



FACULTY OF  
MEDICINE & DENTISTRY  
UNIVERSITY OF ALBERTA

# Interpersonal Psychotherapy and Caregiver Burden

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DEPARTMENT OF  
**PSYCHIATRY**  
BEBENSEE SCHIZOPHRENIA  
RESEARCH UNIT



**Alberta Health  
Services**

Alberta Hospital Edmonton



edmontonearlypsychosisinterventionclinic

# Investigators



- **Principal Investigator:**

- Scot Purdon, PhD, Clinical Neuropsychologist & Clinical Co-Director<sup>1,2</sup>

- **Co-Investigators:**

- Kristina Devoulyte, PhD, R. Psych.<sup>4</sup>
- Kim Goddard, PhD, Clinical Psychologist<sup>1,2</sup>
- Anthony Joyce, PhD, R. Psych.<sup>4</sup>
- Ron Oswald, MD, Psychiatrist & Clinical Co-Director<sup>1,2,3</sup>
- Laura Stovel, MD, FRCP <sup>1,4</sup>

- **Coordinators/Assistants:**

- Kristen Hemrick, B.Sc., Psychology Assistant<sup>1,2</sup>
- Leslie McGhan, B.Sc., Psychometrist<sup>2,3</sup>
- Katherine Wisniewski, Student Volunteer<sup>5</sup>

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# Families Providing Care



- Much of the care provided to individuals with serious mental illness is provided by informal or family caregivers.
  - 500 thousand caregivers in Canada (Health Canada, 2004).
  - 34% of informal caregivers are > 55 yrs of age (Health Canada, 2004).
- Providing care to adults with serious mental illness incurs significant emotional, psychological, physical and economic costs.
  - Subjective costs (loss of intimacy, grief, etc.).
  - Objective costs (loss of income, health care costs to address emergent physical and psychological challenges).

# Study Objectives

- To quantify physical, psychological, psychosocial and health economic costs associated with providing care to adult children with serious mental illness.
- To identify modulators of burden and resilience, particularly duration of providing care.
- To intervene with a 12 session course of Group Interpersonal Psychotherapy (IPT) and evaluate cost and efficacy.

# Hypotheses

- Caregivers of dependents with serious mental illness will report significant costs associated with providing care including,
  - Subjective (e.g. physical, psychological, social).
  - Objective (e.g. vocational, financial, service utilization).
- The costs will increase with age and duration of illness.
- Interpersonal psychotherapy will improve outcomes.
- The benefits from IPT will exceed the costs of IPT.

# Study Design



- Pseudo-randomized prospective evaluation of 12 sessions of IPT in short-term (STC) and long-term caregiver (LTC) groups with a wait list control.
- 24 LTC and 24 STC with half assigned to
  - Immediate intervention (12 IPT beginning immediately).
  - Wait list control (12 IPT beginning 4 months later).
- Comprehensive measurement at three time points.
  - Cohort 1 – baseline, end of treatment, 3 months post-treatment.
  - Cohort 2 – 3 months pre-baseline, baseline, end of treatment.
- Interim measurement weekly throughout IPT.

# Interpersonal Psychotherapy (IPT)



- Time limited (e.g. 12 weekly sessions).
- Sessions provided by a clinical psychologist (Dr. Devoulyte) or a psychiatrist (Dr. Oswald); fee for service.
- Highly structured sessions with emphasis on psychological distress related to life adjustments:
  - Depression and grief
  - Interpersonal disputes and role transitions.
- In the present application no direct charge to participants.
  - Small parking funds provided
  - Small incentive money for completion of assessment tools.

