also experience symptoms of anxiety and depression that run parallel with the symptoms of schizophrenia (Wilkinson et al., 2000).

Some evidence suggests that the onset of schizophrenia may be precipitated by the individual's susceptibility to stress and the underlying vulnerability to developing a serious mental illness like schizophrenia.

This theory, also known as the Stress-Vulnerability Model (Nuechterlein and Dawson, 1984), highlights that everybody has a different level of susceptibility to the development of psychotic experiences. Individuals are believed to be more or less vulnerable as a result of both biological factors (which could well be the result of either genetic factors or biological changes following birth) and psychological factors (for instance, being very sensitive – or resilient – to stress in a psychological rather than biological sense).

If there is great vulnerability, relatively low levels of stress might be sufficient to cause problems. If there is less vulnerability, problems develop only with higher levels of stress (NICE, 2010).

This model explains why some individuals develop problems and others are not affected, even when they have similar or identical experiences; it also explains why extreme stress can lead to the development of psychotic experiences (CSIP, 2010).

The Stress Vulnerability Model (Nuechterlein and Dawson, 1984) also suggests that there is the possibility of recovery over time (CSIP, 2010) as even individuals with severe problems may be able to reduce the impact of future episodes by finding coping strategies to manage stressful situations.

Within the research and evidence base related to the topic of schizophrenia there is a large body of information that relates to the role of the family with an individual diagnosed with schizophrenia (Addington et al., 2010; Pharoah et al., 2006; CSIP, 2010 and NICE, 2010).

The impact of having a family member diagnosed with schizophrenia is acknowledged greatly in the literature with suggestions being made that everyone in a family can be affected by the illness of one member (McDonagh, 2005) and that relatives may find that they too can become psychologically distressed because of all the stress from the illness (Chambless et al., 2001).

Another issue considered is that stress from the individual with schizophrenia starts to influence daily activities because it is very much a part of their life. With this the illness takes over the lives of everyone in the family, even if they are not the ones with the disorder (McDonagh, 2005).

CSIP (2010) suggests that family member attitudes towards the individual with a diagnosis of schizophrenia can have a direct impact and affect outcomes and proposals are made that there are two types of responses that family members may adopt towards the individual.

The first response is defined as being critical and overly hostile towards the individual with schizophrenia as the family member may find dealing with some of the problems of psychotic illness frustrating and difficult (CSIP, 2010)

The second response highlighted by CSIP (010) is that the family member becomes upset and distressed by the changes in the behaviour of their loved one and as a result compensates by looking after the individual with schizophrenia as if they were a child again; which can result in dependence in the individual and exhaustion in the family member (CSIP, 2010).

These two behaviours presented by CSIP (2010) are referred to further in the literature as ‘ High Expressed Emotion’ (NICE, 2010; McDonagh, 2005; Chambless et al., 2001; Pharoah et al., 2006).

It has been identified by Pharoah et al. (2006) that individuals who have developed schizophrenia are more likely to experience a relapse within a family where there are high levels of expressed emotion; which include hostility, criticism or over involvement, compared to families that are less vocal or expressive about their emotional wellbeing.

Family members may feel high levels of stress and evidence suggests that there is an increase in psychiatric morbidity in family care givers (Addington et al. 2010).

This essay has so far detailed the complex nature of schizophrenia and the impact this diagnosis has on the individual and their family.

This assignment will now proceed by examining the concept of family interventions. It is important to identify that the term ‘ family’ refers to people who have an important emotional link to the individual with schizophrenia and NICE (2010) includes; parents, siblings and partners, in this description.

It is well documented that the family can play an important part in helping in the recovery of an individual experiencing a relapse of their schizophrenic condition (CSIP, 2010), therefore family interventions play a significant part in the recuperation process.

Family interventions in schizophrenia were historically developed to concentrate on the difficulties observed in patients within an acute phase of the schizophrenic illness and the needs of families during the post-hospitalization period (Addington et al. 2010); however more recently it is suggested that family interventions have developed aiming to address relapse prevention and family stress reduction (Addington et al. 2010).

Working with families at the onset of the condition has been advocated suggests Addington et al. (2010) so that adaptive behaviours are adopted early in an attempt to reduce the burden experienced by the family.

Adopting a therapeutic approach with individuals with schizophrenia and their families has been documented to have more significant effects than basic pharmacology in reducing the occurrence of relapse, the need for hospital re-admission and the degree and intensity of symptoms experienced by the individual with schizophrenia (Pilling et al., 2002).

The research indicates that the component parts of family therapy are viewed to be beneficial to both family members and to the individual with schizophrenia (Lehman et al., 2004; Addington et al., 2010; NICE, 2010; CSIP, 2010).

The component parts of family interventions should include elements that focus on; illness education, crisis intervention, emotional support and training on how to cope with symptoms associated with the (Lehman et al., 2004).

Other recommendations for content in family interventions include practitioners aiming to ensure; they develop an alliance with relatives who care for a person with schizophrenia; supporting family to lower expressed emotion, supporting with the development of problem solving skills and by supporting families and the individual to set and keep appropriate goals and limits (Pharoah et al., 2006).

Barker (2003) also suggests that individuals and families should be; helped to clarify expectations about roles and responsibilities, helped to develop clear and direct communication messages and also there is the suggestion that modified bereavement counselling should be offered to support the ‘ grief like reactions to the loss of idealized expectations’ (Barker, 2003. P. g268).

This assignment has demonstrated that for the individual diagnosed with schizophrenia the impact on their lives is significant as it not only presents them with the challenge of coping with a broad spectrum of symptoms it also impacts on their family and support network to a significant degree.

Emotional reactions such as grief, anger, shame and fear are common (Barker, 2003) not only for the person with the schizophrenia but for family, friends and other social networks too.

By providing therapeutic interventions such as family therapy there is the opportunity to reduce the need for hospital admissions, the risk of relapse is decreased and ‘ family life may become less burdensome and tense’ (Pharoah et al., 2006, P. g17).