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EFFECTIVENESS OF TRAINING SOCIAL SKILLS ON SOCIAL ADAPTABILITY AND QUALITY OF SCHIZOPHRENIC FEMALE PATIENT'S LIFE – DEZFUL HOSPITALS

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ABSTRACT

The goal of present study is to investigate effectiveness of training social skills on Schizophrenic female patient's social adaptability and quality of their life in hospital of Dezful. Sample of this study comprised 30 people, who were randomly categorized into two test groups of 15 people and control group of 15 people. Pattern of the research was pre – test, post – test with control group. first pre – test performed using Harri's social adaptability test and viscansian's life quality test: then for test group totally in 16 sessions. Twice a week, in 1 hour social skills were trained. At the end the training sessions for both test and control group, post – test was performed and 1 month later pursuit test was performed ... Results of analysis using analysis of multi – variable covariance (Mancova) showed that training social skills has led to social adaptation and testee's life quality.

Keywords: *Social Skills Learning, Social Adaptability, Quality of Life, Schizophrenic Patients*

INTRODUCTION

Schizophrenic is one of the most common psychiatry disorders which is observed nearly in 1% of peoples in the Society (Diol, 2004) and it's prevalence and accession is the same in all places of the world (Sadock and Sadock, 2000). This disorder usually begins at the end of adolescence or early stages of youth, it disturbs socialization trend and life skills and causes in crease of social isolation and failure in performing social roles (Liberman and Murry, 2001). Today, rehabilitation programs have led process of treatment to treatment in the society (Kardoso, 2005). but because of lack of readiness of the society and leakage of required equipments for supplying patient's needs, this program faced many problems (Diol, 2010). Considering limited facilities of most of the families for protecting these patients, some of them will be confined to keeping centers and some of them due to lack of existence of organized watch outs will be left wandering and guard less in the society and many of helper also become workerless and secluded (Chaw, 2003). Ghasemi – Ghdomreza *et al.*, (1377) in their research about educative and psychological trainings of the family on schizophrenic patient's social performance and mood disorders concluded that there's a gradual change in schizophrenic patient's social adaptability and there's no meaningful difference between empirical group and control group; while affected patients by mood disorders at the third step of evaluation meaningfully gained higher grades than pervious steps in dimension of social adaptability.

Dehbozorgi (1372) in his research on investigating effect of training social skills in schizophrenic patients pointed to this fact that training social skills is compound of techniques which help people for acquiring meaningful inter – individual relationships, correct and bright relation, correct self – assessment and rewarding adaptive behaviors. Results showed that learning social skills is effective in changing situation and curing schizophrenic, eliminating social stress and making social behavior, criminality, mental deficiency and depression. Also Dehbozorgi concluded that social interactions have increased meaningfully in test group and these skills have been generalized to daily life.

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In addition, Khodadadi *et al.*, (1391) in their study on schizophrenic patient's quality of life and healthy society of Rasht concluded that schizophrenic helpes have a lower quality of life than healthy society of Rasht which indicates the need to consider promotion of treatment and nursing these patients after release.

Foruzande *et al.*, (1390) in their study on investigating positive and negative marks with schizophrenic patient's quality of life found that considering positive and negative marks cause lowering these patient's quality of life. Their quality of life can be improved by reducing and controlling these positive and negative marks and provide them a better life. So, Paying attention to patient's marks and curing them at proper time is of great importance.

Kim (2008) in his study on training social concluded that training social skills useful and effective in mental – social progress of schizophrenic patients. Gelean *et al.*, (2002) also in their research about training pure social skills and supported practical social skills found that both two group are improved at social functions but level of improvement was higher for patients who was taught practical supported social skills. Hinsense *et al.*, (2000) in their research on training social skills also found that patient learn new social skills, retain them and generalize them. Kopleowics *et al.*, (1999) concluded that training short time social skills to hospitalized patients in order to practical teaching them help them restrain their ment at disorders and support active participation and is of great importance in continuing treatment and rehabilitating patients. Smith *et al.*, (1996) in their study on social skills concluded that.

