CASE REPORT

# Psychiatric Social Work Interventions in Schizophrenia: A Case Report

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## ABSTRACT

Background: The chronic mental illnesses constitute substantial difficulties to person affected and the family. The difficulties could arouse due to the symptoms, functional disability, and stigma attached with the mental illness. Method: Using a single case method, we qualitatively evaluated the effectiveness of psychiatric social work interventions in a case of person with chronic schizophrenia. The interventions were psychoeducation, social skill training, activity scheduling, supportive work and family interventions. Result and Conclusion: In the qualitative assessment, we have found that these interventions were helpful in improving functional status and family environment

Keywords: Psychiatric social work, schizophrenia, chronic mental illness, case report, well being, family

## INTRODUCTION

The chronic natures of mental illnesses are often found to be incapacitating for the affected individuals, leading to their socio occupational dysfunction. Persons with severe mental illness experience significant disability in self-care, interpersonal relationship and work.[1] The onset of mental illness in the family can be stressful[2] or crisis for the family members.[3, 4] They experience high levels of burden in caring a person with severe mental illness.[5,6] Family experiencing high but perceived stigma, which in turn can affect their relationship with the affected member, help-seeking behaviour and well being of the family. Expressed emotion found to be high among these families,[2,7] which is a strongest predictor of relapse in psychosis.[8,9] It is also observed that family who cares for a person with mental illness experience less social support and withdraw from their regular social contacts due to their high perceived stigma.[2] Evidence based Psychiatric Social Work interventions,[10-11] along with medication have been found to help the affected individuals and their family members.

## BACKGROUND OF THE CASE

Ms. N, 39 years old single lady, educated upto 2nd PUC, unemployed, hailing from middle socio-economic status of urban background was presented with 20 years history of persecutory ideas, auditory hallucinations, anger outbursts towards family members and poor socio-occupational functioning. She had multiple consultations in past, but due to poor treatment adherence, she continued to be symptomatic. After detailed evaluation and case review, a diagnosis of Paranoid Schizophrenia was made. The client was then referred to Psychiatric Social Worker for psychosocial assessment and intervention.

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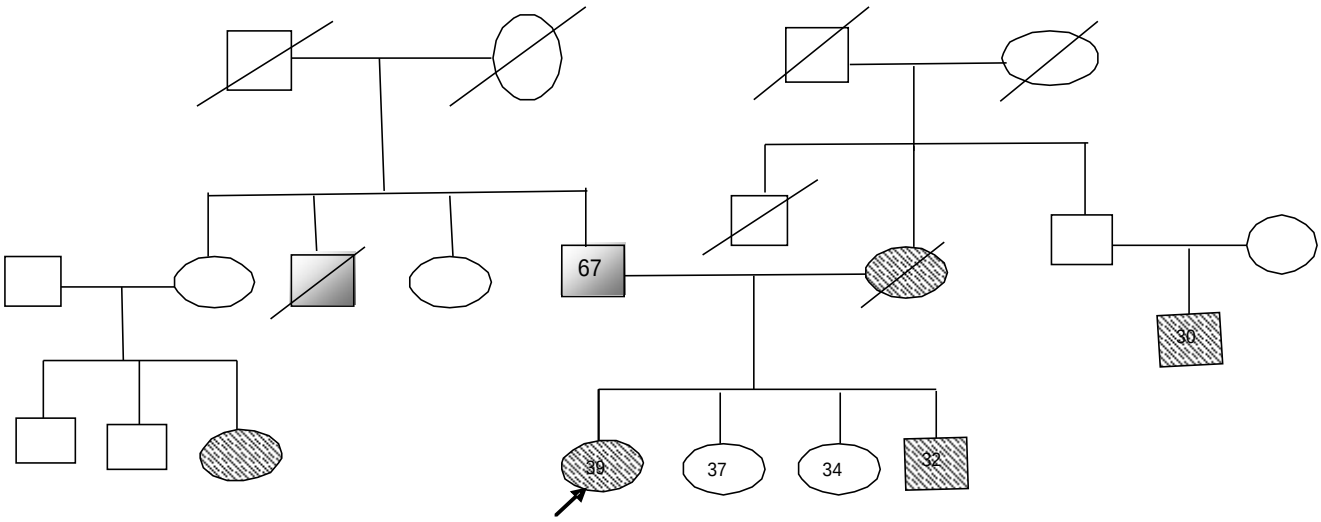
FAMILY HISTORY

There is history of mental illness in patient's mother, brother and multiple relatives.

