

## Impact of Empowerment Intervention on Recovery and Symptoms Reduction in People with Schizophrenia

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### ABSTRACT

**Background:** Around one percent population is affected with Schizophrenia which is a severe mental illness. Typically onset is in late adolescence and remains for a lifetime. **Objectives:** The current study examined the impact of Empowerment intervention in Schizophrenia. **Methods and Materials:** This was a quasi-experimental, hospital-based intervention study, used purposive sampling to select 15 patients diagnosed with schizophrenia and admitted in Central Institute of Psychiatry, Ranchi.. Recovery Assessment Scale (RAS), Positive and Negative Syndrome Scale (PANSS) were administered. The study group received 6 sessions of empowerment intervention over a period of one month. Pre-post measurements were taken. Data were analysed using SPSS. **Results:** Findings suggested significant improvement in personal confidence, willingness, goal, reliance, and positive and negative syndrome than treatment as usual over a period of one month therapy. **Conclusion:** Empowerment intervention found to be effective in the management of schizophrenia. Findings indicate viable resource and pathways for future development are suggested.

**Keywords:** Schizophrenia, empowerment intervention, recovery

### INTRODUCTION

Schizophrenia imposes a significant disability on people with suffering from and very often unable to achieve life various goals (Corrigan, 2012). In about three-fourth of cases, the course of schizophrenia has various phases including a remission phase which with relapses and despite giving effective pharmacological treatments and psychosocial interventions, less than 15% recovery rate is found (Zipursky & Agid, 2015). In India, the prevalence of schizophrenia and other psychoses is about 0.64% and was nearly 2-3 times more in urban metros (NIMH, 2016). "It is more common in men, and in terms of age of onset, men tend to be younger by an average of about five years than women when they develop schizophrenia" (Leung & Chue, 2000).

The concept of empowerment as a process which accesses to information, knowledge and developed skills, the ability to make decisions, developed individual strength, participation in society and real control, hope, share decision making, community approaches and stigma. Empowerment intervention is a core component of the recovery framework, together with connectedness, hope and optimism about the future identity and meaning of life. The intervention has 2 levels- individual and connective level. During this intervention, person rediscovers his identity and self-esteem and 'takes his life in his own hands' at the individual' level. At the collective level, it is about the contribution of people with lived experience to the organization and practice of mental health care and society. The empowerment intervention and the activities embraces have been receiving growing attention in mental health care in several European countries in recent years. The literature shows that empowerment is an appropriate treatment goal for psychosis (Berry et al., 2014; Kurtz, 2015; Boevink et al., 2016).

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It has been found in previous studies that lack of awareness were major challenges for a patient with Schizophrenia to manage their psychiatric symptoms and preventing relapses. Empowerment intervention which aims to strengthen the individual's competence, natural helping systems and proactive behaviours found to be effective in promoting recovery and overcoming their illness-related disability (Zimmerman & Rappaport, 1988). However, there are only a few studies which have investigated the efficacy of such interventions to empower patients, improve their prognoses, and reduce the risk of relapse. Such areas have not been actively studied in India. The aim was to examine the efficacy of empowerment intervention in improving positive and negative symptoms of schizophrenia, empowerment and recovery in patients with schizophrenia. In the present study, outcome variables were positive and negative symptoms, empowerment, and recovery.

## METHODS AND MATERIALS

The study was conducted at the in-patient unit of Central Institute of Psychiatry, Ranchi. It was a quasi-experimental hospital-based intervention study for which a purposive sampling technique was done based on certain inclusion and exclusion criteria. Inclusion criteria were meeting the criteria for Schizophrenia according to ICD-10, DCR, aged between 18 to 60 years, both male and female were included with their informed consent for the study. Exclusion criteria were patients having a history of Co-morbid psychiatric diagnosis, organic psychiatric diagnosis, substance dependence, chronic or significant general medical or neurological conditions, physical/sensory disability and patients who were under any psychological intervention. Fifteen participants were selected for the final analysis in the present study. Following tools were used for the study:

1. **Socio-demographic and Clinical Datasheet:** A semi-structured proforma, especially drafted which contained all the socio-demographic and clinical details of the participants relevant to the study.
2. **Empowerment Scale in patients with schizophrenia:** This scale includes “self-efficacy, external control, interpersonal communication skills, interpersonal assertiveness, social assertiveness, social-political resource, social-political power and social-political action domains” (Li, C.P., & Chiu. 2017).
3. **Recovery Assessment Scale:** It has 22 items which “measured life goal, coping ability, hope and knowledge of support systems” (Giffort, Schmook, Woody, Vollendorf, & Gervain. 1995).
4. **Positive and Negative Syndrome Scale (PANSS) for Schizophrenia:** “It consists of a semi-structured clinical interview and any available supporting clinical information from family members or hospital staff. It includes positive syndrome, negative syndrome and general psychopathology” (Kay et al. 1987).

