Case Conceptualization Series

Culturally Informed therapy for Schizophrenia (CIT-S): A Family Focused Intervention

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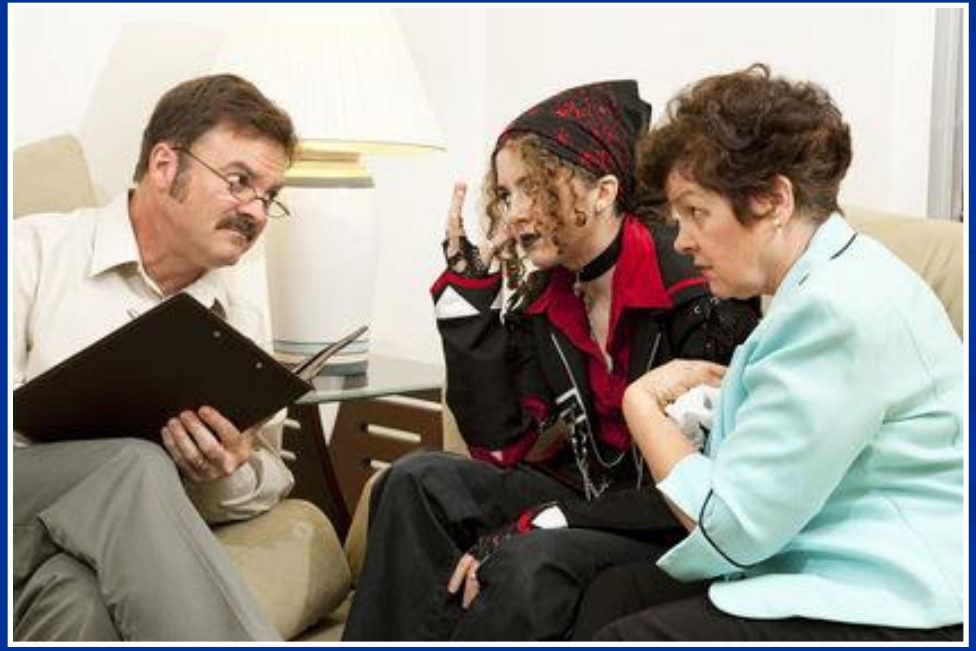


Goals of CIT-S

1. Treat people with schizophrenia and their family members using a systems framework that shifts blame away from any one person in the family system and instead helps the family view themselves as a team with shared mutual goals.

2. Draw upon clients' religious and spiritual beliefs and practices in helping them cope with symptoms of mental illness.

