CASE REPORT

Psychiatric Social Work Intervention in Persons with Schizophrenia having Poor Social, Communication and Work Functioning

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ABSTRACT

The social functioning of a persons living with schizophrenia is necessary to contribute a better life and to live effectively in the community. The present case study was planned to provide psychiatric social work intervention to enhance client social skills and overall quality of life. Further, the present case focuses on providing psychosocial intervention to help the family to understand the nature of the illness.

Keywords: Schizophrenia, Social skills, Psychiatric social work intervention

INTRODUCTION

Schizophrenia is a mental illness that involves disturbance in the thought, experience, emotion and perception of an individual. Schizophrenia can cause functional impairment in people, dysfunction in interpersonal relationship and difficulties in carrying out their jobs. People with mental illness often experience difficulty in developing and maintaining social relationships.[1-2] Studies conducted in developing countries indicate that the level of social functioning more than clinical status influences the functionality of persons with schizophrenia[3-4] The severe impairment in the major areas of social functioning such as work, interpersonal relations or self care is acknowledged as a hall mark of schizophrenia.[5] It has been often seen that family members considered the person living with schizophrenia as burden, so it is very necessary to enhance the social functioning of a person living with schizophrenia. Psychiatric social work intervention in persons with schizophrenia can enhance social skill, improve quality of life and can help the individuals and family in recovery process.

METHODOLOGY

It uses a single subject design and compares pre and post intervention. The main purpose of the intervention is to enhance social skills in the client. The client was admitted in a hospital and was taken for psychiatric social work intervention. Interventions focussed on individual as well as at family levels. Proper consent was taken from the client as well as from the family members to carry out the interventions. Confidentiality was maintained throughout sessions and the purpose of the sessions was explained to the client as well as to the family members.

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ASSESSMENT

1. Socio demographic data sheet which contains information like age, sex, marital status, domicile etc.
2. Family assessment proforma and social history taking proforma: The interview was done with the client's father based on the family assessment proforma by Bhatti and Mathew[6] and social history taking proforma. The family assessment proforma is based on family structure, leadership patterns, role structure and functioning, communication, reinforcement, cohesiveness and adaptive patterns.
3. Social adaptive and functioning evaluation scale (Harvey et al.1997)[7] was administered to assess the social and communication skill of the client.
4. Social burden interview schedule was administered with the client's father to assess the burden in the family.

Source of information

The client's family members and case record file. The information was found to be reliable and adequate.

The reason for referral

The case was referred to the department of Psychiatric Social Work for adequate psychosocial assessment and intervention.

Brief clinical history

The client is 30 years old male, Hindu, Assamese, unmarried, educated up to graduate level, unemployed belongs to a middle socio economic background hailing from Jorhat, Assam, came to the hospital accompanied by his family members with the following chief complaints of decreased communication and interaction, self smiling, increased anger without provocation, destructive and abusive behaviour, decreased sleep, poor self care and hygiene. The care givers informed that there was an occasional use of alcohol. Client took treatment from government hospital and consulted private psychiatrist. But there was minimal improvement. Poor drug compliance was present. Client sometimes refused to take medicine. He was brought to LGB Regional Institute of Mental Health; Tezpur, Assam for treatment where the client was diagnosed as a case of F-20 (Schizophrenia) according to ICD- 10 criteria.

Family history

Client belongs to a middle socio economic background of semi urban setting, from a Hindu Nuclear family of non consanguineous union. Client is the youngest among two siblings. There is a history of mental illness in client's brother suggestive of Schizophrenia.

