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# The Effectiveness of Group Family Psycho-Education on Perceived Stress of Bipolar Patients Care Givers

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A B S T R A C T

The current study has been done with the aim of studying the efficacy of group family psycho education on bipolar patients caregivers perceived stress. This research's design is semi-experimental pre-post-test with control group. Using convince sampling 40 of patients who has been recognized as bipolar patients based on their case records and Skid's semi-structured clinical interview and who were willing to cooperate were chosen and randomly replaced in control and experimental groups. Then Chohen's perceived stress questionnaire was filled by caregivers. The experimental group went through an 8 session training of family psycho education. After the therapeutic course the mentioned test has been conducted for both groups. The results has been analyzed using SPSS 21 version. The statistical method includes descriptive statistics (including mean, standard deviation, scores minimum and maximum) and inferential statistics (ANOVA). The results of ANOVA showed that there is a significant difference between control and experimental groups perceived stress post test scores (P<0/05). Results showed that family's psycho education can be useful as an effective therapy for reducing perceived stress.

***Keywords:*** Family Psycho Education, Perceived Stress, Bipolar Patients.

## INTRODUCTION

Mood disorders are characterized with emotional disturbance so the person experiences an abnormal spectrum of depression and happiness(Kaplan & Sadock, 1989; Stern, Rosenbaum, Fava, Biederman, & Rauch, 2008). The heavy and inevitable consequence, recurrent nature and heavy cost of mood disorders is reason for it being in the row of disabling disorders, bipolar disorder in an important one of these disorders and people with this disorder would experience some drastic mood changes. Bipolar disorder effects the ability of experiencing natural mood states and causes disorder in the person's bio and environmental performance. Effective factors must be recognized, treated or controlled in order to improve these patients. Biological, psychological, emotional and environmental aspects are some of these effective factors that can be considered as an vulnerable model(Grande, Berk, Birmaher, & Vieta, 2016; Pour kamali & Samsamshariat, 2014). In other hand this is important that chronic diseases are an interpersonal, social and cultural matter and shouldn't be considered only as the story of patient's experience.so when a patient inters into a family as an uninvited guest, they would disrupts the essential

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balance that exists in the family system in borders, expectations, desires and hopes. So family system cannot be ignored in diseases, because in that case the family would fight against the therapy and the therapeutic team by denies, prejudices, shame and ambivalences(Insel, 2010; Magliano, Fiorillo, De Rosa, Malangone, & Maj, 2004). It seems that taking care of a bipolar patient is a responsibility that brings a lot of pressure and stress for the family members that reduces these people's life quality. In fact the perceived stress and family members understanding of the existed situation and the pressure due to the disease's side-effects can be effective on improvement and recovery process .based on this, the perceived stress defines as the body's reaction towards a change that requires coping or physical, subjective or emotional response. Stress can created by any stress-full factor or stimuli, even being in touch with a patient(Fink, 2010; Nicolaides, Kyratzi, Lamprokostopoulou, Chrousos, & Charmandari, 2015).

The concept of perceived stress retrieved from Lazarus and Folkman (1984) theory about the role of assessment in stress process. Based on Lazarus's findings(Lazarus, 2006); the process of stress is created by interpreting an event as the event that imposes pressure on the person. This interpreting of the stressful event presents the concept of assessment that defines the situation being threatening or safe(Lazarus & Folkman, 1984). People usually assess events in different ways and this make some of them more vulnerable toward stress's unpleasant consequences(Vollrath & Torgersen, 2000).

Mental ill people's relatives usually feel lack, stigma and struggle with feelings such as lack of knowledge, rage and shame(Vaddadi, Soosai, Gilleard, & Adlard, 1997). They also don't have the knowledge about the diseases content, it's treatment and patients management(Gater et al., 2015; Stengård, Honkonen, Koivisto, & Salokangas, 2000). So the families need information, support, education and skills in order to cope with and reduce the stress on themselves that can lead to the disease's process improvement and reducing the patient's relapse(Aylaz & Yıldız, 2018; Veltman, Cameron, & Stewart, 2002). In the other hand since the families and mental patients care givers are to more clinical stressful factors and thy precept the situation like a threat the patients disease turn into a insufficiency and it Intensifies the family's stress and this pressure itself can affect the disease's process. Based on these environmental and social factors must be notices in the treatment process. According to what have been mentioned, psychotherapies and especially psycho-social therapies have been noticed more than before on the side of medicine treatment in recent years. One of this interventions that is family based in family psycho-education(Miklowitz, 2019; Miklowitz et al., 2008).

