

## Effectiveness of Social Skills Training in Person with Schizophrenia: A Case Study

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### ABSTRACT

**Background:** Schizophrenia imposes problems in day to day living, community functioning, interpersonal relationships, problem-solving strategies or new skills acquisition. Psychosocial intervention like social skills training helps in the improvement of social skills of the person with schizophrenia. The applicability of social skills training for the patient with poor social skills has been well evidenced in social work practice. **Aim:** The present case study aimed to improve the social skills of the person with schizophrenia by using social skills training. **Methodology:** This case study was a single subject case study done in the inpatient department of LGBRIMH, Tezpur. A case diagnosed with schizophrenia according to ICD-10 criteria was selected. Psychiatric social work assessment was done using clinical and social history proforma, Work Behaviour Inventory, Social Adaptive Functioning Evaluation (SAFE), Positive and Negative Syndrome Scale (PANSS), Social Skills Checklist was administered before and after the intervention. Based on the assessment social skill training was provided to improve the social skills of the client. **Results:** There were changes observed in pre and post scores of social functioning, social skills, positive and negative symptoms. Significant changes were noticed in social skills and work functioning. **Conclusion:** Social skills training is effective and can be provided for improving social skills, for enhancing work behaviour and social functioning.

**Keywords:** Schizophrenia, social skills training, psychoeducation, social work intervention

### INTRODUCTION

According to World Health Organization (2014) “Schizophrenia can be described as a severe mental disorder characterized by profound deficits in thinking, perception, affect, and social behaviour. The disorder has been imposes problems in everyday work functioning, community functioning, interpersonal relationships, problem-solving skills or in obtaining new skills (Addington & Addington, 1999; Bellack, Gold, & Buchanan, 1999; Bellack, et al., 2004; Green, et al., 2000; Perlick et al., 2008). The psychosocial intervention like social skills training (SST) is needed for the improvement of social skills of the person with schizophrenia. “Social skills training can be focused on one of the components social cognition and social competence or both in combination (Green et al., 2008). The most important elements when training social skills are expressive behaviour i.e. speech content and paralinguistic elements: volume of voice, rhythm, body movements and gestures, interpersonal distance, etc.; responsive behaviours like social perception, attention, emotion recognition and interpretation; interactive behaviours such as response and reaction times, conversational turns and use of social reinforcements; and situational factors like knowledge of cultural factors and specific contextual demands” (Rus-Calafell, M., 2014). The psychiatric social worker can provide social skills training to the person with schizophrenia with poor social skills. Various studies have shown the effectiveness of SST in schizophrenia

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in reducing negative symptoms and enhancing social functioning (Tsang & Lak, 2010; Bustillo, Lauriello, Horan, Keith, 2001; Liberman et al, 1998; Granholm, & Harvey, 2018). The present case study is an attempt to enhance social skills, work behaviour and social functioning by using social work principle, techniques for the intervention in the person with schizophrenia.

### **Client presenting problems and diagnosis**

An adult man found to be roaming around in the area of Diphu police station. As reported by local people he was found to be showing inappropriate behaviour, he used to visit shops and homes in search of food. People found him unhygienic; he was wearing dirty clothes and smell, he was wandering in the locality. Therefore, local people file a complaint in Diphu police station. Police took him to the custody and presented before judicial magistrate of Karbi Anglong district of Assam. After inquiry, he was found to have disturbances in mental functions. Hence, he was referred to LGB Regional Institute of Mental Health, Tezpur for treatment under section 102 of Mental Healthcare Act, 2017. He was admitted with the chief complaints of wonder some behaviour, self-smiling, poor self-hygiene & inappropriate behaviour with an unknown period of illness. He was diagnosed as schizophrenia (F20). After in-patient treatment he gave information about himself, that he was Mr. X, 27 years old, male, Hindu, unmarried, studied up to class IX. He was unable to give adequate information about his family. Later hospital staff found that after improvement in symptoms he was not mingling with other people instead he used to sit alone, did not participate in ward activities, did not take part in communication with others such as supporting staff, a medical staff of the hospital. Therefore, treating team referred him to the centre for rehabilitation sciences for vocational and social skills training.