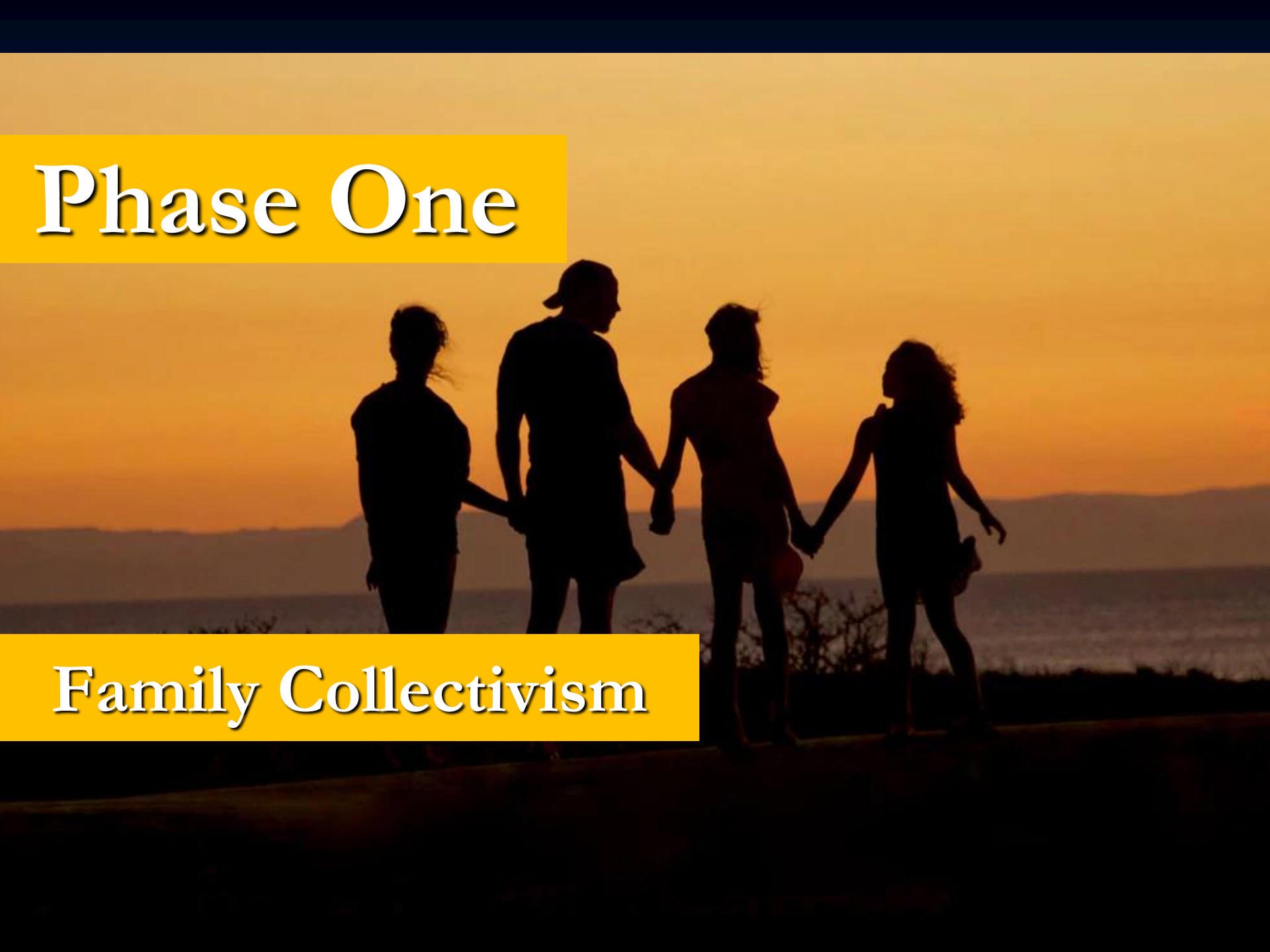
3. Access participants' own cultural views and schemas for understanding and treating mental illness and incorporating this information into one's therapy

