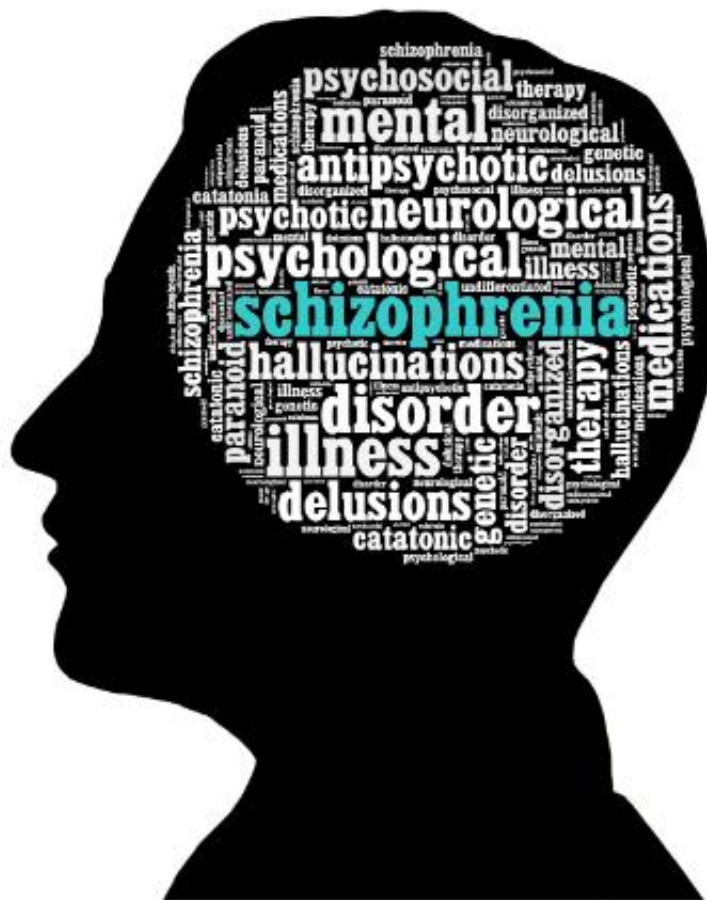


Relying on faith, culture and family to reduce stress of caregivers

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Schizophrenia is a chronic, severe and disabling psychiatric disorder that affects about one percent of the population in the United States. Approximately 60 percent of those suffering from this condition live with a relative. Despite the fact that family interventions have shown to significantly improve outcomes for individuals with schizophrenia, only about seven percent of patients with this illness receive any family therapy.

A novel culturally-informed [treatment](#) focused on caregivers of people with schizophrenia offers needed support. The treatment developed by researchers at the University of Miami (UM) College of Arts and Sciences utilize the cultural beliefs, values and behaviors of caregivers to help them cope with the stress of caring for a loved one with schizophrenia.

"We wanted to develop a treatment intervention that taps into [cultural beliefs](#) and values that we hypothesized would make the treatment more engaging and relatable to many ethnic minorities that do not necessarily embrace the current mental health care system, said Amy Weisman de Mamani, Ph.D., associate professor of psychology in the UM College of Arts and Sciences and principal investigator of the study. "We hoped to develop a treatment that was not only aimed at benefiting patients, but explicitly focused on reducing caregiver distress as well."

The findings published in the journal *Psychotherapy* of the American Psychological Association show that the new treatment markedly reduces caregiver burden, shame and guilt, implying an improvement in the quality of life for caregivers and patients alike.

"Caring for a patient with severe mental illness can have adverse consequences for the caregiver and ultimately for the patient," said co-author of the study Giulia Suro, Ph.D., a doctoral student in the UM Department of Psychology when the study was conducted. She is now a

practicing clinical psychologist. "These include reduced opportunities to earn an income, socialize, and take care of one's own personal needs."

Since the degree of perceived burden and emotions that we experience are tied to one's cultural view of the world, the project examined whether adding culturally based segments to an already established [family](#) focused treatment for schizophrenia would reduce patients' psychiatric symptoms and caregiver distress beyond what a psychoeducation-only family intervention would.

The results show that CIT-S and the psychoeducation-only family intervention were equally and highly effective in reducing shame, although CIT-S markedly outperformed family psychoeducation in reducing caregivers' burden and guilt.

For the study, participants undertook a 15-week family-focused, culturally-informed treatment for schizophrenia (CIT-S). The researchers incorporated modules on spirituality, or religion and family collectivism to already established psychoeducational and communication modules.

Sixty percent of the participants were Hispanic, 28 percent Caucasian, eight percent African American and nearly four percent identified as "Other." The researchers believe that the treatment is not specific to particular group, but rather may be helpful to all ethnic, racial and cultural groups.

In the spirituality module, the study aimed at helping families' access beliefs and practices that could help cope with the illness, such as prayer, meditation, volunteerism, and attending religious services. Family members that did not subscribe to any particular religious practice or belief participated in parallel exercises that didn't specifically reference "God" or "religion."

In the family collectivism module, the study assessed and encouraged the ability of family members to develop the perspective that they are part of a unified team working towards common goals.

The study, titled "The effect of a culturally-informed therapy on self-conscious emotions and burden in caregivers of patients with [schizophrenia](#): A [randomized clinical trial](#)," is a follow-up of a December 2014 study published in the *Journal of Family Psychology*. In that study, the authors shared the first findings about the effect of the CIT-S on patient's psychiatric symptoms, showing that CIT-S is better at reducing patients' [psychiatric symptoms](#), than the psychoeducation-only intervention.

In future research, the researchers would like to test whether CIT-S can outperform a matched length control treatment that includes all of the components of CIT-S, except those that directly tap into participants' cultural beliefs, values, and behaviors to verify that the use of adaptive cultural practices and belief systems are what account for the efficacy of CIT-S.

Provided by University of Miami

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