Chapter II

REVIEW OF RELATED LITERATURE

- Relevance of the Review Component; Studies Related to Psycho-Education Applied to Schizophrenia; Studies Related to Psycho-Education Applied to Anxiety Disorders; Studies Related to Psycho-Education Applied to Mood Disorders; Studies Related to Psycho-Education Applied to other Psychological issues; Studies Related to Psycho-Education Applied to Medical Treatment; Studies Related to Psycho-Education Applied to Prison Settings; Prison Studies; An Overview
RELEVANCE OF THE REVIEW COMPONENT

The importance and relevance of the review of the related literature in the process of research work is indisputable. Getting familiarized with the fund of knowledge created through strenuous and perpetual inquiry in the field concerned is inevitable for every bonafide researcher. No one can start a research in a vacuum. ‘Nothing has happened alone’ is the wisdom that teaches us that everything is connected to one another.

The investigator should have keen interest in what has already been kept in the treasure house of knowledge in the area of his choice. He or she should be guided not by a blind admiration but by a critical, truth-seeking mind beset with genuine curiosity. The researcher is expected to bear in his mind that the new that they are going to make emerges only from a matrix that perpetually needs rediscoveries of the past.

Review of literature in psychology research has two different approaches. One approach is to choose an area of research by reading all the relevant studies, and organizing them in a meaningful way. The other approach is to choose an organizing theme or a point the investigator wants to make, and select his or her study accordingly. Regardless of the approach, the literature review will serve two purposes. A thorough description of the work done on a specific area of research is the first one. The second is an evaluation of the work. Both the descriptive and evaluative elements are important parts of the review (University of Washington, 2010).
The review of the related literature makes the researcher familiar with the current knowledge in the arena of his or her research. Keeping abreast of the up-to-date knowledge is essential for any researcher. This apart, the review helps the investigator to define the limits of his or her study. This is for the purpose of definition and delimitation of the problem. The review also enables the researcher to avoid unnecessary duplication in the field of research. Because others may have already been established firmly the facts the present investigator is trying to explore and find out. The review of the related literature will make the researcher conversant with the recommendations made by the previous researchers in the form of suggestions for further research.

It is possible that earlier research activity has generated enough knowledge to address the investigator’s felt need. But the researcher has to be exposed to the literature relating to the problem. McGrath (1970) categorically states that designing a research project without discovering the existing knowledge or evidence is a wasteful and inefficient procedure. The essential purpose of the review component is to learn what is known about a particular knowledge system. In order to apply the review component to desirable practice, it is convenient to consider the review in three ways: (1) delineation or extending one’s knowledge; (2) delimitation or focusing one’s attention on a particular aspect of that knowledge system; and (3) sampling as a review process. The author writes about the utility of the review,” The review component serves in the formation of tentative and testable hypothesis and it is spread as a record of delineation and delimitation generally in a formal report or thesis.” A suggestion is put forward that the review component should be utilized in the discussions of the researcher’s findings, conclusions and recommendations.
The research in Psychology needs much background knowledge to gain a thorough understanding of the phenomenon or problem of the study. The present study is an intervention study seeking the efficacy of psycho-education as an evidence-based practice in promoting mental health among convicted prisoners.

For the purpose, the investigator had to develop an integrative correctional psycho-education package which was to be put to test. The development of the package was done on the basis of the studies carried out in this field in various countries. The studies that followed the guidelines laid down by American Psychological Association are scarce in libraries. As a result, the researcher had to rely on Internet research archives for studies in Psycho-education. Another sorry state of things in this respect is that there is an alarming paucity of research in the field of psycho-education in India. The investigator tried to showcase in the review some such studies conducted in India and abroad.

The studies, thus, collected are classified into subsections in order to augment the clarity of the idea as to which fields have utilized psycho-education as a strategy of intervention. Areas of mental illnesses, medical diseases and preventive and promotional practices of mental health are identified as the areas of operation for psycho-education. Prison mental health interventions in general and psycho-educational interventions in correctional settings have also been described and evaluated here, as corrections is the thrust area of the present study. The potential of psycho-education has been admitted and appreciated widely. As a meta-analysis has observed, there is significant evidence that psycho-educational interventions are
associated with improved functioning and quality of life, decreased symptomatology, and positive outcomes for both the person with illness and family members as well (Lukens & Mc Farlance, 2004).

Psycho-education as an adjunct has a very influential role in the treatment of the psychotic illness of schizophrenia. The famous studies initiated by the American researcher, C.M. Anderson in the early 80s vividly established its efficacy there. It is argued that medication alone will never be able to effectively handle cases of schizophrenia. The psycho-educational intervention there fulfills the need of a complementary psycho-social support in the medical treatment of a psychotic illness. It awakens the mental self-defense of the patient against the illness. The following studies corroborate this argument.

STUDIES RELATED TO PSYCHO-EDUCATION APPLIED TO SCHIZOPHRENIA

Hogarty, G.E. et al. (1986) conducted a study on the impact psycho-education has on schizophrenia patients. 103 patents and their relatives were the participants of the study. The program included family psycho-education and social skills training. It was a combination of a patient-centered behavioral treatment and a psycho-educational family treatment. The patients belonged to homes with high expressed emotion (EE). The study resulted in much improvement in the behavioral responses of the persons to their aftercare treatment. It also showed remarkable positive change with regard to the expressed emotion in the home environments.
Pitchel-Walz et al. (1995) undertook a study to examine whether psycho-education groups for patients with schizophrenic disorders and for their families can reduce re-hospitalization rates and improve compliance. 236 schizophrenia inpatients who had regular contact with at least one relative or other key person were randomly assigned to one of two treatment conditions. The patient and relatives included in the psycho-educational treatment condition were made to participate in the psycho-education program over a period of 4 to 5 months. There were 8 separate sessions for patients and the relatives. Patients in the other treatment condition received routine care. Outcomes were compared over 12- month and 24-month follow-up periods. The results of the study found out that a comparatively brief intervention of 8 psycho-education systems with systematic family involvement in simultaneous groups can considerably improve the treatment of schizophrenia. It was suggested that psycho-education should be routinely offered to all patients with schizophrenia and their families.

North et al. (1998) examined the efficacy of a multi-family group psycho-education program for families with a member suffering from schizophrenia. The content of the psycho-education program was tailored in response to the express needs of the families participating in each group. 4 one-day workshops were arranged for the families. The purpose of these workshops was to introduce the process of educating families about schizophrenia and to recruit families for the study. A total of 56 individuals from 34 families participated in workshops. Women constituted 53% of participants. Program consisted of didactic presentations on the history of schizophrenia, its symptoms and diagnostic criteria, its causes and relevant medications. An interactive discussion of problem solving techniques was also
included. Contrary to expectations, the main concerns identified by the families were not the ‘positive’ symptoms like hallucinations, delusions, violent outbursts or suicidality, but the ‘negative’ ones like social withdrawal, lack of communication, poor social skills, decreased motivation, excessive sleeping, poor hygiene and personal habits. Lectures, group discussions and brainstorming sessions were rated remarkable.

Adams & Lucksted (2000) initiated a review of literature with a view to updating on family psycho-education for schizophrenia. 15 new studies on family psycho-education were reviewed in detail. The main objective of the review was to consider issues around the implementation of family interventions in current practice. The authors report that the data supporting the efficacy of family psycho-education remain compelling. Such programs should be included as part of best practices guidelines and treatment recommendations. However, the review ends, as the authors admit, with the incompleteness of knowledge regarding how exactly psycho-education works in this regard, the widespread lack of dissemination and implementation of family psycho-education and the potential existence of other effective service models.

Simpson & Stevens (2000) studied the health care in prisons in the UK. The study attempted to assess the health care needs of prisoners. Department of Public Health and Epidemiology sponsored the study. The authors observe at the outset of the report that the UK prison population has three key features: it is largely young; it is overwhelmingly male; and it has a very high turnover. Another observation is that prisoners are drawn from lower socio-economic groups and have poor levels of education. It was found that 10% of the prison population was black. The study
revealed that the prisoners had a very high incidence of mental health problems which is higher than that of the general population. Most of their mental health problems are neurotic problems. By ICD-10 criteria, in any week, almost half of prisoners are suffering from a neurotic disorder such as anxiety or depression. One in 10 prisoners has suffered from a psychotic disorder in the past year. Suicide is about eight times more common among prisoners than in an equivalent community population. Incidents of deliberate self-harm are reported in one in 60 prisoners a year. Half of prisoners are heavy alcohol users and about one in 20 has a serious alcohol problem. About half of prisoners are dependent on drugs (principally, opiates, cannabis and stimulants) and at least one quarter has injected drugs. A minority of prisoners continue to use drugs while in prison. The study recommends that efforts should be made to increase prisoners’ ability to self-care and to reduce their dependence on the formal health care system. The recognition and management of neurotic disorders using effective pharmacological and psychological treatments should be given a high priority in the primary health care systems.

Ren et al. (2003) studied the effectiveness of psycho-educational intervention for rural Chinese families experiencing schizophrenia. The research was in a randomized controlled trial form. A cluster randomized controlled trial of psycho-educational family intervention for families experiencing schizophrenia (3 groups, 326 cases) was conducted in Xinjin County, Chengdu. Treatment groups consisted of family intervention and medication, medication alone and a control. The results showed a gain in knowledge, a change in the relatives’ caring attitudes towards the patients, and an increase in treatment compliance in the psycho-educational family intervention group. Most importantly, the relapse ratio over 9 months in this group
was half that of the drug-only group, and just over one-quarter of that of the control group. The conclusion is that in rural China, family intervention should focus on improving the relatives’ recognition of illness, the caring attitude towards the patients, treatment compliance, relapse prevention and the training of the patients’ social functioning. Psycho-educational family intervention is effective and suitable for psychiatric rehabilitation in Chinese rural families.

Magliano L., et al., (2005) undertook a research study funded by the European Commission. The main objective of the study was to assess the effectiveness of a psycho-educational intervention for families of patients with schizophrenia. The study report presents the preliminary results of a one-year follow up study on the implementation and effectiveness of a psycho-educational family intervention in 6 European countries. 48 professionals were involved in the study and provided intervention for one year to 55 families of patients with schizophrenia. During the implementation period, the professionals reported significant organizational difficulties in the provision of the intervention, but acknowledged an improvement of their relationships with users and their families. At follow-up assessment, statistically significant improvements were found in patients’ symptoms and social functioning as well as in relatives’ burden, coping strategies and social resources. The study was carried out at the departments of Psychiatry of various Universities such as Naples (Italy), Athens (Greece), Lisbon (Portugal), Granada (Spain) and Dresden (Germany) and at the Birmingham and Salihull Mental Health Trust (UK).

Rummel et al. (2005) undertook a research study to evaluate the feasibility of peer-to-peer psycho-education program in schizophrenia. A 5-step curriculum was
framed for the intervention. Step 1 was for training the peer moderators. They participated in workshops on knowledge about schizophrenia and moderation techniques in step-2. Next phase was the conduct of peer-to-peer groups in the presence of a mental health professional. In step-4, they conduct the groups independently with regular supervision. Further peer moderators were recruited in step-5. PE by trained group comprised eight 60 minute group sessions with 6-10 participants per group. The feasibility of the PE curriculum was evaluated by conducting a post study of 7 peer groups with 2 peer moderators. The results showed that the conduct of the peer-moderated groups worked well. Knowledge of illness increased significantly. Likewise, concept of illness also changed significantly. Another important thing was that the negative treatment expectations decreased significantly.

Grassian (2006) investigated into the psychiatric effects of solitary confinement in prisons. It has indeed long been known that severe restriction of environmental and social stimulation has a profoundly deleterious effect on mental functioning.