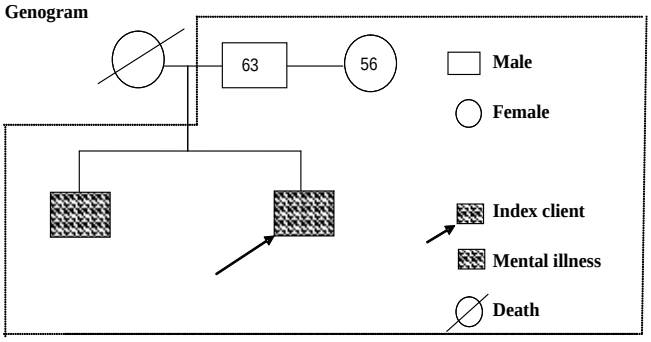

FIGURE 1.1

Family dynamics

Parental subsystem, parent child subsystem and sibling sub system was present. Both external and internal boundaries are found to be clear and open in the family. Although after client's illness, problems did arise in interpersonal relationship, furthermore, communication among the family members also got impacted, which has resulted in family distress. Client's father was a nominal leader and mother was the functional leader in the family and decisions were taken by both his parents. After his mother's death, client's step mother is the functional leader of the family.

Most of the decisions in the family were taken by the client's father. Family members used to perform their own roles and assigned tasks adequately, except the client and his elder brother due to mental illness. Client's step mother also plays multiple roles and used to take care of the two sons who are suffering from mental illness. Moreover, she also has to look after the household work alone.

Role expectation of family members towards client was high as he is educated up to graduation. Both direct and indirect type of communication was present in the family. Noise level in the family is found to be high

during the client's illness. There is frequent conflict between client's step mother and client because of his illness and substance intake behaviour. Lack of understanding among the family members was seen about the client's illness and hostile attititude towards him. There is no healthy connectedness seen particularly between client's step mother and him. Dining together was absent in the family. Problem solving ability and coping ability was found to be adequate in the family, wherein the family would come and discuss matters, share their concerns and accordingly would come to a conclusion. In this case, expressed emotion was present. Client's step mother would pass critical comments to the client such as he don't contribute to the family, spends his parents money, donot look for job, he cannot do anything etc which further worsens the relationship between client and his step mother.

In family burden scale, the finding shows financial burden was present for expenditure incurred due to client's illness and treatment, there was disruption of routine activities, disruption of family interaction, client's illness had effect on relationship within the family or between the family and neighbours or relatives. Moreover there was effect on physical health of family members.

Family support system

Primary support was received from his father and step mother. Primary support was found to be adequate. Secondary support was not adequate. Client did not receive any kind of support from relatives and neighbours. Tertiary support was adequately received from the hospital in terms of client's illness.

Personal history

Client was the second child, born in hospital and it was a full term normal delivery. Developmental milestones were achieved age appropriately. Childhood disorders like thumb sucking and nail biting was present. Client was found to be an easy going child. Client started his schooling at around the age of 6 years and educated up to graduate level. Academic performance was found to be average. There was no disciplinary problem. Peer relationship was found to be cordial. Client is currently unemployed. Before his illness also client was not engaged in any kind of work. After completion of graduation, he used to spend his time with friends by taking substance.

Habits

The client has the habit of consuming alcohol. He initiated alcohol at the age of 14 years which was offered by his friends. Initially client used to take occasionally, but after his mother's death amount of alcohol intake has increased. Client used to take alcohal on regular basis. There was easy accessibility of alcohol in the locality of the client. Exact amount was not known but client used to take four to five times a week.

Pre morbid personality

The client was having well adjusted pre morbid personality

Z- Diagnosis

Z 56 Problems related to employment and unemployment

Z 63.4 Disappearance and death of family member

Z 72.1 Alcohol use

SOCIAL ANALYSIS

Index client Mr. S.B 30 years old, male, unmarried, educated up to graduate level, unemployed belongs to middle socio economic background hailing from Jorhat (Assam). The psychosocial analysis of the case reveals that biological vulnerability is present as the client's elder brother has mental illness which acts as predisposing factor. Easy accessibility of alcohol in the neighborhood and peer pressure is one of the social factors contributing to the client's alcohol intake behavior. Being graduate and unemployed triggers the stress level of the client. Client was taking alcohol in order to reduce his stress along with his peers. After the death of the mother there was a change in family dynamics. Client's father's second marriage brought changes in the home environment and lack of acceptance with this relation lead to interpersonal issues between client and step mother. Moreover, after his mother's death client felt lonely as there is no one with whom he could share his feelings. Expressed emotion is present in the form of critical comments. Interaction pattern between client and step mother was found to be strained. There is poor knowledge regarding client's

illness in the family. Due to his illness client was not able to perform his social functioning and hence his quality of life was reduced (Fig. 1.2).