***Genogram***




*Family Composition*

The family consisted of 5 members. Ms. N was the eldest of 4 siblings, born of a non-consanguineous union. She was born in a Hindu middle class nuclear family. They lived in a small rented house at Bengaluru.

Father: He is 67 years old and educated up to SSLC. He was a businessman, but stopped work since 8 years due to cardiac problems and increased blood pressure for which he is on treatment. He is reported to be passive and submissive in nature and had limited interaction with others. The communication between patient and father was minimal.

Mother: She had been suffering from paranoid schizophrenia and committed suicide in 2001. Patient was very much attached to the mother despite having occasional discord due to the symptoms.

First Sibling: Index patient

Second sibling: She is 37 years old single and younger to patient. She is a post graduate, working as a teacher. Currently, she is not living with family of origin. However, she used to come and stay with them during vacations. The interpersonal relationship between the sister and patient gets worsened while patient become symptomatic. Due to this, the sister limited her interaction with family of origin. Nevertheless, she used to extent occasional financial support for the family.

Third Sibling: She is 34 years old, completed her graduation and B. Ed. She is working as a teacher in a private school in Bengaluru. She is the primary caretaker and breadwinner of the family. She remained unmarried to support her ill family members. The relationship between the sister and patient reported to cordial until the onset of illness.

Fourth Sibling: He is 32 year old single, post graduate in physics and currently unemployed. He is also suffering from schizophrenia and on treatment since 1993. Patient does not have good relationship with the brother and they pick up quarrels on trivial matters.

Family Interaction Patterns: The patient's illness affected the overall interaction within the family as well as families' interaction outside the family. The neighbors limited their interaction with this family possibly due to high perceived stigma related to mental illness and suicide committed by mother.

*Summary of family dynamics:* Youngest sister is the nominal and functional leader of the family. She plays multiple roles as other members were ill or aged and therefore incapable of taking responsibilities. Communication between family members was minimal. The family is disengaged and there are no rituals practiced in the family. The problem solving ability of the family was poor. The family had limited sources of social support at primary level. At secondary level, the

social support was found to be inadequate. The family had poor help-seeking behavior may be due to their high perceived stigma. Tertiary support was available from the treatment team.

*Social Analysis and Diagnosis:* The social analysis of Ms. N revealed plethora of psychosocial factors contributing to the present situation. Mother's chronic psychiatric illness, followed by her suicide as well as patient's own illness has affected the functioning of entire family. The communication between members of the family was need based and minimal. The family members lacked adequate emotional as well as other forms of support from within and outside family. The stigma of mental illness and the suicide of the mother made the neighbors to limit their contacts with patient's family. The help seeking behaviors and problem solving abilities of the family was hampered. The occupational functioning of the patient and her brother were impaired. They were not able to perform their respective roles and responsibilities due to the chronic nature of their illness and resultant disability. Consequently, younger sister experienced role strain and high caregiver burden.

## PSYCHOSOCIAL MANAGEMENT

### Goals of Intervention

*Individual Level*

- To improve activities of daily living (ADL) of the patient.
- To improve her communication and social interaction skills
- To develop a work habit in the patient.

*Family Level*

- To provide psycho education
- To enhance communication and support between the family members
- To teach the family problem solving skills
- To enhance younger brother's work habits
- To provide emotional support and necessary help to the sister.

A total of 12 individual sessions was done with the patient. Another 10 session was conducted with the rest of the family members. There were 6 joint family sessions too.