Lincoln, Wilhelm & Nestoriuc (2007) conducted a meta-analysis of various studies aiming to assess effectiveness of psycho-education for relapse, symptoms, knowledge, and adherence and functioning in psychiatric disorders. Randomized controlled trials comparing psycho-education to standard care or non-specific interventions were included in the analysis. 199 studies were retrieved from Cochrane Library, PsycINFO and Medline and put into closer examination. Of the 199, only 18 studies met the inclusion criteria. The meta-analysis brings forth the conclusion that
the additional effort of integrating families in psycho-education is worthwhile, while patient-focused interventions alone need further improvement and research.

Degmecic, et al.(2007) undertook a research study to examine whether psycho-education can bring about compliance in the treatment of patients with schizophrenia. The experimental group comprised 30 patients and the control group also consisted of 30 patients with schizophrenia. The experimental group underwent psycho-education on schizophrenia and the control group was not exposed to the education. Patients were rated with Brief Psychiatric Rating Scale and Clinical Global Impression at three points of time: on the admission to hospital; on the release from hospital; and after 3 months from release from hospital. Compliance was assessed with Compliance Assessment Inventory. Attitude towards drugs was assessed with Drug Attitude Inventory. Social functioning of the patients were rated with Global Assessment of Functioning. Knowledge about out the disease was assessed with specially designed questionnaire with 12 questions. Results suggest that psycho-education has a role to bring about compliance of patient to treatment. It can also work out a positive attitude towards the drug treatment, which is one of the most important predictors of successful treatment of schizophrenia.

Moxon (2009) sought to assess the effectiveness of a brief psycho-educational intervention for people with schizophrenia and their families. Really, the study tried to replicate and extent previous research in this area. As part of the PhD research program, a brief psycho-educational intervention was conducted through community organizations. The study was designed in such a way that it could overcome methodological shortcomings of the past studies. People diagnosed with schizophrenia and their family members were recruited into the randomized controlled trial
The participants were randomly allocated to a treatment group or a wait-list control group, knowledge about schizophrenia, expressed emotion, perceived coping ability, burden of care and distress were measured and improvement was recorded in those variables. Moreover, all gains were maintained at the nine-month follow-up, with continuing improvement seen in family members’ intrusiveness ratings. Overall, the results suggested that although knowledge increased as a result of education, the improvement in all indicators other than knowledge appeared to be due to education combined with some non-specific factors. These non-specific factors may have included expectancy effects, setting effects and other possibilities.

Nasr & Kausar (2009) conducted a study on psycho-education and family burden in schizophrenia. The study was a randomized controlled trial. It is a well-known fact that family members have to suffer a lot of burden owing to the schizophrenic members. 108 patients with schizophrenia and their relatives were included in the study. Both the intervention group and the control group received psychotropic drugs. The study group got psycho-education in addition. Family burden was assessed at the time of recruitment and at 6 months post intervention. The result showed that there was significant reduction in burden at post-intervention assessment in psycho-education group based on the intention to treat attitude.

Chakrabarti (2011) examined the impact of psycho-educational intervention for caregivers of Indian patients with schizophrenia. The study was carried out in the form of a randomized controlled trial in which the effect of a structures psycho-educational intervention for schizophrenia was assessed in comparison with standard out-patient treatment on various patient-and caregiver-related parameters. 76 patients with DSM-
IV schizophrenia and their caregivers were recruited for the study. They were randomly assigned to receive either a structured psycho-educational intervention (n=38) or a routine out-patient care (n=38). The psycho-educational intervention consisted of 9 monthly sessions. The comparison group was also exposed to the routine program for the same duration. Psychopathy was assessed on monthly basis. Disability levels, caregiver burden, caregiver coping, caregiver support and caregiver satisfaction were evaluated at baseline and upon completion. Results of the study showed that the structured psycho-educational intervention was significantly better than the routine out-patient care on several indices including psychopathology, disability, caregiver support and caregiver satisfaction. The psycho-education package was simple, feasible and not costly. The study came to a conclusion that structured psycho-educational intervention is viable option for treatment of schizophrenia even in developing countries like India.

Ruzanna; Marhani; Parveen & Cheah (2010) raise a very important and relevant question: Does psycho-education improve insight of patients with schizophrenia? The objective of their study was to determine the effect of psycho-education program on insight of patients with schizophrenia. It also tried to determine other factors associated with the change of the insight. Interventional in nature, the study included 70 patients diagnosed schizophrenia. The diagnosis was confirmed using Mini International Neuropsychopathic Interview (M.I.N.I). The participants underwent the psycho-educational program. Insight was assessed using the Schedule for the Assessment of Insight (SAI) before and after the intervention. Effect on insight was measured as the change in SAI scores. Results showed that there was an improvement in insight after the psycho-education program. Patients’ age, shorter
duration of illness and no previous history of admission to mental institution were significantly related to the improvement of insight. The study came to a conclusion that psycho-education was an important tool in improving insight into illness among patients with schizophrenia. It is recommended that psycho-educational intervention should be given as early as possible during the course of the illness.

W. Kung (2011) conducted a pilot study on ethnically sensitive family psycho-education for Chinese Americans with schizophrenia. The treatment lasted for 6 months. The sample size is not available. The study showed that patients’ symptomatology was reduced both at termination and follow-up. The intervention group had greater reduction in comparison with the comparison group.

Pekkala & Merinder (2011) undertook a study on psycho-education for schizophrenia. The objective of the study was to assess the effects of psycho-educational interventions compared to the standard levels of knowledge provision. 10 studies were included in this review made in Finland. The remarkable common feature is that the group interventions included family members. It was also noted that psycho-education had a positive effect on person’s well-being. Evidence from various trials suggest that psycho-educational approaches are useful as a part of the treatment program for people with schizophrenia and related illness. The review also observes that those psycho-educational studies were brief and inexpensive. This fact may be attractive to managers and policy makers. The review stresses on the need of more well-designed, well-conducted randomized studies investigating the efficacy of psycho-education.
Chadzynska & Charzynska (2011) conducted a research study with an aim to find out what the patients’ opinion about psycho-education in schizophrenia. 169 patients with schizophrenia were subjected to this Polish psycho-educational program on the mental disorder. On examination, they answered a questionnaire about participation in sessions, the motivation to psycho-education, and the themes of sessions. 84% of the participants asserted that they liked psycho-education. According to them, the main reason for participation in psycho-education was the willingness to get more information about illness and to prevent relapses. Conclusion is that patients want to get more information about illness, knowledge how to cope with symptoms in order to improve the quality of their life.

Xia, Merinder & Belgamwar (2011) undertook a review study in the U.K. with an objective to assess the effects of psycho-educational interventions compared with standard levels of knowledge provision. All relevant randomized controlled trials conducted with a focus on schizophrenia were considered for the study. A total of 5142 participants were included from 44 trials held between 1988 and 2009. It was found out that incidences of non-compliance were lower in the psycho-education group in short term, medium and long term. Relapse appeared to be lower in them. Results of the study also suggest that psycho-education promotes better social and global functioning. Participants who received psycho-education were found to be more satisfied with mental health services and have improved quality of life. The study came to a conclusion that psycho-education seems to reduce relapse and readmission, and encourage medication compliance. It also reduces the length of hospital stay.
Farkhondeh S., Maryam, S. & Arash, M. (2012) investigated the effect of a psycho-educational intervention for family members on caregiver burdens and psychiatric symptoms in patients with schizophrenia in Shiraz, Iran. 70 Iranian outpatients with a diagnosis of schizophrenia disorder and their caregivers were randomly allocated to the experimental (n=35) or control group (n=35) groups. Patients in the experimental group received anti-psychotic drug treatment and a psycho-educational program was arranged for their caregivers. The psycho-educational program consisted of 10 ninety minute sessions held during 5 weeks (2 sessions in each week). Each caregiver attended 10 sessions in 5 weeks. At baseline; immediately after intervention; and one month later. Validated tools were used to assess patients’ clinical status and caregiver burden. The study showed significantly reduced symptom severity and caregiver burden both immediately after intervention and one month later. The conclusion is that even need- based short term psycho-education may improve the outcomes of patients and their families.

De Sousa, Kurvey & Sonavane (2012) in their review paper titled ‘Family Psycho-education for schizophrenia: a Clinical Review’ observe that family psycho-education is an integral part of schizophrenia treatment programs. They cite two reasons for this emphasis: recent shifts to briefer hospitalizations and an importance placed on community care. psycho-educational family programs are designed with the purposes of increasing medication compliance and effectiveness in coping with stressors. Such interventions are found to be successful in reducing the risk of relapses in the first year following hospital discharge. They are aimed to provide correct information about the illness, treatments available and long term course and prognosis of the disease. The review paper points out that over the last three decades, various
models and different types of family psycho-education programs have been implemented to empower relatives of patients with schizophrenia.

Navidian et al. (2012) investigated into the effectiveness of a group psycho-educational program on family caregiver burden of patients with mental disorders. The Iranian study managed to assess the effectiveness of the psycho-educational program on the family caregivers for patients with schizophrenia and mood disorders. This was a randomized controlled trial. 100 caregivers of patients with mental disorders were recruited for the study. 50 of them were caregivers of schizophrenia patients and 50 of them caregivers of patients with mood disorders. The participants were assigned randomly to either psycho-education group or routine care group, in each diagnosis category. The intervention lasted for three months. Caregiver burden was assessed using the Zarit Burden Interview. The mean scores of the caregiver burden decreased significantly for the psycho-education group, while the scores in the control group with routine care did not change significantly. The study came to a conclusion that the group psycho-education was effective to reduce the caregiver burden for both categories of mental disorders (schizophrenia and mood disorders) in the Iranian population. It would also improve the quality of life of patients and caregivers by improving the standards of care-giving.

The studies cited above are research attempts to assess the effects of psycho-education as a psycho-social intervention on the psychotic illness called schizophrenia. They evidence that psycho-education is capable of bringing significant positive changes in some aspects related to the illness. The main areas where improvement is caused are behavioral responses, expressed emotion (E.E),
compliance to treatment, medication adherence, and length of hospitalization, family / caretaker burden, attitude towards treatment, symptomatology and the like. Due to the impact of group/individual psycho-educational intervention, negative behavioral responses of the patients are improved considerably. The construct called expressed emotion among family members of the patient is found lessened. Sizable reduction in hospitalization, symptomatology and family/ caretaker burden is also testimony to the effectiveness of the intervention. Most of the studies reviewed in this section are brief interventions comprising around 10 sessions of 1 hour duration. Some studies had a well-prepared curriculum or a manual to follow. They used either individual mode or group mode of interventions. The impression is that family psycho-education should be included as an inevitable complementary psycho-social intervention in the psychiatric-pharmacological treatment of schizophrenia.

STUDIES RELATED TO PSYCHOEDUCATION APPLIED TO MOOD DISORDERS

Goldberg-Arnold (1999) evaluated the capability of family psycho-education to give caregivers what they wanted and needed. The study was designed as a Multi-Family Psycho-education Group (MFPG) intervention for families of children aged 8 to 11 with mood disorders. As many as 34 families were enrolled in the study. They were recruited in collaboration with the local chapter of the National Alliance for Mentally Ill (NAMI), both through direct referrals (n=1) and via a pair of newspaper feature articles describing the program as well as NAMI’s Family to Family Program (n=11). The participants represented a wide range of backgrounds and treatment histories. 33 mothers, 10 fathers, and 4 step fathers formed the parent participants. The intervention went on for six sessions. It was found that the intervention caused to
increase parents’ knowledge about mood disorders and treatment options. But fewer parents reported changes in coping skills and attitude changes immediately following the intervention.

