Reduction of Family Members' Expressed Emotion Through Therapy

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Abstract

Expressed emotion (EE) of family members negatively influence the treatment outcome of patients with mental disorders (Gar & Hudson, 2009; Garcia-Lopez et al., 2009; Linszen et al., 1997; and Uerhara et al., 2001). Expressed emotion is the hostility, critical statements, and emotional overinvolvement relatives direct toward a family member with a disorder. Gar and Hudson (2009) and Uerhara et al. (2001) showed that therapy/psychoeducation lowered family members' EE levels. To determine if a parenting video would have a similar effect in reducing EE in family members, especially those with a high level of EE we had 15 participants self-administer the Family Attitude Scale on two separate occasions with seven days between. They were divided into two groups: Video (n= 7) and No Video (n = 8). Participants in the Video group viewed the parenting video "Positive Parenting: 5 Strategies for Being a Patient Parent". The results were nonsignificant and therefore did not support our hypothesis.

Keywords: expressed emotion, parenting video, Family Attitude Scale (FAS)

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Numerous studies have shown the negative influence of others' expressed emotions (EE) upon patients with mental disorders (Gar & Hudson, 2009; Garcia-Lopez et al., 2009; Linszen et al., 1997; and Uerhara et al., 2001). Expressed emotion (EE) is the negative emotions and attitudes, such as hostility, critical statements, and emotional overinvolvement that relatives direct toward a family member with a disorder. Expressed emotion can be identified through recorded interviews with family members and may be rated as high or low. High EE expressed by others towards patients with mental disorders has resulted in poorer treatment outcomes for the patients. Garcia-Lopez et al. (2009) found that adolescents with parents low in EE showed a significant reduction in their anxiety scores after treatment and were able to maintain those reduced scores. Research into reducing family members' EE may lead to better treatment outcomes for the patients. The following studies have examined the effects of family members' EE on patients and identified two ways to lower EE in family members.

Linszen et al. (1997) analyzed the significant role expressed emotion (EE) contributed as a risk factor in relapse of patients with disorders such as schizophrenia and other psychological disorders. The researchers chose the participants based on the diagnosis of schizophrenia or a similar disorder. The patients were required to be between the ages of fifteen and twenty-six and had to be living with their parents or other family members.

The study began with inpatient treatment during which patients were treated with medication to reduce or maintain symptoms (Linszen et al., 1997). Family members were analyzed through recorded interviews and scored according to the Camberwell Family Interview (CFI) procedure that determines high or low EE. The patients then left inpatient treatment and

entered outpatient treatment where they would be in close proximity with family members. Eighty-five families were placed into either “inpatient and psychosocial intervention (IPA): or inpatient and psychosocial plus behavioral family intervention (IFPI)” (Linszen et al., 1997, p. 121). Fourteen variables were first considered in a Cox regression analysis to determine risk factors of relapse for the patients. Of those fourteen, only the six predominant predictors were used. The six variables that were further analyzed included; gender, schizophrenia, multiple episodes, age at onset of first psychotic episode, expressed emotion, and cannabis abuse. The study showed high EE to be the most significant risk factor for relapse for the patients involved in the study.

Garcia-Lopez, Muela, Espinosa-Fernandez, and Diaz-Castela (2009) examined the effect of expressed emotion (EE) of parents/guardians on the treatment outcome of adolescents diagnosed with social anxiety disorder (SAD). They predicted that the treatment outcome would be poor for those adolescents whose parents rated high in EE.

The study included adolescents with a primary diagnosis of SAD and their parents/guardians. Individuals with any psychiatric condition that may have limited their ability to understand psychotherapy were excluded. Three different measurements were used to determine their levels of impairment at each of the following time periods: prior to treatment, post treatment, and at a 6-month follow-up. The Five Minutes Speech Sample (FMSS) was administered to the parents to ascertain their EE rating. The FMSS involved instructing the parents to talk about their children for five minutes. The language of the parents’ speech was then coded for criticism, hostility and emotional overinvolvement in order to provide an EE rating. Of the 16 parents, 6 were rated high in EE and 10 were rated low.

