THE CAMBERWELL-FAMILY-INTERVIEW AS DIAGNOSTIC AND THERAPEUTIC TOOL

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We are presenting preliminary results from a research project in Hamburg on diagnosis and therapy with young, relapse prone schizophrenic patients and their relatives. Using the Camberwell-Family-Interview we made an attempt to identify patients who are in contact or are living with high-emotional-involved (high-EE) relatives. These patients are more than others expected to be relapse prone (BROWN, 1968, 1972; VAUGHN and LEFF, 1976; VAUGHN et al., 1982). During the last 30 months (1980-1983) we have interviewed with the Present-State-Examination (PSE) 120 patients who were clinically diagnosed as schizophrenics. 52 patients and their families were selected by the following criteria: Presence of nuclear symptoms during the last 4 weeks (PSE); age 18-30 years; maximum duration of illness 3 years; maximum duration of hospitalisation (total) 1 year; no more than 3 admissions before; key relatives available.

29 patients were from families with at least 1 high-EE relative (according to the CFI-rating). Half of them were included in therapy-groups (patients- and relative-groups). The other half and patients from low-EE families were observed as controls. CFI and PSE were repeated after 1/2, 11/2 and after 21/2 years. A special relapse rating interview is done 9 months and 2 years after discharge.

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The Hamburg CFI-study: Results in Comparison

Table 1 shows a comparison of the Hamburg, British and California CFI-studies. The Hamburg sample differs from the others in several aspects: Patients are younger, less chronically ill, and our diagnostic criteria do not include other symptoms than the Nuclear Symptoms of the PSE. Therefore, the 3 samples of patients are not directly comparable.

The 3 studies differ also in regard to the relatives interviewed. In the British sample the percentage of parents is only half of the percentage of the California study, whereas the percentage of spouses is much higher (38% vs 6%). The Hamburg sample lies in between these two, but resembles more the California study. The number of patients of whom both parents were interviewed, is in the California and Hamburg sample higher than in the British one. These differences regarding patients and interviewed relatives are important if we look at the results of the CFI. Thus, table 1 shows that the percentage of high-EE-families is highest in the California study (75%), second in the Hamburg study (56%) and lowest in the British study (45%). What are the reasons for these differences?

We can assume that the CFI was used in the same way in all studies, because we were trained by Christine VAUGHN and Karen SNYDER. Therefore, 3 sources of differences remain.

First: Cultural differences in the attitude of the families to schizophrenic patients as VAUGHN et al.(1982) assumes. Ongoing international comparative studies may clarify this question; however, we do not think this is the main point.

Second: Differences in the selection of patients. It is possible that age, diagnosis or duration of illness correlates with the attitude of relatives. In the California study for example, many of the patients (55%) had been ill for more than 5 years. They may represent a special selection of patients with a bad prognosis and thus, the majority may come from high-EE-families. On the other hand, the duration of the illness may provoke a high-EE reaction of the relatives.

The third possibility seems to us most worthwhile to consider: Differences in the relatives interviewed. Indeed, further analysis of our own data (tab.2) shows that the probability of identifying patients from high-EE-families depends on the number and type of relatives tested. If both parents are available, the percentage of

* The British study used PSE and Catego-programme as diagnostic tools, the California study Nuclear Symptoms (PSE) and incoherence of speech (PAS).