Nukariya (2001) evaluates the prospects of psychotherapy and psycho-education for depression treatment. The drug therapy for depression is not necessarily effective. The importance of psychotherapy is being re-evaluated for the patents. There prevail many kinds of psychotherapies such as psychoanalytic therapy, cognitive therapy, behavior therapy and inter-personal therapy. Interests in psycho-education are mounting because of studies that family relations influence the prognosis and of the increased importance attached to informed consent. This means that the physicians and therapists work with the patient and family to deepen understanding of the disease and to prevent its aggravation as well as recurrences.

Colom et al. (2003) undertook a study in Spain. The study involved outpatients diagnosed with bipolar types I&II. The psycho-educational intervention program consisted of 21 sessions with non-structured meetings. The results showed that the participants in the treatment group were less likely to relapse overall. It was also noted that they had fewer relapses per person, increased their time to recurrence of symptoms and had fewer and shorter hospitalizations.

Miklowitz et al. (2003) conducted a study to examine the effectiveness of a psycho-educational intervention on bipolar disorder. 101 individuals with bipolar disorder were randomly assigned to PE group or to crisis management group. The PE group underwent 21 individual sessions whereas the other group had 2 educational sessions plus crisis sessions as needed. The results showed that the patients in the PE
treatment group had fewer relapses overall, longer symptom-free periods, fewer symptoms and better medication compliance. The study was a manual-based one.

Perry et al. (2006) sought to evaluate the impact of psycho-education in bringing about medication adherence, early recognition of prodromal symptoms and impending relapse, and rapid intervention to forestall relapse in bipolar patients. 69 patients who were diagnosed with bipolar type I and taking mood stabilizer were randomly assigned to either treatment group or control group. The treatment group received psycho-education sessions whereas the control group received treatment as usual. The results suggest that the experimental group had a significantly lower risk of manic relapse, and significantly better social and vocational functioning.

Sharon et al. (2009) launched a psycho-educational program titled ‘Beating Bipolar’ to evaluate the efficacy of psycho-education as a non-pharmacological intervention for bipolar disorder. The study was an exploratory, individually randomized controlled trial. The specialty of the program was the fact that it was delivered to the client online as it was designed in a web-based format. 100 patients with a diagnosis of DSM IV bipolar disorder were recruited for the study. Both types of bipolar (types I&II) were included in the study. The findings ascertained the view that psycho-educational interventions have emerged as promising long-term therapeutic options for bipolar disorder.

Sanford et al. (2006) studied the effect of adjunctive family psycho-education in adolescent major depression. 41 adolescents satisfying the major depression criteria were selected for the study. They were randomly assigned to usual treatment or usual
treatment with family psycho-education. Outcome measures were administered at 2 weeks, mid-treatment, post-treatment and a 3-month follow-up. Compared to control group, the participants in the treatment group showed greater improvement in social functioning and adolescent-parent relationship. Parents reported greater satisfaction with the treatment.

Ghadirian, Nasiri & Karami (2009) sought to evaluate the psycho-educational intervention outcome in mood disorder patients and their relatives in Iran. 17 relatives of mood disorder patients attended 8 sessions of family psycho-educational group therapy. Each session lasted for 90 minutes. Relatives’ knowledge about mood disorder and their adaptation level were assessed using Understanding Mood Disorder Questionnaires (UMDR) and Family Assessment Device (FAD) before and after the group intervention in two groups. No interventions were done for patients. Symptoms severity, drug compliance and global function in patients were assessed at the beginning of the study, on discharge and 3 months after the family intervention. Results suggest that the relatives’ knowledge about mood disorders was significantly improved. They felt significantly better after being informed about the illness. Symptom severity, drug compliance and global function in patients showed no significant differences in follow-ups. The study came to a conclusion that family psycho-educational interventions in relative of of Iranian mood disorder patients, improve their knowledge about the illness and the adaptation level in family is increased.

Cuijpers; Munoz; Clarke & Lewinsohn (2009) evaluated the effects of psycho-educational treatment in the prevention of depression. The study carried out this
evaluation in the form of an evaluation of the ‘Coping with Depression’ course. The ‘coping with depression” course is by the far the best studied psycho-educational intervention for the treatment and prevention of depression, and is used in routine practice in several countries. The CWD is a highly structured cognitive-behavioral intervention which has been adapted for several goals, contexts and target populations. The efficiency of the CWD has been examined in 25 randomized controlled trials. The authors conducted a meta-analysis of these studies. The 6 studies aimed at the prevention of new cases of major depression were found to result in a reduced risk of getting major depression of 38%. The 18 studies examining the CWD as a treatment of depression found a effect size. The CWD is a flexible treatment which can easily be adapted for different populations.

Pibernik-Okanovic et al. (2009) undertook a research study with a purpose to explore the effects of psycho-educational intervention on depression- and diabetes-related outcomes in patients with mild to moderate depressive symptoms. The study was a randomized controlled trial with one year follow-up. 50 patients with mild to moderate depression symptoms were randomly assigned to either an intervention group or a control group. the intervention group underwent four psycho-educational sessions aimed at enabling self-management of depressive symptoms. The results suggest that psycho-educational treatment is beneficial in diabetic patients with mild to moderate depressive symptoms.

Smith; Jones & Simpson (2010) looked into the benefits of psycho-education for bipolar disorder. The authors assert that there has been growing interest in the past 10 years in psycho-educational interventions delivered as adjuncts to conventional
management. Psycho-education as applied to bipolar disorder can be defined as any intervention that educates patients and their families about their illness with a view to improving their long term outcome. Although the principal goal of psycho-education for bipolar disorder is to provide accurate and reliable information, additional objectives include teaching patients self-management skills and making them more able to make informed decisions about their own management within the context of a collaborative working relationship with their clinical team. Among the studies meta-analyzed, there was only one individual psycho-education intervention (randomized) in bipolar disease. 69 people with bipolar disease were included. The intervention was focused on them teaching to identify prodromal symptoms of depressive and maniac relapse and on producing and rehearsing an action plan once these prodromes had been recognized. Most participants received between 7 and 12 sessions, which were delivered by a research psychologist. The intervention is reported as having been helpful in terms of longer times to manic relapse, fewer manic relapses and better social and occupational functioning in the treatment group. but there was no effect for time to first depressive relapse or number of depressive relapses throughout the 18-month follow-up period.

Kae Shimazu & Shimodera (2011) examined the effectiveness of family psycho-education in the maintenance treatment of depression and family’s expressed emotion (EE). The intervention group (n=25) underwent 4 sessions consisting of didactic lectures about depression and group problem-solving focusing on how to cope in high EE situations. The result showed that time to relapse was significantly longer in the treatment group than the control (n=32). It was concluded that family
psycho-education was effective in the prevention of relapse in adult patients with major depression

Morriss et al. (2011) conducted a study on behalf of Mental Health Research Network. It was a case study with randomized control trial. The study was part of the ‘PARADES’ program funded by National Institute for Health research, that looked at the development, evaluation and implementation of psychological approaches to bipolar disorder and co-morbid problems. The research was intended to compare two forms of group therapy for individuals with a diagnosis of bipolar disorder. The PE package aimed to enhance participants’ understanding of their disorder. It followed a set agenda of topics covering issues such as education and management techniques, was jointly delivered by an expert patient and two health professionals. The peer support was ensured because it allowed participants to set their own agenda and discuss issues they felt were the most important to them.

Parikh, et al., (2012) conducted a randomized controlled trial study on the comparison between psycho-education and cognitive-behavior therapy in bi-polar disorder. The study was undertaken on behalf of the Canadian Network for Mood and Anxiety Treatments (CANMAT). The study was initiated in the background of an assumption that bipolar disorder is insignificantly controlled by medication, so several adjunctive psycho-social interventions have been tested. The objective of the present study was to compare the relative effectiveness of a brief psycho-education group intervention to a more comprehensive and longer individual cognitive- behavioral therapy intervention, measuring longitudinal outcome in mood burden in bipolar disorder. A total of 204 participants in the age range of 18-64 were included in the
study. They were diagnosed with bipolar disorder type I and II. The study was a single-blind randomized controlled trial. Participants were assigned to receive either 20 individual sessions of cognitive-behavioral therapy or 6 sessions of group psycho-education. Results suggest that both treatments had similar outcomes with respect to reduction of symptom burden and the likelihood of relapse. The conclusion reached at was that despite longer treatment duration and individualized treatment, cognitive-behavioral therapy did not show a significantly greater clinical benefit compared to group psycho-education. Psycho-education is less expensive to provide and requires less clinician training to deliver, suggesting its comparative attractiveness.

McBride (2012) sought to measure the effects of brief psycho-education on adolescents’ depressive symptoms and perceptions of parenting. The main objective of the study was to ascertain the potential immediate effects of a brief, cognitively-based psycho-education program on older adolescents’ perceptions of their parents’ parenting beliefs and practices, their own depressive symptoms, their sense of empowerment and current affective state. Empowerment and affect were included as dependent variables because it is important to ascertain if brief psycho-education influences positive feelings, courage, and a sense of control in addition to knowledge and understanding, as these components may be important for motivation to initiate and participate in treatment. 103 adolescents between ages 18 and 19 participated in the study. Prior to the psycho-educational component, each participant completed the Beck Depression Inventory to assess depressive symptoms, the Adolescent Version of the Parents as Social Context Questionnaire to assess parental behaviors, the Empowerment Scale to assess their feelings about self-esteem, a sense of power, autonomy and control over the future, and the Positive affect/ Negative Affect Scale to
assess in-the-moment feelings and emotions. The treatment group engaged in a brief psycho-education program designed to educate them on the effects of depression, the symptoms of depression, and how depression may affect perceptions. The control group engaged in a ‘placebo’ psycho-education program pertaining to pessimism and optimism in an employment setting. The treatment group demonstrated a marginally significant decrease in depressive symptoms relative to the control group as well as significantly larger increase in employment.

The studies cited above tried to gauge the effectiveness of psycho-education in bringing about a positive change in various aspects related to mood disorders. Compared to the interventions in schizophrenia, a bit longer psycho-educational sessions were needed in mood disorder cases. Some of these studies used psycho-education as a non-pharmacological intervention for bipolar disorders. Some studies attempted psycho-education as psychological approach to major depression cases. They arranged about 20 sessions. The results are found significantly favorable in almost all areas investigated. The psycho-educated participants were found to be less likely to relapse. They also decreased frequency of recurrence of symptoms. The intervention also brought about fewer and shorter hospitalizations for the participants. Longer symptom-free periods and fewer symptoms are also positive results. The studies are successful in proving that psycho-educational intervention in mood disorders will cause early recognition of prodromal symptoms and impending relapse. The intervention can also forestall relapse and effect significantly fine social and vocational functioning. When it was applied to adolescent major depression, it enhanced the participants social functioning and their relationship with their parents.
The parental satisfaction level was also significantly higher. The studies adopted a didactic approach in dealing with the problem.

**STUDIES RELATED TO PSYCHOEDUCATION APPLIED TO ANXIETY DISORDERS**

Kubani et al. (2003) initiated a study in Hawaii on ethnically diverse women with a history of partner abuse and a diagnosis of Post-Traumatic Stress Disorder (PTSD). 37 such women were randomly assigned to either an individually based PE program or a wait-list control group. The members of the PE intervention group underwent 8 to 11 individual sessions. Each session lasted for one and a half hours and focused on explorations of trauma history, stress management, monitoring of negative self-talk, assertiveness, managing contact with the abuser, and strategies for self-advocacy and avoiding re-victimization. At post-treatment and 3-month follow-up, 94% of the women included in the PE treatment group got relieved of the criteria for PTSD. Furthermore, they showed significantly reduced depression, guilt and shame. They also increased self-esteem. But on the contrary, the women assigned to the wait-list control group did not show any change in scores for any measure at the second pretest.

