A Case Study of Psychosocial Interventions in Schizophrenia: Effectiveness and Challenges

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ABSTRACT

Background: Schizophrenia affects all aspects of a person's life and even a family member's life. Schizophrenia is characterized as a persistent mental state of uncertainty that can break the link between behavior, thought, and emotion; specifically, it can cause unreliable perception, inappropriate actions and emotions, and a feeling of mental disorganization.

Aim: This case study aims to present the role and efficacy of psychosocial interventions in the non-pharmacological management of a patient diagnosed with schizophrenia having psychosocial issues.

Methodology: The interventions carried out with the patient and family included psycho-education, social skills training, supportive psychotherapy, addressing the expressed emotions, enhancing the support system, and supportive work with the family.

Results: Significant improvement was observed after intervention and analyses which indicated improvement in the patient's symptoms, social skills, activities of daily living, and attitude of family members towards illness and patient.

Conclusion: The tailored psychiatric social work intervention program in the treatment of the family as well as the patient was found to be effective and needs to be integrated into routine practice.

Keywords: Schizophrenia, Activities of daily living, Social skills, Psycho-education

INTRODUCTION

Schizophrenia is a serious mental illness that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality, which can be distressing for them and their family and friends. (Patel et al., 2014) The symptoms of schizophrenia can make it difficult for a person to participate in usual, everyday activities, and the early onset of the disease, along with its chronic course, makes it a disabling disorder for many patients and their families. Disability often results from both negative symptoms

(characterized by asociality, apathy, etc.) and cognitive symptoms, such as impairments in attention, working memory, or executive function.(Gohil & Carramusa, 2014)

The psychosocial functioning, including social activities, personal and social relationships, and self-care, is a key issue of schizophrenia. Some researchers suggested that functional outcomes of individuals with schizophrenia are needed to define therapeutic success, response to antipsychotic medications, and clinical effectiveness in real-world community practice. (Juckel & Morosini, 2008) (Nasrallah et al., 2005) Although psychosocial functional improvement is the ultimate goal for managing schizophrenia, it is not easily accomplished. Symptomatic remission does not always accompany functional improvement.(Meltzer et al., 2008) A study from Italy that explored the relationship between negative symptoms and functioning found that avolition was the strongest predictor of overall functioning, socially useful activities, personal and social relationships, and self-care. (Giordano et al., 2024) Furthermore, effective interventions in the treatment of psychotic symptoms may not improve functioning. This line of evidence may suggest that such psychosocial functioning may have a correlation with psychotic symptoms as well as several additional factors.(Suttajit et al., 2015). Undergoing or using preventive or therapeutic interventions concurrently targeting personal, familial, and environmental factors may be a path to improve functional outcomes.

CASE PRESENTATION

Mrs. A, a 30-year-old female, studied up to 11th standard, is married, unemployed belonging to a Hindu nuclear family of upper socio-economic status of Bihar. The patient was maintaining well until November 2019. In December, 2019 patient got married, after 4 months of marriage she quarreled with an unknown female over a trivial issue, she was also beaten by this women. Thereafter patient's husband observed that the patient started living alone, would get irritable and aggressive over trivial issues, and had frequent quarrels with her in-laws. She did not perform her role as expected in their culture. She did not engage in any household chores, and when asked she would get irritable and would answer in inappropriate language. If her mother-in-law tried to teach cooking she would not cooperate and would use to stay in her room alone. She would often threaten to leave home if her demands were not fulfilled. Then patient's husband left the patient at her paternal house for 6 months. After that patient's husband took her back to his home and started living separately with the patient. One day patient reported that she felt something unusual in the house when she was doing some work in the kitchen and also she heard some voices when she was all alone. Her husband reassured her that there was nothing like this. When the patient reported this several times, then he took her to a faith healer. In the year 2020, when the patient was 5 months pregnant husband reported that her irritability increased and she hit herself in the head and her belly in rage without any issue. She continued to hear voices but never reported any distress caused to her by the same. She would hear the voice of a non-familiar female who would ask her to do some household work otherwise she would harm her and she would refuse them for same and not elaborate much on being asked as reported by her husband. After some time patient's husband observed that she would not take care of her newborn baby

and would not feed her regularly. She had a careless attitude towards her, sometimes she beats her baby. Then after this repeated behavior patient's husband took her to multiple faith healers and sometimes he kept her in a closed room, sometimes he used critical comments also. After 4-5 months in 2021 when nothing worked, she was taken to a private psychiatrist on the advice of a neighbor, and they started her treatment, but the patient did not take the medications regularly and would abuse family members. After this, the patient's family members took her to different faith healers and spent nearly 2 lakhs rupees, the patient's biological, social, and occupational functioning deteriorated severely. With these complaints, she was brought to the hospital.