The adolescents received a school-based, cognitive-behavioural intervention designed to reduce social anxiety: Intervencion en Adolescents con Fobia Social (IAFS (Treatment for Adolescents with Social Phobia)). They also attended twelve 90-minute weekly group sessions. Weekly individual sessions were scheduled on an as needed basis. Adolescents with parents low in EE showed a significant reduction in their anxiety scores after treatment and were able to maintain those reduced scores at the 6-month follow-up. Those with parents high in EE did not see a significant reduction in their anxiety scores.

Garcia-Lopez et al. (2009) concluded that high EE exhibited by parents of adolescents seeking treatment for SAD must be taken into consideration in order to increase the treatment success rate. They recommended further research into reducing EE through parent training.

Gar and Hudson (2009) conducted a study to determine whether high EE in mothers could be reduced through parent training in the form of family-based cognitive behavior therapy. They hypothesized that therapy would result in a reduced number of mothers with high EE.

Included in the study were clinically anxious children and their mothers. The mothers completed the FMSS before and after treatment for comparison purposes. Prior to treatment 29.2% of mothers were rated high in EE and 70.8% were rated low in EE. The children and mothers attended 10 weekly cognitive behavioral therapy sessions of around 120 minutes each. The sessions were divided equally between children only, mothers only, and children and mothers together. The post treatment FMSS ratings showed a decrease in the number of mothers high in EE (reduction from 29.2% to 14.6%). This study demonstrated that family-based cognitive behavior therapy designed for the parent can reduce high EE.

Uerhara, Kawashima, Goto, Tasaki, and Someya (2001) investigated the impact of psychoeducation in lowering EE in families of patients with eating disorders. Uerhara et al. (2001) argued that patients with eating disorders had a higher chance of relapse when their family members were rated high EE. The study consisted of patients who had been diagnosed with an eating disorder according to the DSM-IV and their closest family member. The family members were required to attend five meetings held once a month that consisted of an hour of lecture and an hour of group discussion. EE was assessed in family members through the Five-Minute Speech Sample. The FMSS was conducted at the first session and again after the last session. The study concluded that the family members that began the sessions with high EE had significantly lower rates of EE after the final session. Uerhara et al. (2001) suggested further studies should include a control group to strengthen the claims made about psychoeducation in reducing the rates of EE in family members.

High expressed emotion exhibited by family members leads to poor treatment outcomes for patients (Garcia-Lopez et al., 2009 & Linszen et al., 1997). Garcia-Lopez et al. (2009) explored the effect of family members' high EE upon patients with SAD. They rated the family members' levels prior to the patients' treatments. There was no attempt made to reduce family members' high EE levels. Their results reflected that patients whose family members had a lower EE rating prior to treatment had better treatment results, a reduction in anxiety, and were able to maintain the lower anxiety up to the 6-month follow-up.

Gar & Hudson (2009) and Uerhara et al. (2001) demonstrated that cognitive behavior therapy and psychoeducation reduce family members' high levels of EE. Gar and Hudson (2009) studied the effect of cognitive behavior therapy (CBT) upon parents' levels of EE. They

measured the parents' levels of EE before and after CBT, but did not relate the EE level to the patients' treatment outcomes. Their study showed that CBT did reduce parents' EE. The study conducted by Linszen et al. (1997) analyzed the impact of behavioral family intervention in relation to family members' rates of EE. The family therapy taught family members awareness, as well as problem solving strategies to help the patient within the family. The importance of the study was to find ways in which to lower the risk factors that contribute to psychotic relapse. The study administered through Uehara et al. (2001) examined psychoeducation as an option for lowering high rates of EE in family members. Their study analyzed the family members of patients with eating disorders and the consequences that high EE had on relapse for those patients. The family members were determined to have lower rates of EE following five sessions of psychoeducation in which they were presented with lecture and group discussion.