Holliday (2003) studied the role of cognitive skills imparted by psycho-education in formulating outcomes in post-traumatic stress disorder outcomes. The purpose of the study was to determine if a psycho-educational group could affect the cognitive skill outcomes of people diagnosed with PTSD. The design used for the study was a sample interrupted time series design within a program evaluation model. Cognitive skills, the dependent variable, were measured prior to the treatment and
then at the end of the treatment. The group met once a week for three hours in a seminar room at an outpatient psychiatric nursing clinic. The group continued for 12 consecutive weeks with each week addressing a specific set of content/topics. The material was presented and explained in a lecture format by a facilitator. The participants followed the lecture using workbooks.

Neuner et al. (2004) undertook a research study on the effectiveness of psycho-education in reducing post-traumatic stress disorder symptoms. The study was conducted on Sudanese refugees. Only one session of PE was given. The PE intervention was compared with the narrative exposure therapy, a type of trauma-focused cognitive-behavioral therapy. The results of the study showed that one session of psycho-education was less effective in reducing PTSD symptoms.

Oflaz, Hatipoglu & Aydin (2008) examined the effectiveness of psychoeducational intervention on post-traumatic stress disorder and coping styles of earthquake survivors. The study made use of a pretest to posttest quasi-experimental design with three comparison groups. The sample of the study included 51 survivors of the Marmora Earthquake who met diagnostic criteria for PTSD. Comparison groups were made up as psycho-education only, medication only and psycho-education with medication. 6 semi-structured psycho-education sessions were conducted individually. Patients in the medication only group did not participate in these sessions. The Clinician Administered PTSD Scale, Hamilton Depression Scale and Coping Strategies Scale were used for the measurements. The results showed that there was a significant difference between the ‘PEM’ group and the ‘medication only’ group, with the first group showing greater relief of symptoms. Generally, there were no
difference between the ‘medication only’ group and the ‘PE only’ group. It was concluded that patients with PTSD seem to take more advantage from the combined treatment model.

Wessely et al. (2008) reviewed some psycho-educational studies raising the question whether psycho-education helps prevent post traumatic psychological distress. The authors state that psycho-education is increasingly used following trauma. The provision of psycho-education can also be before possible exposure to stressful situations or, alternatively, after exposure. Educational information can be imparted in a number of ways and can also form part of what has been termed psychological first aid. They assert that if a psycho-educational program is to be effective, it must be delivered in a manner that is sensitive to the individual and collective needs of the audience. When it comes to the fact that psycho-educational input can be cost-effective and readily disseminated, there may be enormous benefits in identifying effective psycho-educational interventions.

Donker et al. (2009) undertook a meta-analysis on research studies that examined the effectiveness of passive psycho-education for depression and psychological distress. The meta-analysis team went through 9010 abstracts in this regard. The analysis revealed that brief passive psycho-educational interventions for depression and psychological distress can reduce symptoms. As they are brief, they can be easily implemented, can be applied immediately, and are not expensive. They can offer a first-step intervention for those experiencing psychological distress or depression. It was also found that they are very useful as initial intervention in primary care or community models. It was stipulated that the quality of psycho-educational intervention should not be compromised.
Yeomans, Forman; Herbert & Yuen (2010) examined the efficacy of PTSD Psycho-education within a larger trauma healing and reconciliation intervention in a rural region of Burundi, a small African country that suffered a civil war in which over 300,000 people were killed. The study included 113 participants selected from the regional population. The findings of the study suggest that PTSD Psycho-education for people without prior exposure to such ideas may diminish the benefits of intervention components.

Martine & Marc (2010) Canadian study was for assessing the effects of a psycho-educational group intervention for child victims of sexual abuse. The current study initiated a group intervention for survivors of sexual abuse aged 6 to 12 years of age. The intervention managed to combine various therapeutic activities with a psycho-educational approach. The intervention set its goal to increase self-esteem, identification of coping mechanisms and reduction of social isolation. Pretests and posttests were administered to the treatment group and the comparison group. Standardized questionnaires were used to measure depression, anxiety, self-perception, coping strategies and PTSD symptoms. The results of the study indicate that as result of the intervention, the children in the experimental group showed fewer behavioral problems than the children in the comparison group. Also, the participants in the experimental group displayed lower levels of anxiety and post-traumatic stress.

Sahin et al. (2011) studied the impact of psycho-education on the parents and children in the earthquake region after the Marmara earthquakes. 463 parents and 774 students took part in the study. The assessment procedure consisted of a satisfaction
survey of the parents and children who attended the seminars arranged as part of the psycho-education program. A comparison was made between those who attended the seminars and those who did not, in terms of their opinions on issues regarding the psychological effects of the earthquakes. Of the parents, 326 were included in the comparison group and 137 were made part of the study group. 593 students were assigned to the study group while 181 were included in the comparison group. Two different questionnaires are the tools of measurement. The result showed that the intervention was useful for the participants to know about the psychological reactions the earthquakes create in people.

McBride (2012) submitted a PhD thesis on the effects of brief psycho-education on adolescents’ depressive symptoms and perceptions of parenting to the university of Montana. The study results highlight the utility of cognitively-based brief psycho-education in helping adolescents understand their depressive symptoms and increasing their sense of empowerment. Psycho-education is used as a treatment for many different emotional, behavioral, and mental health issues, including grief therapy, mentoring, empowerment, peer counseling, sexual aggression, relaxation training, stress reduction, anxiety disorders, attachment issues, and literacy issues. The author states that the ‘psycho’ part of the word ‘psycho-education’ refers to the broad range of psychological ideas and theories upon which the approaches, program missions, and practices of various psycho-educational programs are based. The ‘education’ part of the word ‘psycho-education’ refers to the teaching and learning paradigms that largely make up the content and practices of psycho-educational programs.
All the studies described above are attempts to evaluate the efficacy of psycho-education in tackling Post Traumatic Stress Disorder (PTSD). They used both individual and group modes. The studies resulted in reduced depression, guilt and shame. The intervention was also found to be effective in increasing the self-esteem of the participants. However, one study proved that a one-session intervention of psycho-education was less effective in PTSD symptoms. Passive psycho-education is also seen beneficial for depression and psychological stress in a meta-analysis of 9010 brief passive psycho-educational interventions.

STUDIES RELATED TO PSYCHO-EDUCATION
APPLIED TO OTHER PSYCHOLOGICAL ISSUES

Ciliska (1998) did a research study on the benefits of a psycho-educational intervention for women with obesity. The study randomly assigned the participants to a small group PE intervention comprising 6-8 persons per group, to an education-alone group which used a class room format comprising 16-20 persons, or to an untreated control group. the PE package included problem-solving and assertiveness training, attention to etiology, risks and benefits, and the relationship between body image and self-esteem. The PE participants showed significantly increased self-esteem, body satisfaction and more restrained eating patterns compared with participants in either of the two other groups. Outcomes for participants in the education-alone intervention did not differ from those in the control group.

LeFort et al (1998) developed a Psycho-education intervention model for persons with chronic pain. The model was an adaptation from the Arthritis Self-Management program (Lorig, 1986). The intervention involved a 12-hour package
based on a curriculum focusing on facts and myths regarding pin, medication, depression, and nutrition in the context of problem solving, communication skills and mutual support. 110 individuals diagnosed with chronic pain were randomly assigned to either the PE group or a 3-month wait list control. Immediately post-treatment, the treatment group participants showed significantly reduced indicators of pain and dependency, improved physical functioning, vitality, general life satisfaction and self-efficacy and a trend towards improved mental health and social functioning.

Peterson et al. (1998) evaluated the efficacy of psycho-educational intervention in remedying binge eating disorder in women. The study was in comparison with three other treatment conditions. They were partial self-help, structured self-help and a wait-list control. The result showed no superior outcomes over time. However, the participants in the treatment group showed a decrease in binge eating immediately post-treatment.

Russel, John & Lakshmanan (1999) conducted a study on psycho-education and intellectual impairment in Southern India. The study involved a sample of 57 parents of children with intellectual impairment. The parents were randomly assigned to either a psycho-educational intervention group or an untreated control group. The intervention comprised 10 sessions. Participants in the PE group showed significantly improved parental attitude towards child rearing and management of the disability of their children immediately posttest.

Rocco et al. (2001) investigated into the effectiveness of psycho-education as a preventive strategy for eating disorders. Adolescent girls from an affluent high school
in Italy were randomly assigned to the PE group or to the no-intervention group. The girls in the treatment group received 9 monthly sessions of PE on normal developmental transitions, risk factors for eating disorders, body shape and weight, social challenges and academic achievement. In sharp contrast with the control group, the participants of the active PE group showed reductions in bulimic attitudes, in tendency to asceticism, and feelings of ineffectiveness and lowered anxiety, and fears about maturity.

Herbert et al. (2003) tested the efficacy of a psycho-education program for informal caregivers of persons with dementia. 158 individuals stratified by sex and kinship status were randomly assigned to either the PE group or the control group. The curriculum focused on stress appraisal and coping. The intervention comprised 15 consecutive sessions. Immediately following the intervention, those who were assigned to the PE group reported significantly less reaction to behaviors and a trend towards less frequency of reported behavior problems among the family members with dementia. The interaction between behavior frequency and reaction also showed a significant decrease for caregivers who received psycho-education.

Honey, Bennett & Morgan (2003) examined the results of a brief psycho-educational group intervention for postnatal depression. 45 Welsh women were randomly assigned to either a psycho-education group or a routine treatment group. The sample was selected on an inclusion criterion of scoring 12 or above on the Edinburgh Postnatal Depression Scale. The intervention comprised 8 sessions. The partner was not involved. The intervention followed a prescribed curriculum consisting of the areas such as coping strategies related to child care and obtaining
social supports, cognitive-behavioral techniques and relaxation. Yet, it was not manual-based. Posttest and 6 months post treatment were administered. The results showed that women in PE group were significantly and positively different in scores on the depression measure, controlling for anti-depressant use, compared to the control group.

Kopaczewsky & Paul J. (2004) analyzed psycho-education as a process for presenting quality-of-life information to a population of mentally ill adults residing in an institute for mental disease. The study was in a pretest and posttest quasi-experimental design with control group. The effectiveness of psycho-education was examined on quality of life ratings, depression ratings and aggression and self-injurious behaviors. The content of psycho-education was determined on the basis of a quality of curriculum (QOLC). The curriculum addressed 16 areas of life which were considered to be related to a person’s overall quality of life. Tools included Quality of Life Inventory and the Beck Depression Inventory-II. Significant change was found in depression in comparison. The study also showed that people living in such institutions could be viable candidates for self-change initiatives.

Uslu (2006) sought to assess the benefit of a psycho-education group program on expressed emotion (EE), family functioning and child behavior in families with learning disordered children. 81 parents of such children were randomly assigned to a psycho-education group (n=46) or to a regular treatment group (n=35). A semi-structured interview for parental EE, self-reports of family functioning and child behavior were utilized for assessment done at base line and after an 8-session psycho-education program. Parents belonging to the intervention group showed significant
difference from the ones who belonged to the regular treatment group on measures of criticism, warmth, and positive remarks, and overall expressed emotion. But there was no such marked difference on the measures of perceived family functioning and child behavior. Findings indicate that a psycho-education program could be effective in helping parents to establish a more positive emotional climate in their relationships with their children who have learning disorders.