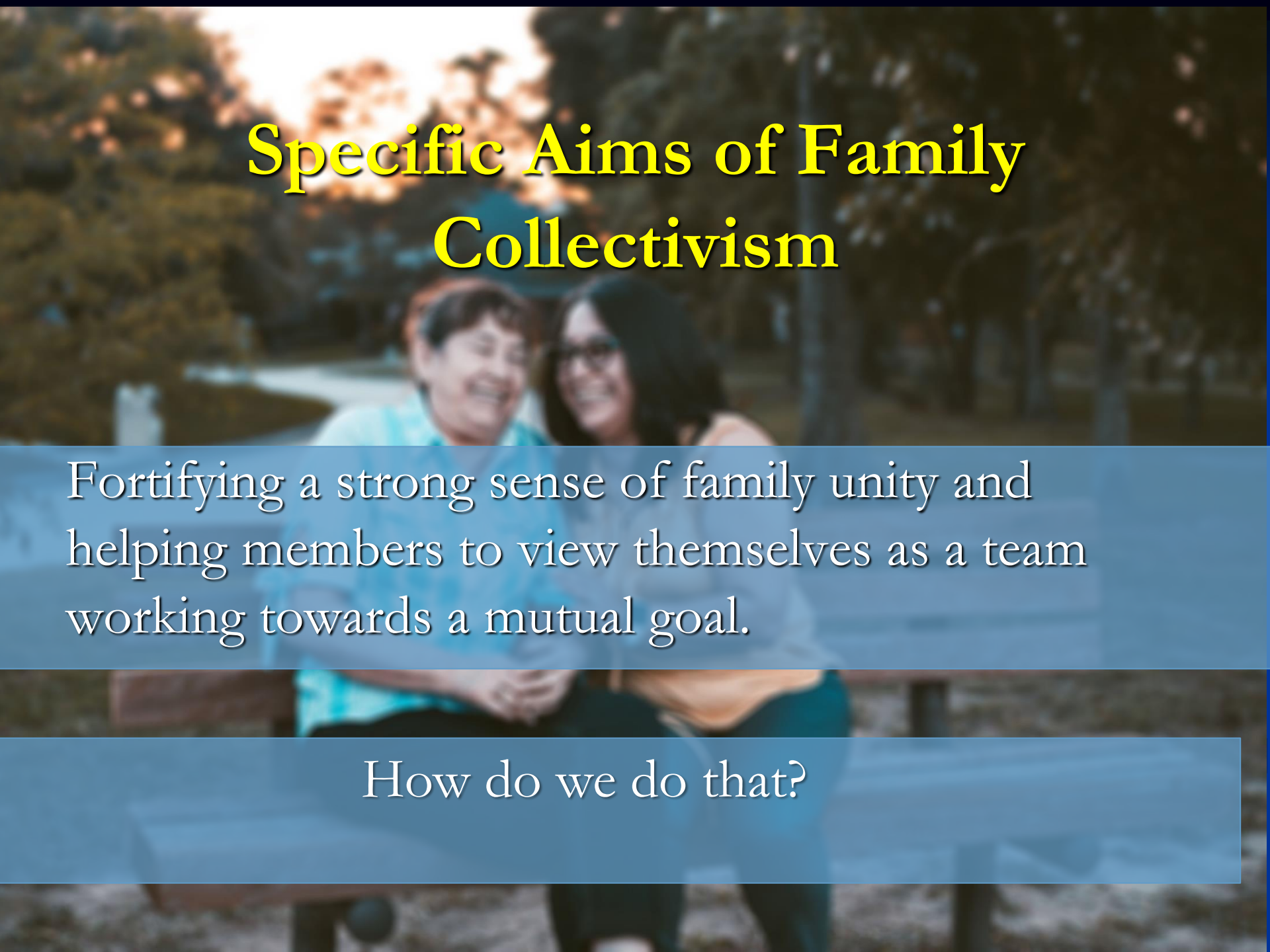
Culturally Informed Therapy for Schizophrenia (CIT-S)

1) Family Collectivism
2) Education
3) Spiritual Coping
4) Communication Training
5) Problem-Solving Skills Training

Summary

- CIT-(S) appears:
  - To decrease psychiatric symptoms for clients
  - To help family members feel less burdened, depressed, and anxious, improves QoL
  - To increase perceptions of collectivism and religious/spiritual coping techniques.


Phase One
Family Collectivism



Specific Aims of Family Collectivism

Fortifying a strong sense of family unity and helping members to view themselves as a team working towards a mutual goal.

How do we do that?

Case 1 -Collectivism

Juan is a 24 y/o old Latinx man who lives with his mother (Camila). Although his mother described him as always "socially awkward", he was not diagnosed with schizophrenia until approximately 6-months ago, after he was fired from his first job at a marketing firm, because he was becoming increasingly paranoid about other workers stealing his marketing ideas and his possessions and talking behind his back. His hygiene had also slipped to the point that the other workers began complaining about his body odor. At home, his mother states that he rarely showers or changes his clothes and that he has become increasingly socially withdrawn as of late and more irritable than usual. His speech is often tangential and circumstantial, and he expresses unusual concerns about things such as neighbors peering at him through the windows.