METHODOLOGY

The single-subject case study design was used for the study in which assessment was done and psychiatric social work intervention was provided. A case diagnosed with schizophrenia according to ICD-10 was selected. Written informed consent was taken from the patient and her husband.

Tools used

The Family burden interview schedule: It was developed by Pai & Kapur, (1981), it is a clinician-rated scale that was used to assess the burden among the caregivers. This too has been commonly used to rate burden, particularly in the Indian scenario. It comprised 24 items grouped under six areas of objective burden (financial burden, disruption of the family routine, disruption of family leisure, disruption of family interaction, the effect on physical health of others, and effect on mental health of others) and one item evaluating the subjective burden.

Positive and Negative Syndrome Scale (PANSS): It is developed by Kay et al., 1987. It consists 30 items out of which 7 constitute a positive scale, 7 negative scales, and the rest 16 are related to the general pathology. The score ranges 7-49 for the positive and negative scale and 16 to 113 for the general psychopathology scale.

ASSESSMENT

Family environment before the onset of illness:

Family routine starts at 7 a.m. in the morning . Patient's and her mother-in-law did all household cores. Patient's husband used to manage other outside household work. All family members used to attend all family rituals together. Patient's father-in-law used to take all the major decisions of family. The interaction among them was cordial. Patient was performing her role appropriately sometimes alone, sometimes with help of her mother-in-law.

Family environment after the illness:

The family routine got disturbed due to her illness, like she stopped performing her role appropriately, patient and her husband started living separately. They started avoiding attending family functions. The family environment became disorganized, with disagreements, frequent arguments, and high noise level.

