

# Hope in family members of people with mental illness- effect of a Dynamic Cognitive Intervention (Keshet - Rainbow)



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# Introduction

- Recovery
- Hope
- Keshet

# **Recovery**

**a process that enables people with mental disabilities to rebuild connections with themselves, to society, environment and to their spiritual world, while at the same time dealing with the stigma that exists around them (Davidson & Strauss 1995).**

# Hope

**Hope is an essential key factor in the recovery process both in patients, and their families .**

*Resnick, SG 2005 , Kirkpatrick H 2001, Roe D 2004, Bernheim K 1984, Terkelsen K 1987*

# What is Hope?

Snyder's Theory of Hope :

a positive cognitive state based on a feeling of success in both :

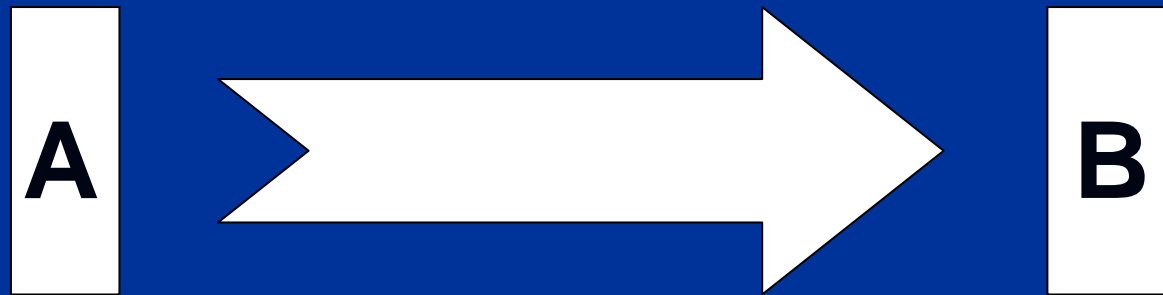
the planning of a goal and

the will power to achieve it (Snyder 1991).

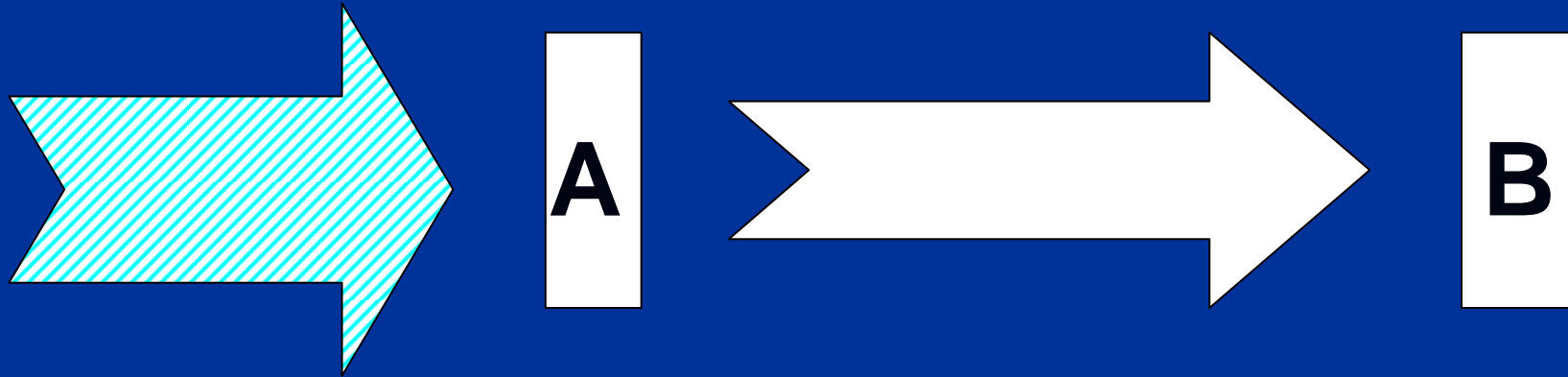
Two main elements:

- Pathway thoughts
- Agency thoughts

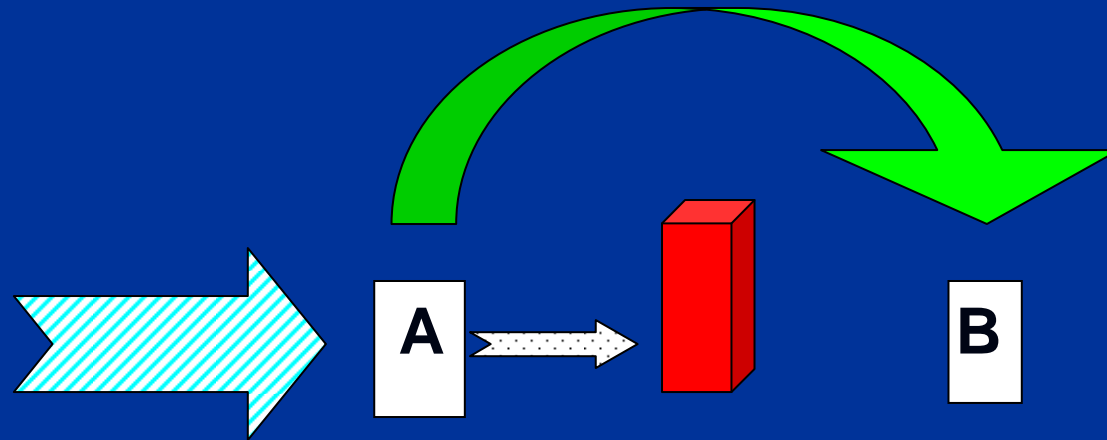
# Pathway Thoughts (problem solving)



# Agency Thoughts (motivation/will power)



# Oops! Obstacle...



# **Family Intervention**

**Support Groups**

**Psycho Educational Groups**

# **Family Intervention**

**The family environment, is an inherent part of the recovery process**

**Hope is a major element in the recovery process and in the family's ability to cope with illness**

**It is important that the healthy family members will project positive hope towards the ill family member.**

**It is unknown whether family intervention increases hope.**

# **“Keshet”**

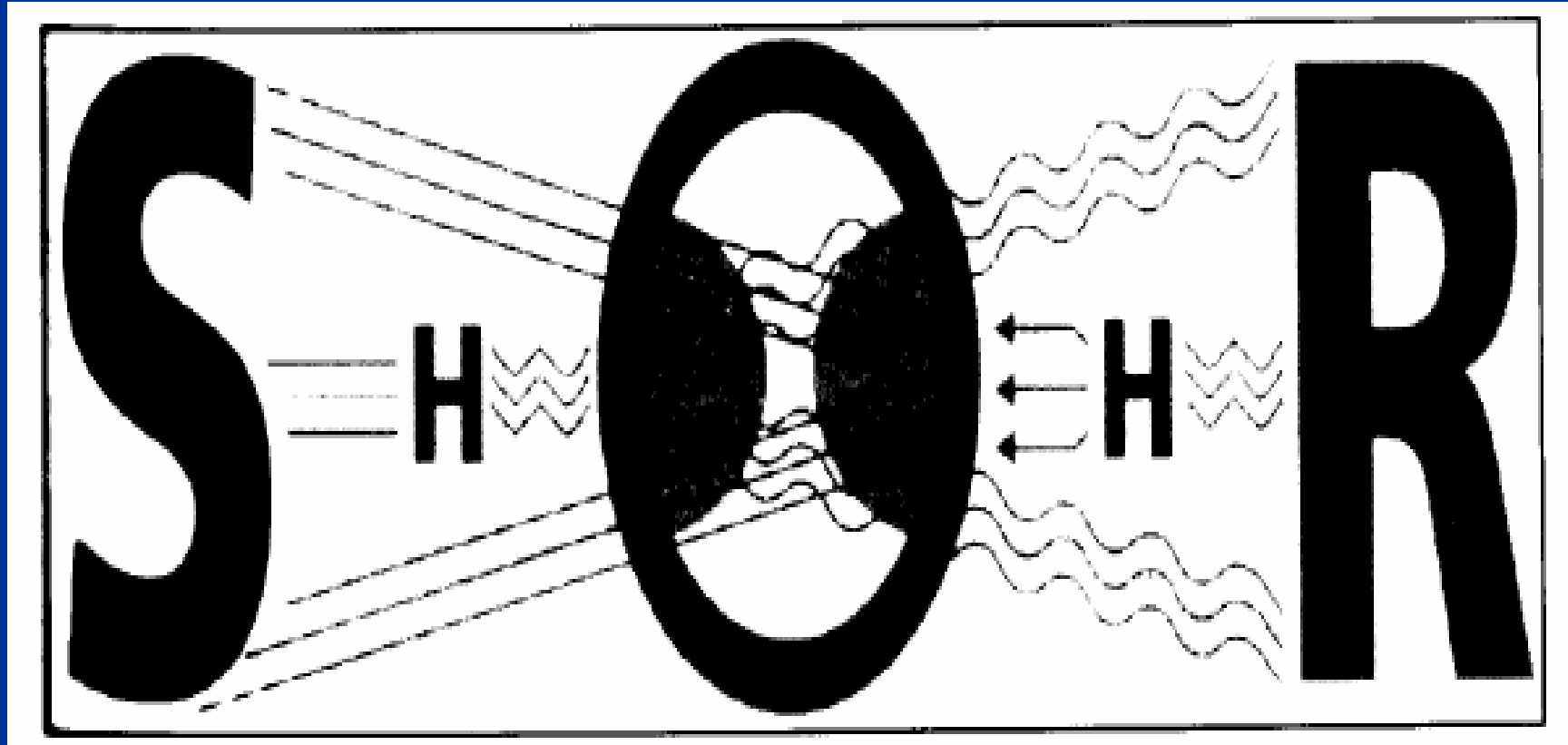
**The "Keshet" program is a didactic academic course which provides tools for communication in a cognitive way within and outside the family.**