# Participants

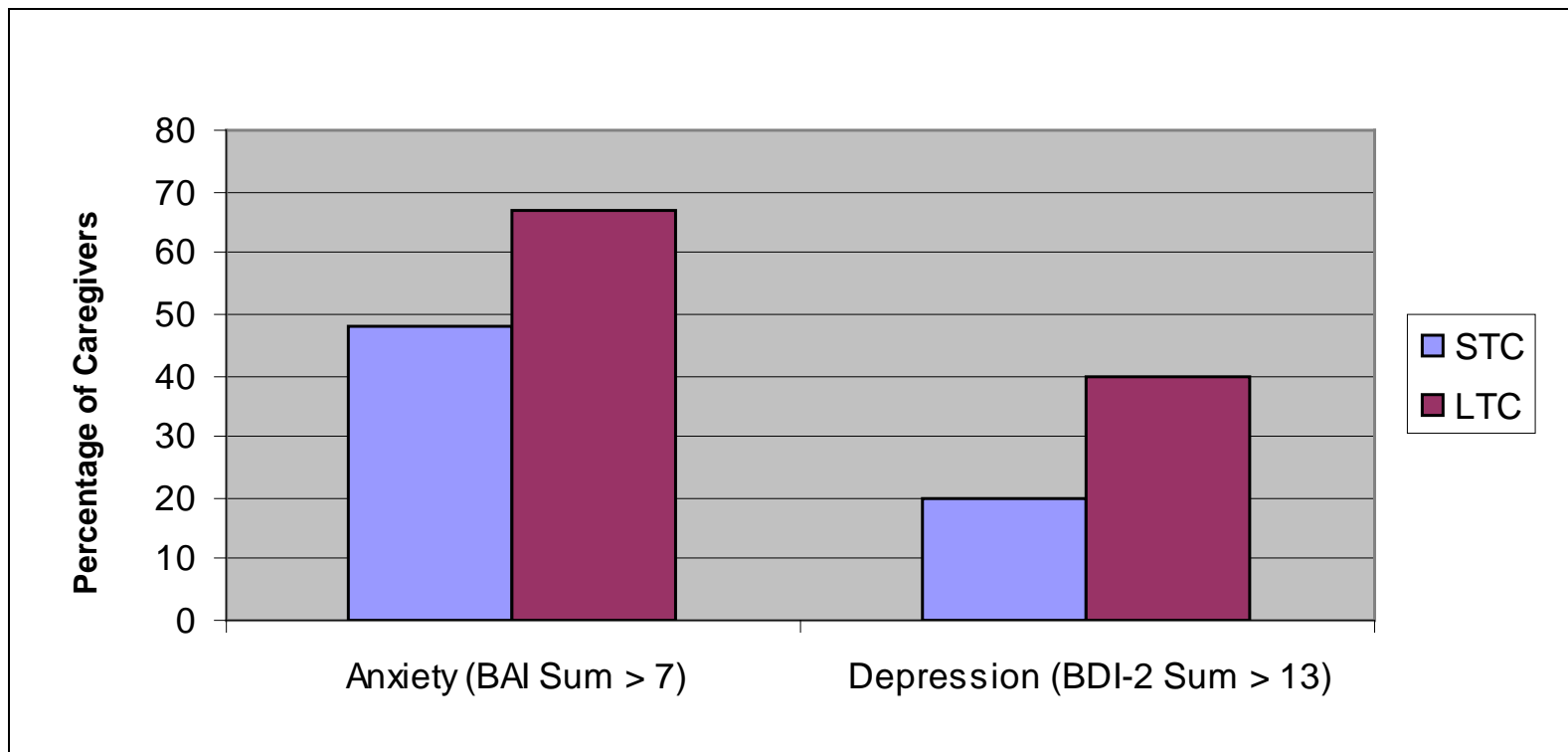


- Inclusion Criteria:
  - Caregivers of Adults with Serious Mental Illness stratified by long term care (LTC= $\geq 5$  years) and short term care (STC= $< 5$  years) providers.
- Sample to date:
  - SMI of dependents included schizophrenia spectrum, affective disorders, and psychosis NOS.
  - LTC (n=15; 12F/3M, age=58 $\pm$ 13, duration=11 $\pm$ 8 years).
  - STC (n=21; 17F/4M, age=50 $\pm$ 6, duration=2 $\pm$ 2 years).

