A Support and Psychoeducational Group Manual
for Adult Siblings of Individuals Diagnosed with Paranoid Schizophrenia

By

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ABSTRACT

In order to support and educate siblings of individuals diagnosed with paranoid schizophrenia, this final project develops a manual for implementing a support/psychoeducational group that can be used by mental health professionals providing counselling services for this population. This final project document provides an overview of literature on paranoid schizophrenia, including how siblings are affected, recognizing signs of relapse/what to do in a crisis, examines special considerations for facilitating a group with adult siblings of individuals with mental illness, and includes a manual to guide practitioners in implementing a group for adult siblings of individuals diagnosed with paranoid schizophrenia.
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CHAPTER I  

Introduction  

Alloy, Acocella, and Bootzin (1996) define schizophrenia as being characterized by severe deterioration of functioning, such as distortion of thought, perception and mood, bizarre behaviour, social apathy, and withdrawal. According to Comer (2001), it is estimated that one out of every one hundred people in the world suffers from schizophrenia.  

My experience with having a sister that is diagnosed with paranoid schizophrenia has taught me that often helpers get so caught up in the support and advocacy of the individual struggling with this illness that it is forgotten how hard it can be on the family. When the parents age, it is the adult sibling group who is often put in the position of having to cope with, understand, and support their sibling through his or her illness. Frequently, individuals with paranoid schizophrenia lose their family’s support because family members become exasperated trying to understand, work with, and support their sick sibling. This is understandable since individuals with schizophrenia can create real problems for those they love most. If siblings do not have an understanding of this illness and do not have practical support, the ill sibling can become a difficult person to have in their lives.  

Families have indicated that they require support with the more chronic phases of the illness, such as the day-to-day care giving activities, decisions, and strains (Atkinson & Coia, 1995). Atkinson and Coia state that studies have shown that family members who are provided with education about schizophrenia experience a reduction in family burden, distress, and isolation. Because of the prevalence and pervasive effects of having a sibling diagnosed with paranoid schizophrenia, additional efforts need to be taken to meet this population’s needs.
Project Description

In this final project document, the sibling’s needs are addressed first by providing an overview of the literature on schizophrenia and second by examining special considerations in facilitating a group with adult siblings of individuals with mental illness. Lastly, this document includes a manual to guide practitioners in implementing a group for adult siblings of individuals diagnosed with paranoid schizophrenia. The goal of the manual is to provide practitioners with instructions to effectively facilitate a group and to provide care to this sibling population.

This project will benefit practitioners who have little knowledge in the area of paranoid schizophrenia and will provide the sibling group with both knowledge and practical support. This group manual is intended to assist mental health professionals at a master’s level in the field of psychology in a community agency setting in order to better assist this sibling group. The information presented in the literature review will provide a greater understanding of the issues that adult siblings of an individual diagnosed with paranoid schizophrenia are faced with, including the stigma of schizophrenia, the effects on family members, coping with schizophrenia, and multiculturalism and schizophrenia.

The manual component of the project document will be of benefit to practitioners and counselling agencies looking at implementing a group for this population by reducing the amount of time and resources to implement support/psychoeducational groups. As a result, the client population will benefit from having a group that acknowledges their special needs.

This manual will begin with a short overview of the research that has been conducted in the area of siblings affected by schizophrenia. Finally, the manual will provide a set of instructions for implementing a group with this sibling population. Therefore, in summary,
this project will provide greater awareness of the use and benefits of synthesizing support with psychoeducation in meeting the needs of this population.

Methodology

In order to examine the research that has been conducted on this sibling population, the following electronic databases may be searched: Psychology and Behavioral Sciences Collection, Academic Search Premiere, and PsycINFO. Additional databases that may be used include Social Sciences Abstracts, Medline, and ERIC. In order to obtain secondary resources, the University of Calgary Library Catalogue and the electronic database, WorldCat, may be utilized. In the above databases, I will use search words such as paranoid schizophrenia, schizophrenia and family, and mental illness and siblings. These resources will be used to provide an overview of the literature, as well as facilitate in the development of the manual.
CHAPTER II

Review of Literature

The author provides an overview of literature on paranoid schizophrenia, including how siblings are affected by this disorder, recognizing signs of relapse, what to do in a crisis, and practical advice from other families affected by this condition for the purpose of helping professional practitioners in dealing with patients with paranoid schizophrenia and dealing with their families.

Definition and Diagnosis of Paranoid Schizophrenia

Warner (1994) defines schizophrenia as:

>a disorder of thinking where a person’s ability to recognize reality, his or her emotional response, thinking process, judgment and ability to communicate deteriorates so much that his or her functioning is seriously impaired. Symptoms such as hallucinations and delusions are common. (p. 4)

Torry (2001) describes the DSM-IV for schizophrenia as follows: (a) symptoms have been present for at least 6 months; (b) deterioration of functioning from previous levels in such areas as work skills, social relationships, and self-care; (c) no organic mental disorder or mental retardation; (d) no manic-depressive illness is present; (e) either 1, 2 or 3 must be present: 1. Delusions, hallucinations, disorganized speech (e.g., emotional flattening, severe apathy), or 2. Bizarre delusions that others in the same subculture regard as not possible (e.g., the belief that thoughts are being taken out of a person’s head and broadcast over the radio), or 3. Prominent auditory hallucinations consisting of voices conversing with each other.

It is crucial that the diagnosis of schizophrenia be based on interviews conducted by a qualified professional (Mueser & Gingerich, 1994). These authors state that the interviews
center on evaluating definite symptoms the patient may have, the length of those symptoms, troubles in functioning, and the potential role of drugs or alcohol abuse in these symptoms or tribulations. Mueser and Gingerich also state that after ruling out organic factors, such as thyroid problems or a brain tumor, the information obtained from the interviews is used to arrive at a diagnosis, based on the DSM-IV criteria. In conclusion, schizophrenia is a serious psychiatric disorder that is likely caused by chemical imbalances in the brain. These authors also provide evidence that environmental factors influence the course of this illness as stress contributes to the severity of the disorder. Subtypes of schizophrenia are identified based on the symptoms of the disorder; therefore, paranoid schizophrenia is categorized by delusions and/or hallucinations with a predominantly persecutory or, less commonly, a grandiose content (Torry, 2001, p. 93).

