



Qualitative analysis of interviews of future non-affective psychotic disorder patients and non-psychiatric controls: preliminary results



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ABSTRACT

Background: Previous research has shown that people with psychotic disorders have impaired functioning prior to the onset of the illness. The goal of this study is to obtain a detailed, in depth, analysis of the characteristics of premorbid impairment.

Methods: In this study we examined summaries of interviews with 20 male adolescents who were later diagnosed with non-affective psychotic disorders and compared them to interviews conducted with 20 matched controls without psychiatric disorders. The current study applied a qualitative analysis, performed in the following stages: each interview was read thoroughly by two blinded raters with no a-priori hypothesis, and then key themes and statements were identified and organized into meaningful domains. Afterwards, the frequency of each item was calculated and comparisons between the groups were performed.

Results: Future non-affective psychotic disorder patients were more likely to be described as strange or different, be involved in violent behavior, experience difficulties in educational functioning and peer integration, deal with problems in everyday functioning and have an avoidant interpersonal conflict resolution style in comparison with matched controls without psychiatric disorders. In addition, future patients experienced more stressful life events and dealt with these stressors more poorly in comparison with controls.

Conclusions: The findings of this unique historical-prospective qualitative analysis of interviews performed before the onset of psychosis, confirmed previous findings of premorbid abnormality of future non-affective psychosis patients. Using qualitative analysis enabled obtaining a more in-depth understanding of the real-life experience of the premorbid period among patients with non-affective psychotic disorders.

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1. Introduction

Psychotic disorders, in general, and schizophrenia, in particular, are debilitating mental illnesses that affect various domains of human behavior. It is well known that impairments in premorbid functioning in schizophrenia are present before the onset of the illness, consistent with neuro-developmental models of the disorder (Davidson et al., 1999; Murray et al., 1992; Weinberger and Lipska, 1995).

The premorbid period in schizophrenia is typically defined as beginning after birth and lasting until the initial appearance of behavioral disturbances or psychotic symptoms (McGlashan and Johannessen, 1996). Medical and psychiatric histories recorded by

mental health professionals during their first contact with psychotic patients often reveal subtle or flagrant motor, cognitive, emotional, and behavioral deviations during childhood, social withdrawal and personality changes during adolescence, as well as attenuated psychotic symptoms months to years before the first treatment contact and the diagnosis of psychosis (Harvey, 2002).

Previous studies investigating pre-morbid functioning in schizophrenia obtained medical histories from patients shortly after the onset of the illness (Andreasen et al., 1990) but were based on chart review and retrospective patient recall, hence prone to recall bias (Brill et al., 2007).

To overcome these difficulties, longitudinal and historical-prospective investigations have examined developmental curves, school records (Jones et al., 1994) or army records (Davidson et al., 1999). These studies were based on summary scores obtained from archived data. Recently, there has been a growing acknowledgment

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that qualitative research methods, solely or combined with quantitative ones, can be useful in identifying important nuances that enrich the understanding of underlying reasons and motivations of people's behavior and experience (Gunnmo and Bergman, 2011). For this reason, the current study applied qualitative analysis focusing on the content of pre-induction interviews of future patients, in order to reveal the subjective experience of people who were later diagnosed with psychotic disorders (Lieblich et al., 1998). The primary goal of the current study was to gain a better understanding of the emotional, interpersonal and functional experience of future non-affective psychotic disorder patients.

2. Method

According to Israeli law, all adolescents between the ages of 16 and 17 are required to undergo a compulsory pre-induction assessment to determine their intellectual, medical, and psychiatric eligibility for military service. The draft board assessment includes an unselected population of individuals who are eligible for military service, as well as those who will be excused from service on the basis of medical, psychiatric, or social reasons. The assessment is administered by college-age individuals who have completed a 4-month training course on the administration of a semi-structured interview, designed to predict success in combat military units.

The interview includes evaluations of *social functioning*, assessing social abilities and desire for interpersonal closeness, as well as *personal autonomy*, maturity, and self-directed behavior (e.g., independent functioning vs. reliance on others); *organizational ability* (e.g., compliance to timetables, self-mastery and self-care); and *physical activity*, which assesses involvement in extracurricular physical activities. Behaviors are rated on a scale from 1 (lowest) to 5 (highest) on the basis of predetermined reliable and validated instructions (Gal, 1986).