Thoughts about this case? Anything you will want to especially explore in this module?

Handout 1:

Explaining CIT

Culturally Informed Therapy for Schizophrenia

Welcome!

Culturally Informed Therapy for Schizophrenia (CIT-S) is aimed at helping families better understand and cope with mental illness in a loved one.

Modules and Goals

- Module 1: Family Collectivism
  - Reduce tension in family relationships
  - Improve sense of cooperation and team spirit
- Module 2: Psychoeducation
  - Discuss the cultural conceptualization of schizophrenia
  - Increase understanding and acceptance of illness
- Module 3: Spirituality
  - Increase spiritual and philosophical coping resources based on existing beliefs
- Module 4: Communication Training
  - Improve your family's ability to communicate with one another in a respectful yet assertive fashion that is in line with your cultural beliefs and values
- Module 5: Problem-Solving
  - Assist family in developing helpful problem-solving strategies in line with your cultural beliefs, values, and goals

Session Format

Each session will last approximately 60 minutes.

- Sessions will begin with an opening prayer, scripture, or mantra that a member of your family chooses or, in some cases, the clinician provides.
- Next, family members will be asked to discuss the previous week's homework assignment.
- Session content, dependent on module, will take up most of the session.
- The next homework assignment will be provided.
- Each session will end with a closing prayer, scripture, or mantra that a member of your family chooses or, in some cases, the clinician provides.

First Session of Family Collectivism

- Family members are commended for attending treatment.
  - This is indicative of a strong commitment to the patient and the family.
- The therapist should thoroughly describe CIT-S and answer any questions that families may have about the treatment.

Handouts (1/2): *Collectivism*

Family Dynamics

Handout 2

Family Dynamics

The following are questions to help guide the discussion about your family's roles and structure.

Family

- What does the word *family* mean to you?
- What does it mean to you to identify as a member of your particular family?
- What is the structure of your family (e.g., Is there a hierarchy? Are there alliances or conflicts between certain members? Does one member tend to serve as spokesperson or moderator?)
- What values (e.g., humility, community, achievement) does your family hold?
- What cultural or ethnic traditions does your family enjoy doing together? What is the history behind those traditions?
- How does your family help each other/show that you care for each other (e.g., doing or buying things for them, emotional support)?

Handouts (2/2): *Collectivism*

Family Roles & Family Goals

Your Role in the Family

- How do you see your role(s) in the family (e.g., the mediator, the helper, the scapegoat, the breadwinner)?
- Are you satisfied with those roles?
- How do you contribute to your family?
- Do you think you could or should be contributing more or differently?

The Role of Others in Your Family

- What is the role of other members in your family (discuss each person)?
- How do they contribute to the family?
- Do you think they could or should be contributing more or differently?

Family Goals

- What is your ideal family?
- How does your actual family compare to your ideal family?
- What steps or changes would be necessary to bring you closer to your ideal family? [*These are areas that we will continue to address in subsequent modules such as communication training and problem-solving.*]