Treatment and Prognosis of Paranoid Schizophrenia

Treatment for individuals diagnosed with schizophrenia is influenced by the subtype that has been identified for that person. There remains little uncertainty that the neuroleptic drugs are valuable in the treatment of painful psychotic experiences because the drugs offer a way of controlling, not curing, psychosis (Birchwood & Jackson, 2001). According to Hegarty et al. (1994), it has become clear that the overall outcome of schizophrenia has improved some since the introduction of neuroleptics, however, not as dramatically as has been believed (as cited in Birchwood & Jackson). Birchwood and Jackson state that combining social and community interventions with medical and psychological treatment is frequently used as a strategy to improve the outcome of individuals with schizophrenia. Therefore, the authors state that helping individuals with schizophrenia to cope with their symptoms reduces the severity of their symptoms, and the use of cognitive-behavioural
strategies, cognitive therapy, early interventions in relapse, and family interventions are considered effective ways to do this.

Torry (2001) describes predictors of a good and poor outcome with schizophrenic people as follows: (a) The predictors for a good outcome include a relatively normal childhood, female, no family history of schizophrenia, older age of onset, paranoid or catatonic symptoms, presence of normal emotions, good awareness of illness, normal CT or MRI, and a good initial response to medication. (b) The predictors which suggest a poor outcome include problems in childhood, male, family history of schizophrenia, younger age at onset, slow onset, predominantly “negative” symptoms of emotions, poor awareness of illness, abnormal CT or MRI, and a poor initial response to medication. Therefore, Tsuang and Faraone (1997) conclude that it is very difficult to generalize about prognoses due to lack of agreement combined with the intricate relationship between the factors that affect outcome.

Multiculturalism and Schizophrenia

The Schizophrenia Society of Canada (1999) recognizes the further challenges and difficulties forced upon families from ethically diverse backgrounds. The Schizophrenia Society of Canada believes the key reasons for this are: (a) Language barriers interfere with assessment and treatment. (b) Some cultures believe schizophrenia is a punishment given by supernatural causes, and, therefore, these cultures try to hide from society due to the stigma associated with this illness. (c) The cultures rely on their traditional treatment modalities and family to deal with the disorder. (d) There is a lack of sensitivity and awareness in diagnosing and treating individuals of different cultures. (e) There is a lack in collaborating
with community organizations, agencies, and institutions in order to increase accessibility to
treatment.

_How Siblings Are Affected by Schizophrenia/Stigma_

Adult siblings of individuals diagnosed with paranoid schizophrenia are likely to take on escalating roles in the care and support of their brothers and sisters as their parent’s age. Siblings appear to be a natural resource to turn to; however, there has been research demonstrating that minimal emotional support and functional assistance is given (Pruchno, Patrick, & Burant, 1996).

Stress and burnout are crucial issues for people who continue to provide care for their family member with schizophrenia. Sudden crisis, worry, financial problems, searching for community services, coping with bureaucracy, becoming an advocate, and balancing all this with priorities involving other family members depletes siblings of their energy. This can eventually lead to stress and exhaustion, and this, in turn, can develop into depression, anxiety, burnout, and psychosomatic illnesses (Smith, 1988).

The effects on siblings with a brother or sister diagnosed with paranoid schizophrenia have not been extensively studied, and appropriate instruments have not been developed to measure the types and degrees of stress and associated mental, emotional, and physical distress that family members experience (Sakai et al., 2002). One exception is Teschinsky (2000) who explored vital aspects of the experience of being a brother or sister of someone with schizophrenia. In total, 80 interviews, which averaged 50 minutes in length, were done with siblings, aged 24 to 61. Teschinsky found that mixed feelings of grief, hope, anger, guilt, and shame were experienced, interrupted by four interrelated factors: ambiguous loss, the fluctuating nature of the illness, an inner prohibition of feeling, and the tendency of
others to invalidate the feelings. The interruption factors may lead to lonely and painful experiences that are both difficult for the siblings to process and to share with others.

While there are a number of signs of imminent relapse that are common with schizophrenic patients, it is important to consider that each individual has a unique pattern of early warning signs that predict when a relapse may occur. Therefore, it is imperative that family members become aware of their sibling’s individual set of warning signs in order to prevent relapse and hospitalization (Mueser & Gingerich, 1994). Mueser and Gingerich state that the common early warning signs include: tension or agitation, eating problems, concentration problems, sleeping too little or too much, depression, social withdrawal, irritability, decreased compliance with treatment, and anxiety.

To deal with these identifiable patterns of early warning signs, siblings have their own combination of distinctive resources. According to Mueser and Gingerich (1994), developing a plan in advance by being proactive rather than reactive, people will be prepared to respond to early signs promptly, and effectively, and with less stress and confusion for everyone involved. These authors give the following as an example of putting a plan into action: meet in order to discuss the concerns about the sibling’s early warning signs, evaluate medication compliance and, if necessary, ways to deal with it, and evaluate stress and ways to deal with it, and if the signs are still a worry, contact the treatment providers and observe the warning signs until the issue is resolved.

Practical Advice from Families Affected by Schizophrenia/Coping

Family members can help their schizophrenic sibling in a number of ways, starting with encouraging the individual to take medication. One can best assist the schizophrenic person by consistently being calm and relaxed during interaction. Praise and encouragement
is advised, and avoiding criticism and arguments with the ill sibling is recommended. Encouraging the ill sibling to gradually become more independent and confident is also suggested because spending too much time with the ill sibling leaves little time for the individual and others. Making time for the caregiver is important as it helps everyone when this individual is rested. According to Barrowclough and Tarrier (1992), family members and friends who want to assist their ill relative should encourage the person to take medication and remain encouraging and positive in their interactions with the ill individual. Staying calm and relaxed and solving family problems in a calm way is also suggested.

Mueser and Gingerich (1994) suggest several strategies for coping with an ill sibling. These strategies include being educated about schizophrenia, maintaining some form of relationship, deciding the level of involvement with the sibling, pursuing other interests, seeking support, and remembering the nature of the disorder.