# **“Keshet”**

**The course is based on the Feuerstein theory that human learning occurs either by direct exposure to a stimulus or indirectly via a human mediator.**

**Using Mediated Learning Experience (MLE), individual cognitive structures can be changed at any age and in any health status.**

# Mediated Learning experience (MLE)



The learner can begin to think about objects and events in the world, rather than being restricted to only dealing with them in their direct and concrete presence.

# Study Questions

1. Does the "Keshet" program increase hope of family members of people experiencing mental illnesses?
2. Does the program affect the perception of hope of the family members towards themselves, as well as the perception of hope they have toward the mentally ill family member?

# Methods

- **Participants**
- **Intervention**
- **Outcomes**
- **Procedure**

# Methods - Participants

## Experimental Group:

49 family members who participated in the "Keshet" program for 6 months.

## Control Group:

22 family members who underwent no structural intervention.

# Methods - Intervention

- **Keshet Program teaches participants about cognition and how it relates to everyday functioning, combined with training of communication skills from a mediative perspective.**
- **15 group meetings over 6 Months**
- **lectures, workshops, group discussions, films and reading articles.**
- **concentrated use of recovery, cognitive modifiability, and DCI terminology and use of actual life episodes.**

# Methods - Outcomes

- Hope Scale as measured by Snyder's Hope 12 items questionnaire.
- Four items measure motivation/will power (agency), four other items reflect the pathway/solution elements, and the remaining items function as distractors.
- Two identical questionnaires were completed for each subject-one was related to hope of the family members towards themselves, while the other was related to the perception of hope of the family members toward the mentally ill family member.

# Methods - Procedures

1. Helsinki Approval, signed informed consent.
2. The experimental group filled out a questionnaire before and after participation in Keshet.
3. The control group filled out the questionnaire at the beginning of the research and 6 months later.
4. The main variable was change in the conception of hope (maximum score of 8) among family members before and after intervention, in relation to self and in addition, in relation to the ill family member.

