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IMPACT OF PSYCHOSOCIAL INTERVENTION IN THE THERAPEUTIC COMPLIANCE OF CHRONIC SCHIZOPHRENIC PATIENTS

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Abstract

Background: Schizophrenia often has a considerable impact not only on patients, but also on their families, the health care system and the wider society. Social skills are interpersonal behaviours that are normative and/or socially sanctioned. They include such things as dress and behaviour codes, roles about what to say and not to say, and stylistic guidelines about the expression of affect, social reinforcement interpersonal distance and so on and so forth. Whether they have never learned social skills or have lost them, most people with schizophrenia have marked skill deficits. These deficits make it difficult for many clients to establish and maintain social relationship, to fulfil social roles or to have their needs met. Social skills training, a psychological approach is to ameliorate the deficits in patients with schizophrenia. **Aim:** The aim of the study was to examine the effectiveness of psychosocial intervention in patients with

schizophrenia. **Methodology:** The study was conducted at the Ranchi Institute of Neuro-Psychiatry & Allied Sciences (RINPAS), Kanke, Ranchi, and Jharkhand. The sample for study included 100 discharged patients, according to the ICD-10 Diagnosis criteria for Research (DCR) through purposive sample technique. The sample was divided into two groups, of 50 patients each, on a consecutive basis. The socio demographic variables of each group were assessed using the socio demographic data sheet. Initially, base line assessment was done on both the groups using social functioning scale. The experimental group was given structured detailed Psycho education and social skill training. All modules (4- psycho-educational session and 8-social skill training) were completed in the duration of three months. The patients attended a total 12 therapeutic sessions. After three months social functioning scale was administered to assess the efficacy of the psychosocial intervention in the post assessment phase. **Results:** The finding of the study is significant change and improvement in the area of withdrawal, Interpersonal communication, Interpersonal performance, Interpersonal competence, Recreation, Pro social activities and employment in experimental group in comparison to control group.

Conclusion: The present study suggests that psychosocial intervention plays significant role in helping the patient to maintain his day to day behavior and better therapeutic compliance. It also helps in developing better quality of life. Therefore, these kind of SST interventions should be implemented in routine care combined with other elements of comprehensive care and treatment i.e. medication and other psychosocial therapies.

Key Words: Social Skills Training, Schizophrenia, Interpersonal communication and withdrawal

Introduction

Schizophrenia can be described as a severe mental disorder characterized by profound deficits in thinking, perception, affect, and social behaviour (World Health Organization [WHO], 2014). It affects about seven per thousand of the adult population, especially those in the age group of 15-35. Although its incidence is low (3 per 10,000), the prevalence is high due to the chronicity of the illness (WHO, 2014).

Social dysfunction is a hallmark of schizophrenia and a major constituent of burden on the individual and their family.(Meesters PD, et al,.2010). Social dysfunction is characterized by deficits in general social functioning and several social skills. Social skills are the specific abilities that enable an individual to perform a task competently in social situations (McFall R,. 1982)

People with schizophrenia have marked deficits in social skills because either they have never learnt them or they have lost them in the course of a severe mental illness (SMI). The deficits in core social skills (i.e. Interpersonal communication, Interpersonal performance, Interpersonal competence, Recreation, Pro social activities, interpersonal relationship and assertiveness) present in various forms.

Individuals with a marked deficit in social skills find it difficult to establish and maintain social relationships and fulfill ascribed social roles. They may also find it difficult to meet their needs, to adjust and live a stable social life in the community (Bellack AS, et al,. 2004). Social Skills training are effective for virtually every area of role functioning for persons with severe psychiatric disabilities (Dion and Anthony 1987).

There are very less number of studies found in Indian context. Beliefs and understanding

of mental illness is itself a taboo in India. Persons with mental illness perceive as possessed by black magic and other supernatural powers, so the Stigma, discrimination, hostility is attached with person with mental illness. It often found that family members and society is avoids the abilities of these population and does not give chance to their abilities. In this context the purpose of this study is to find out the effectiveness of social skills training in persons with schizophrenia.

Methodology

Socio-demographic and clinical data sheet:

It is a semi-structured Pro forma especially designed for the study, which included various socio-demographic variables (i.e., age, sex, marital status, education, religion & Family Income) and duration of illness as clinical variable.

Social Functioning Scale (SFS):

The scale was developed by Brichwood & Cochrance, 1990 and revised by Barrowelaugh & Tarrier, 1992.