**Summary**

An underlining goal in this brief literature review was to help people to understand better a human being who may be extremely difficult to understand and to relate to him or her even when he or she appears willing to break all human relations (Arieti, 1993). The author states that current psychiatric science is the place where assistance for the schizophrenic and his or her family is to be found and in which hope for future goals are conceived, nourished, and activated. According to Tsuang and Faraone (1997),

More and more research into the illness is urgently needed; the mental-care system is crying out for funds commensurate with its aims and responsibility; and enlightened public understanding of schizophrenia and other mental illnesses demand education
and promotional resources to counter the negative images of the illness encountered in society at large. (p. 166)

Individuals diagnosed with schizophrenia and their families have to live with an astonishing amount of stigma due to the general population’s lack of knowledge about this disorder (Torry, 2001). Torry states that one of the most important things that advocates can do to decrease the stigma of schizophrenia is to support attempts to decrease violence in these individuals, as well as to educate the public about this disorder. Torry suggested that organizing a local advertising campaign to combat stigma, utilizing material from NAMI’s anti stigma campaign, and having responsible consumers give talks to community groups and schools may assist with reducing the stigma of schizophrenia.
CHAPTER III

Theoretical Foundations

The Association for Specialists in Group Work (1991) describes group work as a wide-ranging professional practice that refers to the giving of help or the achievement of tasks in a group setting and involves the use of group theory and process by a capable professional practitioner who assists group members in reaching their shared goals (as cited in Corey and Corey, 1997). The authors state that after experimenting with different roles and various approaches to group work, practitioners discovered that the group setting offered distinct therapeutic possibilities. They also stated that the interaction in a group setting provides support, understanding, and confrontation, which allow members to practice new skills and apply new knowledge.

According to Corey & Corey (1997), “Leading groups without having an explicit theoretical rationale is like flying a plane without a flight plan—although you may eventually get there, you’re equally likely to run out of gas” (p. 8). The following chapter provides the theoretical foundation to support the manual that is presented in this final project document. First, literature relevant to adult support groups for families of individuals with mental illness is presented, followed by literature pertaining to psychoeducational groups for families of individuals with mental illness. Thoughts on synthesizing support with psychoeducation in group work are addressed at the end of this chapter.

Adult Support Group for Family of Individuals with Mental Illness

Throughout history, people have come together with other individuals similar to themselves in order to cope with the major stresses and challenges of life. Those who feel troubled and misunderstood, and those who do not have help with their problems or life
situations can benefit greatly by belonging to a group of similar individuals (Maton and Kazdin, 2000). Maton and Kazdin stated that in professionally run support groups, led by qualified facilitators, members who share a problem come together to provide help, comfort, and guidance. Empathy, understanding, encouragement, guidance, and challenges group members receive from similar others can contribute to an enhanced well-being and/or behaviour change.

Support groups should be given a great deal of autonomy since too much direction by the facilitator may limit member motivation and the group’s ability to reach its unique therapeutic potential. Therefore, group members should be trained in effective group dynamics so that they can operate successfully without strong outside control or intervention by a facilitator (Paulus, Baum, & Andersen, 2001). These authors state that research indicates that during the initial phase of a support group the focus may be on expressing negative feelings of the present life dilemma, however, a shift to a focus on dealing with these feelings, effective coping strategies, and the positive aspects of one’s dilemma usually follows.

The attractiveness of supportive interventions in recent years is due to the steady realization by professionals that the primary burden and responsibility for care of a mentally ill person lies in essence with the family combined with the pleas of self-help family organizations for additional and improved support for family members (Cuijpers & Stam, 2000). Cuijpers and Stam state that research suggests that these supportive interventions can successfully decrease a relative’s burden. However, it is not totally clear which elements of the content and design of the intervention determine its success. It is possible that support
groups are primarily successful for members who are socially inclined. According to Maton and Kazdin (2000) more research is needed in the area of support groups.

*Adult Psychoeducation Group for Family of Individuals with Mental Illness*

Education and prevention are significant goals for counsellors in today’s society. The goal of a psychoeducational group is to prevent a range of educational and psychological disturbances and to strive to educate group members who are relatively well-functioning people but who may have a deficit in a certain area (Corey & Corey, 1997). Psychoeducational groups are structured around a topic or theme and are usually located in hospitals, schools, and community centers. Psychoeducational group facilitators teach members through discussions, videotapes, reading material, homework assignments, role-playing, storytelling, and manuals. Corey and Corey state that training for psychoeducational group facilitators includes coursework in community psychology, health promotion, marketing, consultation, group training methods, and curriculum design, with content knowledge on the topic in which they intend to work.

Psychoeducation was initially conceived through a combination of several therapeutic elements within a complex family therapy intervention (Bauml, Frobose, Kraemer, Rentrop, & Pitschel-Walz, 2006). Family psychoeducation has become very popular in the treatment of schizophrenia and other disorders—there is verification from over 30 randomized clinical trials regarding reduced relapse rates, improved recovery of patients, and improved family well-being among participants (McFarlane, Dixon, Lukens, & Lucksted, 2003). Psychoeducation is a promising, appropriate method of spreading essential information to families with a relative who is diagnosed with a serious mental illness, such as schizophrenia (Pollio, North, Reid, Miletic, & McClendon, 2006).
Thoughts on Synthesizing Support with Psychoeducation in Group Work

Clinical trial researchers evaluated the effects of integrated treatment for patients with a first episode of psychotic illness, evidence was gathered that indicated integrated treatment improved clinical outcome and adherence to treatment (Petersen et al., 2005). According to Fernandez and Giraldez (2002), psychoeducation as a sole family therapy program for schizophrenia is not enough to improve the development of the disorder. However, it often is an effective means to obtain information about the illness, to alter attitudes, and to achieve a therapeutic alliance. To be optimally effective, psychoeducational support groups must be supplemented with some other coping and problem solving strategies. Professionally run support groups provide a setting in which effective coping and problem solving strategies can be learned and practiced in a safe environment. The benefits of synthesizing psychoeducation with support in group work include time efficiency, the ability to normalize individual experience, the provision of practical support among group members, learning/practicing new skills, and a better understanding of schizophrenia and/or other mental illness. Therefore, a decision was made to adopt a psychoeducational group format to create a protocol for facilitating a group composed of siblings of people diagnosed with schizophrenia.
CHAPTER IV

Facilitators Manual

As a way of supporting and educating adult siblings of individuals diagnosed with paranoid schizophrenia, this manual combines support with psychoeducation in group work. This manual is designed to assist mental health professionals at a master’s level in the field of psychology to provide care to this sibling group. Offering services to adult siblings of people with paranoid schizophrenia may be appropriate for professionals in a community agency or a mental health office.