## INTERVENTIONS DONE

### *Activity Scheduling*

*Rationale for Intervention:* Activity scheduling can be explained and demonstrated as one of the fundamental building blocks of cognitive behavior therapy (CBT) which helps the patient to schedule his/her activities. These are set out on planned timetables (activity schedules).[12] Individuals are encouraged to start activity scheduling with short term goals and to treat their time tables as a series of appointments with themselves. The aim is to introduce small changes, building up the level of activity gradually towards long term goals.[12]

*Intervention done:* Initial assessments revealed the socio occupational dysfunction of the patient. The patient was found to be idle most of the day. In order to address this, she was encouraged to follow a structured routine which was prepared by therapist in discussion with the patient. The schedule included activities of daily living, helping the sister in house hold chores, reading newspaper and involvement in hobbies. Appropriate behavioral reinforcements were used to improve patient's motivation to follow the schedule.

### *Social skills training*

*Rationale for Intervention:* Social skills training can be defined as the training to enhance the ability of patients to express feelings or communicate interests and desires to others.[13] It is used to enable individuals to learn specific skills that are missing or those that will compensate for the missing ones. Common goals that people have achieved in social skills training include making friends, starting conversations, solving family problems, asking for help etc.[13]

*Intervention done:* Since the patient was not communicating with people inside and outside the family, she was given training through role-play regarding the basic skills of communication such as initiating a conversation, making requests, communicating needs etc. She was also given training as how to behave in social situations.

### Family Level

### *Psychoeducation*

*Rationale for Intervention:* Psychoeducation is a general term for an educational approach to offer accurate knowledge and information about the nature of illness

and methods of treatment to the same. The goal of psychoeducation is to determine family's perception of the illness, improve knowledge about illness, equip them with information and make right decisions regarding their treatment.[12]

*Intervention done:* Though the patient was started on treatment from the initial days of the onset of her illness, due to poor drug compliance she was continuing to be symptomatic. This was due to the poor understanding about the illness among the family members. So, in the psychoeducation session, the family members were given information about the causes, symptoms, treatment modalities and the prognosis.

*Supportive Therapy for the Sister*

*Rationale for intervention:* Supportive therapy is a treatment that emphasizes on building self-esteem, reducing anxiety and enhancing coping mechanisms. It was found to be effective in addressing psychological distress of people who are undergoing stressors.[14]

*Intervention Done:* During the initial assessment and following sessions, it was found that the patient's second sister was experiencing burn out. She was the sole care taker for the family and was having role strain. Through supportive therapy sessions, she was given opportunity to ventilate her pent up emotions. She was listened respectfully and non-judgmentally.

*Enhancing problem solving skills*

*Rationale and intervention done:* Problem solving is defined as "the process of working through details of a problem to reach a solution. In the social analysis of the patient, it was found that the family has poor problem solving strategies, which in turn was worsening their situation. Hence problem solving skills was taught to the family in a systematic manner. It included the following steps:

- Asking the family to define the problem
- Encouraging them to seek a wide range of ideas
- Defining solutions in terms of current strengths
- Considering the practical difficulties in implementing the solution.
- Implementing the solution and
- Evaluating the outcome.

*Developing work habits in the brother*

*Rationale and intervention done:* Patient's brother, who was also been diagnosed with paranoid schizophrenia was having socio occupational dysfunction. He was seen in the individual sessions and was motivated to pursue activities such as attending the occupational therapy unit of the hospital, visiting the library and going out for walks. He was also put on activity schedule.[12] The adherence to the schedule was reinforced with the use of tokens which were later converted into materials of his choice.

*Home Visit*

*Rationale and intervention done:* Home visits often help to observe the patient in his/her natural environment. During the visit, it was observed that the patient was involved in house hold chores. The house owner was seen and briefed about the illness. Also, the practical difficulties that the family was having in terms of shifting to a new house or increasing the rent were discussed with the owner. The session helped in changing his attitude towards the family.

*OUTCOME*

Ms. N's personal, social as well as occupational functioning improved after the intervention.

Family's understanding about the illness improved, which intern reduced the expressed emotions in the family. Patient and the elder sister understood the importance of treatment adherence and regularity of follow ups.

## CONCLUSION

Chronic mental illnesses have a devastating impact on the affected individuals as well as their families. Psychiatric Social Work interventions can enhance the wellbeing of patients with chronic mental illness and improve their quality of life.

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