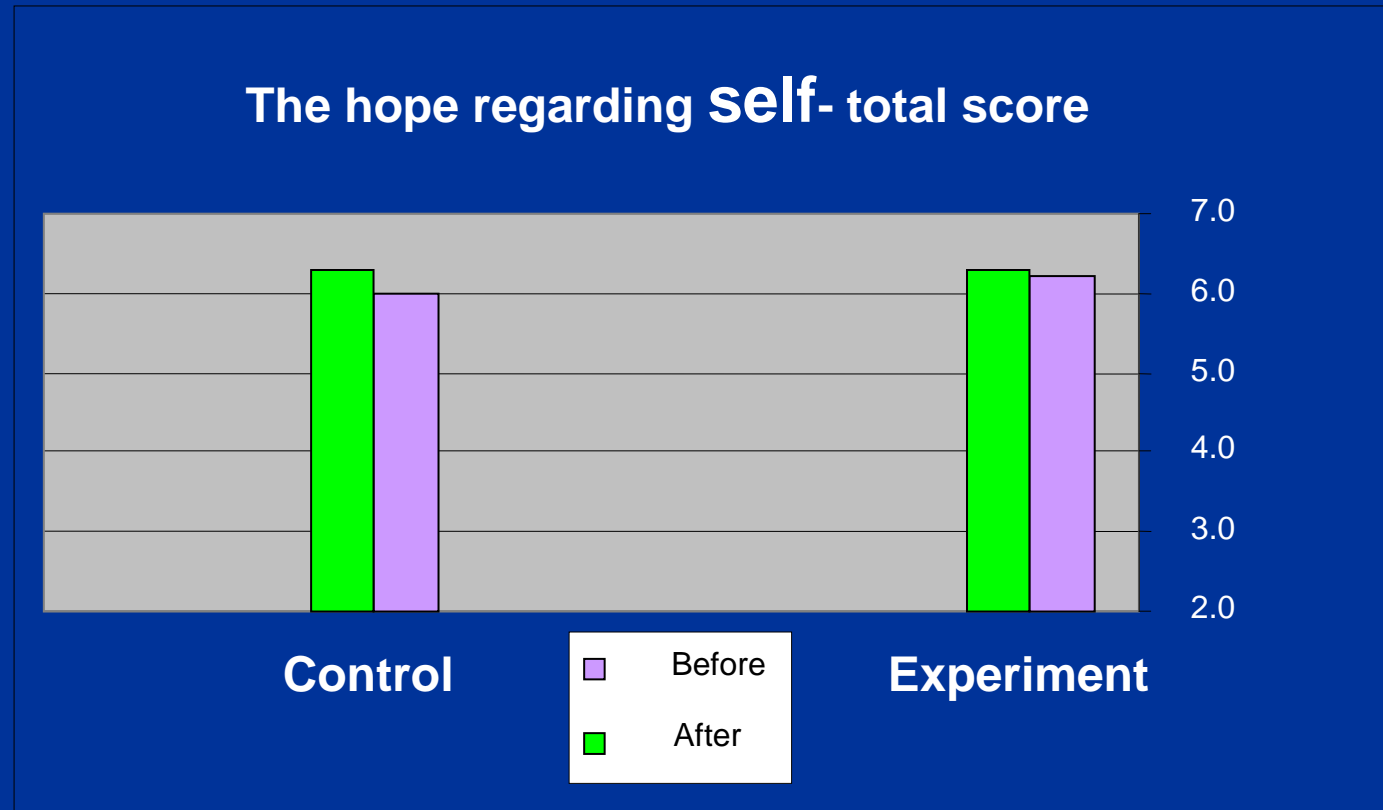
# Methods – Data Analysis

1. SPSS.14 software.
2. Paired T tests

# Results (1)

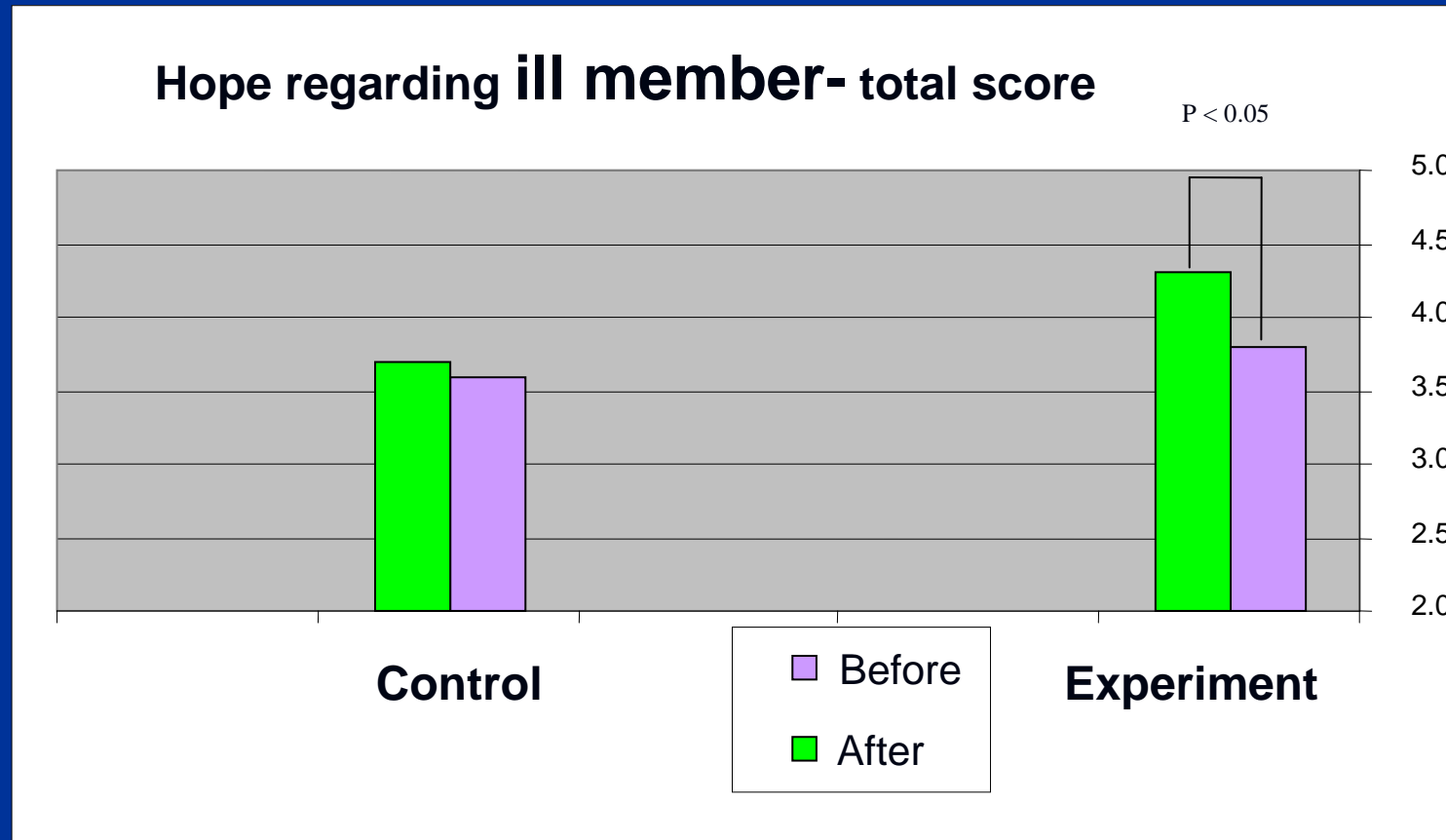
Feature	Experimental	Control *
Number of participants	49	22
Age (mean years)	57.1	57.1
Women (%)	83	76
<u>Relation to the ill family member (%)</u> :		
Mother	80	71
Father	14	20
Brother, sister, partner	6	9
<u>Ill family member lives with (%)</u> :		
Parents	50	54
Alone	14	23
Rehabilitative institute	26	20
<u>Diagnosis (%)</u> :		
Schizophrenia	60	58
Bipolar	7	10
OCD	4	5
Anxiety	4	3
Others (less than 2% per diagnosis)	4	5
Unknown (including non-responders)	21	19

