

Effectiveness of Rehabilitation Program for Chronic Schizophrenia: A Case Study

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ABSTRACT

Chronic schizophrenia is a longer term state of schizophrenia and it is marked by persistent patterns of distorted perception of reality, thought processes and negative as well positive symptoms. It disrupts the executive functioning of the individual that's why all areas of a person's life turned effected because of this. As an old practice to treat this psychotic disorder only medicines were used but presented case highlighted the importance of psychotherapy (rehabilitation) along with medication for the better management of chronic schizophrenia. It highlighted the significance of Rehabilitation process for regaining the elapsed simpler and smaller but essential life skills for managing schizophrenia. The cultural reservations were there while assessing and managing this case.

KEYWORDS: Chronic schizophrenia, Psychotherapy, Rehabilitation.

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INTRODUCTION

Among all the psychotic disorders schizophrenia is the most frightening one because of its manifestation as the sufferer loose his touch to reality; lacks insight; develops disruptive thinking, emotional and affectional patterns; and very importantly they have high rated frequency of hallucinations (auditory or visual) and delusions (false beliefs)¹. The prevalence of schizophrenia in Pakistan is comparatively less than other countries and auditory hallucinations along with cenesthetic are more reported². One of the possible reasons can be less reporting of schizophrenia in Pakistan due to the supernatural belief systems³. As the manifestation of any psychological disorder including schizophrenia was consider something related with possession and it was treated likewise⁴. While with the passage of time there came medical and psychological explanation for psychotic behaviors and advanced modes of treatment and managing the psychotic symptoms begun to pursued and practiced by the practitioners.

The etiology of schizophrenia is considered to be multi-factorial with manifold small-effect and fewer large-effect susceptibility genes interacting with numerous environmental factors. These biopsychosocial factors intimates alteration in neuroplasticity and disrupts the interconnectivity of neurons and level of neurotransmitters which may lead to the development of cognitive deficits and early signs of psychosis⁵. Although binary two hit model is considered very valid for hypothesizing the causes of schizophrenia but the reality is not as much simple and combinations of

factors interplays to enrich the etiology of schizophrenia⁶. This case study contributes to understand one of those under-spoken etiological factors of schizophrenia.

Multiple biopsychosocial treatment and management modalities are available for treating schizophrenia like antipsychotic drugs, electroconvulsive therapies and psychosocial interventional approaches⁷. Antipsychotic drugs has been studied and used extensively for treating psychosis but the combination of antipsychotic drugs and psychosocial intervention also has significant importance for treating the adults with schizophrenia which highlights the importance of psychosocial rehabilitation in treating psychosis. It enhances the ability of the person to cope with the stressors, self management and somewhat improves the quality of life of the sufferer and decreases dependence on others⁸. Among these psychological interventions Rehabilitation holds a prominent status because it revolves around improving the quality of life and makes a man more functional⁹. The current case study also highlights how the procedural rehabilitation proceeded by techniques of behavior therapy interplayed to improve the daily living functioning of a patient with chronic schizophrenia which enabled the patient to perform on optimum level of functioning to maintain personal hygiene and improved his social skills.

CASE REPORT

The patient was 43 years old male who was unmarried, undergraduate, and belonged to middle

socioeconomic status. The patient was admitted at a local rehabilitation center and referred by the managing center of the institute for the assessment and intervention of such presenting complaints: delusion of grandiosity, auditory and visual hallucinations, self laugh, poor hygiene, poor socialization and odd behaviors i.e. incongruent moods and affect and incompatible reactions. The patient had been showing these symptoms grossly from last 17 years. Early assessment presented a comprehensible understating about the current status of the manifestation of symptoms which is given below:

TABLE I: MENTAL STATUS EXAMINATION'S DIMENSION AND CURRENT BODY AND MIND STATUS OF THE PATIENT

Dimension	Status
Appearance	Poor hygiene, untidy clothes
Behavior	Disorganized and inconsistent
Orientation about time, place and self	Absent
Mood and affect	Low, depressed and incongruent
Delusion of control	Present
Speech	Low tone and inconsistent
Memory	Poor
Insight of problem	Absent
Self talk and self laugh	Present
Social interaction	Limited, mostly absent and mostly incompatible
Attention and concentration	Poor (shifted within 4,5 seconds)

Multiple modes of psychological assessment involving Mental Status Examination¹⁰, Clinical Observations (participant and non-participant), Clinical Interviews [(with patient, ward attendant and source of referral (Management)], Subjective ratings and functional assessment charts for hallucinations and delusions were used. The assessment results revealed that at the age of 24 the patient had romantic relationship breakup due to conflicted inter-families relationship between his and his intimate partner. At this critical event of life the patient lacks all kinds of support and entitled as rebellious and defiant guy, by his family and society. Despite patient's continuous effort to manage his intimate relationship he encountered failure, rather his family locked him in a room for more than two months in order to avoid social notoriety. After patient's incessant apologies his family released him from room prison but he always faced continuous

condemnation of his family for the intimate relation. To put himself out of this pitiful state the patient exerts all his attention and effort towards his studies but unfortunately could not pass the examination, and again faced disparagement of family. This time the patient could not bear the denunciation of family and society as everyone accounted this failure as a result of his intimacy. Over this reaction, the patient gets confined to room and developed the signs of neurosis which turned chronic over time. Seeing the severity of patient's symptoms (self-talk, poor hygiene and self-laugh) his family initially grounded it on the possession of ghost and black magic. Lately on the advice of some relative they seek medical help for the client. The patient met psychological assistance sporadically, due to un-involvement and superstitious belief system of family, availability of resources and lack of insight about the problem. In accordance to Clinical grounds all these factors contributed to convert neurosis into most severe form of psychosis i.e. schizophrenia.