Patients learn new social skills, retain them and generalize them to other situations. Dleak and Band (1996) in their research about training social skills found that training social skills has a medium effecton gaining skills, reducing symptoms, and improving personal adaptability. Bentton and Schroedar (1990) in their research about teaching social skills to schizophrenic patients concluded that patients learn new skills, retain them and generalize them and learning social skills leads to improving of conclusiveness, releasing patient from hospital and reducing times of return. Fogartee *et al.*, (2005) in their study with investigating advantages of sport programs in schizophrenic patients concluded that these patient's participation in sport programs has useful results in improving their physical health, gaining energy and adaptability and cause increasing feeling of cooperation and physical activity and developing social skills and cognitive performance in them. Humuchack (1998) in his study about training social skills concluded that learning special social skills and very organized ones will lead to improvement of social performance and quality of life.

Moher (2007) schizophrenic patients like any other chronic patients have a low quality of life and this low level of life could be due to negative effects of pharmaceutic treatments and peoples " minds " response to these pharmaceutic treatments.

Fawliny (2007) stated that schizophrenic patient's quality of life is low and rehabilitation programs play an important role in improving daily performances and developing social inter actions and their job outlook (Kardoso, 2003, 2005). Quality of life is mixed with cultural, social, hygienic concepts and illness itself, and therefore intra – cultural studies and research's that investigate effective factors in quality of life in very culture are required. Mino & Kownikutu (2003) recognized demographic features and social factors as effective factors in quality of life.

Rettesner *et al.*, (2000) reported that role of mental – social factors in quality of life is more important than psychopathologic symptoms. Solenkhky *et al.*, (2010) in their research with aim of comparing inability and schizophrenic patients' quality of life and scrupulous patients in psychiatry centers of India showed that despite of advanced treatment, schizophrenic patients' quality of life is more lower. Park *et al.*, (2008) in their study concluded that emotional responses have a great import owschizophrenic patient's quality of life.

Yh and Chen (2003) in their study on schizophrenic patients of Hong Kong showed that there's a relationship among female sexuality, unemployment and more times of hospitalization with low quality of life. Kucharska and David (2005), researchers, showed that damage to social skills like

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development and retainment of social network, relationships, disruption in social cognition, as main dimension of individual ability for social behavior and individual's natural performance, social understanding of an event and broad damage to emotional recognizing of events are of great importance. Pen *et al.*, (2005) in their research reported that mental – social intermediations and behavior – treatment on psychosis patients cause reduction of symptoms and hospitalization. Lopez *et al.*, (2004) showed that those people who are notable to manage their emotional states and other's have a lower social skills and support. Paterson *et al.*, (2003) in their research about effectiveness of training social skills in middle aged and old people affected by schizophrenic, found that these patients may enjoy training social skills like younger patients. Tesung and Pearson (2001) in their study on training social skills on schizophrenic patient's job performance concluded that learning social skills by these patients help them achieve job goals and also they showed that normal struggles for skills to be maintained by patients are useful for improvement of job performance. Jeenson and Jeenson (2000) in their various research's divided useful consequences of training social skills: 1- personality and individual growth, 2: job situations – 3: improvement quality of life – 4: physical health – 5: mental health – 6: ability to face with stress and irritant situation. Tober *et al.*, (2000) investigated effects of patients' supporters' participation in training social skills in their research. Results showed that inter – individual functions of patients who were trained and helped by supporters were better than those who only had received training of social skills. Meuser *et al.*, (1991) stated that there's a relationship between weak memory and destruction of social skills before treatment with lower speed of improving skills in schizophrenic patients but not in emotional disorders. So, they concluded that cognitive deficiencies in schizophrenic are accompanied by damages to social skills and it may limit speed learning the skill and clinical response. Dunahow and Derayzigu (1988) in their study on teaching social skills to chronic mental patients found that patients learn new social skills, retain them over time, and generalize them to other situations. Theorem of this research is:

Whether training social skills has effect on male and female schizo – phernic patient's quality of life, and with attention to existing records and performed experiments following hypothesis are considered:

- 1- Training social skills affects female and male schizophrenic patient's social adaptability.
- 2- Training social skills affects female and male schizophrenic patients' quality of life.

MATERIALS AND METHODS

Method

Method of research in this study of type of pre – test, post – test with control group and statistical society was all female schizophrenic patients in hospitals of Dezful. sample consisted of 30 female schizophrenic of which 15 people were in test group and 15 people in control group that were randomly selected among patients of hospitals of Dezful.