## INTERVENTION

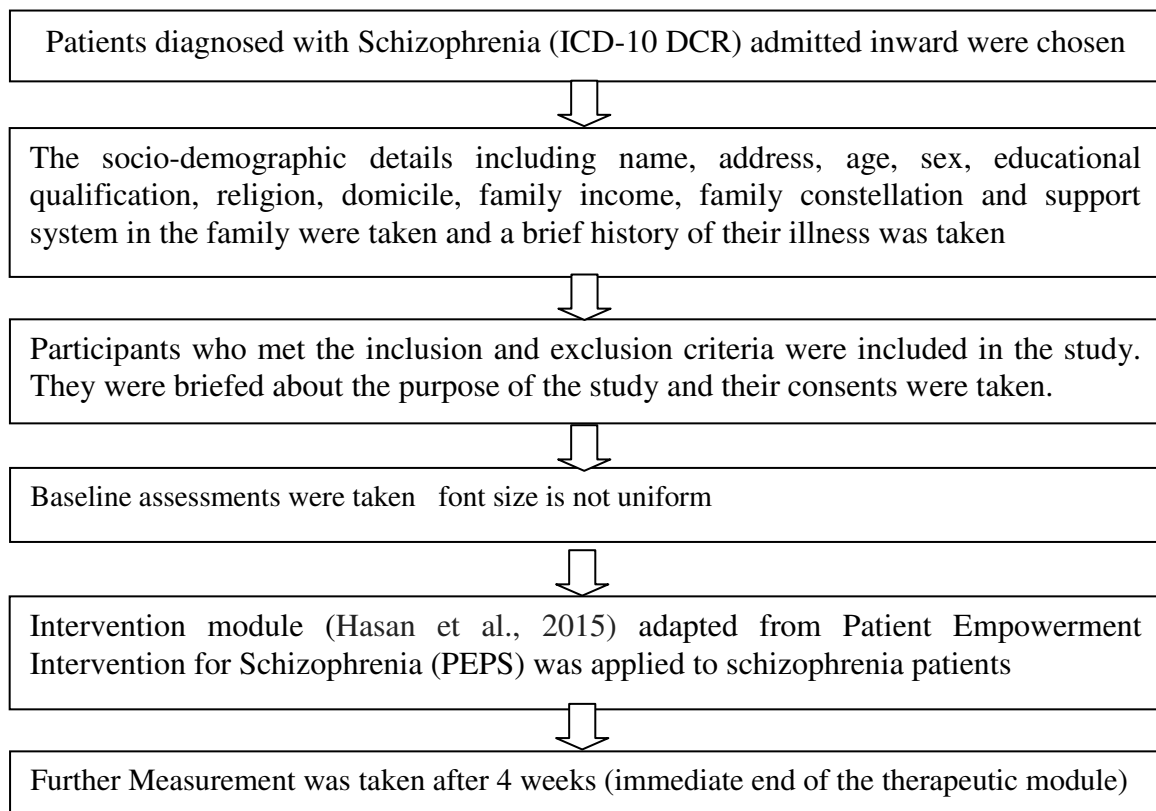
Session	Topic	Broad area
One	Nature and disease of schizophrenia; stigma	<ul style="list-style-type: none"> <li>• Diagnosis of schizophrenia according to ICD- 10.</li> <li>• Truths and myths about schizophrenia.</li> <li>• Symptoms of schizophrenia</li> <li>• How to free oneself from stigma as schizophrenia.</li> </ul>
Two	Weakness and strength of ability to pursue recovery	<ul style="list-style-type: none"> <li>• Discussing obstacles to recovery in everyday life.</li> <li>• Finding individual strength to achieve recovery.</li> <li>• Searching for a helpful support system.</li> </ul>