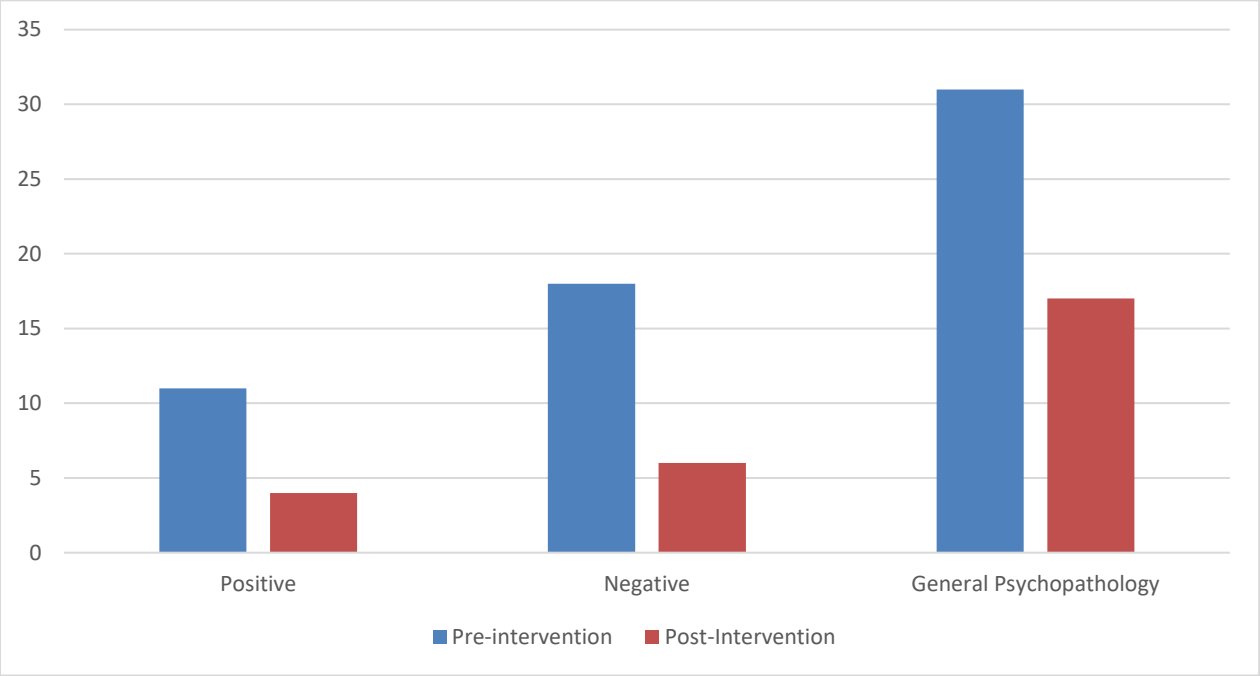
Family dynamics

- **Role and Functioning- Role structure and functioning**: - The roles of the family members are defined but not well performed by the family members. Patients' husband was not working from past few years due to patient's illness. Patient's role was assigned but currently she is unable to perform her role.
- **Boundaries -** Family members did not attach and mix-up with others. Patient is not allowed to meet and interact with members outside the family. Currently, the family is having a rigid boundary. External boundaries were closed for several months due to the family's belief system against other relatives. That's why there are no suggestions or guidance from others.
- **Leadership and Decision Making**- Patient's husband is nominal head and functional head in the family. Decision making process is autocratic in nature due to patient's illness.
- **Cohesiveness:** Sense of togetherness and belongingness among the members of the family is present, if there are any crisis happen in the family then they work together.
- **Communication and understanding:**- Conversation among family members decreased. Patient uses abusive language towards her husband and extended family members. The quarrels and arguments of the patient increased that lead to high noise level in the family.
- **Family adaptive pattern: -** The problem-solving mechanism and coping strategy both are not adequate in the family due to long term illness of the patient. Pt's husband \ seek treatment of the patient whenever patient's symptoms exacerbate.

Table 1: Family Burden

Domains	Pre-intervention		Post-intervention	
	Score	Impression	Score	Impression
Financial burden	6/12	Moderate	4/12	Mild
Disruption of Routine family activities	8/10	Severe	5/10	Moderate
Disruption of Family Leisure	7/8	Severe	4/8	Moderate
Disruption of family interaction	7/10	Severe	3/10	Mild
Effect on physical health of others	1 /4	Mild	1/ 4	Mild
Effect on mental health of others	4/8	Moderate	1/ 4	Mild

Table 2: Severity of Positive and Negative Symptoms



Social Support: Family had inadequate primary and secondary support; however, tertiary support was adequate.

Psycho-social Interventions and goals

- To establish rapport with the patient and her family.
- To address expressed emotions
- To address caregiver burden
- Psychoeducation
- Supportive psychotherapy
- Activity scheduling of patient
- Social skills training.
- Pre-discharge counselling

Psychoeducation: After establishing therapeutic rapport with the patient and caregiver, the initial sessions were focused on to psychoeducate them about etiology, treatment, prognosis, symptoms, importance of medication and treatment compliance, and role of family in treatment process. During the sessions all the doubts were addressed and their suggestions were also taken into consideration.

Supportive psychotherapy: Supportive psychotherapy sessions were conducted with the patient's husband. The aim of this was to address the distress caused by the severe caregiver burden felt by the patient's husband. He was allowed to ventilate his pent up emotions and his worries and concerns were addressed. Praise, assurance, advice, and anticipatory guidance

techniques were used during the process. And to address the caregiver burden the in-laws were also contacted to enhance patient's secondary level of support.

Activity scheduling: To behaviorally engage patient in activities of daily living, a schedule was prepared with the suggestions of patient and keeping in mind the available resources. This schedule was focused on to engage patient socially and vocationally.

Social skills training: Social skills of patient were also targeted through social skills training. In the intervention process, the four basic social skills i.e. listening to others, making the request, expressing positive feelings and expressing unpleasant feelings were targeted based on Bellack, 2004 manual. The therapist used the techniques of role play, providing feedback, suggestions.

Pre-discharge counselling: During this process, previous sessions were summarized, and other sessions were focused on to improving the adherence to treatment. They were also made aware about the available social security schemes.

OUTCOME

Individual level: The patient showed improvement in the symptoms, communication, daily activities, and interpersonal relationships after active psycho-social interventions. She also had better understanding of illness.

Family level: The level of expressed emotions was reduced after psychoeducation and supportive psychotherapy, and the caregiver burden was also reduced after the involvement of in-laws. Their understanding of illness was also enhanced.

Challenges faced during treatment

- It was challenging to contact the in-laws of the patient and to psychoeducate them about the patient's illness.
- Had difficulties in addressing the faith-healing beliefs of the patient's husband.

CONCLUSION

Chronic diseases like schizophrenia have a severe impact on patients and on their families. The present case study showed that psychiatric social work interventions cover the different areas of illness, and could be effective in dealing with issues like family burden, poor social skills, enhancing the well-being of patients as well as their families, and improving their socio-occupational functioning.

Source of support: Nil

Conflict of interest: None

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