# Measurement Tools

- Screening – Consent, Demographics, Substance Use.
- Physical and Psychological Health
  - General Health Questionnaire (GHQ)
  - Short Form 36 Health Status (SF-36)
  - Beck Depression Inventory – 2 (BDI-2)
  - Beck Anxiety Inventory (BAI)
- Psychosocial Wellbeing
  - Social Adjustment Scale (SAS)
  - Experience of Caregiver Burden Inventory (ECB)
  - Quality of Life Experiences and Satisfaction Questionnaire (QLESQ)
- Health Economics
  - EuroQual-5D (EQ-5D)
  - Resource Utilization Inventory (RUI)
- Psychotherapy Progress
  - Patient Health Questionnaire (PHQ-9)
  - Edmonton Therapeutic Alliance Scale (ETAS)
  - Group Climate Questionnaire (GCQ)

# Interim Results: Anxiety and Depression

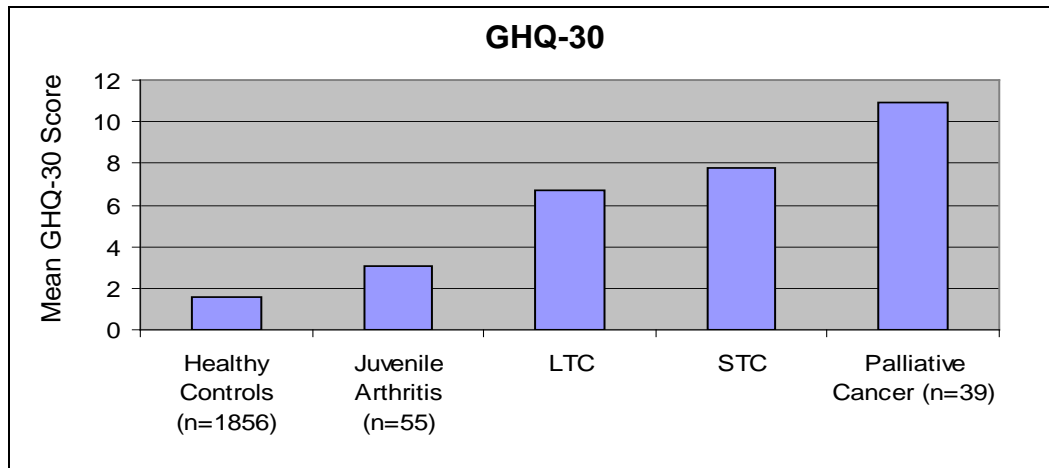


Graph 1. Percentage of Caregivers experiencing above minimal anxiety and depression

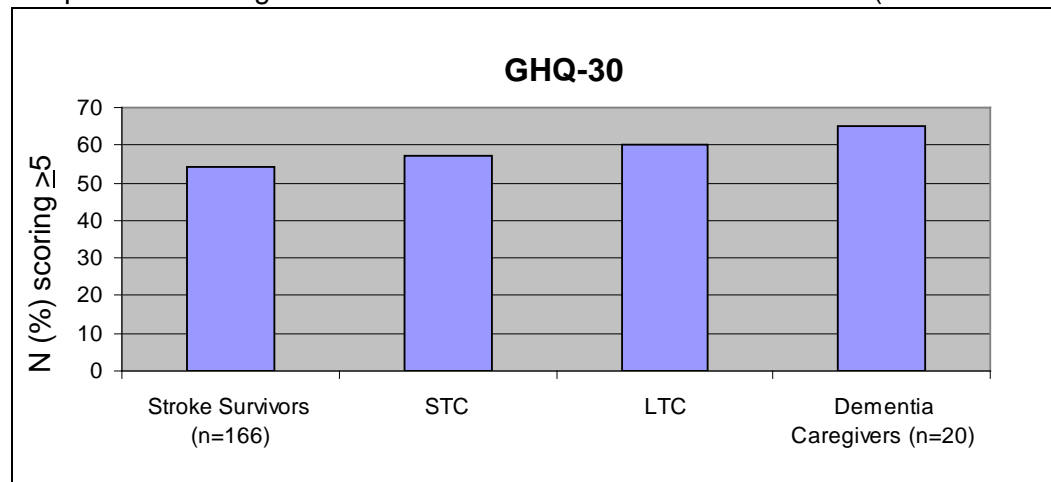
\*Note: STC = Short-term Caregivers. LTC = Long-term Caregivers.