Three	Challenges to one's life and things to do with family members	<ul style="list-style-type: none"> <li>• Plan a daily activity schedule for enhancing individual strengths.</li> <li>• Seeking support from family members.</li> <li>• Learning how to do housework.</li> <li>• Learning how to share experiences with family members.</li> </ul>
Four	Enhancing communication skills and managing self care	<ul style="list-style-type: none"> <li>• Practising verbal and nonverbal communication in a situation.</li> <li>• Maintaining general hygiene</li> </ul>
Five	Drugs treatment to improve long term outcomes and improve drug adherence and prevent worsening of the illness	<ul style="list-style-type: none"> <li>• Understanding the importance of continuing with one's medication.</li> <li>• Listing therapeutic effects and side effects of medication.</li> <li>• Learning medication adherence strategies.</li> <li>• Sharing experiences with different side effects of various antipsychotic drugs.</li> </ul>
Six	Crisis management	<ul style="list-style-type: none"> <li>• Understanding the risks and benefits of every medication.</li> <li>• Asking the help of family members and health providers.</li> <li>• Stress management skills and strategies.</li> <li>• Being aware of serious or life-threatening side effects.</li> <li>• Correcting problematic situations.</li> </ul>

Adopted from: Park, S. A., & Sung, K. M. (2013).

**Statistical Analysis:** Data was analyzed using Statistical Packages for Social Sciences version 23.0 (SPSS 23.0). Paired sample t-test was used for pre-post measurement.

## PROCEDURE



**RESULTS****Table 1: Social Demographic Variables (N = 15)**

<b>VARIABLE</b>	<b>CATEGORY</b>	<b>f (%)</b>
<b>Sex</b>	Male	8 (53.3)
	Female	7 (46.7)
<b>Education</b>	Up to 10 <sup>th</sup> STD	4 (26.7)
	11 <sup>th</sup> and 12 <sup>th</sup> STD	6 (40)
	Graduation and above	5 (33.3)
<b>Employment status</b>	Employed	6 (40)
	Unemployed	9 (60)
<b>Monthly income</b>	<Rs 5000	4 (26.7)
	Rs. 5000–Rs. 20,000	7 (46.6)
	Rs>20,000	4 (26.7)
<b>Socioeconomic status</b>	Low	11 (73.4)
	Middle	3 (20)
	High	1 (6.6)
<b>Family type</b>	Joint	2 (13.4)
	Nuclear	13 (86.6)
<b>Domicile</b>	Rural	9 (60)
	Urban	6 (40)
<b>Religion</b>	Hindu	13 (86.6)
	Other	2 (13.4)
<b>Caste</b>	General	3 (20)
	OBC	6 (40)
	SC/ST	6 (40)
<b>Marital status</b>	Unmarried	7 (46.7)
	Married	8 (53.3)
<b>Family mental illness</b>	Present	3 (20)
	Absent	12 (80)

In the study group, 53.3% were male and 46.7% were female, 53.3% were married, educated up to 10<sup>th</sup> STD. Majority of patients belongs from the Hindu religion (86.6%) came from a rural background and nuclear family (86.6%).

**Table 2: Paired Sample t-test (N=15)**

Psychopathology		Pre Mean $\pm$ SD	Post Mean $\pm$ SD	t (df=14)	P
<b>Empowerment</b>	Self-Efficacy	19.40 $\pm$ 1.72	23.00 $\pm$ 2.07	-7.901	.000**
	External control	11.33 $\pm$ 1.11	14.25 $\pm$ .70	-11.000	.000**
	Interpersonal communication skills	7.53 $\pm$ .63	8.80 $\pm$ .41	-6.141	.000**
	Social assertiveness	7.26 $\pm$ .70	8.66 $\pm$ .48	-6.548	.000**
	Social political	11.86 $\pm$ .99	14.26 $\pm$ 1.03	-7.483	.000**
<b>Recovery</b>	Willingness	7.00 $\pm$ 2.50	13.20 $\pm$ 1.37	-9.898	.000**
	Personal confidence	18.13 $\pm$ 3.88	29.80 $\pm$ 3.32	-11.364	.000**
	Goal	14.00 $\pm$ 3.35	22.20 $\pm$ 2.80	-6.518	.000**
	Reliance	10.46 $\pm$ 3.58	16.46 $\pm$ 2.13	-6.088	.000**
	Not dominated	7.06 $\pm$ 1.72	12.20 $\pm$ 1.89	-9.280	.000**
<b>PANSS</b>	Positive syndrome	25.06 $\pm$ 7.95	14.06 $\pm$ 5.68	6.785	.000**
	Negative syndrome	23.06 $\pm$ 5.47	13.00 $\pm$ 4.27	7.474	.000**
	General psychopathology	46.80 $\pm$ 13.89	26.33 $\pm$ 8,80	7.156	.000**

P<0.001\*\*

In the empowerment scale, the areas of self-efficacy, external control, social-political and interpersonal communication skills have shown significant improvement with treatment as usual at 0.001 level. And social assertiveness has shown significant improvement with treatment as usual at 0.001 level. There was no significant improvement on any of the other domains with treatment as usual.

