



Predictors of Family Burden and Critical Attitudes towards Youth Presenting at a Specialty Clinic for Youth Clinical High Risk (CHR) for Psychosis



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Background

- Families of individuals with schizophrenia experience considerable burden.¹
- Recent advances in earlier treatment for youth at clinical high risk (CHR) for psychosis may provide opportunities to prevent or reduce family burden.
- This study examined rates of burden among families of youth at CHR, as well as predictors of family burden.

Methods

- Youth and family members completed standard clinical questionnaires when they attended a consultation at the Center for Early Detection, Assessment and Response to Risk (CEDAR) Clinic, a specialty CHR program in Boston.
- With approval by the BIDMC and DMH IRBs, these data were de-identified and analyzed.
- The family questionnaire assessed subjective and objective burden⁴ and demographic information. Youth clinical and demographic factors were also examined, including age, gender, race/ethnicity, CHR symptoms⁵, and social and role functioning⁶.
- Hierarchical linear regressions were used to examine predictors of objective and subjective family burden among youth meeting CHR criteria on the SIPS. Predictors were progressively entered in four blocks: demographics, social / role functioning, SIPS⁵ positive symptoms, and SIPS negative symptoms. Missing data were imputed using the full information maximum likelihood function in MPlus.

Table 1: Demographics (n=59)

Client Age (years)	Mean (SD); Range	17.9 (3.3) 13-30
Client Gender		41 Male 16 Female 2 Other
Client Racial Identification (n=56)		White 34 (60.7%) Black/African American 6 (10.7%) Hispanic/ Latino 5 (8.9%) Asian 3 (5.4%) Interracial or other 5 (8.9%)
Client Highest Level of Education (n=55)		Some grade school, not completed high school 33 (60%) Graduated high school 6 (10.9%) Some college 14 (25.5%) Graduated college 1 (1.8%) Advanced degree 1 (1.8%)
Family member relationship to client		Parent 56 (94.9%) Sibling 1 (1.7%) Grandparent 2 (3.4%)
Family member highest level of education (n=55)		Completed part of high school 1 (1.8%) Graduated high school 7 (12.7%) Some college 10 (18.2%) Graduated 4-year college 20 (36.4%) Advanced degree 17 (30.9%)

Burden Assessment Scale for Families of the Seriously Mentally Ill⁴ (BAS)

19 Items assessing burden of caring for a relative with mental health challenges:

1	2	3	4
Not At All	A Little	Some	A Lot

Table 2: BAS (n=59)

Burden Dimension	Mean (SD)
Overall Burden	2.15 (0.61)
Subjective Burden	2.19 (0.72)
Objective Burden	2.10 (0.69)



Table 3: Most Endorsed BAS Items (n=59)

Objective Burden		Subjective Burden	
Item	Mean (SD)	Item	Mean (SD)
Daily practical challenges such as time/ financial costs		Personal or subjective suffering such as worry	
Found the household routine was upset.	2.53 (1.04)	Worried about the future of your relative.	3.38 (1.02)
Found it difficult to concentrate on your own activities.	2.52 (.96)	Worried about how your behavior might make your relative's problem worse.	2.46 (1.00)
Had to change your personal plans like taking a new job, or going on vacation.	2.26 (1.26)	Felt guilty because you were not doing enough to help.	2.40 (1.08)
Cut down on leisure time	2.25 (1.08)	Found the stigma related to your relative's emotional/thinking difficulties upsetting	2.26 (1.18)

Predictors of Burden

Subjective Burden: Family members of clients who were more highly educated (B = -.33, p < .05) reported lower subjective burden. Higher unusual thought content/ delusional ideas (B=.46, p<.01) and higher impairment in experience of emotions/self (B = .45, p = <.05) were associated with higher subjective burden. The regression model accounted for 41% of the variance in subjective burden.

Objective Burden: Family members of clients who had higher levels of social anhedonia (B = -.55, p < .01) reported less objective burden. Family members of clients who had higher levels of difficulty expressing emotion (B=.48, p<.01) reported higher objective burden. Overall, the regression model accounted for 48% of the variance in objective burden. Positive symptoms did not predict objective burden.

See handout for footnotes and references

Table 4. Hierarchical Linear Regression, : Subjective Burden (n=59)

	Beta	S.E.	p-value	R ² change
Age	-.24	.15	.12	
Male	-.03	.16	.86	
White	-.21	.25	.39	
College-educated parent(s)	-.33	.13	<.05	.04
Social functioning	-.01	.23	.96	
Role functioning	-.14	.18	.41	.10
*Unusual thought content/delusional ideas	.46	.16	<.01	
*Suspiciousness/persecutory ideas	-.10	.13	.44	
*Grandiose ideas	.11	.18	.53	.12
*Perceptual abnormalities/hallucinations	-.21	.16	.19	
*Disorganized communication	-.29	.18	.12	
**Social anhedonia	-.36	.22	.09	
**Avolition	-.04	.20	.84	
**Expression of emotion	-.11	.18	.56	
**Experience of emotions/self	.45	.19	<.05	
**Ideational richness	-.10	.16	.54	.15
Family attitudes	-.36	.22	.09	.00
Cumulative R ² = .41 (p < .001)				

*SIPS Positive Symptoms **SIPS Negative Symptoms

Table 5. Hierarchical Linear Regression, : Objective Burden (n=59)

	Beta	S.E.	p-value	R ² change
Age	-.05	.15	.73	
Male	-.07	.15	.63	
White	-.39	.21	.07	
College-educated parent(s)	-.22	.13	.08	.13
Social functioning	.21	.19	.25	
Role functioning	.14	.16	.38	.01
*Unusual thought content/delusional ideas	-.02	.15	.92	
*Suspiciousness/persecutory ideas	.04	.13	.78	
*Grandiose ideas	-.06	.17	.72	.10
*Perceptual abnormalities/hallucinations	.00	.14	1.00	
*Disorganized communication	-.11	.16	.48	
**Social anhedonia	-.55	.18	<.01	
**Avolition	.09	.18	.62	
**Expression of emotion	.48	.17	<.01	
**Experience of emotions/self	.00	.18	1.00	
**Ideational richness	-.02	.15	.90	.22
Family attitudes	-.13	.19	.50	.01
Cumulative R ² = .48 (p < .001)				

*SIPS Positive Symptoms **SIPS Negative Symptoms

Conclusion & Discussion

- Family members of youth at CHR experience mild levels of burden.
- More highly educated family members reported less subjective burden. Greater unusual thought content and difficulty with experiencing emotions were associated with greater subjective burden.
- Surprisingly, greater social anhedonia was associated with less objective burden – perhaps suggesting that individuals at CHR with less social interaction seemed to generate fewer practical concerns for caregivers.
- In this sample, social and role functioning of youth did not predict burden. Also rejecting family attitudes did not predict burden.

Information in Handout

