

Effectiveness of Psychoeducational Program in Improving Satisfaction for families of Individual with Schizophrenia

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Abstract:

This study was conducted in (Sep.2017 to Dec. 2019), where a sample of (31)of caregivers of Individual with Schizophrenia.

The research was aimed to assess the impact of psycho educational program on families of individuals with schizophrenia, assessing the capacity of the Family Psychoeducational Program (FPP) in terms of achieving program goals, the possibility of improving family satisfaction throughout the program implementation, and educate families about the disease and their major role on improving the quality of life of schizophrenia cases and understand, discover and determining the socio-economic factors affecting the success or otherwise status of the FPP program, to raise awareness on the need for social mobilization for the support for the FPP program.

Comparative analytical method used, based on descriptive statistics and comparative associational hypothesis tests (0.05 sig. level), using paired-samples student's t-test to demonstrate the differences in knowledge, problem solving, and communication skills of families with schizophrenics.

The research concluded that, Family Psychoeducation program (FPP) significantly improve knowledge, problem solving, and communication skills for families of individuals with schizophrenia, which includes their thought about Schizophrenics personae, how to convince schizophrenics that sounds or hallucinations which they hear, and to know when and how communicate with schizophrenics and give them options when they face matters.

Key words: Family Psychoeducation (FPP).

1. Introduction

Family therapy or education, which addresses the whole family system of an individual, may reduce relapses and hospitalizations. It has positive impact on the whole family in reducing stress and increase the knowledge about the disease, gaining new skills on coping strategies and problem solving. On the other hand, evidence for the effectiveness of cognitive-behavioral therapy in either reducing symptoms or preventing relapse is minimal.

The scope of mental health cases and its impact on the Sudanese society. In addition, the number of schizophrenic cases needed to be treated are not fully determined. Medical and various means have proven the need for developing the capacity of family members in managing the family environment and involving the family with the patient to arrive at reasonable health management. Moreover, the approach for addressing schizophrenia through preventive methods and other means have not proven to be viable as concerns the Sudanese society.

This research entails the assessment of the effectiveness *of Family Psycho education* for families of individuals with schizophrenia. It shed the light and recognize the important role families can have and the significant impact on their relative's recovery and functioning. According to the American Psychiatric Association (APA) treatment guidelines, psychoeducational interventions should be part of the standard therapy for patients with schizophrenia. In that families should receive education and support programs and actively engage in the treatment and rehabilitation process (9). In Sudan, the prevalence of schizophrenia cases is increasing and has negative impact on Sudanese communities. The primary diagnoses of admissions in psychiatric inpatient includes schizophrenia (32%) mood disorder is 17% (10). As a result, family psychoeducation for schizophrenia should be part of the treatment plan.

Like many other African countries, a large proportion of the population still depends on alternative or “~traditional’ medicine as their first port of call when ill. Now it is estimated that in Sudan for every 200,000 person there is one psychiatric doctor (Washington University,2017). In a country without a proper social insurance scheme, the poor cannot afford the doctors’ fees and even when diagnosed they struggle to pay for the expensive medicines (10). The rich who can afford both often tend to ignore or deny their symptoms because of the stigma attached to mental illness

Although families’ psychoeducation has been found effective for improving the life functioning of patients with schizophrenia in high-income countries, there have been relatively few studies of schizophrenia psychoeducational programs adapted for low-income countries

particularly in Sudan. Sudanese people have experienced dramatic socioeconomic changes and transitions, which negatively affected their psychological and overall health status. The present study determines to assess the effects of the Family Psychoeducation Program (FPP) on reducing burden of care and improving satisfaction for families with individual with schizophrenia. It seeks to assess the viability of family *psychoeducation* as concerns mental illness in general and persons with schizophrenia in particular.

2. Problem statement:

While no cure for schizophrenia exists, many people with this illness can lead productive and fulfilling lives with proper treatment. Recovery is possible through a variety of services, including medication and rehabilitation programs. Rehabilitation can help a person recover the confidence and skills needed to live a productive and independent life in the community. Several psychosocial interventions may be useful in the treatment of schizophrenia including: family therapy, assertive community treatment, supported employment, cognitive remediation, skills training, and psychosocial interventions for substance use and weight management.

The objective is to assess the impact of psycho educational program on families of individuals with schizophrenia, assessing the capacity of the Family Psychoeducational Program (FPP) in terms of achieving program goals, the possibility of improving family satisfaction throughout the program implementation and after, and educate families about the disease and their major role on improving the quality of life of schizophrenia cases and understand and discover and determining the socio-economic factors affecting the success or otherwise status of the FPP program, to raise awareness on the need for social mobilization for the support for the FPP program.

3. Basic concepts:

Schizophrenia: is a mental disorder characterized by abnormal social behavior and failure to understand what is real. Common symptoms include false beliefs, unclear or confused thinking, hearing voices that others do not hear, reduced social engagement and emotional expression, and a lack of motivation. People with schizophrenia often have additional mental health problems such as anxiety disorders, major depressive illness, or substance-use disorders. Symptoms typically come on gradually, begin in young adulthood, and last a long time (1).