Experimental Setting

Patients individually responded to Viskansian's quality of life questionnaire over three sessions and evaluation test of social adaptability in pre – test stage – Quality of life test includes 36 phrases and evaluates, 8 domain of physical performance, social performance, physical action, emotional action, mental health, vivacity, physical pain and general health.

Also, social adaptability evaluation test is used for peoples with different ages who suffer from many sever function problems caused by schizophrenic.

Stability and Validity

Stability of quality of life test was 0/859 using Cranach – alpha and using fifty fifty test was 0/618 and it's Validity obtained 0/448 using spearman correlation. Stability of evaluation test of social adaptability also obtained equal to p42 using Cranach – alpha test and 0/884 using fifty fifty test and it's validity was obtained equal to 0/788 using Spearman Correlation which was meaningful.

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The Way of Training

First: Social skills were taught to schizophrenic patients using step – by – step guidance of teaching social skills and also pre – test was performed as quality of life test and test of social adaptability and then test groups were trained 16 sessions twice a week and every sessions lasted 1 hour.

This test included various steps.

First step was to introducing justification or rational reason or helping patient for understanding importance of learning the skill.

Second step included showing skill (exemplifying) in the form of acting a role and fourth step included feedback to patient and recommendations for improvement, in the fifth step patients were encouraged to practice by their own and after completion of training steps post – test again performed next session and then in order to pursuit again tests were performed and evaluation was conducted.

Data Analysis

Multi – variable Mancora covariance analysis was used for analyzing data.

RESULTS AND DISCUSSION

Findings of Research

Table 1: Results of multi – variable MANCOVA covariance analysis on Scores of training social skills. Social adaptability and female schizophrenic patients' quality of life

Exponent of the test	Eta ²	Meaningful level	Degree of freedom of error	Degree of freedom of hypothesis	Test f	Value	Name of the test
1.000	.929	0.001**	23.000	4.000	75.677	.929	اثر پیلایی
1.000	.929	0.001**	23.000	4.000	75.677	.071	Lambday Vicklez
1.000	.929	0.001**	23.000	4.000	75.677	13.161	آزمون اثر هلتنینگ
1.000	.929	0.001**	23.000	4.000	75.677	13.161	آزمون بزرگ ترین ریشه روی

* meaningfulness at level 0/01

* meaningfulness at level 0/05

As observed in Table 1, since meaningfulness level of all tests is meaningful at level 0/05, indicates that there is a meaningful difference among tests in terms of at least one of scores of social adaptability and quality of life in female schizophrenic patients in test group and control group, it is worth mentioning that Lambday Vicklez test with value of 0/071 and f-test, $F = 75/677$ shows a meaningful difference between scores of social adaptability and quality of life of female schizophrenic patients in control and test group in meaningful level of 0/05.

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Table 2: Results of univariant ANCOVA covariance analysis on scores of female schizophrenic patients' training quality of life and social adaptability in control group and test group

Exponent of test	Eta ²	Meaning fullness level	f-test	Mean squars	degree of freedom	Sum of squars			
1.000	.904	0.001**	244.989	3568.847	1	3568.847	Post-tes	Social	Pre-test
.906	.308	0.002**	11.591	465.655	1	465.655	پیگیری	adaptabili	
.577	.161	0.034*	5.007	500.643	1	500.643	Post-tes	ty	
.060	.003	.766	.090	20.013	1	20.013	پیگیری	quality of	
1.000	.887	0.001**	203.126	2959.006	1	2959.006	Post-tes	life	
1.000	.785	0.001**	94.687	3804.073	1	3804.073	پیگیری	Social	inter-
								adaptabili	group
								ty	
.917	.317	0.002**	12.081	1208.016	1	1208.016	Post-tes	quality of	
1.000	.713	0.001**	64.546	14309.04	1	14309.04	پیگیری	life	
				2		2			

* *meaningfulness at level 0/01*

* *meaningfulness at level 0/05*

As observed in Table 2. F-value of social adaptability related to pre – test (post – test) was equal to 244/989, (pursuit stage) was equal to 11/591 which is statistically meaningful at level of 0/05. This shows that if means are not balanced also there's a meaningful difference between them. Furthermore when means are balanced still this difference is meaningful. This implies that difference among means is meaningful with adjustment and without adjustment.