Psycho education is a kind of intervention that families will be given some information about the disease such including prevalence, etiology, treatment method's prognosis, prevalent medicine, expressed emotion within the family's knowledge, managing and controlling patient's disordered behavior(Atkinson & Coia, 1995; Chan, 2011), that can be performed individually or in groups(Chien & Wong, 2007). This method can be used in order to enable the patient to increase bipolar patients social capabilities, initiatives, practical skills, and inter personal relationships and it's purpose is to enable the patient to earn social-job skills in order to create an independent life(Mueser & Glynn, 1995; Williams, 2006).

Family psycho-education is also an effective way to help patients family's in the field of managing problems due to disruption existence in the family and create essential skills for supporting the patient's improvement. When the family members feel like they are a member of the health team, they can take more and better care of the patient. This collaborate makes the family to earn necessary information about in the fields related to the disease's context .And it's estimated that " creating favorable condition" within the family will protect the patient from relapse, reduce the stress in the environment of the house and thereupon help the patient getting better with the symptoms. In other way by using knowledge and suitable methods, mental disorders effects will be reduced and also different research's length and result about the impacts

of types, disease's length and will be reduced(Fristad, Gavazzi, & Mackinaw-Koons, 2003; Szentagotai-Tatar & David, 2018). Psycho –educations are effective on mood disorders and patient's relative's mental health improvement.

Based on these helping family for better coping with problems and patient-related issues can be effective and useful either for the family members their-self and for patient's relationship with them and finally it can help patients improvement. So in the current study it has been tried to answer the question that is group psycho education for families effective on reducing perceived stress on bipolar patients care givers?

## METHODOLOGY

The current study is semi-experimental pre and posttest with control group in the respect of performance. The population is consisted from all hospitalized patients, Iranian hospitals in 2016 with bipolar disorder. The sampling method was convince method thus 40 of patients who has been recognized as bipolar patients based on their case records and Skid's semi-structured clinical interview and who were willing to cooperate were chosen and randomly replaced in control and experimental groups (each group 20). Then Chohen's perceived stress questionnaire was filled by caregivers. The experimental group went through an 8 session training of family psycho education. After the therapeutic course the mentioned test has been conducted for both groups.

**Perceived stress scale:** Perceived stress scale has been provided by Cohen, Kamarck, and Mermelstein (1983). This scale has three version witch they had 4, 10 and 14 item and each item would be answered by a 5 degree spectrum ( nothing, less, average , much, very much) and score's domain is changeable from 0 to 56 and examinees upper score shows a high level of perceived stress(Cohen et al., 1983). This questionnaire is used in order to assess general perceived stress in last month. Also it assesses thoughts and feelings about stressful events, control, and conquest, mental pressure coping and perceived stress. Also it studies risky factors in behavioral disorders and shows stressful relationships process. Cohen et al. (1983), in order to calculate criterion-related validity have calculated its correlation coefficient by semiotic measures e between 0.52 to 0.76 .they also calculated it Pss's re-test reliability to be equal to 0.85. Also in the current study the perceived stress reliability coefficient has been obtained to be 0.91 using Cronbach's alpha.

Treatment method used in the current research was retrieved from Dr Mottaghi pour's design that has been conducted in 8 session and each session 90 minutes .the session's summary is as followed:

**Table1.** Psycho education sessions table

| Psycho-education | Title | Topics discussed in the sessions |
|---|---|---|
| First session | Group member's referrals, familiarity with the method of the work and presenting preparations | Referrals, introducing the group's rules, the aim of teaching the patient, an introduction about mood and affect, future sessions plan |
| Second session | Knowing the disease | Introducing the group's rules, asking questions of previous session's material, defining the bipolar disorder, the diseases symptoms and phase |
| Third session | The disorder's etiology, prevalence and development | Introducing the group's rules, asking questions of previous session's material, the bipolar disorder's reason, the disorder's prevalence, wright and wrong beliefs about it |
| Fourth session | Treatment and follow up | Introducing the group's rules, asking questions of previous session's material, using the psychiatrist colleague 's help in order to explain the disorder's pharmacological therapy, |

| | | |
|---|---|---|
| | | the disorder's Non-pharmacological treatment, discussing not taking medications |
| Fifth session | Warning signs and preventing relapse | Introducing the group's rules, asking questions of previous session's material, warning signs recognition, preventing the disorder's relapse, sleep regulating, daily mood study table |
| Sixth session | Coping with the disease | Introducing the group's rules, accepting the disease, coping with the disease |
| Seventh session | problem solving skill | Introducing the group's rules asking questions of previous session's material,, teaching problem solving skill, problem solving practice paper |
| Eighth session | Amelioration and special topics | asking questions of previous session's material, special topics, arranging the aims, positive spots review |