Commissaris et al. (2006) undertook a study in the format of a randomized controlled trial to examine the effects of psycho-education for patients with cognitive disturbances. The PE program was christened as Function-Oriented Guidance (FOG). It was an experimental neuropsychological rehabilitation program. The result showed that psycho-education may be of therapeutic value in patients with cognitive disturbances because it improves the way they cope with their handicaps. It can be concluded that psycho-education for cognitively disturbed patients can contribute to improving their quality of life.

Cartwright (2007) conducted a research study with a purpose of creating, examining, and improving a new psycho-education measure, the Assessment of Caregiver Psycho-education (ACP). The study also measured the extent of knowledge of a group of 105 caregivers of children with psychiatric problems, regarding their profession of caregiving. The areas included were knowledge about their child’s mental illness and treatment, the parents’ satisfaction. And perceived helpfulness of the psycho-education and services provided to their children. Three instruments were used in this study: the assessment of Caregiver Psycho-education (ACP)
questionnaire, a set of Evaluation Forms for both academic experts and consumer experts and a Background Information Form.

Karande; Kanchan&Kulkarni (2008) attempted to document a clinical and psycho-educational profile of children with borderline intellectual functioning. The study had also the objective to assess parental knowledge and attitudes regarding this condition of their wards being ‘slow-learners’. 55 children-35 boys and 20 girls- were diagnosed as slow-learners. The diagnosis was on the basis of current level of academic functioning and global IQ scores (71-84). The study also used a detailed clinical and academic history of the children. Physical and neurological examination findings were also noted. The parents were counseled about the diagnosis and the option of special education. The study came to a conclusion that slow learners struggle to cope with the academic demands of the regular class room. They need to be identified at an early age and their parents are to be counseled to understand their academic abilities.

Ngai et al (2009) conducted a study on childbirth psycho-education program in Hong Kong. Maternal coping in transition to motherhood is very important. The growing evidence of perinatal depression and the frequent feeling of incompetence in the maternal role are some of the problems involved in this transition. So, the study focused on an effective intervention to promote maternal role competence and emotional well-being. A pretest-posttest, control group quasi-experimental design with repeated measure was used for the study. A convenient sample of 184 Chinese pregnant women was recruited for the study. They were attending a usual childbirth education program. The childbirth psycho-education program was combined with it.
The experimental group (n=92) received the child psycho-education program incorporated in the routine child birth education. The comparison group (n=92) received the routine one alone. The result showed that the participants in the experimental group gained significant improvement in learned resourcefulness at 6 weeks post-partum, and overall reduction in depressive symptoms.

Andreas (2009) initiated a study on the impact of guided self-help psycho-education via internet and bibliotherapy in the treatment of bulimia nervosa in young women. Eating disorders, especially bulimia disorder, are physiological problems affecting 2-4% women. 100 patients with bulimia nervosa were engaged in the PE group and another 100 were included in the comparison group. The comparison group was given the bibliotherapy only. The study used internet as a platform. The results showed significantly positive changes in the participants of PE group.

Norriea et al. (2010) undertook a study examining whether psycho-education offers any benefit for the older adults who are at risk of cognitive decline. The psycho-education here targeted healthy brain aging. 65 old age persons with a life time history of major depression, vascular risk and subjective/objective memory impairment were randomly assigned to weekly psycho-education sessions or a wait list control group. The sessions lasted for ten weeks and were conducted by a team of medical and allied health professionals with expertise in late-life depression and cognition. The sessions focused on modifiable risk factors for cognitive decline including vascular risk, diet, exercise, depression anxiety and sleep disturbance, as well as providing practical strategies for memory and cognition. The result showed a significant improvement in
the treatment group over the wait list control group. A great majority of the PE group participants rated the program as ‘good’ to ‘excellent’.

Storch, Maja et al. (2011) examined the effects of psycho-educational training program in affect regulation for patients with eating disorders. The control group (n=11) received inpatient treatment as usual. The treatment group (n=8) received psycho-educational training in addition to the usual inpatient treatment. The PE training was assessed with specific benefits for the patients belonging to treatment group with regard to their affect regulation skills.

Klontz et al., (2011) conducted a study to evaluate the effectiveness of an interactive multi-media psycho-educational approach to improve financial competence in at-risk youth. This pilot study was conducted in a background of the failure of many initiatives for increasing financial literacy among youth in America. Such studies could not adequately address the backgrounds, learning and psychological needs of the at-risk youth. The present study was based on a curriculum framed on money management. It tried to impart a set of financial skills through story situations and characters that are meaningful to the intervention group. A dynamic interactive multimedia online delivery was used to heighten the youth’s interest to learn. The approach also helped them to gain insight into their money beliefs and psychological barriers to success. The study integrated change theory and techniques designed to enhance their motivation to change. Participants were selected from 88 job corps. They were randomly assigned to to treatment and control groups. Results suggested that interactive multimedia psycho-educational curriculum produced significant gains in youth’s financial knowledge and confidence in money management skills.
Eating disorders like bulimia and anorexia are serious psychological issues affecting our present culture. The studies mentioned above tried to examine the effectiveness of psycho-educational intervention in ameliorating the psychological deficits pertaining to the disorder. The evidence is there that psycho-education can improve the mental conditions leading to binge eating or bulimia.

The above-cited studies point to the effectiveness of psycho-education as intervention in dealing with cognitive problems. Addressing the cognitive deficits and disturbances is essential for enhancing the quality of life. Psycho-education is proved to be of therapeutic value in enabling the patients to cope with their handicaps effectively. The content of intervention is neuro-psychological in such studies.

**STUDIES RELATED TO PSYCHOEDUCATION APPLIED TO MEDICAL TREATMENT**

Olmsted et al (2002) initiated a research on the effects of psycho-education on the adolescent girls diagnosed with type I diabetes. The sample contained 85 girls with type 1 diabetes and co-morbid disturbed eating patterns. Their parents were also included in the sample. The members were randomly assigned to either a PE group or to a treatment as usual control group. The PE group underwent a series of 6 interventional sessions. Separate but parallel sessions were arranged for the girls and parents. At 6-month follow up, the girls in the active treatment group continued to show significantly reduced eating disturbance compared with the control group.

Brotto et al. (2006) initiated an intervention study for assessing the efficacy of psycho-education in sexual dysfunction in women with gynecologic cancer. 22
women participated in the study. The intervention consisted of three, 1-hour sessions that combined elements of cognitive and behavioral therapy with educational and mindfulness training. There was a significant positive effect of the intervention on sexual desire, arousal, orgasm, satisfaction, sexual desire, depression and overall well-being and a trend towards significantly improved physiological genital arousal and perceived genital arousal. The analysis of the feedback indicates that the PE materials were satisfactory. The participants particularly appreciated the mindfulness component of the program. The findings imply that a brief 3-session PE intervention can significantly improve aspects of sexual response, mood and quality of life in gynecological cancer patients and has implications for establishing the components of a psychological treatment program for Female sexual Arousal Disorder.

Waseem et al. (2007) undertook a study on the effect of psycho-education program for temporomandibular disorders. A pilot study, it aimed at developing a simple, cost-effective management program for temporomandibular disorders using CD-ROM. 41 patients (aged 18-70) participated in the study. Patients were divided into three groups. The first group was engaged in an attention placebo CD_ROM that contained anatomical information about the temperomandibular system, the second group received information on CD_ROM designed to increase their control and self-efficacy, while the third group received the same program of the second group with an introduction to self-relaxing techniques followed by audio tape of progressive muscle relaxation exercises. The study continued for 6 weeks. Questionnaires were used as tools. The result showed that the second and the third groups were equally effective in reducing pain, disability and distress, and both were more effective than the attention placebo group.
Martin-Carrasco et al., (2009) examined the effectiveness of a psycho-educational intervention program in the reduction of caregiver burden in Alzheimer’s Disease patients’ caregivers. The study assumed that caregivers of patients with Alzheimer’s Disease experience physical and psychological stress due to the caring experience. The study was held in Southern Europe. It was a multi-center, prospective, randomized study. 115 caregivers were recruited for the study. They were randomized to receive psycho-educational intervention or standard care. The intervention group comprised 60 persons while the control group’s strength was 55. The intervention had a course of 8 individual sessions over 4 months for teaching strategies for confronting problems of Alzheimer’s disease patient care. Caregivers’ stress, quality of life and perceived health were measured using validated scales at baseline and after 4 and 10-months follow-up. The study shows that psycho-social training of the caregivers can minimize caregiver distress and help them to develop problem-solving strategies. The psycho-educational intervention improves quality of life and the perceived health of caregivers of patients with Alzheimer’s disease.

Yue et al. (2010) took up a study to assess the impact of psycho-educational intervention in patients with systemic sclerosis. Psycho-education was given as an adjunct to thoracic duct lymphatic drainage therapy (TDD). 69.2% of the participants were lower-educated and 63.5% of them belonged to working class. It was reported that the most common life events in adulthood was divorce or separation from spouse, while in adolescence was difficult home conditions. The study reached at a conclusion that life events were causally related to the onset of systemic sclerosis and psycho-
education combined with conventional TDD led to a remission in the majority of patients.

Roth et al. (2011) did research to examine the feasibility and effectiveness of psycho-education counseling in older cancer patients undergoing treatment. The study used a group counseling format. The geriatric-specific psycho-educational intervention (GSPI), developed for the study, was intended to help older cancer patients cope with the burden of cancer and aging. 80 patients participated in the study. Both individual and group intervention modes were applied. A group session lasted for 90 minutes. GSPI was a novel psycho-educational intervention in a manual form that integrated Folkman’s cognitive construct and Erikson’s developmental concept of the 7th and 8th stages of life. It consisted 5 weekly sessions. Individual intervention mode was telephonic in nature. An individual session was 45 minute long. The study proved that there was significant reduction in depressive symptoms, anxiety, perception of loneliness and isolation.

Dastan and Buzlu (2012) made a psycho-educational intervention to improve adjustment to cancer among Turkish stage I & II breast cancer patients. The aim of the study was to determine the effectiveness of psycho-education in bringing about adjustment to cancer among cancer patients. There were 38 women in the experimental group and 38 women in the control group. The participants in the study met the study criteria for stage I & II breast cancer. The program comprised eight 90 minute weekly sessions. A questionnaire and the Mental Adjustment to Cancer Scale were used for collecting the data. The tools of measurement were administered three times: before the intervention; six weeks after it and six months after it. The intervention brought forth the results that revealed higher levels of ‘fighting spirit’ and
lower levels of ‘helplessness/ hopelessness’, anxious pre-occupation and fatalism. However, there was no significant change in levels of avoidance/denial compared to the control group in connection with adjustment to cancer.

STUDIES RELATED TO PSYCHOEDUCATION APPLIED TO PRISON SETTINGS

Gibbs, et al. (1996) conducted a manual-based psycho-educational intervention study for adolescents imprisoned in a youth correctional facility. The PE group was instructed on mediation, skills and values enhancement, and peer support. The members of the intervention group were imparted knowledge on positive behavioral pattern. They were motivated to identify negative social behavior both in themselves and among their peers. They were also encouraged to replace these behaviors with more constructive and positive responses and behaviors. The participants were found easier to manage in the assessment. It was also noted that they significantly improved social skills and adjustment and decreased antisocial behavior. The information regarding sample size, duration of treatment and time to follow up was not available from the abstract.