# Interim Results: General Health Questionnaire (GHQ-30)

Graph 2. Mean GHQ-30 Scores (0011 Method)



Graph 3. Percentage of individuals above GHQ-30 Cut-off Scores (0011 Method)

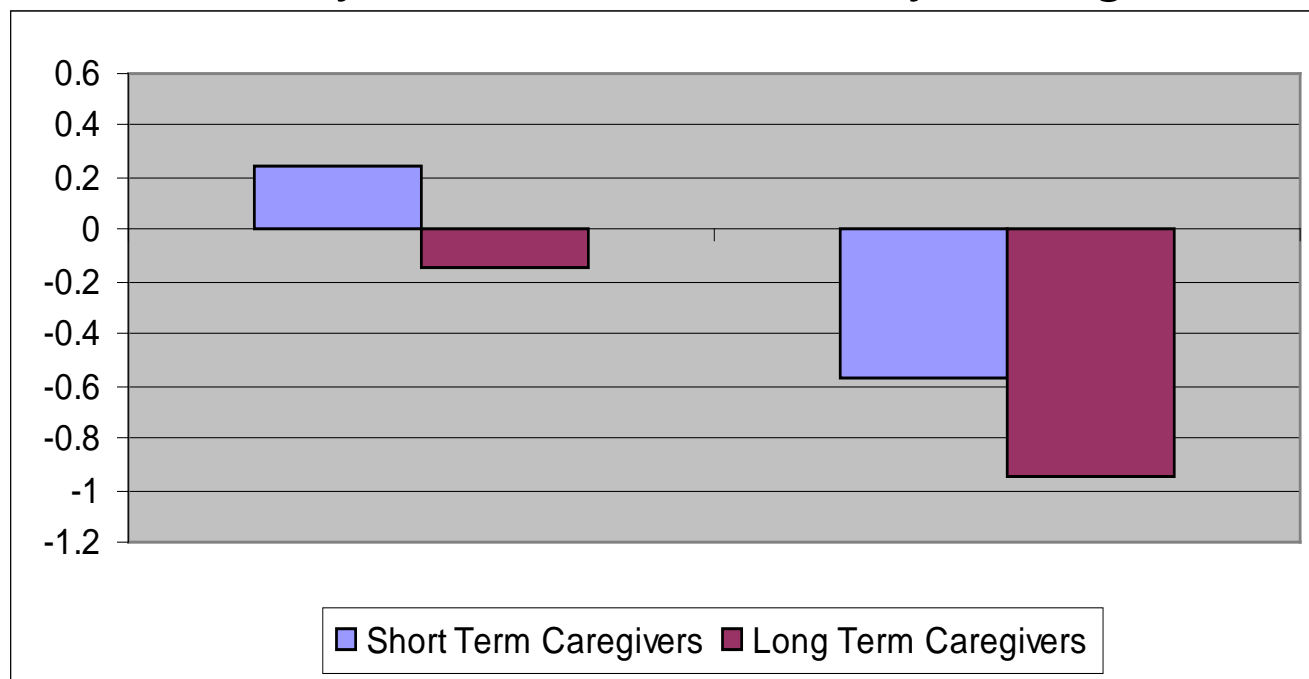


# Interim Results: Short Form 36v2 Health Survey – Physical & Psychological

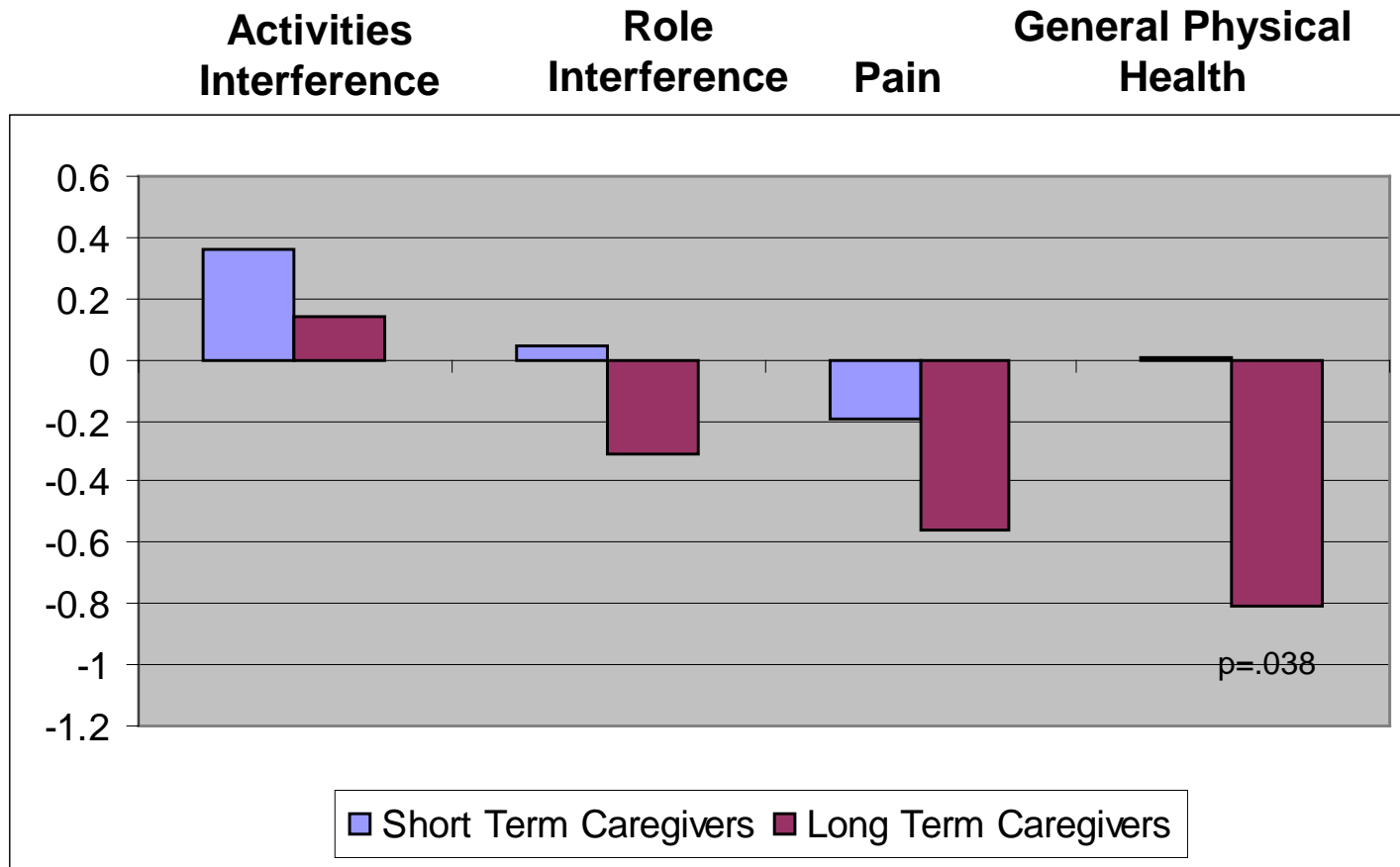