SOCIAL ANALYSIS

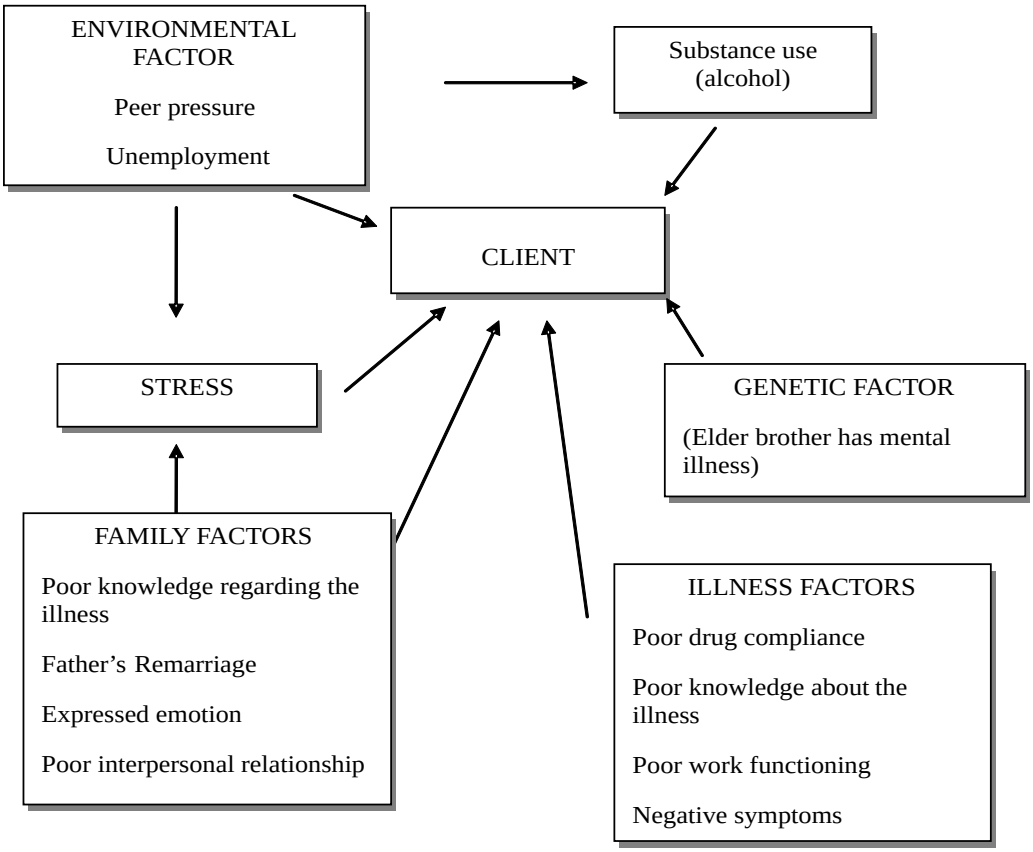

FIGURE: 1.2

INTERVENTIONS

Psychiatric Social Work interventions were provided to the client and family member. A total of sixteen individual sessions and six family sessions were conducted.

Objectives of interventions

Individual level

- To provide knowledge about client's illness
- To develop insight of the client about his illness
- To initiate rehabilitation plan
- To enhance communication and social skills of the client

Family level

- To make family members aware about client's mental illness
- To build resilience in father
- To provide supportive counselling to the father to cope with client's illness.