### **METHODOLOGY**

The single-subject case study design was used for the study in which assessment was done and psychiatric social work intervention was provided. Single-case designs permit the evaluation of treatments as they are applied clinically. A case diagnosed with schizophrenia according to ICD-10 criteria was selected. Psychiatric social work assessment was done using clinical and social history proforma, Work Behaviour Inventory, Social Adaptive Functioning Evaluation (SAFE); Positive and Negative Syndrome Scale (PANSS), was administered before the intervention. Based on the assessment psychiatric social work intervention was provided to improve the social skills of the client. Post-test was done after one month of the intervention.

### **Tools description**

Social Adaptive Functioning Evaluation (SAFE): It is developed by Harvey et al. (1997) “which consist of 17 items, including bathing and grooming, clothing and dressing, eating feeding and diet, money management, neatness and maintenance activities, orientation/mobility, impulse control, respect for property, communication skills, conversational skills, instrumental social skills, social engagement friendship, recreation and leisure, participation in a hospital programme, cooperation with treatment”.

Positive and Negative Syndrome Scale (PANSS): It is a scale for measuring the severity of the symptoms of patients with schizophrenia developed by Stanley Kay et al. (1987). It composed of 30 items 7 constitutes a positive scale, 7 negative scales, and the remaining 16 are general pathology scale. The scoring for the scale is arrived at by summation of rating across component items. The score ranges 7-49 for the positive and negative scale and 16 to 113 for the general psychopathology scale.

Work Behaviour Inventory: It is developed by Bryson et al. (1997) used with the client to assess the work behaviour of the patient. “It consists of 5 areas which include social skills, cooperation, work habits, quality of work, personal presentation, each comprising 7 items, plus a global item reflecting the overall assessment. Each item must be scored from one to five: 5 = area of superior performance in the majority of cases, 4 = area of superior performance in some cases, 3 = adequate performance in this area, 2 = area for improvement in some cases, 1 = area for improvement in the majority of cases” (Bryson et al., 1997).

## RESULTS

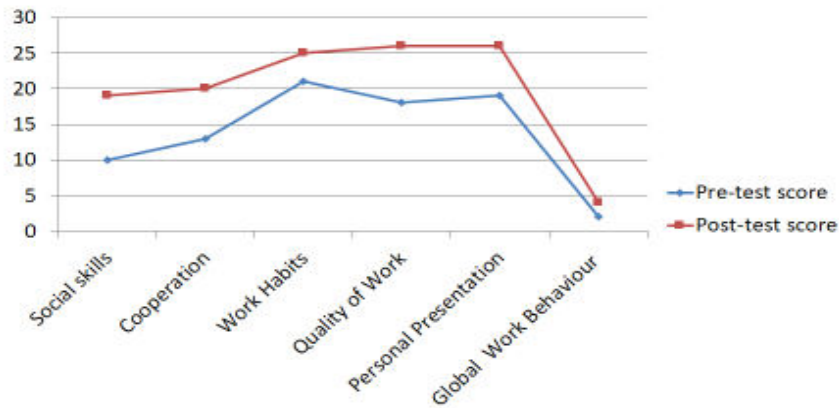
**Table 1: Social Adoptive Functioning**

Social Adoptive Functions	Pre-intervention		Post-intervention	
	Scores	Impairment	Score	Impairment
Bathing and grooming	1	Mild	1	Mild
Clothing and dressing	1	Mild	1	Mild
Eating feeding and diet	1	Mild	0	No
Neatness and maintenance activities	2	Moderate	1	Mild
Orientation/mobility	1	Mild	1	Mild
Impulse control	1	Mild	0	No
Respect for property	2	Moderate	1	Mild
Communication skills	3	Severe	2	Moderate
Conversational skills	4	Extreme	2	Moderate
Instrumental social skills	4	Extreme	2	Moderate
Social appropriateness/politeness	2	Moderate	1	Mild
Social engagement	3	Severe	2	Moderate
Friendship	3	Severe	1	Mild
Recreation / leisure	4	Extreme	1	Mild
Participation in hospital programme	3	Severe	1	Mild
Cooperation with treatment	2	Moderate	0	No