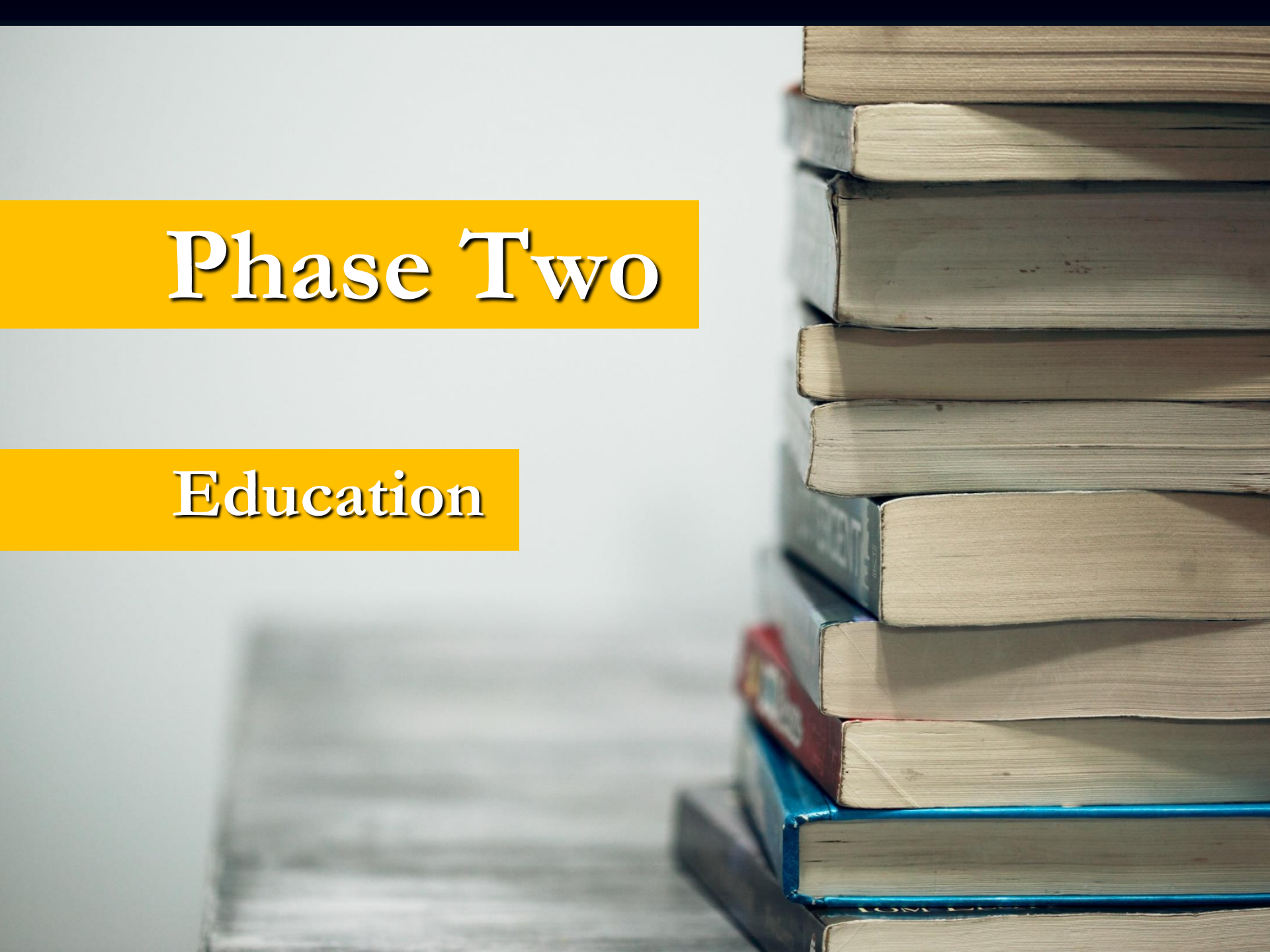
Family Collectivism: Homework

- For homework, participants may:
  - Describe how each family member feels that he/she might contribute differently in order to improve family functioning.
  - Point out behaviors in others that they appreciate, or think should be increased or modified.
  - Engage in traditions from their cultural backgrounds (e.g., making food together, activities like sports/ board games, watching a movie, listening to music)
    - Suggestions should only be made based on what the family has stated they enjoy.

Questions?

Phase Two

Education



Education

- Falloon et al. 1984; Goldstein and Miklowitz, 1995
- Education aims to provide information on:
  - Known causes and exacerbating factors of Schizophrenia.
  - How family and social interactions influence ill relative's mood, thoughts, and behavior.
    - Emphasis on attitudes and attributions, which are related to EE.
  - Positive and negative symptoms.