It was designed specifically to cover those areas of functioning that are crucial for schizophrenia people. The scale explores seven areas as under:

1. Social engagement/withdrawal.
2. Interpersonal- Competence
3. Interpersonal- communication

4. Interpersonal- Performance

5. Pro social activities

6. Recreation

7. Employment

Procedure:

The study was conducted at the Ranchi Institute of Neuro-Psychiatry & Allied Sciences (RINPAS), Kanke Ranchi Jharkhand. The sample for the study included 100 discharged patients, who were diagnosed as having schizophrenia according to the ICD-10 Diagnosis criteria for Research (DCR). The sample was divided into two groups, of 50 patients each, The informed consents were obtained from the patients and their accompanying family members for their willingness to participate in the study. The patients and relatives were informed and explained about the purpose of the study. Information regarding socio-demographic and clinical details was collected on socio-demographic and clinical data sheet specially designed for the present study after that the base line assessment was done on both the groups using social functioning scale. The experimental group was given structured detailed Psycho education and social skill training. All modules (4- psycho-educational session and 8- social skill training) were completed in the duration of three months. The patients attended a total 12 therapeutic sessions. After three months social functioning scale was administered to the both groups to asses the efficacy of the psychosocial intervention.

Results

Statistical analysis:

Chi-square and‘t’ test were computed to see the significance level of both the Experimental and Control groups.

Results:

Table 1: Group comparison of socio demographic profile and clinical characteristic of the Experimental and control group.

Variables		Groups		X^2/t	df	p
		Experimental group (N=50)	Control group (N=50)			
Age (Years)	25-35 year	34	39	1.342	2	.511
	35 – 45 year	15	10			
	45 – 55 year	01	01			
Gender	Male	40	36	.877	1	.349
	Female	10	14			
Marital status	Single	15	12	601	2	.740
	Married	28	29			
	Separated	07	9			

Education	Illiterate Primary to metric Intermediate Graduate	14 26 05 05	18 29 0 3	6.14	3	.104
Domicile	Urban Rural Semi urban	15 31 4	11 31 8	1.949	2	.377
Religion	Hindu Muslim Christian Others	38 05 06 01	37 12 01 0	7.467	3	.058 *
Occupational status	Unemployed Private Job Gov. Job Agriculture House wife	23 7 2 3 8	19 4 0 9 14	10.835	6	.094

	Student Labour	3 4	0 4			
Family type	Joint Nuclear	16 34	18 32	1.140	2	.566
Monthly Family income is Rs.	Up to – 3000 3000-6000 6000-9000 Above – 9000	20 21 04 05	28 21 01 0	8.133	3	.043
Duration of illness	2-5 years 5 years & above	29 21	26 22	.041	1	.840

*p< 0.05 level of significant

**p< 0.01 level of significant

Table 1:- Gives descriptive information about the socio-demo graphic characteristics of the sample. There are two groups; as experimental group, consisting of patients with schizophrenia who received additional psychosocial intervention and control group consisting of schizophrenia patients without psychosocial intervention.

Though both the groups were matched for various socio-demographic variables, however significant difference was found in respect to the religion. No significant difference was found

for all remaining variables such as age, sex, marital status, education, domicile, occupation, Family type, and family Income and Duration of illness.

The table also reflects that the majority of cases were in the age range of 25-35 years, predominantly males, and married, educated below metric and from rural background.

Further, the sample also indicates that more than one third cases were unemployed, representing nuclear families with monthly family income within Rs. Six thousand. Almost half of the patients were having 2-5 years of duration of illness.

Table 2: Comparison of pre test and post test scores of experimental group on Social Functioning Scale

Variable		Experimental group (N = 35)		X^2	Df
		Pre Intervention	Post Intervention		
Withdrawal	(a) 0 – 5	15	0	19.286	2**
	(b) 6 – 10	18	30		
	(c) Above 10	02	05		
Interpersonal communication	(a) 0 – 3	10	2	21.775	3**
	(b) 4 – 6	22	12		
	(c) 7 – 9	03	21		

Interpersonal performance	(a) 0 – 20 (b) 21 – 30 (c) Above 30	31 04 0	21 14 0	7.479	1**
Interpersonal competence	(a) 0 – 20 (b) 21 – 30 (c) Above 30	5 26 04	2 15 18	13.146	2**
Recreation	(a) 0 – 20 (b) 21 – 30	31 4	18 17	11.497	1**
Pro social activity	(a) 0 – 20 (b) 21 – 40 (c) Above 40	26 06 03	05 23 07	25.7921	2**
Employment	(a) 0 – 5 (b) 6 – 10	22 13	07 28	12.246	1**

* P<.05 Level of Significant

** .0P<1 Level of Significant

Table 2:– Gives description of score of Social Functioning Scale obtained by the patients prior and after introduction of intervention. Initially the sample size was 50 patients each in both

the groups. However, in due course of time during follow up 15 patients dropped out of the follow up. Hence, finally they were excluded from the study and pre and post tests details of only 35 patients is depicted in the table 2. The patients were distributed on the basis of scores obtained on social functioning scale.