One can state therefore and conclude that there was a meaningful difference among scores of female schizophrenic patient's social adaptability in test group and control group with %95 certainty. This difference is in favor of means of scores of test group in social adaptability of female schizophrenic patients after learning social skills. Also according to pwrswit stage, this effect continues over time and has had it's impact. In addition value of F of quality of life related to pre – test level (post – test) was 5/007 which is statistical meaningful at level of 0/05 and in (pursuit stage) was 0/090 which is not statistically meaningful at level 0/05. This indicated that if mean are not adjusted also there's a meaningful difference among them in post – test stage but not in pursuit stage. Also when means are adjusted still this difference is meaningful. That is difference of means at post – test is meaningful with adjustment and with out it. but difference of means at pursuit stage is meaningful only with adjustment. Also when effect of pre – test difference is removed and means are adjusted, a meaningful difference will be seew at post – test stage and will be adjusted. Value of F at inter – group (post – test stage) with pre – test control is equal to 12/081, (pursuit stage) with pre – test control is equal to 64/546 which is statistically meaningful. in other words, there's a meaningful difference among group who learned social skills with group who didn's learn social skills. (post – test stage F = 12/081 , level of meaningfulness $p > 0/002$, post – test stage F = 64/546 and level of meaningfulness $p > 0/001$).

Therefore we can say and conclude that there's a meaningful difference among scores of female schizophrenic patient's quality of life in test group and contral group with %95 certainty which is beneficiary to mean of scores of test group in female schizophrenic patient's quality of life after learning social skills. Also, according to pursuit stage this difference has continued over time and has had it's impact, and hypothesis 2 is proved.

Discussion and Results

Schizophrenic patients have considerable deficiencies in social skills which lead to difficulty in making and retaining social relationships, performing social functions, or fulfilling their needs, So, it's dealt with effectiveness of training social skills in schizophrenic patient's social adaptability and quality of life in this research, az findings showed, hypotheses of this stucly include: effect of training social skills on female schizophrenic patient's social adaptability and quality of life were

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proved. Findings of this study approve Bendora's theory which says: learner should have ability to mimic and modeling in addition to attention, and interest. Also these results approve behaviorism theory (Fiers, 1992).

They believed that human's adaptational power is very long lasting and could be coordinated with criteria of the society. and also findings of this research approved view of humanism about social adaptation. From this point of view human is continuously seeking mental and emotional adaptability and tries to make a balance between idealistic and realistic personality. In this study, training social skills in test group was effective in female schizophrenic patient's quality of life and social adaptability. Results of this research are in line with Results of Dehbozorgi's (1372) research on effectiveness of training social skills in social adaptability and also findings of this study agree with Findingsol *et al.*, (2009) Kim (2008), Greew *et al.*, (2002), Hanisense *et al.*, (2001). Wallac (1998), Kopelowicz *et al.*, (1998), Smith *et al.*, (1996) Deleank and Band (1996), Karegun (1992), Benton and Schroeder (1990) and findings of this research approve philosophic psychological theory of quality of life, theory of blooming human (Skanlon, 1993). In this theory it's emphasized on human's capability for stating and experiencing friendly and cooperational social relationship, using it in order to growth and coming true capability for independence and self – confidant and human's need to society. Also, findings of this research are in line with findings of faciuliny and Muher's study (2001) who stated that schizophrenic patients' quality of life is low and rehabilitation programs play a valuable role in improving their daily performances and developing their social interactions and their job outlook. Results of this research also agree with Kardoso's (2005), Mino's and Kanicata's researches (2003) who believe that social factors are effective in quality of life. Furthermore, findings of this research are in line with wallac's study (1998) about training social skills and they concluded that learning special and very organized social skills by schizophrenic patients cause improvement of social performance and quality of life. Considering that quality of life depends upon expectations, emotions, beliefs, and individuals imaginations and is a concept of time and place and individual and social values, So we can conclude that increasing quality of life depends on quality of social system. There fore with attention to results of study one can say that: gaining more higher scores of scale of life quality is due to learning social skills by test group. So considering that social skills are the main basis of growth and formation of social relationships, social interactions and individual's social adaptability, So one can conclude that training social skills is effective on schizophrenic patients' quality of life and social adaptability.

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