Stump; Beamish & Shellenberger (1999) examined the self-concept changes in sex-offenders following prison psycho-educational treatment. The study had the objective of assessing the effects of psycho-educational treatment on the self-concept of incarcerated sex offenders in a prison residential program. The program, named ‘Polaris’ was voluntary one-year program emphasizing a cognitive- behavioral, psycho-educational approach, within the context of a residential unit of the prison. The Tennessee Self-Concept Scale (TSCS) was used to assess the self-concept of sex-
offenders as they progressed through the program. Results suggest that offenders showed less defensive-ness, more self-criticism, and greater personal integration after they completed the program.

Pomeroy (2000) attempted to measure the effectiveness of an HIV/AIDS psycho-educational group intervention in reducing depression, anxiety, and trauma of male inmates. This quasi-experimental research study was conducted in the United States of America. The group intervention comprised both AIDS education topics and psychological support. 10 sessions were arranged. The study was conducted in the background that the growth rate of HIV/AIDS for incarcerated population is nearly six times the rate of the US population. The results of the study indicated significant differences between the experimental and comparison group participants. The conclusion is that psycho-educational group intervention was effective in increasing knowledge of AIDS and decreasing depression, anxiety, and trauma symptoms among male inmates in a large Southeastern jail facility. The study raises a criticism that majority of rehabilitation programs in jails and prisons focus on academic education and vocational training rather than mental health interventions.

Jennings et al., (2002) examined the outcomes of a study on the effect of a psycho-educational program for mental health awareness for patients in a high secure setting. The intervention focused on knowledge of illness, insight and attitudes towards medication. The authors state that the findings of the study are consistent with the findings from previous studies held in non-forensic settings. In the present study, patients were able to acquire knowledge about their illness and its treatment. It was
also found that psycho-education could have a positive impact on their attitudes towards taking medication and their levels of insight.

Bates (2003) did a doctoral research work in Athens on Interpersonal skills training groups with juvenile correctional officers. 31 correctional officers were included in the sample. Of these, 25 were male and the rest female. The intervention consisted 6 sessions. The design was quasi-experimental because randomization was not possible in the study. It was an adaptation of a non-randomized control-group pretest-posttest design. The three separate groups that took part in this study demonstrated or closely approached statistical significance on either the empathy measure used in the study. The small sample size in this study greatly limited the power of the inferential testing that was used to evaluate the group itself.

Walters et al. (2004) undertook a prison-based study to evaluate predictors of early termination of incarceration. The psycho-educational intervention was scheduled as 10-week program. 207 federal prisoners were enrolled in the study. The main tool, the Psychological Inventory of Criminal Thinking Style (PICTS) was administered to the participants. Compared with inmates who completed the course, it was found that the drop-outs (n=16) scored higher on seven of the eight PICTS thinking style scales, with differences on three of these scales such as mollification, cognitive indolence and discontinuity. It was evidenced that the tool was of significant predictability even after controlling for basic demographic measures such as age, education, ethnic status, marital status, and instant offence. The PICTS was found to be capable of clarifying the motives of incarcerated offenders who prematurely terminate psycho-educational programming.
Liau et al. (2004) attempted to examine the effects of psycho-education for offenders in community correctional facility. The study was in the form of a randomized outcome evaluation. It sought to measure the efficacy of the psycho-educational component the EQUIP program. The psycho-educational curriculum was implemented in a community correctional facility for adult felony offenders. The psycho-educational curriculum was designed to remedy offenders’ delays in moral judgment maturity, social cognitive distortions, and social skill deficiencies. The participants were 316 felony offenders aged 18 to 61 years. 71% of them were male. Relative to a control group, participants who received the curriculum reported fewer serious institutional violations. Female participants who received the psycho-educational curriculum were less likely to recidivate than those in the control group. Levels of substance abuse, exposure to violence, and number of serious violations were found to predict recidivism at six months.

Banerjee (2006) conducted a pilot study to test the hypothesis that the therapeutic alliance is not compromised by engaging in a psycho-education program that informs about personality disorder. 18 forensic in-patients and 16 community outpatients participated in the study. The program comprised 4 sessions of individual intervention. The content included personality, personality disorder and the participants’ diagnosis. The individual mode used the structured interview strategy. The therapeutic alliance was assessed using the Agnew relationship measure. The result showed that participants could improve the knowledge of their disorder following the intervention. They also gained a positive change in 4 of the 5 measured components of the therapeutic alliance. And they reached statistical significance for bond, partnership and confidence subscales. The inference from the study is that the
therapeutic relationship is not impaired if a diagnosis of personality disorder is imparted through psycho-education program.

Alma et al. (2009) studied the impact of psycho-education on professional stress reduction within prison guards. 122 prison guards from three prisons in Bosnia were engaged in the study. Pre-post design was used for the study. The participants were randomly assigned to either the PE treatment group or the control group. The PE package contained areas such as professional stress and burn-out, cognitive assessment of stress consequences, insight into coping strategies and prevention of stress consequences. The results of the study showed that prison guards within the prisons where persons with long period of imprisonment were detained, were more exposed to professional stress, compared to prison guards who were employed in investigation prison. PE intervention brought about positive effects in the participants. It was suggested that psycho-education should obligatorily be included in the training of prison guards with a view to decreasing consequences of profound psychological stress to which they are exposed to. PE intervention should be on continuous basis and be led by trained mental health professionals.

Kulhara et al. (2009) undertook a study in prison to evaluate the impact of a structured psycho-educational intervention for schizophrenia, compared with standard out-patient treatment, on various patient-and caregiver-related parameters. 76 patients with schizophrenia were randomly assigned to receive either a structured psycho-educational intervention or routine outpatient care. The PE group (n=38) underwent an intervention consisting of 9 monthly sessions. The control group (n=38) received the routine outpatient care for the same duration. Psychopathology was assessed on monthly basis. Disability levels, care-giver burden, care giver coping, care giver
support and care giver satisfaction were evaluated at base line and upon completion. The results showed that structured PE intervention was significantly better than routine outpatient care on several indices including psychopathology, disability, care giver support and care giver satisfaction. The psycho-educational interaction package used was rated simple, feasible and not costly. The study came into a conclusion that structured PE intervention is valuable option for treatment of schizophrenia even in developing countries like India.

Aho-Mustonen (2011) undertook a research study with an objective to investigate the feasibility, effects and patient experiences of group psycho-education for forensic long-term patients with schizophrenia in a high security forensic context in Finland. Prior to starting the intervention, the investigators developed and modified a suitable psycho-educational program for the severely ill patients. Then it was put under an investigation to study its effect both by experimental research design and from the patients’ perspectives.

Breese et al. (2012) in their paper stress on the principle of equivalence which states that the prevention of health care in the community should be extended in prisons. The main objective their paper was to establish whether stress control can be beneficial in a custodial setting. The underlying assumption is that stress control is a psycho-educational intervention that has had success in the community and has been adapted for use in different settings. In this British study, 14 prisoners completed six sessions of stress control in a custodial environment. Two clinical scales and an evaluation questionnaire were used for collecting data. The parameters used for evaluating the effectiveness of the stress control practice were clinical effectiveness,
satisfaction, attrition rate, cost effectiveness and suitability of the materials for use in a custodial setting. The study found that participants’ anxiety significantly decreased and their well-being increased after completing stress control intervention. Prisoners were satisfied with the intervention and there was a small attrition rate.

Roe-Sepowitz et al., (2012) examined the effects associated with a trauma and abuse-focused psycho-education group for incarcerated women on decreasing trauma symptoms. The study included a total of 320 women prisoners who were divided into 34 groups. A multi-centered study, it was conducted in five different prisons on the basis of a manualized intervention program. The research design followed was a one group pre-test-posttest design. 10 trauma symptoms were considered as the sub-variables such as anxious arousal; depression; anger/irritability; intrusive experiences; defensive avoidance; dissociation; sexual concerns; dysfunctional sexual behavior; impaired self-reference, and tension-reduction behavior. The study proved significant improvement on all of these sub-variables. The findings of the study are encouraging and can be considered as a first step to more rigorous studies in this area. The study came to a conclusion that the use of group psycho-educational intervention is beneficial in addressing traumatic stress symptoms with incarcerated women.

PRISON STUDIES

Zimbardo et al. (1973) conducted an experimental simulated prison study at Stanford in USA with an objective of studying the effects of playing the role of ‘guard’ or ‘prisoner’. 22 subjects participated in the experiment. The study lasted for six days. The outcomes of the study show that the environment of arbitrary custody had great impact upon the affective states of both guards and prisoners. It also affects
the interpersonal processes between the prisoners and the guards. As the experiment went on, not only the prisoners but the guards as well began showing increased level of negativity in emotions and overall outlook. Loss of identity for prisoners was a great problem. It was a de-individuation process which seemed to make the prisoners non-persons. This horrible state was palpable not only to the guards and observers, but also to themselves. The study showed that arbitrary power would bring de-humanization. The interpersonal relationships between the guards and the prisoners deteriorated much due to this de-humanization. The guards became immoderately aggressive. Those guards who turned to be most aggressive became role models for the other guards. The experiment came to an end on the 6th day because the prisoners were found unable to withstand the situation as the guards became more tyrannical.

Sylaja & Raj (1993) made an attempt to study the criminality of women. This research, which is perhaps one of the pioneer prison psychological studies in Kerala, was conducted with a sample of 100 criminal women and 100 criminal men selected from different jails in the state of Kerala. For the comparison, 100 normal women were also selected. The variables of the study consisted of 23 items such as self-derogation, affiliation, intraception, dominance, abasement, achievement, endurance, autonomy, orderliness, tergiversation, aggressiveness, nurturance, exhibitionism, spirituality, self-esteem, dogmatism, anxiety, schizoid personality, histrionic personality, anti-social personality, mental health status and alienation. The results of the study show that in the variable self-derogation, criminal women differ significantly from both normal women and criminal men. The variable mental health status differentiates criminal women significantly from both normal women and criminal men. For the variable, alienation, criminal women are found to differ
significantly. But in the case of dominance, endurance, orderliness and tergiversation, there was no difference at all. In the variables, exhibitionism and dogmatism, the study found no significant difference.

Janaki (1999) reports that yoga is being taught in many prisons around the world for various reasons. Yoga practices in prisons in India, Australia and the like have a mental health purposes like the management of stress. It focuses on general health and alleviation of different physical problems. The potential of yoga practice as a method to correct and reform the criminal personality is highlighted.

Khurana & Dhar (2000) held a research study in Tihar Central jail, New Delhi to investigate the effect of Vipassana Meditation on quality of life, subjective well-being and criminal propensity among inmates there. The total sample consisted of 262 inmates. There were 232 male prisoners and 30 female prisoners in the study. The pre and post experimental design was used. A series of 5 studies were conducted. The independent variable was vipassana meditation. The dependent variables were quality of life, subjective well-being and criminal propensity. The tools used for this study were Life Satisfaction Scale, Subjective Well-being Scale and Criminal Propensity Scale. The study came to the findings that vipassana meditation was effective to bring down the criminal propensity among the subjects. It was also found that subjective well-being went up. It is notable that these effects were irrespective of gender.

Brooker; Repper; Beverley; Ferriter & Brewer (2002) conducted a thorough review of literature on prison mental health studies in the U.K. The broad aim of the review was to undertake a systematic assessment of the primary and secondary
research related to the mental health of prisoners. It was an attempt to identify the gaps in knowledge that might inform a prison mental health services research agenda. The review was carried out in four-phased approach. The report of the review states that though certain interventions will have a demonstrable impact on prisoners’ mental health status, this cannot always be taken for granted. First, prisoners’ high levels of co-morbidity will complicate the outcomes of such interventions. Second, outcomes achieved in community settings might not be so readily achievable in prisons. For example, interventions in community settings may improve social functioning. The review of effective interventions for prisoners themselves was illuminating. The authors complain that there is a paucity of high quality research in this area. They could find only one randomized controlled trial ever undertaken.