Here the lower score on a given area suggests poor behavioural pattern. From the table it is apparent that majority of patients have obtained higher scores after intervention which indicates improvement in behaviour. The statistical analysis suggests significant difference in scores obtained prior and post intervention stage.

In the area of withdrawal, there was statistically significant improvement as initially 15 patients scores fall on 0-5 categories, 18 patients score fall on 6-10 and scores of 2 patients score was above 10 out of 35 patients. After intervention most of patients showed improvement in terms of interaction and 30 patients score fall on higher scores.

In Interpersonal communication/Behaviour such as number of friends, heterosexual contacts and quality of communication impaired in chronic schizophrenia patients. Before psychosocial intervention 10, 22 and 3 patients scores were fall on 0-3, 4-6 & 7-9 categories receptively, However after intervention 21 patients have higher scores out of 35 patients. It confirms the improvement of above behaviour. Again Pro social Activities i.e. participation in common social Activities, sports etc. Prior intervention 26 patients fall on lower score (0-20). Post test 5 patients shows lower score (0-20) and 23 and 7 patients have (21-40) & above 40 respectively.

In the area of recreation (Participation in common pastimes, leisure activities, hobbies etc). In the pre test 4 patients have higher score, where as post intervention 17 patients score fall

on higher score (21-40) out of 35 patients. It shows improvement of patients leisure activities, hobbies etc after psychosocial intervention.

In the area of Independence/competence, prior to intervention, 5 patients score fall on 0-20 and 26 and 4 patients were in the category of 21-30 & Above 30 respectively. However in post intervention 18 patients have higher score Above 10 & 15 patients score fall on 21-30. It shows positive improvement in the abilities necessary for leading an independent life.

Generally schizophrenia patients lose their abilities necessary for leading an independent life. In the context of Inter personal performance 31 patients scores fall on 0-20 and 4 patients obtained scores 21-30 in the beginning. After intervention 21 & 14 patients' scores fall on 0-20 & 21-30 respectively. It reflects improvement after therapeutic intervention.

In the context of employment occupation 22 patient having lower (0-5) scores and 13 patients showed higher scores (6-10). That is most of patients was not involved in productive employment before intervention, However, in post test 28 patients score fall on higher scores, which means 28 patients were engaged in a structured program of daily activities out of 35 patients.

Discussion

Initially the sample size was 50 patients each in both the groups. However, in due course of time during follow up 15 patients dropped out of the follow up. Hence, finally they were excluded from the study and pre and post tests details of only 35 patients.

In present study regarding socio-demographic profile of the participants following results were observed majority of the participants were in age group 25 to 35 years, majority of them

were male, all participants belong to Hindu religion, nuclear family and majority of them were married. The similar age groups were widely studied in other studies related to social skills. This could be because of adulthood in which persons from this age group are most expected to work and earn money so in this way majority of the participants were from this age group the similar studies (William H. et al, 2009) reported older adults with schizophrenia use more services than any other diagnostic elderly group within community mental health organizations (Bartels, Miles, Dain, & Smyer, 1996; Cuffel, Jeste, & Halpain, 1996).

The present study intends to help in understanding the social skills deficits among persons with schizophrenia who are availing follow-up service. The present study shows among persons who are availing follow-up facility has significant level of social skills deficits in pre-training. These deficits include instrumental and self care skills, impulse control, and social function skills. The similar level of deficits had been found widely (Harvey et al., 1997).

In present study social skills training among schizophrenia patient found to be useful in improving overall social skills. The mean difference in pre and post SST significantly shown improvement, Similar significant improvement were reported in many studies (Bellack, 2004; Bowie et al.,2012; Granholm et al., 2008, 2009; Horan et al.,2009, 20011; Robert & Penn, 2009; Valencia et al., 2007).

Conclusion

The present study was reported the efficacy and usefulness of Social Skills Training interventions for patients with schizophrenia to improve social skills. Therefore, Psycho-social interventions should be implemented in routine care combined with other elements of

comprehensive care and treatment i.e. medication and other psychosocial therapies. Psychiatric / Mental health professional may implement Social Skill Training intervention either independently or as a joint venture with other mental health care professionals. Social Skill Training should be ideally commenced in hospital in-patient settings and should be continued without interruption in the community.

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