Group level

- To involve the client in group activity to share, ventilate and learn from others who are having

similar problems

- To inculcate a sense of acceptance of having the mental illness and to generate support from others who are having similar problems
- To promote recovery through the group process

PROGRESS OF INTERVENTION

Rapport establishment

The purpose of this session was to build a purposeful relationship with the client and to establish a therapeutic alliance. Therapist tried to build trust and understanding so that intervention can be carried out adequately as per requirement of the client. Confidentiality and non judgmental attitude was maintained to make the intervention a fruitful one. The therapist created an environment where the client can ventilate his emotions.

Social skills training:

The client was taken for social skills training as there was decreased communication and social interaction. The main objectives of the session were to improve his conversations skills: in initiating, maintaining and termination of conversational. Baseline assessment was done using Social Adaptive Functioning Evaluation Scale (SAFES), (Table 1.1). The scale measures the domains of bathing and grooming, clothing and dressing, eating, feeding and diet, neatness and maintenance activities, orientation/ mobility, impulse control, respect for property, conversational skills, instrumental social skills, social appropriateness, social engagement, friendships, recreation/ leisure, cooperation with treatment. The total number of Social Skills training session provided was eight in number. The sessions were planned based on the baseline assessment. After intervention, post assessment was done to see the efficacy of psychiatric social work intervention.

Table 1.1 : Pre and post score of social adaptive functioning evaluation scale (SAFE)

DOMAINS	***PRE SCORES***	***POST SCORES***
Bathing and grooming	Moderate impairment	Mild impairment
Clothing and dressing	Mild impairment	No impairment
Eating , feeding and diet	No impairment	No impairment
Neatness and maintenance activities	Mild impairment	Mild impairment
Orientation/ Mobility	No impairment	No impairment
Impulse control	Moderate impairment	Mild impairment
Respect for property	Moderate impairment	Mild impairment
Conversational skills	Severe impairment	Moderate impairment
Instrumental social skills	No impairment	No impairment
Social appropriateness	Mild impairment	Mild impairment
Social engagement	Extreme impairment	Moderate impairment
Friendships	Severe impairment	Mild impairment
Recreation/ leisure	Severe impairment	Mild impairment
Participation in hospital programs	Mild impairment	No impairment

Thus from the pre and post scores it can be said that there was an improvement in the domains of social skills after Psychiatric Social Work interventions (Table 1.1).

Social Group Work

The client was also included in group as a part of social skills training. The main objective of the group activity was to make the client to interact with other client and to enhance communication skills. Apart from learning about the illness and other related issues, the purpose of involving the client in this group activity was to enable him to share, ventilate and learn from others who were having similar problems and to promote recovery by accepting one's illness through group interaction and support.

Rehabilitation assessment and counselling

Client was planned for referral to rehabilitation centre (vocational training) to enhance his skill, to enhance social and communication skills. A rehabilitation assessment was done and it was found that client was skilled in multiple aptitude like making of fencing with bamboo, gardening and in operating computer. Client attended the vocational training programme at the Centre of Rehabilitation Sciences. Improvement was seen in his work performance. Initially his performance was minimal but later on his performance in work activity was enhanced.

Psycho education

The session focussed on providing the client the nature and causes of mental illness ie.biological, physical, psychological, socio- environmental factors, early signs and symptoms of mental illness and treatment modalities. The session continued with providing information about adherence to medication and its importance in maintaining and managing the condition. This included information regarding the medication with regard to dose, purpose, mechanism, benefits, side

effects and how to manage. Furthermore, in the future session, it covered about the myths and misconceptions regarding mental illness. The importance of work engagement was also discussed with the client.

Pre discharge counseling

Pre discharge Counseling was provided to the client focusing on the following areas- Education regarding his illness, Importance of regular medication, Poor drug compliance, Side effects of medication, Early warning signs and symptoms of relapse, Work engagement, Stigma issues , Importance of regular follows up, effects of alcohol so as to remain abstinent from substance.