# Results (2)



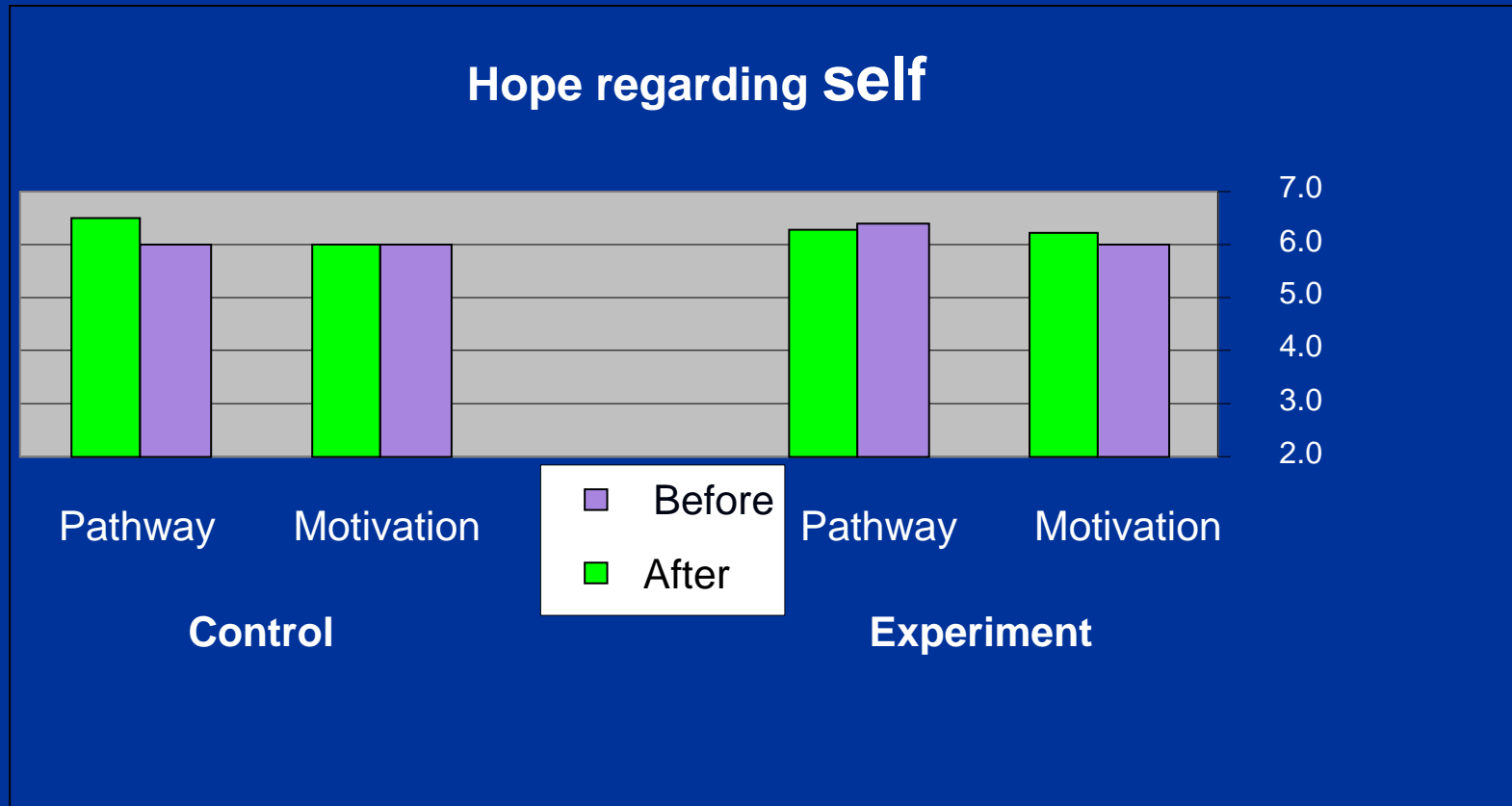
The perception of hope (total score) within the family members regarding themselves in the two research groups (experimental and control), before (in purple) and after (in green).