When a family member is diagnosed with paranoid schizophrenia, siblings and families are affected in different ways; therefore, to give access to information, this manual will provide a variety of subjects and activities proposed for group work with siblings and other adult family members. Thus, practitioners are encouraged to pick and choose the lesson plans that are most relevant to the members in their group. It is unlikely that a mental health practitioner will find each lesson activity or teaching theme useful, nor is it expected that this manual be used as a step by step instructional guide. Instead, the manual is designed to assist practitioners in increasing their understanding of paranoid schizophrenia and in using their understanding to develop and implement their own psychoeducational support group for adult siblings of individuals diagnosed with paranoid schizophrenia.

Background Considerations

It is natural for individuals diagnosed with paranoid schizophrenia to view their siblings as a resource to turn to, especially as parent’s age; however, research indicates that although siblings offer emotional support, functional assistance is minimal (Pruchno et al., 1996). Teschinsky (2000) looks at crucial aspects of the experience of being a brother or
sister of someone with schizophrenia. In total, 80 interviews, which averaged 50 minutes in length, were completed with siblings, aged 24 to 61. He found that mixed feelings of grief, hope, anger, guilt, and shame were experienced, and these were interrupted by 4 interrelated factors: ambiguous loss, the fluctuating nature of the illness, an inner prohibition of feelings, and the tendency of others to invalidate the feelings. The interruption factors may lead to lonely and painful experiences that are both difficult for the sibling to process and to share with others.

A few examples illustrate this point. Siblings could profit from help with incidents such as when their ill sibling thought they had bugs in their house and, as a result, proceeded to spend weeks throwing out all clothing, furniture, bedding, and food. Also, because of the bugs, the ill sibling was extensively treating their body and their young daughter’s with a variety of body lice treatments. Another incident, which a sibling may have to contend with, is that of an ill sibling being verbally abusive and making harsh accusatory remarks to family members. Siblings could benefit from psychoeducation, combined with support for coping with their sibling’s schizophrenic disorder.

Many aspects of daily living become much more complicated and difficult when a person has a mentally ill sibling as family members struggle to understand and assist their ill sibling. It’s not only the helpless feeling when things are getting out of control but it’s also the anxiety due to having a lack of knowledge about the disorder. The group lessons will provide psychoeducational support to facilitate answering some of the family’s questions. That, in short, is why a psychoeducational support group for adult siblings of individuals diagnosed with paranoid schizophrenia could prove beneficial.
Multiple approaches could be considered for recruitment of group members. Posters could be displayed in hospitals, mental health centers, colleges, and universities, for example. The media could be utilized by advertising the group in newspaper articles, union newsletters, or university handbooks. Using word of mouth to inform the facilitator’s coworkers about the support groups, so they can make referrals, if appropriate, and telling friends and neighbours about the group are also facts to consider, as this can be an effective way of spreading the news.

Some pre-session work by the facilitator would contribute to a successful group experience. For example, pre-group interviews would provide additional background, confirm that the potential group member did have an adult sibling diagnosed with schizophrenia, and was willing to commit to attending all group meetings.

The screening process may involve an individual meeting between the group facilitator and the adult sibling. Factors to consider could be to: (a) introduce the sibling to the facilitator; (b) provide an opportunity for the sibling to ask questions and interview the facilitator; (c) provide an opportunity for the group facilitator to outline the purpose of the group and the topics that might be explored; (d) provide an opportunity to assess the sibling’s knowledge about this disorder; (e) build an alliance between the sibling and the facilitator; (f) let the facilitator assess the appropriateness of the sibling for the psychoeducational support group; (g) set up basic ground rules and ethical standards, that is, confidentiality. In conclusion, the screening process is meant to determine whether this group is the right fit for the sibling, and this decision is made collaboratively. Psychotic individuals should probably be excluded.
An ideal group size would be a small homogeneous group of about 7 members with a recommended meeting time of once a week for 2 hours for 5 consecutive weeks. Each of the 5 lessons focus on a different aspect of being an adult sibling of an individual diagnosed with paranoid schizophrenia. Lesson #1 provides a factual introduction to the illness, ending with a discussion about this illness and additional information can be shared amongst group members. Lesson #2 begins with group members being encouraged to share their thoughts and feelings on what it is like to have a mentally ill sibling. Identifying current and future stresses are explored. The lesson ends with a factual introduction to coping strategies. Lesson #3 provides an introduction to emergency planning and decision making strategies. The lesson concludes with addressing the dos and don’ts in a crisis. Lesson #4 presents a variety of resources that are available to assist this sibling group, as well as educational material that is available in this subject area. The lesson finishes with members being encouraged to share resource ideas and past experiences with utilizing different resources. Also, special concerns siblings have and the important role they play are addressed. Lesson #5 draws to a close the time the group members spent learning more about this illness and supporting each other through the process. The lesson starts with the practitioner facilitating closure activities. Next, the lesson involves socializing over snacks brought by the facilitator. The group ends with group members being asked to fill out an evaluation form based on their group experience.

Although encouraging all members to share personal experiences and feelings is suggested, those who wish to observe without speaking are welcome. Request that all group meetings remain confidential so as to allow members to feel safe in discussing all aspects of being a sibling of an individual diagnosed with paranoid schizophrenia. Members are
encouraged to give feedback to others and express their own feelings about their sibling’s illness. Interaction between group members is highly encouraged and provides each person with an opportunity to learn and to obtain support. Group members make a commitment to the group and are reminded that the content of the group lessons are confidential.

Suggested group goals include the following: (a) to provide a safe environment in which group members share common feelings and experiences and to gain support and validation from others, (b) to promote education and understanding about paranoid schizophrenia, (c) to gain insights and to learn coping strategies by the siblings in order to deal with their sibling’s illness, (d) to have a better understanding of how siblings can work with each other and with mental health professionals in order to deal with their sibling’s illness, (e) to empower group members. It is recommended that members be asked if they have any goals to add.