Even though these studies show that family members high in EE (Garcia-Lopez et al., 2009 & Linszen et al., 1997) affect the treatment outcomes of the patients in a negative manner. Gar and Hudson (2009) and Uerhara et al. (2001) show that therapy/psychoeducation lower family members' EE levels. However, there is little research in the relationship between lowering family members' EE levels and patients' treatment outcomes. Gar and Hudson (2009); Garcia-Lopez et al. (2009) and Uerhara et al. (2001) suggested that further research into reducing family members' EE needs to be done prior to determining if a family member's lowered rate of EE will have a positive effect on patient treatment outcomes. This gap has lead us to explore the possible effect of parent education classes upon EE.

Our study will examine participant's level of EE through a survey called Family Attitude Scale (FAS). The participants will be randomly placed in either the experimental group or the

control group. The experimental group will be asked to view a parenting video that will be equivalent to a parenting education class. The control group will not view the parenting video, however their rates of EE will be compared to the experimental group. Following the viewing, participants from both groups will be asked to take the questionnaire to determine whether their rates of EE are different, specifically whether those that watched the parenting video have reduced EE.

We hypothesized that watching a video equivalent of a parent education class will help reduce EE levels in family members. The results of our study could potentially provide a method to reduce family members' high EE levels in order to improve patient outcomes.

Method

Participants

The participants were recruited using flyers distributed within two Oregon communities and by way of an invitation through Facebook. For the initial survey, 62 participants visited the provided weblink to the survey. Inclusion criteria was based on currently having children under the age of 18, whom they care for in their homes. Three of the respondents were disqualified due to no children under the age of 18 in the home. Of the 59 qualified participants, 39 provided their e-mail address to receive notification to complete the second survey. Fifteen participants responded to and completed the second survey. The participants were divided into two groups. There were seven participants who viewed the parenting video and eight who did not view the video. The participants reported the general age of their oldest child: 0-5 years (n = 10), 6-10 years (n = 1), 11-15 years (n = 2), and 16-17 years (n = 2). The participants were unaware of the

hypothesis and were informed that the study was to help provide a better understanding of parenting styles.

Materials

The experiment was presented using Survey Monkey. The parenting video "Positive Parenting: 5 Strategies for Being a Patient Parent" was used with permission from Samantha Moe. The Family Attitude Scale (FAS) was used with permission from Elsevier. The FAS measures a person's level of expressed emotion. Participants rated 30 statements either: everyday (4), most days (3), some days (2), very rarely(1), or never(0). Two examples of statements included are "It is good to have him/her around." and "He/She makes me feel drained." The first type of statement is considered positive and is reversed scored (ex. everyday = 0). This allows the overall score to reflect the negative or expressed emotions of the participant towards their family member. A person was considered to have a high level of expressed emotions if the score was 50 or higher (Kavanagh et al., 1997).

Procedure

Participants were first asked if they were currently caring for children under the age of 18 in their home. If the answer was "YES", they were prompted to continue on to the next step. If the answer was "NO", they were given thanks for their time and the experiment was discontinued. Participants were then asked to choose the age group their oldest child under the age of 18 (0-5, 6-10, 11-15 or 16-17 years of age). All participants completed an initial Family Attitude Scale (FAS) to create a baseline of their EE level . Participants were then asked if their year of birth was odd or even. Those with an odd year of birth were assigned to view the parenting video. All the end of the survey all participants were prompted to supply their e-mail

to be notified to complete the second FAS. Five days after completing the first FAS each participant was sent an e-mail reminder to complete the second FAS within the next 48 hours.

Design

This between-subjects experiment measured the effectiveness of a parenting video in the reduction of expressed emotion. Participants were assigned to either participate or not participate in viewing a parenting video based on year of birth. Subjects with odd numbered years were assigned to view the video, and those with even numbered years did not view the video. All participants completed the Family Attitude Assessment (FAS) twice with seven days between the initial and second survey. One week after completing the first FAS, each participant completed the second FAS. After the participants completed the second FAS, their results were gathered from Survey Monkey. Participants were debriefed after completing the second FAS.