Case 2 - Psychoeducation

Mr. Williams, a 45y/o Black man with a history of schizophrenia, presented in therapy with his wife and their 19 y/o daughter, Imogen. Mr. Williams came in at his wife's request, because she noted he was sleeping less and talking to himself more than usual. Mr. Williams explains he has been more anxious about the police in his neighborhood. This coincided with a shooting approximately one month ago, when a close acquaintance was shot and killed by the police near his home. Mr. Williams says he believes the police have bugged his house, and he feels energized to solve the issue by installing a new security system and filling in all the gaps in his house so no radio waves can get through. His family reports he has also been talking more to his grandmother, who died a decade prior. He hears her voice more frequently when he is distressed, and he likes hearing from her. His daughter, a community college student who stated at the intake meeting, "I adore my father but lately I am afraid of him and for him. If things don't get better soon, I am moving in with my boyfriend."

Thoughts about this case? Anything you will want to especially explore in this module?

Handouts (1/6): *Psychoeducation*

Culture & Mental Illness

Schizophrenia in the Context of Culture

The following are questions to help guide discussion about schizophrenia in the context of culture.

- How is schizophrenia viewed within your culture of origin?
- What are the stigmas (if any) associated with mental illness?
- What does your culture of origin view as effective routes to the treatment of schizophrenia?
- How are mainstream approaches viewed in your culture of origin?
  - For example, is antipsychotic medication thought to be effective?
  - What about psychotherapy or family therapy?

Handouts (2/6): *Symptoms of Schizophrenia*

Common Positive Symptoms (Behavioral Excesses)

- Hallucinations (e.g., hearing or seeing things that others cannot hear or see)
- Delusions (e.g., thoughts that most others in your culture would regard as unlikely)
- Odd thinking and speech (e.g., vague, metaphorical, overelaborate speech)
- Suspiciousness or paranoid ideation (e.g., beliefs that others are trying to harm you)
- Ideas of reference (e.g., beliefs that others are talking about you)
- Inappropriate affect (e.g., laughing for no reason or upon hearing sad news)

Common Negative Symptoms (Behavioral Deficits)

- Constricted or flat affect (e.g., restricted smiling or facial expression)
- Poor hygiene (e.g., failing to bathe, wearing wrinkled clothing)
- Poverty of thoughts (e.g., difficulty finding words to express oneself)
- Slowness of movement
- Lack of motivation or drive, disinterest in close friends or confidants

Common Cognitive Symptoms

- Disorganized thinking (e.g., thought pattern is disorganized)
- Difficulty concentrating (e.g., difficulty following instructions, planning)
- Memory impairments (e.g., managing information in the brain)

Handouts (3/6): *Other Symptoms*

- Exploring other mental health symptoms and difficulties can also assist in helping clients see mental illness as a spectrum rather than a binary.

- Useful to have other family members acknowledge symptoms of depression, stress, anxiety, as those should also be addressed in treatment.

Handouts (3/6): *Other Symptoms*

Symptoms of Depression

- Persistent sad, anxious, or empty mood (e.g., loss of enjoyment in activities you used to enjoy)
- Sleep disturbances (e.g., sleeping too much or having difficulties getting to sleep or staying asleep)
- Appetite disturbances (e.g., loss or increase in appetite)
- Feelings of worthlessness or hopelessness (e.g., feeling hopeless about yourself, your situation, or the future)
- Decreased interest in sex
- Poor concentration (e.g., trouble making decisions and/or focusing on everyday tasks)
- Thoughts of suicide or suicide attempts

Symptoms of Anxiety

- Excessive and uncontrollable worry
- Restlessness (e.g., feeling keyed up, on edge, and unable to relax)
- Physical tension
- Sleep disturbances (e.g., having difficulties falling asleep or maintaining sleep)
- Poor concentration (e.g., having difficulties making decisions, difficulties concentrating on reading a book or on day-to-day tasks)
- Irritability (e.g., becoming easily angered or annoyed)
- Feeling tired or exhausted easily
- Feelings of panic (e.g., racing heart, sweating, shortness of breath, chest pain, nausea, fear of dying)

Handouts (4/6): *How Do People Get Symptoms of Schizophrenia*

The emergence of schizophrenia is often misunderstood. The following are some facts about its development.