On the last day, group members are encouraged to complete an evaluation form based on their group experience. (See the Appendix for a sample questionnaire.)

Facilitators should be mental health professionals at a master’s level in the field of psychology and will incorporate their own theoretical orientation into their groups. It is recommended that the facilitator have a solid working knowledge of group processes and multicultural issues. Previous group facilitation experience is valuable. The facilitator will be responsible for ensuring that the goals of the group are realized. Responsibilities also include focusing on what is meaningful to the group members and encouraging the members to externalize the problem. Being present, genuine, and honest while interacting with the group will foster support and collaboration within the group. Have fun and seek consultation when needed.
Lesson #1 What is Paranoid Schizophrenia?

Ideas to start the group include:

– Introduce the group and members through the use of icebreakers (see below).
– Solicit input from the group members about what they hope to achieve.
– Review the ground rules.
– Review the purpose and goals of the group.

Barlow, Blythe, and Edmonds (1999) offer the following suggestions for group icebreakers:

1. As a means of helping people become acquainted with other group members, start with having group members choose a partner. Use your discretion and arrange partnerships if you assess that choosing may lead to anxiety by any group member. Once partnerships are formed have each partner take a turn in briefly speaking to his or her partner about himself or herself. Encourage the members to talk about who they are, what they do, or where they work or attend school. Participants will then take turns introducing their partner to the group, telling the group about that group member. Each member gets approximately 3 minutes to introduce his or her partner.

2. In our pockets or purses, we carry items that are important to us. Group members can take turns using these to introduce themselves for a few minutes. The facilitator can start by saying, “As a way of introducing yourself to the group, pick an item you have in your wallet, pocket, or purse and explain why it is meaningful to you or how it represents you.” This exercise can last from a few minutes to a half hour.

3. Group members tend to feel more comfortable when they have learned one another’s names. Pick a starting point and have that member call out his or her name. Then the
the person beside him or her calls out his or her name, as well as the person before him or her. This exercise continues until everyone has given the names of all the preceding members, in addition to his or her own. You can also assist members who are having difficulties remembering the names of all the preceding members. This exercise takes up to 10 minutes.

Next deliver a factual introduction on paranoid schizophrenia. Most people don’t understand mental illness, and they put the mentally ill into false categories: crazy, dangerous, and so forth. Below are some suggested topics:

1. What is schizophrenia?

   Schizophrenia is a brain disease that mainly affects the limbic system, which acts as a gateway for all incoming information. Everything we see, hear, feel, and so forth goes through this system so when the limbic system is malfunctioning, our perceptions of the world around us becomes distorted. The brain starts to play tricks, which prevent us from distinguishing what is real from what is not. Paranoid schizophrenia is a subtype of schizophrenia that is characterized by delusions and/or hallucinations, extreme suspiciousness, or less commonly, an exaggerated sense of self-importance. Other characteristics may be anxiety, anger, quickness to quarrel, jealousy, and occasionally violence. Schizophrenia is a disorder that crosses social, cultural, intellectual, and geographical boundaries. One out of every one hundred people around the world suffers from this disease, which usually occurs between the ages of seventeen to thirty. Males appear more prone to this illness, and it usually occurs in males at a younger age.

2. What are some symptoms?
Thoughts that become jumbled and out of order, hallucinations and delusions are considered symptoms that a paranoid schizophrenic may present with. Other symptoms can include a lack of motivation, a flattening of the emotions, and depression.

3. What causes schizophrenia?

The exact cause of schizophrenia is unknown, but research indicates that the following may be contributing factors: biochemical imbalances in the brain, genetics, infectious diseases, and birth trauma.

4. Is schizophrenia treatable?

Yes, there are a number of treatments available for this illness. Counselling and family and individual therapy can be a place where one can find assistance with understanding the illness and how to manage it. Treatments include: drug therapy, psychotherapy, social therapy, behaviour therapy, and industrial therapy, but not all schizophrenics will benefit from all these treatments. Periodic hospitalization allows for the ill sibling to be stabilized, observed, tested, diagnosed, and started on medication or have his or her medication adjusted.

Although psychiatrists know that there are many side effects to the medications for schizophrenia, these must be weighed against the terrible symptoms of schizophrenia. The antipsychotic medications (e.g., haldol) end hallucinations and delusions. Antipsychotic medications help people feel calmer, help them to think more clearly, and help them to sleep and eat better. They do not stop all the symptoms. Schizophrenics feel different. They are dreamlike, and they are apart from their world. The side effects consist of dry mouth, blurred vision, sleepiness, and sometimes the inability to sit still. With all these side effects, it is
important to remember that medication can prevent the ill sibling from spending a lot of time in the hospital. Psychiatry has other medications, which can prevent some side effects.

- Ask the group members to form a circle with their chairs. A discussion about this illness and additional information can be shared amongst group members at this time.

Suggestions for discussion questions are listed below:

(a) Do you recognize any of the symptoms in your ill sibling?
(b) What do you think causes schizophrenia?
(c) Do you have any concerns about any of the treatments?
(d) Are there other treatments you have heard of? Has your sibling tried any? What do you think of them?
(e) What was it like for you to be in this group tonight?
(f) Ask if anyone has any questions about this lesson or anything to add before ending the group.

- Offer a homework assignment. A suggestion might be to have group members write about myths, stereotypes, and misconceptions regarding this illness.

Lesson #2 What About Me

- Arrange the chairs into a circle and encourage group members to share their homework assignment, as well as to share their thoughts and feelings on what it is like to have a mentally ill sibling. Identifying current and future stress can also be explored. Successful coping strategies shared by other group members may be of more use to some group members than the facilitator discussing or teaching coping strategies.

Suggestions of discussion questions are listed below:

(a) How do you cope with anxiety?
(b) Family members expect different things from the ill sibling? Does this cause family friction? How does it affect you? How do you cope?

(c) Do you blame anyone for your sibling’s illness? How do you cope?

(d) Do you ever feel embarrassed about your sibling’s illness? How do you cope?

(e) Do you feel your health has been affected by having an ill sibling? How?

Next show a documentary called “A Stranger in the House.” This informative documentary examines 2 families coping with and adjusting to the disease, schizophrenia. After viewing the film, suggested discussion questions may include:

(a) What are your reactions to the film?