Results

Our hypothesis was not confirmed: There were no significant differences in the second surveys' scores between subjects who viewed the parenting video ($M = 21.43$) and those who did not view the video ($M = 25$); $F(1,13) = .6$, $p = .444$; (see Figure 1). The results of a two way between subject ANOVA showed there was no main effect of viewing the video upon the FAS scores, $F(1) = .9$, $p = .362$. There was no main effect of the time of the survey upon the FAS scores, $F(1) = .13$, $p = .724$. There was no interaction of the viewing of the video and time of the survey upon the FAS scores, $F(1) = .012$, $p = .914$; (see Figure 2).

Discussion

We hypothesized that the experimental group who participated in watching the video as well as taking both the initial and a second FAS would have significantly lowered their rates of

EE. The results showed nonsignificant results for both the experimental and the control group. The experimental and control groups first filled out the FAS questionnaire to determine each individual's level of EE. The experimental group then watched the parenting video we considered to be equivalent to a parenting class, psychoeducation, or cognitive behavior therapy, as these were the methods used in previous studies. Both groups were then asked to complete the FAS seven days following the initial FAS to compare rates of EE. The experimental group showed minimal lowered rates of EE following the viewing of the video. We anticipated that the video would lower EE level in a manner similar to the therapy approaches used by Gar & Hudson (2009) and Uerhara et al. (2001).

There are several issues, if addressed, that may lead to success in reducing EE levels through the use of parenting videos. The video chosen may have been too short in duration and may not have had the type of information to impact the participant's rates of EE. Gar and Hudson (2009) and Uerhara, Kawashima, Goto, Tasaki, and Someya's (2001) studies included therapy sessions that involved 10 weeks and 5 months respectively and with information specifically designed to address the very issues that cause high EE. A series of parenting videos that involved several hours-worth of training may have led to a decrease in the EE levels. Neither the experimental nor the control group began with high rates of EE (a score of 50 or higher) as determined through the first FAS. Each of the studies reviewed in this paper had participants that began with high EE levels. It is possible that persons who already have low EE levels do not feel the need to make changes to their behavior or only minor changes that may be too subtle to be measured by the FAS. The time between the surveys may have been insufficient to allow changes in behavior and attitudes to take place in order to be measured by the FAS.

Another issue may have been the ages of children living in the home. The ages of the children included in the studies reviewed in the paper were of middle school age thru college age. In the present study all ages were accepted, but the majority of the children were five years of age or younger. Our study did not have the significant results as previous studies did with lowering rates of EE through therapy methods, however we suggest that by changing aspects of our study, significant results might be observed. Further research is suggested to further substantiate previous studies that have shown that therapy can reduce rates of EE in family members.