In recovery scale, the domains of willingness, personal confidence, goal, reliance, not dominated have shown significant improvement at the 0.001 level in the study group.

In PANSS, Positive syndrome, negative syndrome and general psychopathology domains have significant improvement with treatment as usual at the 0.001 level.

## DISCUSSION

In the present study, the experimental group consisted of 53.3% male and 46.7% female, 53.3% were married, educated up to 10<sup>th</sup> STD that corresponds to age 14-17 yrs. Majority of patients belongs from the Hindu religion (86.6%) came from a rural background and nuclear family (86.6%) and the majority were unemployed.

In this present study, general psychopathology including positive and negative symptoms has shown significant improvement after therapy which indicates that the patient had better understanding his/her illness and its behaviour. Furthermore, findings supported that active treatment for negative symptoms, psychological discomfort, and resistance can improve quality of life among inpatients with Schizophrenia (Fujimaki et al., 2012).

Overall empowerment scale has shown significant improvement after intervention. Among all subscales of empowerment scales, self-efficacy, external control, interpersonal communication skills, social assertiveness, and social-political domains have shown significant improvement after therapy. Studies have shown that, "Empowering is associated

with a reduction in psychiatric symptoms, improving empowerment levels and improvement in recovery rate. It indicates that internalized stigma moderates the effect of awareness of schizophrenia on the hope and self-esteem of Schizophrenia patients. This is consistent with the findings, suggesting that benefits from the psychiatric treatment and rehabilitation interventions are related to the meanings people assign to both their illness and the treatment itself” (Pijnenborg et al., 2013). The empowerment intervention in this study has helped patients with schizophrenia to learn some strategies that enhance recovery from schizophrenia. Furthermore, this study's findings support the conclusion that conducting empowerment intervention in 6 sessions provides enough time for patients to demonstrate positive changes in the direction of recovery from mental illness. “This intervention module gave accurate information about the illness, which might enhance their insight of the illness and help People with Schizophrenia develop coping strategies as well as change their attitudes towards antipsychotic medication” (Mui & Huiting, 2015).

Recovery scale has shown significant improvement after intervention. Studies have shown that, “The empowerment was an effective group intervention supporting the recovery of people with schizophrenia. Intervention program can be useful in this population to facilitate change in personal feelings of strength and hopes of recovery. The empowerment of people with schizophrenia continues with their drug treatment after discharge” (San et al., 2013). Studies also have shown that, “Empowerment intervention can aid recovery from mental illness and patients learn practical strategies regarding communication skill, management of self-care, medication adherence, crisis management, management of sexual dysfunction and preparation for employment” (Park & Sung, 2013). These areas were also focused on the current intervention, which has supported this finding.

A major limitation of the current study was its small sample size. The second limitation was follow-up assessment could not be done. The third limitation was the duration of intervention was short.

Future studies may include larger sample size along with family members for better generalizability. Longer follow-up studies may be done, to see whether the results obtained are maintained in long term.

Major implications are the improvement of recovery and decreasing psychiatric symptoms. Such interventions can be utilized in both inpatient and outpatient setups. As limited sessions are able to produce significant results it would be easy to adapt and follow in existing clinical setups. Imparting empowerment-related domains in the group and individual therapy can help in regular clinical practice while working with patients with schizophrenia.

## **CONCLUSION**

Empowerment intervention has shown to be an important intervention for patients with schizophrenia. It helps in enhancing recovery from a chronic and disabling condition. It also involves a supportive relationship, social inclusion, coping skills and developing a new meaning towards life despite the limitations caused by the mental illness. Empowering an individual with schizophrenia to walk in the path of recovery and providing opportunity and a supportive environment is what enhances the journey of recovery.

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**Conflict of interest:** None declared

**Ethical Clearance:** The study was approved by the Institutional Ethics Committee, Central Institute of Psychiatry, Ranchi.

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