Contrary to public perception, schizophrenia is not split personality or multiple personality. Vast majority of people with schizophrenia are not violent and do not pose a danger to others. Schizophrenia is not caused by childhood experiences, poor parenting or lack of willpower, nor are the symptoms identical for each person. In this research, people with schizophrenia are not part of the intervention program however; training for families will improve the atmosphere around them, which in return has positive impact and countless benefits to both families and individuals with schizophrenia.

Family Psycho Education Program (FPP): is a method for working with families, other caregivers and friends who are supportive of persons with mental illness. Psychoeducational program in this research combines clear, accurate information about mental illness with training in problem solving, communication skills, coping skills with symptoms of schizophrenia, strategies for self-care and general guidelines for dealings with individuals with schizophrenia. The goal is to reduce stress and tension family are facing and improve their overall satisfaction FP interventions can be conducted with individual families or in multi-family groups and include a focus on the family's strengths and resiliency. Family psycho education refers to a wide range of programs that provide education, support, and guidance to families about coping style with mental illness, through education that can provide information about the nature of mental illness and its treatment; family are taught to be more effective in problem solving and communication, and skills to cope with the challenges and prognoses of mental illness(8).

Current Research will focus but not limited by terms as used in health, medicine and psychology as well as considerations to cultural terms, but also other terms in sociology and other terms related to human studies. As well as, other terms that might arrive by the clinical investigative surveys and as well as on research on families.

Satisfaction: satisfaction in this research is not about the program procedures, facilitators or application process; it is rather the effect of the program for improving the daily quality of life and satisfaction for families after gaining knowledge and learning new skills on communication, problem solving and strategies for coping with the ill person and practicing self-care

The Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q): is a self-report measure designed to enable researchers to easily obtain sensitive measures of the degree of enjoyment and satisfaction experienced by sample in various areas of daily functioning.

4- Statistical Methods:

comparative and relationship analytical methods were executed using the (SPSS) statistical program based on descriptive statistics and comparative hypothesis tests (0.05 sig. level), to demonstrate the differences in how financial stress affect the students’ academics according to their gender, nationality Chi-square test is used to study the hypothesis which states there are no significant differences.

5- Results:

Table 1: distribution of participants according to their schizophrenic’s symptoms:

Symptoms	Frequency	Percent
Hear voices	4	12.9
Auditory hallucinations	14	45.2
False believes	13	41.9
Total	31	100.0

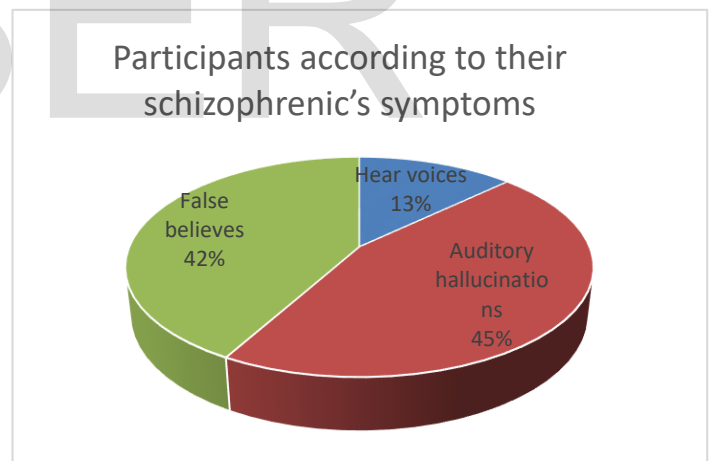


Table (1) shows that (45.2%) of participant’s schizophrenic have auditory hallucinations, since (41.9%) of them have false believes, while (12.9%) of them hear voices.

Table 2: distribution of participants according to their schizophrenic’s start age:

Age	Frequency	Percent
15-25 years	11	35.5
26-35 years	13	41.9
36-45 years	4	12.9
46-55 years	3	9.7
Total	31	100.0

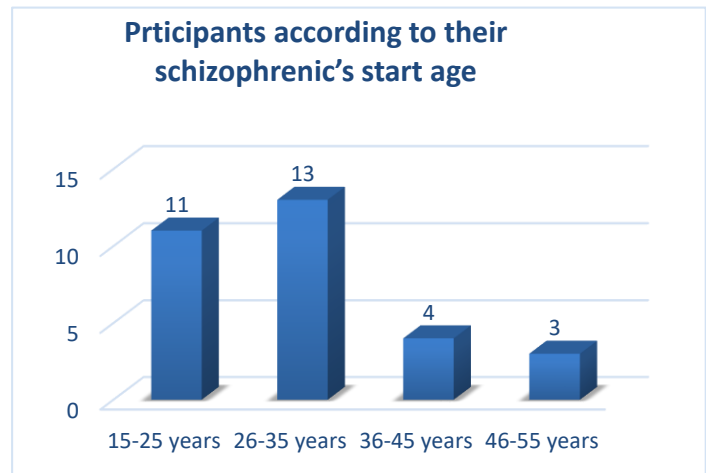


Table (2) shows that (41.9%) of participant’s schizophrenic were 26-35 years old when they start the schizophrenia, since (35.5%) of them were 15-25, while (12.9%) of them were 36-45 years, whereas (9.7%) of them were 46-55 years old.