As shown in table 1, pre and post scores on social adaptive functioning of the client based on Social Adaptive Functioning Evaluation (SAFE) scale. It was found that there were no changes in the pre and post scores in the domain of bathing and grooming, clothing and dressing, orientation/mobility. The pre scores in the domain of eating feeding and diet have a mild impairment but post score shows no impairment. In the domain of impulse control, there was mild impairment in pre score and post scores show there was no impairment. In the domain of Neatness and maintenance activities pre score shows moderate impairment and post score shows mild impairment. In the domain of Respect for property, there was a moderate level of impairment in pre score and post score showed mild impairment. The pre score showed severe level impairment in the domain of communication skills but post score is moderate level impairment. The patient has an extreme level of impairment in the pre score of conversational skills, instrumental social skills and post score shows a moderate level of impairment. In the domain of social adaptiveness/politeness, the pre score was moderate impairment and post score showed mild impairment. In the domain of social engagement, it shows severe impairment in pre score and post score shows moderate impairment. In the friendship domain, pre score shows severe impairment and post score shows mild impairment. In the recreational/leisure domain pre score shows extreme impairment and post

score showed mild impairment. In the domain of participation in a hospital programme, pre score shows severe impairment and post score shows mild impairment. In the domain of cooperation with treatment, pre score shows moderate impairment post score shows no impairment.

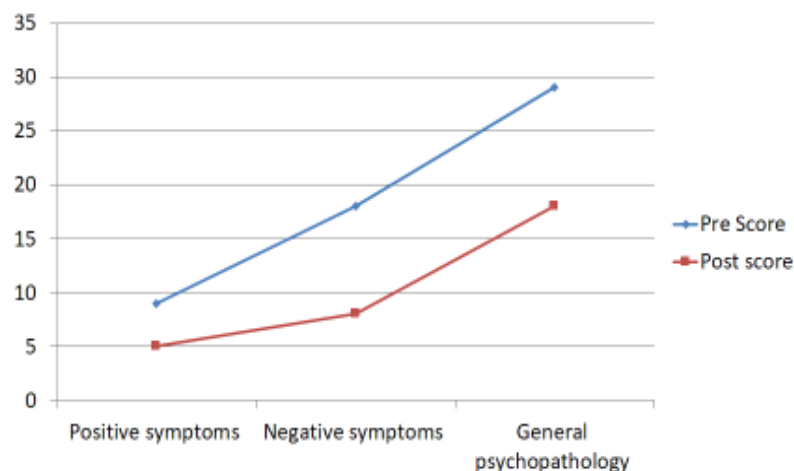
**Figure 1 Pre and Post Score of Work Behaviours Inventory**



As shown in figure 1, the pre and post score of Work Behaviour of the client based on Work Behaviours Inventory it was found that there was an improvement in the client's behaviour. In the domain of social skill, the pre score was 10 and post score is 19. In the domain of work habit, the pre score was 21 and post score is 25. The pre score of quality of work was 18 and post score was 26. In the domain of personal presentation, pre score was 19 and post score was 26. In the domain of global assessment of behaviour, it was 2 in pre score and 4 in post score. Thus, the score indicates that there was an improvement in work behaviour of the client.

As shown in figure 2 pre and post score on Severity of Positive and Negative Symptoms of the client based on Positive and Negative Syndrome Scale (PANSS) it was found that there were changes in both positive and negative symptoms. In the domain of positive symptoms, pre score was 9 and post score was 5. In the domain of negative symptoms, pre score was 18 and post score was 8. In the domain of general psychopathology, it was 29 in pre score and 18 in post score.

**Figure 2 Pre and Post Score on Severity of Positive and Negative Symptoms**



## Psychiatric Social Work Intervention

In this case study, psychiatric social work interventions focused on social skills training where the individual as well as group therapy to enhance the social skills of the client.

### Process of Interventions

**Rapport establishment and therapeutic alliance:** Rapport establishment is important to maintain a good relationship with the patient and to assess the level of co-operation and participation of the client. This can promote open communication, develops trust between the client and therapist. In this case study, it was crucial to establish rapport with the client as he was not involving himself in any kind of interactions. A trustworthy relationship was required to proceed further. The therapist took ways to engage patient in communication with asking opinions about hospital food, facilities, etc. and then turned the conversation towards his personal life. Rapport was established by an empathic and shared understanding of the issues between a therapist and a client. Once the patient started interactions he was informed about common goals of working together. The client was informed about the therapy and the benefit that he would get. It was also explained to the client that confidentiality will be maintained.