Physical

Psychological

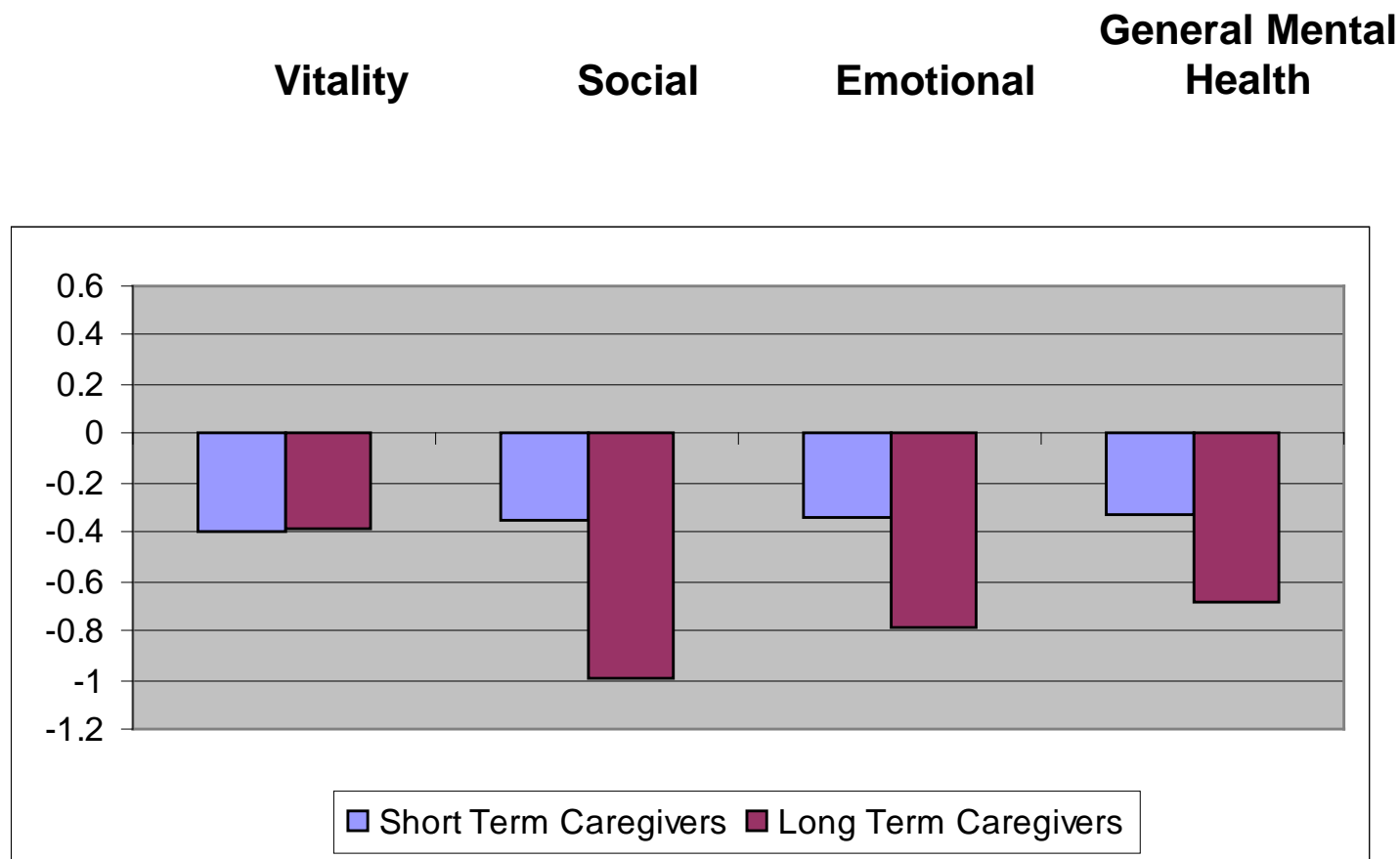


# Interim Results: SF-36v2 - Physical



Graph 4. SF-36 Physical health z-scores

# Interim Results: SF-36 Psychological



Graph 5. SF-36 Psychological health z-scores

# Interim Conclusions



- There is a significant mental and physical cost to providing care to an adult with serious mental illness.
- The psychological costs appear to exceed the physical costs, particularly in relation to 'interference'.
- STC had less General Physical Health.
- Relative merits of IPT will be evaluated on completion of the second cohort.



- Questions & Comments
  
- Further information: [spurdon@ualberta.ca](mailto:spurdon@ualberta.ca)