The interview is administered in a standardized manner placing equal weights on the different topics which the interview covers. Since 2001 narrative summaries of these interviews have been entered into a computerized database and are available in the archives of the Israeli Defense Forces. The reliability and validity of these measures have been tested by the IDF, and population-based norms are available for each of the tests (Tubiana, 1982). For more detailed description of the IDF behavioral assessment please see the article by Rabinowitz et al. (2000).

2.1. Procedure

After receiving local IRB approval, the following data linkage was performed:

1. The details of soldiers, who were hospitalized for their first outbreak of a non-affective psychotic illness during military service, were extracted from the army records.
2. Control subjects, who were not hospitalized for psychiatric disorders during service, were identified. The controls were matched to future patients by their age, gender, interviewer and interview date.
3. Summaries of the pre-induction interviews of cases and controls were obtained and analyzed using qualitative research methods.

2.2. Population

The study sample consisted of 40 male adolescents, aged 16–17 years old. Twenty of them were hospitalized for their first episode of non-affective psychotic disorder during military service, whereas the twenty control subjects were not diagnosed with psychiatric disorders or hospitalized during their military service. Cases were matched to controls by age, gender, interviewer and interview

date (the interviews of each case and control were conducted by the same interviewer in the same month). In the future patients group, the mean time between the draft board assessment and first hospitalization was 3.19 years (ranging from 1.76 to 5.56 years).

2.3. Qualitative analysis

The narrative summary of each interview was read by each researcher, who was guided by the existing literature on pre-morbid functioning in schizophrenia and psychotic disorders. Themes that emerged from reading the interviews served as the basis for an open exploratory analysis of more nuanced expressions of specific aspects or experiences relating to functional difficulties. For example, in subjects describing minimal interactions with peers and a preference for solitary activities such as computer games, themes of social withdrawal were extracted.

The narrative summaries were analyzed using categorical content analysis, based on the model of narrative analysis proposed by Lieblich et al. (1998). According to this model, textual analysis focuses on the dimensions of content and/or structure, and on the unit of analysis, with the choice of using the unit of the text as a whole (holistic analysis) or parts of the text (categorical analysis). The analysis was performed by 2 MA level psychologists, who had experience with psychotic disorders patients and were blinded to the participants' study group.

The analysis was conducted in the following stages:

1. Each narrative summary was read and deconstructed sentence by sentence, in order to identify key themes and assign a descriptive name for each item (for instance, when the interviewer wrote that the person tended to miss school, or had low grades, these items were coded as themes).
2. In the second stage, themes were combined and sorted into higher level categories (for example, descriptions of the subjects' typical behavior in situations of disagreement with peers and/or authority figures were labeled as "social conflict resolution").

The content categories included: *interviewer's impression* (based on the expressions that the interviewer used in order to describe the subject's personality qualities and behavior. For example, "intelligent", "pleasant conversational partner", "contributes according to personal preference", etc.); *background and life history* (stressful life events, immigration, personal and family details); *educational functioning* (attitude towards the educational framework, fulfillment of student duties, discipline); *social functioning* (interactions with peers, typical behavior in company, friendship concept and attitudes towards friends); *interpersonal conflict resolutions* (based on Ford Wood & Bell's (Ford Wood, 2008) classification of interpersonal conflict resolution styles - collaborating, accommodating, avoiding and competing); and *everyday problem solving* (independence or reliance on others in overcoming everyday difficulties).

3. Afterwards, the presence or absence of each theme in the interview summary of a given subject was coded and entered into an SPSS data file. The frequency at which each theme appeared in each group was calculated (see example for a similar technique in Dinos et al., 2004).
4. After performing the analysis and summarizing the findings, the data were unblinded.

3. Results

3.1. Future psychotic disorder group

- a) *Interviewer's impression*: The members of this group were described by the interviewers as being open (7 cases, 35% of the group), likable (5 cases, 25%), and good kids (6 cases, 30%).

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