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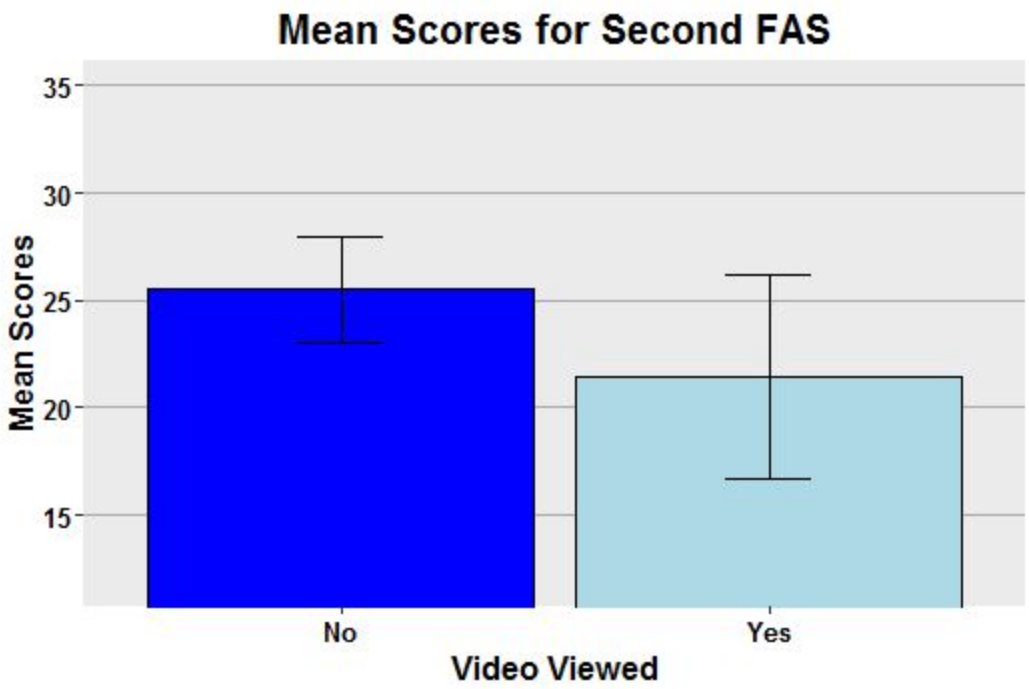

Figure 1. The mean scores for the second FAS. Error bars reflect standard error of the means.

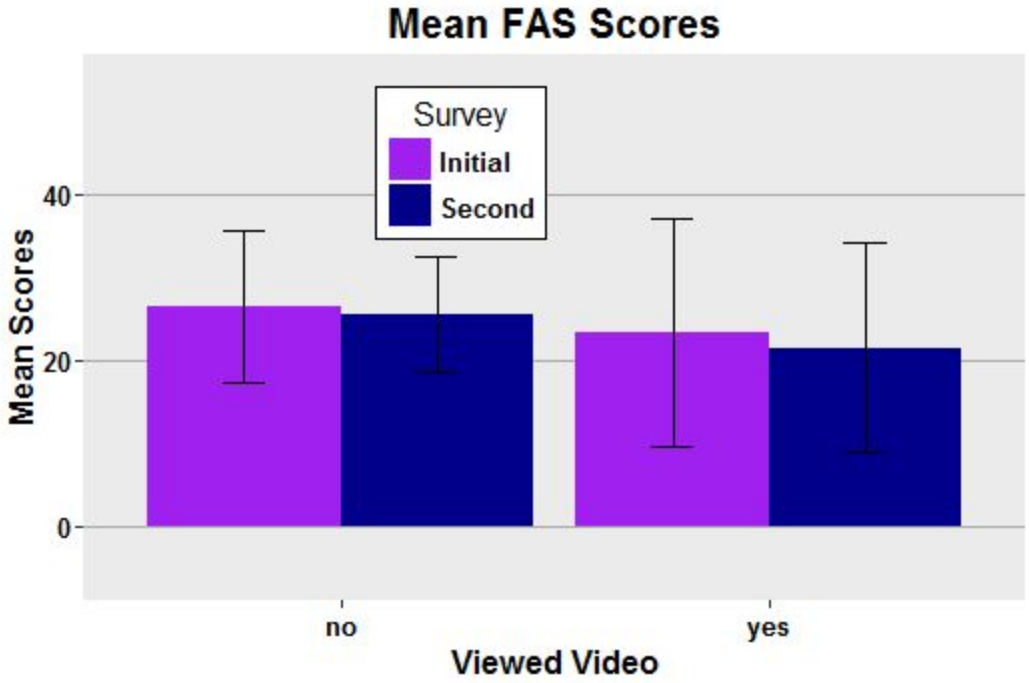

Figure 2. The mean scores for the initial and second survey for participants who viewed or did not view the parenting video. Error bars reflect standard error of the means.