Family Level

Rapport establishment

The session was conducted with the client's father. Client's father was called for the session. Rapport was established so as to have a therapeutic alliance with the family.

Family intervention

Family psychoeducation was provided to the family members. The session focussed on providing the client's family members the nature and causes of mental illness ie. biological, physical, psychological, socio-environmental factors, early warning signs and symptoms of mental illness and treatment modalities. Stress vulnerability model was used to make them understand about client's illness. The session continued with providing information about adherence to medication which is an important factor in maintaining and managing the condition as poor drug compliance was present. This included information regarding the medication with regard to dose, purpose, mechanism, benefits, side effects and management. Further in the session it covered about the myths and misconceptions regarding mental illness. The importance of work engagement was also discussed with the client's father. Client's father was also told about the importance of regular follow up. The session also focussed in reducing the level of high expressed emotion by making them understand about the illness and chance of relapse. Winston et al states that a supportive relationship is the necessary element for any therapeutic work[8]. Client's father was counselled to develop adequate coping skills and problem solving ability to reduce emotional stress and physical burden by resolving the problem. Client's father was motivated not to suppress his feelings and asked him to share with his wife or with some close relatives. The session focussed mainly to build resilience in the father and to cope with the client's illness. Moreover, the session focussed on making the father understand about the engagement of client in some productive work.

Discharge counselling

Discharge counselling was provided to client's family members and the client regarding his illness. Khankeh and Rahgozar (2011) suggests that discharge counselling not only improve client's abilities in cognitive and functional aspects but also makes it possible for client to have access to proper health care services they need[9]. It focused on: Importance of regular medication, Poor drug compliance, side effects of medication, early warning signs and symptoms of relapse, work engagement, stigma issues and importance of regular follow up.

Follow up sessions

Conjoint session was conducted at the time of follow up with the client and his father. The session mainly focussed on social functioning of the client. In the session, activity scheduling was planned to increase client activity level and in encouraging client to interact socially. Dogra and Rana (2008) states that activity scheduling has impact on negative symptoms of the persons with Schizophrenia[10]. Client's father was asked to monitor his activity. Supportive counselling was provided to his father to cope with the client's illness. Reinforcement technique was discussed with the father in order to engage the client and to improve his behaviour. Moreover, psychoeducation was provided to them regarding importance of medication and follow up.

DISCUSSIONS

In this case study it was found that after psychiatric social work interventions, there was difference in pre and post test score in SAFES. There was improvement in social skills after social skills training. Kumar and Singh (2015) suggested that social skills training

resulted in decreased social anxiety and enhancing social functioning[5]. Moreover, drug compliance is maintained, client was found to be abstinent from substance, and client came for follow up. There was change in attitude of family members towards the client, family members understood about the client's illness and family support was present in the treatment process. Psychiatric social work interventions are effective in providing care to individual, family and community level. Rehabilitation is one of the core activities of Psychiatric Social Work. Psychiatric social worker plays the role of a trainer, consultant, case manager, advocate, resource mobilizer etc. Psychiatric social work intervention can help in enhancing social and occupational functioning of persons with mental illness and enhancing their recovery process[11]. The limitations of the case study were that only eight sessions of the social skills training were provided to the client. Client's step mother did not come for the sessions because of family problem, hence one of the interventions to improve interpersonal relationship between client and step mother was not met.

CONCLUSIONS

Psychiatric social work interventions for the treatment of schizophrenia cover a diverse array of treatment interventions. In this case study the interventions mainly focussed on enhancing the level of social functioning of the client, educating the client and the family members about the illness and to provide supportive counselling to the client's father. Family interventions also focussed on reducing expressed emotion. Psychiatric social work interventions not only help a client at individual level but it also focussed on family as well in community level.

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