- Genetic predisposition
  - The rate of schizophrenia in first-degree relatives of people with schizophrenia is 8% to 10% higher than that in people who do not have first-degree relatives.
- Biological predisposition
  - The nervous system may respond more strongly than it should, especially when under stress.
- Interactions
  - A stressful environment (e.g., increases in demands, life-changing events, sleep deprivation) may heighten the existing genetic/biological vulnerability.
    - In fact, age of onset for schizophrenia is usually in the late teens, when individuals are going through potentially stressful changes, such as beginning college or starting a career (stress occurs even if the changes are perceived as positive).
  - Drug abuse (e.g., alcohol, cannabis, synthetic drugs, cocaine) can also heighten the existing genetic/biological vulnerability

Substance Abuse and Schizophrenia

- Comorbitity is as high as 59% (Cantor-Graae, Nordstrom, & McNeil, 2001)
  - Most common comorbid disorder in patients with Schizophrenia (Ziedonis & Nickou, 2001)
- Detrimental effects:
  - Triggering onset of schizophrenia
  - Relapse
  - Exacerbation of symptoms
  - Suicide
- Increased likelihood of poor clinical outcome if substance abuse is ignored (Rosenthal, 2002)

Handouts (5/6): Course of Schizophrenia

There is not a universal course for schizophrenia, and a variety of factors influence its course.

- The course of schizophrenia varies.
  - Some people have one or two episodes of psychosis and never have more (though this is rare).
  - Some have several months or years between episodes.
  - Others fluctuate rapidly between episodes of psychosis and periods of wellness.
- While the course is not predictable, there are skills that can protect against relapse such as
  - Consistently taking medication and consulting with your psychiatrist.
  - Consistent psychotherapy.
  - Social support from loved ones.
  - Consistent and sufficient sleep.
  - Maintaining low levels of stress.

Handouts (6/6): How can family help?

Family members can also be helpful in protecting against an illness recurrence in a variety of ways.

- Some ways in which the family can help include
  - Encouraging professional help-seeking and sticking to treatment (e.g., therapy and medication).
  - Noticing and helping identify new symptoms, changes in symptoms (e.g., frequency), and potential signs of relapse.
  - Learning the symptoms and understanding they are not the individual's fault.
  - Keeping a cohesive and warm environment in the home (avoiding criticism and hostility toward the person with a schizophrenia spectrum disorder).
  - Helping to maintain lower levels of stress both within the family environment and in their loved one by
    - Maintaining realistic expectations of their loved one and themselves (e.g., related to chores, school, work).
    - Encouraging a low-stress home environment (e.g., being less emotionally overinvolved and critical of their loved one).

Handout: *How Can the Family Help?*

- Support the use of medication
- Maintain tolerant & low key home atmosphere (low EE)
  - Reduce performance expectations to realistic level
  - Encourage participation in treatment and low stress activities

Questions?

Case 3 -Spirituality

Noor is a 55 y/o, married Sunni Muslim Pakistani woman on disability, diagnosed with schizophrenia. Outside of three relapses triggered by big life changes, Noor mostly struggles with negative symptoms (e.g., asociality, low motivation). Noor scheduled a mental health appointment because she has been struggling to get out of bed. She explains, "What is keeping me in bed is a jinn holding me down. It stops me from doing my prayers and makes me lazy. I should do my wudhu and pray, but once I get out of practice, I feel guilty and avoid it." Her husband is becoming increasingly annoyed with her because she no longer helps around the house with the cooking and cleaning and does not seem interested in communicating with their adult children when they call on the phone and visit.

Thoughts about this case? Anything you will want to especially explore in this module?

THANK YOU!!!!!!!

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