Bates (2003) examined the efficacy of a psycho-educational group for juvenile correctional officers in imparting interpersonal skills. The program was entitled as LEADERS (Listening Empathetically And Discerning Empathic Relationship Skills). The psycho-educational group focused on three main content areas: adolescent development, communication skills and empathy training. The curriculum also included the subjects of correctional roles and stress. 31 juvenile correctional officers took part in the LEADERS program. The instruments used to evaluate the effectiveness of the program were Correctional Role Measure, Empathy Measure, Measure of Social Interest and Group Measure. The therapeutic factors of universality and imparting information were found to be most salient in the PE group. The small sample size in this study to a great extent limited the power of the inferential testing that was used to evaluate the group itself.
Nurse, Woodcock & Ormsby (2003) held a focus group study on the influence of environmental factors on mental health within prisons. The aim of the study was to add to the understanding of how the prison environment influences the mental health of prisoners and prison staff. This qualitative study with focus groups was held in a local prison in Southern England. Both prisoners and prison staff participated in it. It was found that long periods of isolation with little mental stimulus contributed to poor mental health and led to intense feelings of anger, frustration and anxiety. Prisoners admitted that they misused drugs to relieve the long hours of tedium. Most focus groups identified negative relationships between staff and prisoners as an important issue affecting stress levels of staff and prisoners. Another finding is that the prison culture, organization and staff shortage caused high staff stress levels, resulting in staff sickness. Staff shortages also affected prisoners, who would be locked up for longer periods of time; the ensuing frustration would then be released on staff, aggravating the situation still further. The study suggests that greater consideration should be given to understanding the wider environmental and organizational factors that contribute to poor mental health in prisons.

Butler & Allnutt (2003) report two studies they conducted on prisoners in relation with mental illness. Study1 involved a sample of male and female inmates screened on reception to the NSW Correctional system over a three-month period. Study2 screened a sample of sentenced inmates from across the state as part of the 2001 Inmate Health Survey. The instrument was a modified version of the Composite International Diagnostic Interview (CIDI). The studies found that the prevalence of mental illness in the NSW correctional system was substantial and consistent with international findings. Psychiatric morbidity was higher among reception prisoners
compared with sentenced prisoners. The high rate of mental disorder among inmates cannot be attributed to substance use disorder alone. The most common group of mental disorders was anxiety disorders with over one-third of those screened experiencing an anxiety disorder in the previous twelve months. PTSD was the most common anxiety disorder.

Watson et al. (2004) conducted a study on prison health care. The objective of the study was to identify models of prison health care from which lessons could be learned for the UK prisons service and the NHS. The method of the study was a literature review. Results show that the main issues in prison health care are mental health, substance abuse and communicable diseases. Mental health problems are more prevalent among the prison population and this has been established in several studies from different countries. The prevalence of STDs including HIV/AIDS in prisons is high, and they are at great risk in this respect from a combination of substance abuse and mental health problems.

Howells et al., (2004) took initiative to do a meta-analysis of the correctional offender rehabilitation programs for Forensic Psychology Research Group of University of South Australia. The report asserts that rehabilitation programs can be effective in reducing rates of re-offending. It has become apparent that sanctions and incarceration without effective programs are unlikely to reduce recidivism and in fact be associated with increased recidivism. The Australian offence-focused rehabilitation programs include cognitive skills programs, drug and alcohol, anger management, violent offender, domestic violence and sexual offender. Cognitive skills programs are based on the theoretical premise that offending behavior, for some, is linked to
inadequate thinking skills, such as interpersonal problem solving, moral reasoning, cognitive style, self-control and perspective-taking. In general, cognitive skills programs are underpinned by cognitive behavioral therapy and the principles of social skills training. Programs seek to enhance self-control, critical reasoning, problem-solving, inter-personal perspective taking, socio-moral decision making, victim awareness and to prevent relapse.

Price (2004) prepared a process evaluation report of the cognitive behavioral interventions implemented in prisons under the North Carolina Department of Corrections. The department adopted in 1998 the cognitive behavioral intervention (CBI) approach as the cornerstone of its rehabilitative programs and services. Cognitive behavioral intervention programs are based on the principle that thinking (an internal behavior) controls overt actions (external behavior). Through CBI, offenders are supposed to learn new skills and new ways of thinking that can lead to changes in their behavior and actions, and ultimately affect their criminal conduct. The findings of the review are the following:

Reicher & Haslam (2006) undertook an experimental simulation prison study to investigate the behavior of groups that are unequal in resources, power and status, and the conditions under which people do or do not assume allocated roles. The research was to answer the questions whether the participants accept roles uncritically, whether those assigned to power roles exercise power without restraint and whether those having no power accept their situation without complaint. It was a social psychological study. 15 men were chosen to represent diversity in age, class and ethnicity. They were matched on personality variables in to 5 groups of 3. One from
each group was randomly assigned to the guard group. The remaining 2 from each group were randomly assigned to the prisoner group. There were 5 guards and 10 prisoners. The guards were particularly directed not to resort to any sort of physical violence. The results show that the guards were not able to internalize the power role. They did not develop a group identity either. Until day 3, there was a possibility for the prisoners to be promoted to guard. So, every prisoner tried to show qualities that might enable him to win promotion. After one prisoner was promoted, the remaining prisoners began to develop group identity. They challenged guards’ power leading to a collapse of prisoner-guard system. On the 6th day the prisoners broke out of cells and the regime of the guards came to an end. Both prisoners and guards together made up their mind to continue as a self-governing ‘commune’. But the leaders of the prisoners were not willing to co-operate. But, on the 8th day when a more authoritarian system was proposed, the study was terminated. The study came to the conclusion that the behavioral pattern of a group might be pro or anti-social and it depended on the norms and values of the group social identity. The failing groups would create problems for their own members, and for others, because when people cannot create a social system they would accept extreme solutions proposed by others. The failures and powerlessness of the group create conditions for tyranny.

Richmond et al. (2006) conducted a study on the feasibility of a multi-component intervention for promoting smoking cessation among prisoners. The aim of the study was to conduct a pilot study to determine the feasibility and effectiveness of a multi-component smoking cessation intervention among prison inmates. The study was conducted in a maximum-security prison located near Sydney, New South Wales. 30 male prisoners were included in the study as participants. The intervention
was with 6-month follow-up to determine abstinence. The smoking cessation intervention consisted of two brief CBT sessions, nicotine replacement therapy, bupropion and self-help resources. Point prevalence and continuous abstinence at follow-up were verified with expired carbon monoxide measures. The results show that at 6 months of the intervention, the biochemically validated point prevalence and continuous abstinence rates were 26% and 22% respectively. The study found out the reasons for the relapse of smoking to be among others transfers to other prisons without notice, boredom, prolonged periods locked in cells and stress associated with family or legal concerns. Those inmates who relapsed or continued to smoke following the intervention smoked less tobacco than at baseline and 95% stated they were willing to try to quit again using the intervention. The study reached at the following conclusions: prison inmates are able to quit or reduce tobacco consumption while in prison. But any smoking cessation intervention in this setting needs to address prison-specific issues such as boredom, stress, transfers to other prisons, court appearances and isolation from family and friends.

Iowa Department of Corrections (2006) in its report to the Board of Corrections says that in 1999, the US Bureau of Justice Statistics estimated about 16.3% of state prison inmates, and 16.0% of probationers were mentally ill, based on offenders’ self-reports. In 2000, the American Psychiatric Association reported research estimates that perhaps as many as one in five prisoners were seriously mentally ill. The figures for Iowa inmates cited in this report are higher still. With about one-third of offenders identified as mentally ill. It also says that de-institutionalization of the mentally ill from mental health facilities beginning in the late 1950s and early 1960s, and absent the full realization of the community mental
health centers that were supposed to take their place- has contributed to institutionalization of the mentally ill in local jails and state prisons.

Haag (2006) studied about the ethical dilemmas faced by correctional psychologists in Canada. The author defines a correctional psychologist as a psychologist who works directly with or for a penal institution in a capacity related to the provision of psychological services to adults. The article describes the important ethical issues in the context of correctional psychology under the 3 of 4 principles of the Canadian Psychological Association ethics code. Principle 1 points to respect for the dignity of persons. The second principle points to the responsible caring, and the third principle is about the integrity in relationship.

Broomfield (2006) dwells on the challenges psychologists encounter working in a correctional setting. On one end of the spectrum is a need to have punitive measures, where offenders receive the basic necessities, face restrictions and lock down, and forefeet all rights and freedoms. Our society believes that we must punish criminals for the harm and fear they have caused their victims and our sentencing demonstrates this intolerance. On the other hand of the spectrum is a belief that offenders need help, not punishment, and that our jails should be treatment centers rather than punitive institutions. We are also interested in the rehabilitation and successful community integration of our prisoners. Correctional institutions have the responsibility of balancing punishment and rehabilitation requirements and correctional staff must work within this reality.
Dhami and Ayton (2007) carried out an investigation study to understand the effects of time spent in prison and quality of life before prison on male, federally sentenced prisoners’ adaptations to imprisonment, controlling for sentence length and prison security level. Data were collected through a self-administered survey by the prisoners. 712 prisoners participated in the study. The study found that the independent effects of the indigenous and importation effects were validated rather than their interaction effects. Time spent in prison had a direct effect on prisoners’ participation in programs, their thoughts of needing control over their lives, their feelings of hopelessness, and their disciplinary infractions in prison. Prisoners’ quality of life before prison had a direct effect on their participation in programs, their feelings of happiness and their prison infractions. Another finding was that time spent in prison and quality of life before prison interacted to affect prisoners’ contact with their family and friends.

Martin, et al. (2008) examined the results of a multisite prospective study on prisoners risk behaviors regarding HIV/HCV. The study dealt with the relative effectiveness of three alternative interventions of varying intensity designed to change the risk behaviors of inmates who are re-entering society. The alternative intervention modes are: a DVD-based peer delivered intervention; the NIDA Standard HIV intervention and a standard practice condition (HIV educational video). All the participants randomly received one of the interventions and were tested for HIV and HCV prior to release from custody. 30 and 90-day follow-ups examined changes in high-risk behaviors. The results of the intervention show that 343 prisoners who completed the 90-day follow-up had significant reductions in reported sexual risk
behaviors for those participating in the DVD intervention, compared to the other two brief interventions.

Mallika-Kane & Visher (2008) studied how physical, mental and substance abuse conditions shaped the process of reintegration of prisoners. The study arose in the background that each year, nearly 700,000 men and women are released from prison into communities across the United States but many do not make a successful transition; two-thirds are arrested within 3 years and one-half are returned to prison, either for parole violations or new crimes. The sample of the study comprised 1,100 returning prisoners before and after their release. The mode of the investigation was through a series of in-depth interviews with the sample. The analysis found that 80% male returning prisoners and 9% female returning prisoners had chronic health conditions requiring treatment or management. Among the returning prisoners, 40% men and 60% women had a combination of physical health and mental health problems apart from substance abuse conditions. It was also found that many prisoners with health conditions did not get treatment while incarcerated, and treatment rates decreased further upon release.

Greenberg & Rosenheck (2008) undertook a national study on jail incarceration, homelessness and mental health. The objective of the study was to investigate the rates and correlates of homelessness, especially mental illness, among adult jail inmates. Data from a national survey of jail inmates (N=6953) were used to compare the proportion of jail inmates who had been homeless in the previous year with the proportion of persons in the general population who had been homeless in the previous year, after standardization to the age, race, and ethnicity and gender
distribution of the jail sample. The results show that inmates who had been homeless made up 15.3% of the US jail population. Homelessness and incarceration appear to increase the risk of each other, and these factors seem to be mediated by mental illness and substance abuse, as well as by disadvantaged socio-demographic characteristics.