## RESULTS

Table two shows descriptive statistic-related factors for the intended sample including mean and standard deviation for perceived stress variable.

**Table 2.** Mental health variable's statistic indicators

| Variables | Statistical indicator's | Experimental group | | Control group | |
|---|---|---|---|---|---|
| | | Pre-test | Post-test | Pre-test | Post-test |
| Perceived stress | Mean | 41.80 | 31.10 | 41.55 | 41.30 |
| | Standard deviation | 6.81 | 6.90 | 6.85 | 7.04 |

Based on table two's results, examinees scores mean for perceived stress variable, experimental group had reduced in the post-test.

In order to study how the experimental intervention did influenced perceived stress's variable, covariance analysis has been used. Based on these in order to reassure that the current study's data will provide the infrastructural assumption of the covariance analysis, they have been studied and covariance analysis's assumptions including normality, homogeneity of variance, regression slope and linearity have been studied.

**Table 3.** The results of Levin's homogeneity of variance test in perceived variable

| Impact | Dependent variable | Df | Df | F | Significance level |
|---|---|---|---|---|---|
| Group | Perceived stress | 1 | 1 | 0.937 | 0.339 |

Results indicate that Levin's test in not significant in perceived stress variable (P=0.339and F=0.937). So the experimental and control group's variance are not significantly different in dependent variables and the homogeneity of variances assumption is confirmed.

**Table4.** The covariance of analysis's summary for comparing perceived stress post-test mean with experimental and control group pre-test control

| The source of changes | SS | DF | MS | F | P | Eta |
|---|---|---|---|---|---|---|
| Group | 1086.963 | 1 | 1086.963 | 106.483 | 0.0001 | 0.724 |

As it has been showed in table 4 after adjusting perceived stress pre-test scores there is a significant difference between control and experimental group's scores (F=106.483 and $P \leq 0.05$).so it can be concluded that family psycho-education has been effective on post-test level of experimental group's examinees and it has reduced their perceived stress.

## CONCLUSION

Based on the current research's obtained findings, family psycho-education will lead to perceived stress's reduction in the experimental group. As it has been mentioned before while care givers take care of a mentally ill person who is one of their own family's member, the caring role can be challenging and stress-full for them and it might be along with negative feelings such as anxiety, depression and the feeling of losing control on life. In the other hand high levels in the family can affect the mentally ill member and it will lead to the disease's symptoms recurrent and their renewed hospitalization. In addition the family's ability increasing may help patients in the acute situation so they can cope with out of house stresses in a more continuous way. Also help them in pursuing their goals. The reason says that reducing care givers stress, anxiety and depression in one hand and increasing their mentally ill family member care giving knowledge in other hand will lead to therapeutic and care giving service's quality improvement and patients can live their lives in the side of their families and benefit their natural life. So reduction in the pressure due to care giving is one of the important aims of family intervention that can keep the family members in touch with the ill member as before when they use to be mentally and physically healthy. In this regard, teaching stress control and problem solving skills will help the family to take care of their patient in the chronic periods with the patient's least pressure taking and will help them to be aware of their role in increasing and decreasing stress and psychological pressure in the family and thereupon by using their abilities and resources or through compensational factors pass the difficulties and problems successfully and pass the unpleasant situation by changing their performance patterns and changing the unpleasant situation.

These items can be mentioned as the research's limitations: lack of generalizability of results to the other communities because of cultural reasons, difficulties in accessing bipolar patients and lack of care givers cooperation and lack of performing follow up test because of inaccessibility of the sample in long-term. Based on these it is suggested that in order to the research's issue better explanation longitudinal researches be performed in the field. Also considering families role in improving or intensity of the disease, teaching them stress control, problem solving and communicational skills and also coping styles seems essential.

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