(b) Do you have a better idea of what this disorder is and how it can affect the family?

(c) What were some of the misconceptions you may have had?

(d) How can friends’ and families’ reactions to the ill sibling help or hinder recovery?

Begin a factual introduction to coping strategies. A list of coping strategies is provided below for the facilitator to choose from. Health and Welfare Canada in co-operation with the Schizophrenia Society of Canada (1991) offers the following suggestions as coping strategies:

(a) Be aware of your health on a day-to-day basis. Eat nutritiously. Join an exercise club. Go for walks as often as possible. Get enough sleep. Visit your own doctor for regular checkups. Let him or her know that you are a sibling of a relative with schizophrenia.

(b) Learn about relaxation techniques.

(c) Schedule a break for yourself everyday.

(d) Take regular vacations if you can afford to and try to get a day or a night to yourself every now and then.
(e) Avoid self-blame and destructive self-criticism.

(f) Take a school course – give yourself a few hours when you have to concentrate on something else.

(g) If your relative lives away from home, don’t visit more than three times a week and limit phone calls.

(h) Try not to neglect the other relationships in your family.

(i) Share your grief and problems with supportive people. Be careful from whom you seek advice. (For example, misinformed people may suggest that schizophrenia is something you caused.)

(j) Aim for teamwork in your family.

(k) Recognize that successful treatment and workable after-care programs require the co-ordinated and shared efforts of several groups of caregivers.

(l) Realize that life must go on for you and for others in the family. This attitude may benefit your relative. He or she may be strengthened by the realization that life goes on.

(m) Keep on top of developments in your relative’s illness that may indicate that a change of lifestyle is necessary. For example, many families have found that although their relative lived at home successfully for a number of years, at some point a change occurred that lowered the quality of life for everyone. Do not insist on keeping your relative at home if different housing is now indicated.

(n) Keep your religious beliefs. This may be important to your relative.

(o) Keep a sense of humor.

(p) Never lose hope.
Here is a list of ideas for stress relievers as a resource for the facilitator to choose from:

(a) Guided imagery
(b) Self-hypnosis
(c) Autogenics
(d) Journaling
(e) Meditation
(f) Yoga
(g) Breathing
(h) Playing games
(i) Laughter
(j) Biofeedback
(k) Music therapy
(l) Walking
(m) Gardening
(n) Time management
(o) Listening to music
(p) Eating a balanced diet
(q) Learning assertive communication skills
(r) Enjoying aromatherapy
(s) Reducing caffeine intake
(t) Drinking in moderation
(u) No procrastination
Ideas for relaxation exercises suggested by Burns (1993) include:

Lie down on the floor or other flat surface. If possible, lay on your back with your legs slightly apart, your arms by your sides and your spine completely straight. You may also sit down in a comfortable position that will allow your body maximum support. Close your eyes and begin to relax each group of muscles from your toes to your head. Travel from your toes to head and back again slowly. All the while sending soothing messages to each muscle, tendon, nerve, and organ to let go and relax. Once you find yourself relaxed and your mind is drifting, begin to focus your attention on some of the people who have influenced your life in a positive way. Send a mental “thank you” to each to express your appreciation. Slowly reawaken your physical self, giving your body and mind all the time it needs to integrate the experience. (p. 150)

Find yourself a comfortable spot. When it feels right, soften your gaze and focus your vision on one spot, one object, quiet your thoughts and in your own time quietly close your eyes. With your eyes closed begin to focus your attention on breathing. As you inhale, be aware of the air entering your lungs, filling your blood system with oxygen. And as you exhale, concentrate on the air that expels from your lungs, releasing the carbon dioxide to nurture the plant life. Try to fill the lung cavities so that there is air in the top and bottom portions and exhale so
that the lung is completely empty. Control your breathing so that you are able to fill the bottom portion of the lungs first, then the middle, and finally, the upper portions. As you exhale, empty the lung from top portions to the bottom portions of the lung. Continue this technique for ten breaths. De-focus your concentration on your breathing and allow your breaths to regulate itself. Now, as you inhale, imagine that your breath is traveling through your body in through your nostrils to the crown of your head and down through your throat to the tips of your toes and as you exhale, feel the air escape from every pore of your being. Use this technique for ten breaths. When you are ready, slowly awaken yourself, taking all the time you need to reintegrate yourself to your surroundings before you open your eyes and become slowly accustomed to your external reality. (p. 152)

Make a list of your daily activities and routines from the time you wake up until the time you go to bed. Place a check mark beside the routines or activities that you find relaxing. Approximate the length of time for each relaxing activity and routine. Calculate how much time you relax in your waking hours. Ask yourself this question, “Do I wake up in the morning feeling rested?” Go back to your list and place an arrow or an X beside daily activities that need to become less stressful. Brainstorm and strategize how you could incorporate simple relaxation strategies, exercises, or techniques to release the stress. Incorporate your ideas into your daily life and periodically evaluate by repeating this exercise. (p. 154)

– End the group by facilitating a relaxation exercise and then discuss how the members experienced this activity.
– Offer a homework assignment. A suggested homework assignment could be to have group members track the coping strategies they use over the next week indicating what has been successful or what hasn’t been.

Lesson #3 What To Do in a Crisis

– Begin with a group check-in. Some ideas for activities are:

  • Encourage group members to share their homework assignment.
  • What is the most enjoyable thing you did this week?
  • What do you like to do for fun?
  • What do you like about your family?
  • What is one thing you hope to learn?
  • Ask each person to tell 2 truths and 1 lie about himself or herself. The rest of the group needs to guess which one is the lie.

– Next, provide an introduction to emergency planning and decision making strategies. Some suggestions are listed below:

  1. Sometimes a crisis can be avoided if the sibling has stopped taking medication and is encouraged to visit his or her physician/psychiatrist. If he or she is receiving follow-up care, call the health worker designated as his or her contact person as he or she may be successful in encouraging the ill sibling to visit his or her physician/psychiatrist.