Winterdyk et al. (2009) conducted a prison survey with an objective to answer the research questions with regard to different gang management strategies in the areas of prevention, sanctions and interventions. The survey had also to answer on the strategies used to identify and map gangs. The study came out with the following major findings. Most prison systems have experienced some increase in Security Threat Group (STG) members over the past 5 years and this has been associated with an increased range of challenges including violence, disruptive behaviors and threats to staff authority. The primary reason for joining a gang is fear of other inmates. It was also found that there was no clear strategy for the management, monitoring or evaluating the relative effectiveness of current gang management interventions.

Friestad & Kjelsberg (2009) investigated into how general welfare deficiencies, drug use and mental health problems were related in a representative prison population. Data stem from a level-of-living survey among a nation-wide representative sample of Norwegian prison inmates. The sample was drawn from randomly from the official register of prison inmates. Data were collected through structured personal interviews. Only 25% of male prisoners were affected by neither drug use problems nor mental health problems. Investigating the relationship between
variables indicated an increasing accumulation of childhood stressors and general welfare deficiencies with increasing drug use and mental health problems.

The Offender Health Research Network (2009) made a national evaluation of prison mental health in-reach services. The research team comprised experts from various universities and organizations such as the University of Manchester, the Institute of Psychiatry, University of Southampton, University of Lincoln, University of Sheffield and Prison Clinical Administration. The study report recommended that the mental health of prisoners should be seen as an issue of concern for the whole prison, forming part of the prison’s safer custody agenda, rather than only the responsibility of specialist groups within the prison. Training should be given to primary care staff and prison officers. And the training should focus on (a) suicide risk and behavior, (b) detection of mental disorder, (c) education on personality disorders and (d) reducing stigmatization of people with mental illness. Drug and alcohol issue is a major problem among the prison population and dual diagnosis (mental illness/health problems and substance misuse problem) is common. Personality Disorder is very common in prison populations. Specialist services for personality disorders in prison would be a valuable contribution to prison mental health services. The report suggests that future research on the mental health of prisoners should consider identifying the needs of prisoners with learning disabilities, adjustment disorders and post-traumatic stress disorder.

Goel et al. (2010) made an attempt to assess the prevalence of mental morbidity among prisoners. The study was carried out in the district jail of Rohtakin India. 150 male prisoners aged above 16 years were included in the study. the sample
was selected using random sampling technique ensuring proportionate representation to both convicts and non-convict prisoners. Indian Psychiatric Interview Schedule (IPIS) was used for the purpose of screening the subjects suspected for psychiatric disorders and those who screened positive were administered Structured Clinical Interview for DSM IV AXIS-I disorder (SCID-I) and AXIS-II disorder (SCID-II). 56% convicts belonged to the age group of 30-50 years while 52% non-convicts were in the age group of 21-30 years. Prevalence of mental morbidity was 70% among convicts and 93% among non-convicts. 20% of convicts and 80% of non-convicts had AXIS-I disorders while 24.6% of convicts and 75.4% of non-convicts had AXIS-II disorders.

The second jail suicide survey in the USA was conducted by National Institute of Corrections (2010). The first of its kind was held 20 years before in 1986. The national study found that suicide continued to be a leading cause of death in jails across the country. The rate of suicide in county jails was estimated to be several times greater than that in the general population. The study identified 696 jail suicides in 2005 and 2006, with 612 deaths occurring in detention facilities and 84 in holding facilities. The average age of those committed suicide during incarceration was 35. 93% were male 42% were single. 47% had history of substance abuse.

Litchenstein & Malow (2010) reviewed the research study literature on HIV-related interventions for US women prisoners. These studies were with a focus on identifying strategies that enabled women prisoners to practice safer sex, reduce drug use and to avoid recidivism. The review reveals that only nine such interventions were evaluated in professional journals between 1994 and 2009. These interventions
involved behavioral programs for women at risk for HIV and discharge planning for women releases who were either infected with or at risk for HIV. 4 interventions meant for incarcerated women were able to achieve successful outcomes regarding self-empowerment and safer sex skills. The authors also report that there were 3 prison-release interventions which resulted in less recidivism if not reduced HIV risk.

Shaw (2011) initiated a research study with an objective of establishing whether a specific model of case management-Critical Time Intervention (CTI)- is effective in improving engagement with health and social services in the U.K.. It also examined whether it was capable of reducing mental health hospital admissions and re-offending. It also checked whether ICT was able to increase community tenure through reducing time in prison among released adult male prisoners with severe and enduring mental illness. 200 men with serious mental illnesses (SMI) were recruited for this randomized control trial. SMI is defined for this study as major depressive disorder, hypomania, bipolar disorders and/or any form of psychosis including schizophrenia, schizoaffective disorder and any other non-affective, non-organic psychosis. The study was carried out in three large local prisons such as Manchester, Leeds and Brixton. Randomized controlled trial was the research design. Individuals were randomized to CTI or treatment as usual (TAU).

The first Australian national study to measure the prevalence of mental disorder among offenders was undertaken by Forsythe & Gaffney (2012). The study made use of the information provided by 690 police detainees who participated in the Australian Institute of Criminology’s Drug Use Monitoring in Australia (DUMA) program. It was found that poor mental health was more prevalent among prisoners
than the general population. Substance abuse disorders were particularly prevalent among prisoners, and the comorbidity of these with other mental disorders were found to increase the likelihood of criminal recidivism. The authors are of opinion that though mental disorder does not necessarily contribute to offending behavior, evidence suggests that, particularly in combination with substance abuse, mental disorders do play a part in criminal behavior.

Kinner et al. (2009) undertook a randomized controlled trial of a post-release-intervention for prisoners with and without intellectual disabilities. The sample comprises 1500 male and female adult ae-prisoners. The presence of intellectual disability is screened for by using the Hayes Ability Screening Index (HASI). The intervention includes provision of a tailored health ‘passport’ prior to release from custody. During post-release, they have access to health and social services. The intervention group members will get detailed, tailored feedback on a structured, pre-release health and psycho-social needs assessment, plus targeted referrals for post-release support, prior to learning custody. The report of the study is not available. But it evokes interest as little is known about the health of recently released prisoners or about what works in terms of improving health outcomes for this group. These challenges are particularly pronounced among those with intellectual disability. It is expected that the evidence arising from this trial will contribute to the development of much-needed, evidence-based policies related to the care of people moving through criminal justice system.

Shaw et al. (2010) undertook a study to observe the effect of imprisonment on mental health in a sample of prisoners with and without mental illness. The research
was conducted on the three questions: 1. How does time spent in prison impact on the mental health of prisoners with and without a mental illness? 2. What are prisoners’ perceptions of their quality of life in prison? 3. What type of contact with health services do prisoners with a mental illness have whilst in prison? The sample comprised 980 prisoners from 5 prisons. Psychiatric symptoms were monitored at three time points during custody. Participants were firstly interviewed following reception into custody. At the interview, the Schedule for Affective Disorders and Schizophrenia (SADS) was used to diagnose mental illness. On the basis of their SADS diagnosis, prisoners were assigned to one of 4 mutually exclusive diagnostic groups, which were hierarchical in the following order: (1) Any psychosis (2) Major depressive disorder (3) Other mental illnesses and (4) None. The other tools used in the study are Brief Psychiatric Rating Scale (BPRS), General Health Questionnaire 12 (GHQ) and Measuring the Quality of Prison Life (MQPL).

Smith and Trimboli (2010) examines the comorbid substance and non-substance mental health disorders and re-offending among NSW prisoners. The aim of the study was to evaluate whether released prisoners with mental health disorders were at increased risk of re-offending when compared with released prisoners without mental health disorders. Data for 1,208 NSW prisoners who participated in the 2001 Mental Health Survey conducted by NSW Justice Health, were linked to the NSW e-offending data base to track their criminal history for five years prior to entering prison and 24 months following their exit from prison. Mental health diagnoses were obtained using the Composite International Diagnostic Interview and a number of other mental health screening measures. The results of the study show that within 24 months of their release from prison, 65% of the total sample had re-offended, and their
rate of re-offending was related to their mental health disorder/s. the weighted rate of re-offending was greater in prisoners who had co-morbid substance and non-substance mental health disorders (67%) compared with prisoners who had only a substance disorder (55%), a non-substance mental health disorder (49%), and no mental health disorders (57%). These results suggest that an effective way of reducing re-offending is to treat prisoners who have comorbid substance and non-substance mental health disorders. Investing in evidence-based programs and court or prison alternatives could result in numerous benefits for both the community and individual offender.

Australian Institute of Health & Welfare (2012) conducted a survey on the mental health of prison entrants in Australia in 2010. Its bulletin published in June 2012 presents results from the 2010 National Prisoner Health Census. It focuses its attention on the associations between mental health and a range of characteristics and behaviors reported by prison entrants. Data in this bulletin were sourced from the 2010 National Prison Health Census conducted by the Australian Institute of Health and Welfare. Data were collected from prison entrants and prisoners in custody who used the prison clinic over two weeks in October and November 2010 in six states and territories. There were 610 prison entrants. They were predominately male (86%) with a median age of 31. The census results show that mental health issues are common among prison entrants. Prison entrants with a mental health disorder have relatively poor socio-economic and health characteristics. Moreover, prison entrants with a mental health disorder are more likely to report risky health behaviors.

Roy & Avdija (2012) examined the effect of prison security level on job satisfaction and job burnout among prison staff in the USA. The study also
investigated the effect of job satisfaction as an independent variable on job burnout. Employees of one maximum level security prison (n=176) and two medium level security prisons (n=146 and n=158) in Indiana state of the USA were selected for the study. Findings did not show any difference in job satisfaction between employees of maximum security prison and those in the medium security prison. Moreover, it was found out that the security level of the prison had only a partial effect on job burnout among the employees. Employees in the medium security prisons were found to have more control over their work-related activities than the employees in the maximum security prison. Job satisfaction is inversely related to job burnout.

AN OVERVIEW

All the psycho-educational studies included in this literature review in some or other way assert that psycho-education is a powerful tool for psycho-social interventions. It is seen from this review that this therapeutic tool has been used as either an adjacent or an independent intervention. It has a very significant role to play under the thriving bio-psycho-social model. The review mainly analyzed psycho-educational interventions in schizophrenia, mood disorders, other psychological problems, medical treatment and correctional settings. Family psycho-education has proved its worth in almost all areas of pharmacological and non-pharmacological treatment. Studies have made use of both group and individual modes of intervention. In fact, the studies cited in the review have a psycho-educational planning which successfully mingled the psycho-therapeutic and didactic/educational aspects of the intervention. Most studies, whether brief or long, were carried out on the basis of a curriculum. Admittedly, these studies highlight some advantages of the interventions. They are less costly and briefer than other psycho-therapeutic interventions. They are
also easier to administer. The psycho-educational interventions in prison settings
deserve special mention in this context. These studies indicate that psycho-education
is useful in and suitable for the prison milieu. It can perform a lot of things leading
convicts to correction and rehabilitation. As psycho-education targets at a positive
revamp in consciousness of prisoners, it can go hand in hand with the main stream
correctional practices such as academic and vocational trainings, spiritual and moral
reformation activities.

The review consists of a section dealing with non-psycho-educational
intervention research studies in prison settings. In fact, they are included with a view
to understanding more about the correctional atmosphere. Because such an
understanding is expected to enable the investigator to formulate his or her
intervention in close conformity with the psychological and physical needs of the
prison life.