# Results (3)



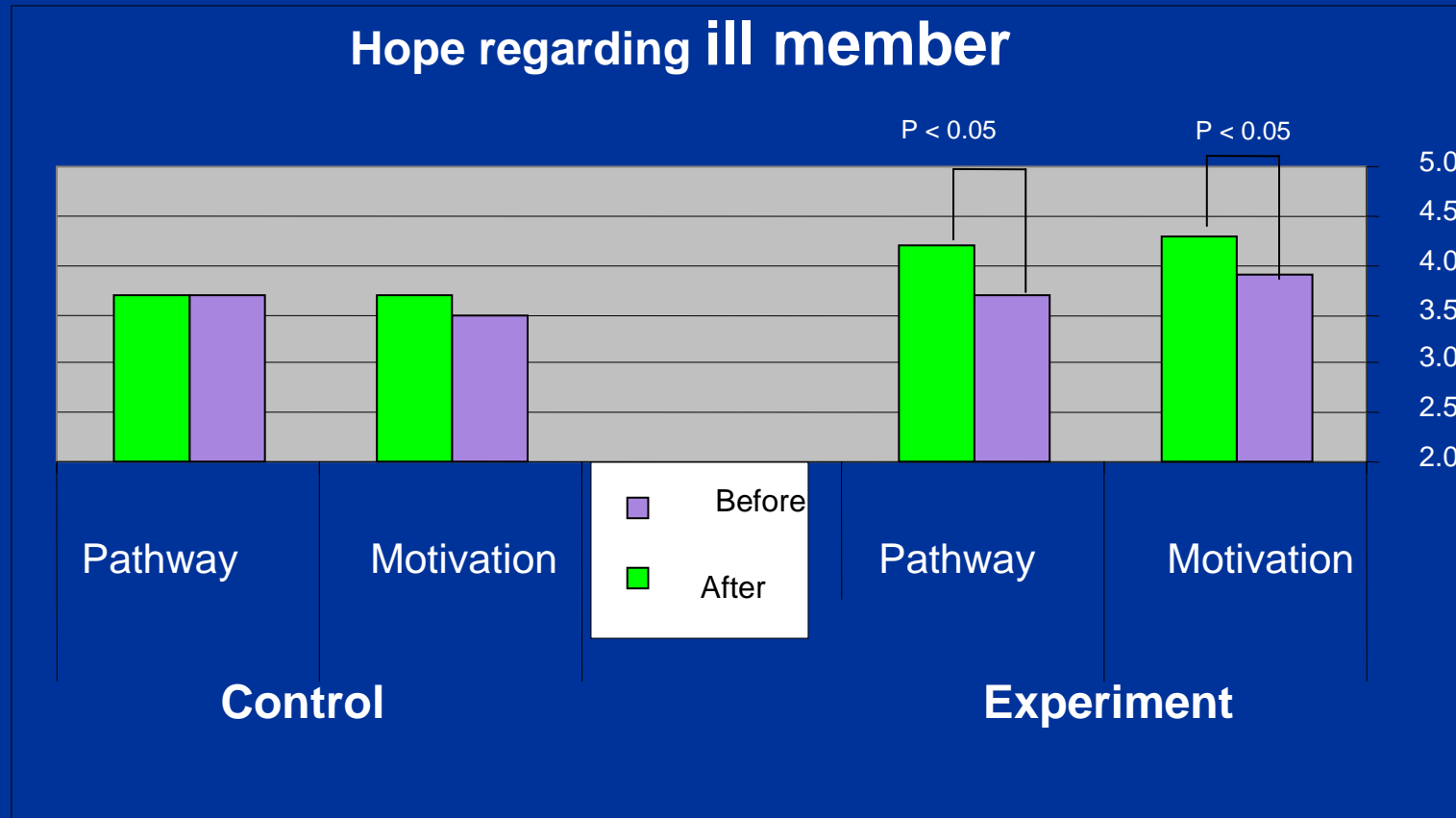
The perception of hope (total score) within the family members regarding the ill member, in the two research groups before and after.

# Results (4)



The perception of hope within the family members regarding themselves according to the motivation/will power and pathway/solution measures- in the two research groups (experiment and control), before and after the intervention.

# Results (5)



The perception of hope within the family members regarding the ill member according to the motivation/will power and pathway/solution measures- in the two research groups (experiment and control), before and after the intervention.

# Discussion (1)

Hope perception of participants regarding themselves were similar between the groups at baseline and after 6 months

Hope perception of participants regarding the ill family member increased significantly in the Keshet group

# **Discussion (2)**

## **Why Does Keshet influence hope?**

- **Emphasizes planned thinking**
- **Enhances finding alternatives to achieve goals**
- **Increases self-understanding, behavior and coping skills**

# Discussion (3)

- Hope perception of participants regarding **themselves** at baseline were around 6 and similar in both groups.
- Hope perception of participants regarding the **ill family member** at baseline were significantly lower, around 3.5 and similar in both groups.
- Even before any intervention- there is a significant (previously unreported) gap between these two perceptions!



**How can we explain this unique finding?**

# Discussion (4)

**Why do the participants lack hope for the ill member before any intervention ?**

- Emotional reactions- guilt, shame, denial, embarrassment and blame
- Being a relative might also result in feelings of discrimination, stigma etc.
- Coping by differentiate between self and the ill member
- Thus, differentiating self perception of hope from hope regarding the ill family member

# **Research strengths**

- **Evaluation of a specific intervention regarding hope in families**
- **Broadening of hope perception concept from self to the ill member**

# Research Limitations

- Short term study only
- Hope among ill members was not evaluated
- Possibly the sample size was too small to detect a different effect on hope towards self

# Conclusions

**This pilot study examined the influence of a dynamic cognitive intervention program "Keshet" on the perception of hope among family members of people with mental illnesses.**

**The results show that "Keshet" significantly increases the perception of hope among the participants regarding the mentally ill family member.**

**“Keshet” may contribute to the increase of the families hope in the recovery journey of mentally ill family members.**

**Further RCTs to confirm these effects, including comparisons with established psycho-educational programs, are warranted.**



# Thank you

All the families

Neomi Hadas-Lidor

Penina Weiss



- Amazon.com
- Dorit Redlich



Dorit Redlich  
and Israel Amirav

## Hope in family members of persons with mental illness

Increasing hope in families with mental illness

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