  2. Trust your intuitive feelings. If you are feeling frightened, contact your local emergency number or the police. Remain calm. If you are alone with the person, contact someone to be with you until help arrives. While you are waiting for help to arrive, the following guidelines may be helpful:
• Don’t threaten.
• Don’t shout.
• Don’t criticize.
• Don’t squabble.
• Don’t bait.
• Don’t stand over your sibling. Have a seat.
• Comply with requests that are neither endangering nor beyond reason.
• Don’t block doorways. If your sibling goes outdoors, follow at a safe distance. In a normal tone of voice try to find out what is frightening your sibling. Try to remember what the person is wearing in case a search plan has to be developed.

The Schizophrenia Society of Canada (1999) recommends the following emergency plan in crisis episodes:

(a) Have close by a list of phone numbers for the police, the doctor, the psychiatrist, and an emergency center for psychiatric admissions.

(b) Ask your relative’s doctor or psychiatrist in advance which hospital to go to in case of an emergency.

(c) Know which family members and friends your relative may trust more than others in an emergency.

(d) Find out whom you can phone for support at any time.

(e) If appropriate, decide who will take care of your children.

(f) Talk to and explain the situation ahead of time to your local police department to get advice about what to do.
(g) Know that the crisis situation may be less frightening to your sibling if the emergency procedure has been explained and is expected.

– Suggested topics for decision making strategies for the facilitator to choose from are as follows:

(a) Choosing what to change

(b) Working out the relative importance of different options

(c) Making a choice taking into account many factors

(d) Choosing by valuing different options

(e) Weighing the pros and cons of a decision

(f) Analyzing the pressures for and against change

(g) Looking at a decision from different perspectives

(h) Seeing whether a decision makes financial sense

(i) Identifying the “unexpected” consequences of a decision

(j) Drawing good generalized conclusions

(k) Making unbiased, risk assessed decisions

(l) Avoiding “jumping to conclusions”

(m) Making the best use of your time and resources

(n) Making good decisions under pressure

– Conclude with addressing the dos and don’ts in a crisis. The Schizophrenia Society of Canada (1999) offers the following suggestions:

• Do try to remain calm.

• Do decrease distractions.

• Do speak one at a time slowly and clearly in a normal voice.
• Do make statements about the behaviour you are observing.
• Do avoid patronizing, authoritative statements.
• Do repeat questions or statements when necessary, using the same words each time.
• Do allow your sibling to have personal space in the room.
• Don’t rephrase questions in the hope that this will make it clearer.
• Don’t stand over him or her or get too close.
• Don’t express too much emotion.
• Don’t shout.
• Don’t criticize.
• Don’t challenge the ill person into acting out.
• Avoid continuous eye contact.
• Don’t block the doorway.
• Don’t argue with other people about what to do.
  – End the evening with a summary of the group lesson. Offer members a short meditation period or read a short story or poem relating to the topics covered. Say good-bye to each member individually after offering a homework assignment. A suggested homework assignment is to have group members make an emergency plan for a crisis.

*Lesson #4 Everybody Needs Resources and Support*
  – Begin with a group check-in. Encourage group members to share their homework assignment.
  – Next, introduce an exercise that practices brainstorming. Barlow et al. (1999) offer the following group activity for practicing brainstorming:
Divide the group into half. Say, people often find themselves stuck using 1 or 2 methods of dealing with problems. This exercise is meant to help you broaden your perspective. Next, set the scenario: “Imagine that you are stranded on a desert island. You really want to get off this island because you believe it is dangerous. You are not only frightened, but you are also lonely. You miss your family and friends. You have no equipment with you except your belt.” Explain the exercise: “Brainstorm with your small group for 3 to 5 minutes about how you could use your belt. Remember, in brainstorming, you do not discuss the merit of each suggestion. Appoint one person to record all of your group’s suggestions, no matter how absurd they might seem. Continue suggesting until the time allotted runs out.” When the 5 minutes have passed, say, “Vote for your group’s 3 best solutions. Write them on the flip chart, so that your solutions can be presented to the larger group.” After this, solicit group members’ responses to the following questions:

(a) What solutions are realistic?
(b) What particular insights did you derive from this activity?
(c) In what way was some of your thinking challenged?
(d) How might you apply brainstorming to everyday family life with your ill sibling?

Continue the group by educating the group members about the resources, supports, and educational materials available to this sibling population. It would be an appropriate time to suggest that the group members continue to educate themselves on issues related to having a sibling diagnosed with paranoid schizophrenia and to seek out resources and supports that are available to them in their community. The following is a list of suggested readings for the group members to choose from:
• Adamec, Christine. *How To Live with a Mentally Ill Person*. John Wiley & Sons, 1996.


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• ASSOCIATION QUÉBÉCOISE DE LA SCHIZOPHRÉNIE

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   P.O. Box 305
   Regina, SK S4P 3A1
Phone: (306) 584-2620
Fax: (306) 584-0525

– The lesson will finish with group members forming a circle where individuals are encouraged to share resource ideas and past experiences by utilizing different resources.

– End the evening with a summary of the group lesson. Encourage members to continue working for positive results. Encourage a group handshake or a hug after offering a homework assignment. A suggested homework assignment is to have group members research resources and supports that are available in their community.

Lesson #5 Closure Activities

– Begin by encouraging members to share their homework assignment. The practitioner could facilitate closure activities. It is important for the group members, at this point, to review and summarize what they have learned in the group and to recognize a sense of accomplishment and competence. Barlow et al. (1999) offer the following activities for facilitators to choose from when ending a group:

1. Divide the group in half. For each group give a box containing various articles, such as clothing, toys, jewelry, books, office supplies, household items, and so forth. These objects are to be used in creating a skit. Encourage each group member to play a role in the skit. Suggest that the skit should relate to the purpose or goals of the group. The groups get fifteen minutes for planning and preparation before they perform the skit. Fifteen minutes per group is suggested for setting up and presenting the skit.

2. Say, “Write a letter to yourself stating the positive experiences and new insights this group has provided for you. Please be as thorough and specific as possible. When you have finished, place your letter in your self-addressed, stamped envelope, seal it, and
give it to me. I’ll mail these letters to you approximately 1 month after these group lessons have ended.” Group members could draw a picture or create a poem instead of the letter if they wish. Don’t forget to mail the letters, as this is a crucial issue of trust.