Table 3: distribution of participants according to duration that they care the schizophrenics:

Care	Frequency	Percent
6 months	2	6.5
More than 6 months	1	3.2
A year	5	16.1
More than a year	23	74.2
Total	31	100.0

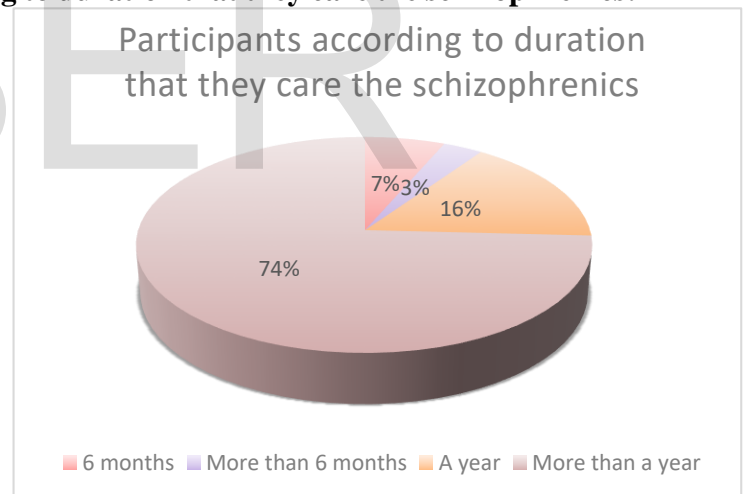


Table (3) shows that most (74.2%) of participant had been caretheir schizophrenics for more than one year, since (16.1%) of them for a year, while (9.7%) of them had been care their schizophrenics for 6 months to less than a year.

Figure 1: distribution of participants according to their relationship with schizophrenics

Figure (1) shows that most (64.5%) of participant have a fair relationship with their schizophrenics, since (32.3%) of them have good relationship, while only (3.2%) of them have bad relationships with their schizophrenics.

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Table 4: Effectiveness of Family Psychoeducation program on knowledge, problem solving, and communication skills of families with schizophrenics:

		Measurement				Chi-square
		Pre		Post		
		N	N %	N	N %	P-value
Schizophrenics have several personae	Yes	30	96.8%	2	6.5%	0.000
	No	1	3.2%	29	93.5%	
Schizophrenics are danger for others	Yes	27	87.1%	2	6.5%	0.000
	No	4	12.9%	29	93.5%	
It better to convince schizophrenic that sounds or hallucinations which he/she hears are not true	Yes	28	90.3%	3	9.7%	0.000
	No	3	9.7%	28	90.3%	
Do you know when and how communicate with schizophrenic	Yes	19	61.3%	31	100.0%	0.000
	No	12	38.7%	0	.0%	
Do you give the schizophrenic options when he/she faces a matter	Yes	19	61.3%	30	96.8%	0.001
	No	12	38.7%	1	3.2%	
What do you do for self-care and stresses decreasing	No action	7	22.6%	0	.0%	0.000
	Walk	16	51.6%	7	22.6%	
	Talk to friend	4	12.9%	19	61.3%	
	Visit relatives	4	12.9%	5	16.1%	

Table (4) shows that before Family Psychoeducation program was applied, the majority of participants thought that Schizophrenics have several personae (96.8%), they are danger for others (87.1%), and it is better to convince schizophrenic that sounds or hallucinations which he/she hears are not true (90.3%), since most (61.3%) of them know when and how communicate with schizophrenics and they give them options when they face a matter, while they walk for self-care and stresses decreasing (51.6%), compared to the majority of participants knew that Schizophrenics don't have several personae (93.5%), they are not danger for others (93.5%), and it isn't better to convince schizophrenic that sounds or hallucinations which he/she hears are not true (90.3%), since all (100%) of them know when and how communicate with schizophrenics and most (96.8%) of them give schizophrenics options when they face a matter, and talk to friends for self-care and stresses decreasing (61.3%). Moreover, since all (P-values of Chi-square test) are less than testing significance level (0.05), indicate that, statistically significant differences between families' knowledge, problem solving, and communication skills with schizophrenic before and after application of Family Psychoeducation program, and hence Family Psychoeducation

program (FPP) significantly improve knowledge, problem solving, and communication skills for families of individuals with schizophrenia.

6- Conclusion:

Family Psychoeducation program (FPP) significantly improve knowledge, problem solving, and communication skills for families of individuals with schizophrenia, which includes their thought about Schizophrenics personae, how to convince schizophrenics that sounds or hallucinations which they hear, and to know when and how communicate with schizophrenics and give them options when they face matters.

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