**Activity schedule:** The engagement of the individual in activities of daily living helps to improve productivity. The present case was also encouraged to maintain his activities of daily living (ADL) and it was also monitored by the therapist. His day was structured in different activities which were planned according to the mastery and pleasure of the patient. It helped to regulate day to day activities of ADL, vocational training, group activities and SST sessions. This helped to enhance his functioning in a positive direction.

**Social skills training:** Social skills training comprises of learning activities using different behavioural techniques that enable persons with schizophrenia and other mental disorder to obtain independent living and functional skills to improve their functioning in their communities. Social skills training is needed for improvement of social skills of the person with schizophrenia with poor social skills, So in the intervention process, the four basic social skills i.e. listening to others, making the request, expressing positive feelings and expressing unpleasant feelings skills were provided to the client to develop his social skills based on Bellack et al. (2004). The therapist taught the steps of the skills through interaction, role play, proving feedback, suggestions and also gave him to do homework for practice. Further, social group work was planned to enhance social skills and work functioning of the client for the group work in the rehabilitation centre. Trainee involved the client in group activities with the other patient so that he communicates with others, build rapport with the other client, to learn how to engage in work in a group setting. The purpose of group therapy also focused on enhancing the attention and concentration of the clients to enhance work functioning. In one of the session, psychoeducation was also provided to the group members. Psychoeducation was provided to the participants to enhance the knowledge regarding the illness. The main emphasis was given to inform him about the signs and symptoms and nature of the illness, causal factors, importance of treatment and medication, early signs and symptoms, the importance of engage in work, the ill effect of substance use during medication, the importance of physical exercise and importance of regular follow up.

## DISCUSSION

From the pre-test and post-test of Social Adaptive functioning of the client based on Social Adaptive Functioning Evaluation (SAFE), it was found that there was an improvement in eating feeding and diet, impulse control, cooperation with treatment, Neatness and maintenance activities, Respect for property, Social appropriateness/politeness, friendship,

recreation and participation in hospital programme, Communication skills, conversational skills, instrumental skills and in Social engagement. Thus, it can be said that social skill training is found to be effective in enhancing social skills in person with schizophrenia. A similar finding has been reported by various researchers. Koujalgi, et al. (2014) in the study on the efficacy of social skills training in a patient with chronic schizophrenia found that there was a significant difference between the pre and post-intervention SAFE scores in the experimental group. They also concluded that SST is effective in improving the social skills of patients with schizophrenia. The meta-analysis by Turner and colleagues (2018) reported that social skills training (SST) can improve social skills and can reduce negative symptoms in people with schizophrenia. Similarly, in another meta-analysis of 19 clinical trials by Pfammatter and colleagues (2006) found large significant benefits for skills acquisition and medium effects for social functioning and general psychopathology. In the present case study, the post-score of work behaviour inventory showed that there were significant changes in Social skills, Cooperation, work habits; quality of work, personal presentation, and global assessment of work behaviour. There was also a change in pre and post-assessment of PANSS. It was shown that there was an improvement in positive symptoms, negative symptoms and general psychopathology. Another meta-analysis of 22 clinical trials by Kurtz and Mueser (2008) found that SST can reduce negative symptoms and can enhance community functioning. Thus, it can be said that SST can improve social skills, negative symptoms and functioning for the person with schizophrenia. In a study conducted by Mahanta & Ali (2018) in persons with Schizophrenia having poor social, communication and work functioning, found that psychiatric social work intervention can enhance client social skills and overall quality of life. They also found that after psychiatric social work interventions, there was a difference in pre and post-test score in social adaptive functioning evaluation scale (SAFE.) which is similar to our findings.

**Outcome:** There was a change in pre and post scores in SAFE, PANSS, and Work Behaviour Inventory. From the present case study, it was found that the client has an improvement in social skills and work functioning

## CONCLUSION

Psychiatric social work interventions for the treatment of schizophrenia cover different areas of treatment interventions. In this case study, the interventions mainly focussed on enhancing the level of social skills, work behaviour and functioning of the client through proving social skills training and it was found that SST is effective in the improvement of social skills of a person with poor social skills.

**Source of support:** Nil.

**Declaration of interest:** None.

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**How to Cite this Article:** Sarkar, N, Singh, A., & Ali, A. (2020). Effectiveness of Social Skills Training in Person with Schizophrenia: A Case Study. *National Journal of Professional Social Work*, 21(1), 63-69. <https://doi.org/10.51333/njpsw.2020.v21.i1.242>