3. Set a table in the middle of the support circle with 1 large candle and an additional candle for each group member. Light the large candle and say, “Choose a candle and think of 3 wishes, 1 wish for yourself, 1 for the person on your left, and 1 wish for the whole group. Give the group 3 or 4 minutes of quiet reflective time in order for the group members to consider their wishes. Invite the group members to take turns coming forward to light their candles from the large one at the center, at the same time expressing their 3 wishes. When all have lighted their candle, read a poem or have a minute of silence, after which the group members can say their good-byes.

4. Say, “Please write one thing you would do differently because of your participation in the group. Then write about your future plans and aspirations. When you have completed your writing, each of you will share your ideas with the rest of the group.” After each member shares his or her ideas, other group members provide feedback. The group members may offer to maintain contact with one another beyond the sessions. They might, for example, arrange follow-up meetings, organize a buddy system, or develop a telephone or correspondence system for keeping in touch with one another. They should be familiar with community resources so that they can refer members to others for further assistance.

   – Next, invite the group members to partake in snacks and social with the facilitator and the group members.
– End the group by distributing evaluation forms and by encouraging the group members to fill them out before leaving. Say good-bye to each member individually and as a group.
CHAPTER V
Synthesis and Implications

In order to support and educate adult siblings of individuals diagnosed with paranoid schizophrenia, this manual combines support with psychoeducation in group work. This manual is to be used as a guide for mental health professionals who are interested in providing care for adult siblings. This manual is intended to be a resource to assist counsellors and community agencies to develop and implement their own support/psychoeducational group for adult siblings of individuals diagnosed with paranoid schizophrenia.

This project document provides an overview of research pertaining to adult siblings of individuals diagnosed with paranoid schizophrenia, as well as ideas and suggestions for practitioners interested in developing a support/psychoeducational group for adult siblings of individuals diagnosed with paranoid schizophrenia. The intent of the project was to benefit adult siblings, so they are better equipped to deal with having a mentally ill sibling. The information in the literature review provides readers with a better understanding of the issues surrounding the experiences of being a sibling of an individual diagnosed with schizophrenia. In addition, the review can be used to increase awareness and understanding of special considerations when implementing a group for adult siblings.

The manual can facilitate the development and implementation of a group of this nature by reducing time and resources needed to develop a support/psychoeducational group for this clientele. As a result, this project can help counsellors interested in combining support with psychoeducation in group work with this population. The theoretical foundation of this manual can be applied across a variety of support and psychoeducational groups.
**Strengths**

This final project provides a clear set of suggestions for practitioners interested in implementing a support/psychoeducational group for adult siblings of individuals diagnosed with paranoid schizophrenia. This project provides the reader with a concise and comprehensive review of the literature surrounding adult siblings of individuals diagnosed with paranoid schizophrenia. While the literature contains much information on schizophrenia, there are limited resources pertaining to their adult siblings. This project document also highlights many key concepts that help to better understand and facilitate groups for this clientele. In short, this project provides counselling professionals with fundamental knowledge, which can help them understand this population clearer and implement a support/psychoeducational group as a way of meeting their special needs.

**Limitations**

While the manual was developed based on the foundation of existing research, additional research is required on its uses and benefits as they apply to real life support/psychoeducational groups for adult siblings of individuals diagnosed with paranoid schizophrenia. In order to determine its full value, it would be important to use this manual to develop and implement a support/psychoeducational group for this population. Implementation and applied practice would help establish real benefits and limitations of this manual.

Further suggestions to deal with group content and processes, the use of programming and group dynamics, and so forth may also be beneficial. While this manual focuses its attention on suggested topics and structure for a support/psychoeducational group for siblings of individuals diagnosed with paranoid schizophrenia, step by step instructions for running
this group are not included, therefore, leaving the facilitator with having to do research and planning in order to facilitate this group.

Summary

Issues of stress and burnout are crucial concerns for caregivers who continue to provide care for their family member diagnosed with schizophrenia. Sudden crisis, worry, financial problems, searching for community services, coping with bureaucracy, becoming an advocate, and find time for their other family members depletes siblings of their energy. This can ultimately lead to stress and exhaustion, and this sequentially, can develop into depression, anxiety, burnout, and psychosomatic illnesses (Smith, 1988).

The purpose of this project was to bring awareness to the needs of this sibling group and to aid counsellors and counselling agencies to develop and implement their own support/psychoeducational group for this population. The manual will help practitioners achieve this goal by first providing them with fundamental knowledge in the area of adult siblings of individuals diagnosed with paranoid schizophrenia. This knowledge will then help practitioners increase their awareness surrounding the use and benefits of combining support with psychoeducation in a group setting.

Second, the project provides a theoretical foundation for developing and implementing a support and psychoeducational group. It includes the benefits of combining support with psychoeducation in group work.

Throughout this project, the goal was to assist practitioners with better meeting the needs of adult siblings of individuals diagnosed with paranoid schizophrenia and to help facilitate the development and implementation of a group by providing a manual to guide practitioners in their attempt to successfully facilitate a group for this clientele.
Conclusion

The need for counsellors and counselling agencies to develop strategies to assist this sibling group will likely increase as the mental health field continues to recognize the unique needs of adult siblings of individuals with mental illness. In order to keep up with the growing demands for support and education for this growing population, counsellors and counselling agencies will need to become more knowledgeable about the unique needs of this population and strategies to assist them. As movement towards supporting this sibling group grows so will the need for trained professionals in this area. The research and manual presented in this final project aimed to meet some of these growing demands presently facing today’s mental health professionals.
References


Appendix

Evaluation Form

Name: _________________________  Group: _________________________

What changes have you seen in yourself since you started this group? ________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

On a scale of 1 to 10, please circle the number that describes how confident you feel about
your understanding of this disorder?
1          2          3          4          5          6          7          8          9          10
not confident  somewhat confident  confident  very confident

What coping strategies have you learned in this group that you will use? ________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

On a scale of 1 to 10, please circle the number that describes how confident you feel about
your coping strategies?
1          2          3          4          5          6          7          8          9          10
not confident  somewhat confident  confident  very confident

The best thing about this group was… ___________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
The worst thing about this group was… __________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Did the group experience have any negative effect on you? ___________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

What effects do you think your participation in the group may have on your ill sibling? ____
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Please indicate ways this group could be improved. _________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Is there anything else you would like to add about yourself or your group experience? _____
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Is there anything you would like to add about the group facilitator? ____________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________