Currently the patient was admitted in rehabilitation center from the last one decade (approximately) with seldom family contact. Finding of other modes of assessment revealed that the patient used to remain untidy, manifested disorganized patterns of behavior, and have no insight of his problem. The socialization and hygiene checklists also revealed poor functional level of maintenance of both dimensions. The patient was referred with the following presenting complaints to be worked on. The ratings of the presenting problems were taken on a 10 point scale where 10 mean very problematic state and 0 means not at all problematic, and the ratings were as such:

TABLE II: PRESENTING COMPLAINTS AND PRE-INTERVENTION RATINGS OF PROBLEMS OF THE PATIENT BY HIS INSTITUTE'S PSYCHOLOGIST

Sr. #	Presenting complaints	Pre Intervention ratings
1.	Poor hygiene	10
2.	Poor socialization	9
3.	Odd patterns of behavior	7

The idle wandering behavior of patient was reported with higher frequency and duration. He used to remain out of his ward and wander around purposelessly. Functional analysis of patient's belief system, and MSE' observations (see table 1) revealed that the patient has odd beliefs that someone is controlling his thoughts and actions and auditory hallucination. On the basis of these symptoms including negative symptoms like an hedonia, flat affect, disorganized pattern of speech as well as poor socialization, it was

suspected that the patient was with chronic schizophrenia¹¹.

The management was planned on the hierarchal levels to tap those behaviors which could have increase the better quality of life and daily functioning of the patient. The management plan basically revolved around mechanism of rehabilitation program for retrieving the skills for the patient so that he may perform on optimum level for maintaining his personal hygiene (washing hands, washing mouth, cleaning teeth, cutting nails and taking bath) and socialization (saying Salam/Hello, greeting others, answering others). As a first step, for making the rehabilitation process viable and for the Shaping of increased socialization behavior reinforcement was identified which was abstract painting and other indoor game (playing board game i.e. Ludo). As a second step the behaviors which were desired to be rehabilitated and selected as goals were spelled out i.e. increased Socialization and maintaining personal hygiene. The identified reinforcements play a mediating role for increasing the success rate of rehabilitation which was applied through token economy technique. As the patient was psycho educated that the folks around could be catch up more easily by keeping oneself intact, tidy and clean and in return the agreeableness of folk for plying lido would be increased. Similarly practicing little social gestures i.e. greeting others, exchanging greetings and wishes help to gain social acceptance and social appraisal etc. For making the goals more viable group therapy sessions on the importance of building personal hygiene and socialization were conducted along with motivational interviews, and verbal prompts⁹.

The pre and post ratings of both the behaviors are as such which indicated high effectiveness of rehabilitation process to salvage the skills.

TABLE III: PRESENTING COMPLAINTS, PRE AND POST INTERVENTION RATINGS OF PROBLEMS OF THE PATIENT

Presenting complaints	Pre Intervention ratings	Post Intervention ratings
Poor hygiene	10	6
Poor socialization	9	6
Odd patterns of behavior	7	5

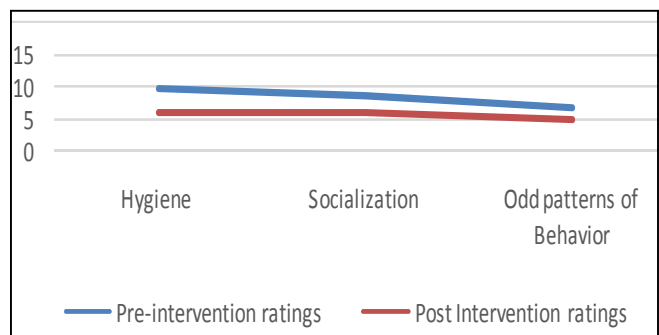
DISCUSSION

The presented case study is an extensive piece of literature to add up information about the personal, familial and social factors which are unavoidable for understanding the vulnerabilities for the development of early signs of neurosis leading to psychosis. Every

stage of life has its own essentials for psychosocial development as well survival of the person and building an intimate relationship is one of the essentials of adulthood phase¹². Failure to the attainment of loving relationship deprived the person from the virtue of Love and makes them vulnerable for development of early depressive signs or neurosis. But the consequences of this failure can be controlled by the provision of strong support system, most likely in the form of family members. The same matter of fact happened with the patient of this study but he lacked the support of family members and others due to cultural boundaries. As the norms and beliefs of collectivistic culture has narrow and inflexible perspective regarding the before-marriage intimate relationships. This was the reason the patient had to go through the stigmatization and label of being rebellious and defiant and his psychological issues arose as the consequences of romantic breakup were neglected and misinterpreted by the society.

On the other hand this case study tinted the process from neurosis to psychosis and enriched the understanding about etiology of chronic schizophrenia, away from pure biology. It highlighted the role of the collation of many social, familial and humanistic factors for the leading cause of schizophrenia which turned worse by the time. This case study is also advantageous for shading the importance of rehabilitation process for improving the functional level of psychotics. The principle of rehabilitation is to nurture the strengths and life skills that the patient with schizophrenia requires to live as independently as possible in the community. It is also evident in the following diagram:

FIGURE I: PRE AND POST RATINGS OF PRESENTING PROBLEMS OF THE PATIENT



One important point to be discussed was the hallucinations and delusions of the patient. As he had been having these symptoms from a longer time that's why it was not possible to alter his dysfunctional beliefs in a short span of three months. Rather it was proposed for the long run rehabilitation and treatment with prescribed psychiatric medication for the patient.

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