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Research Article

TO EXAMINE EFFECTIVENESS OF FUNDAMENTAL SOCIAL SKILLS TRAINING ON SOCIAL EMPOWERMENT IN PATIENTS WITH SCHIZOPHRENIA

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ABSTRACT
Method: To assess the effectiveness of the intervention was used pretest-posttest design with control group. 20 male patients with schizophrenia were selected in experimental (n=10) and control (n=10) group by simply randomly sampling. The number of enforcement actions once, before and once more, after the screening test by the daily life skills check list scale was administered. Data were analyzed by t-test and the data were analyzed with the software $SPSS_{23}$. ***Results:*** The fundamental social skills training was caused to increase social empowerment in experimental group after training. It means experimental group demonstrated more empowerment than control group socially (α = 0/05). ***Conclusions:*** Findings from this study suggest that social skills training (such as fundamental social skills) can help to promote self-care skills and communication skills and reduce behavior problems in chronic mental patients **.**

Keywords: *Schizophrenia, Fundamental Social Skills, Social Empowerment*

INTRODUCTION
Schizophrenia is a Clinical syndrome that its psychopathology is variable but deeply destructive as involved cognition, emotion, perception and other aspects of the behavior of the person. Schizophrenia usually begins before the age of 25 (Sadock and Kaplan, 2009). Individuals with schizophrenia have a dysfunction in cognitive processes, so they lack coherence and logic thinking and their language is distorted (Hemati, (2011). The annual incidence of schizophrenia from 0.5 to 5 per 10,000 people is different; Lifetime prevalence of this disease has been reported in about one percent. Schizophrenia is allocated 16% of the psychiatric patients. This despite the fact that the disease occupied 50% of the psychiatric hospital beds (Sadock and Kaplan, 2009). In 14 years ago, Nourbala and partners research revealed that the prevalence of mental disorders in Iran is 12 percent and prevalence of schizophrenia is 0.6 percent. So if we suppose that Iran's population is 70 million people, we can say that the country's 14 million people are affected by mild to severe mental disorders and the amount of nearly 420 million people are suffering from schizophrenia (Farahani *et al.,* 2006). Cognitive, behavioral and emotional deficits because of the disease cause friends and family members also know them inappropriate in behavior, thoughts and exotic emotional reactions. To as a result, the above mentioned features, the psychotic people lack the ability to create social interaction with others, therefore, cannot have a normal life, to do their chores, and establish close relationships with others (Ganji, 2014). The methods used in the treatment of this disease include older conventional anti-psychotic or first-generation or dopamine receptor antagonists and mention newer drugs are called them second-generation anti-psychotic or serotonin antagonists dopamine (SDAS). In addition to drug therapy can cite to shock therapy, group therapy, Cognitive – behavioral therapy, and psychosocial treatment. The purpose of using psychosocial treatments is to learn social and job skills to build an independent life to people who are severely sick (Sadock and Kaplan, 2009).
In Social skills training, the essential skills psychotic people are taught and help them in normal daily tasks. Social skills training is combination of role play, observational learning, positive reinforcement and training of appropriate responses in different social situations (Ganji, 2014). Traditional techniques of social skills use clear reinforce to increase proper behavior against of inappropriate (Mcdonald *et al.,* 2008). Social skills training cover components such as listening, asking, and pleasant and unpleasant feelings expression. To assess effectiveness of this method can refer to researches between 1989 to 2013

such as Mueser & Associates (1989) exhibited that defect in social skills associate with morbid and pre morbid adjustment (Mueser *et al.*, 1990). Other research is cited in this field in recent years can be a survey by Horan & Associates was conducted in 2011 And assessed the characteristics and effectiveness of social skills training for outpatients with psychotic disorders, The findings suggest that social cognitive interventions shares to increase social cognition uniquely in patients with psychotic disorders (Horan, no date). In Iran can point out two researches are done in this field, include the research by Hematimanesh and colleagues (2011) The study showed that we can improve the daily life skills in people psychotic with social skills training (such as group life skills) (Hemati, 2011). Other research related to Khanjani *et al.*, (2010) disclosed life skills training in self-care and reduce confusion skills did not cause a significant increase in the post-test than pre-test but in social contact skills, interpersonal relationships and responsibility created significant statistically difference between pre-test and post-test in trial group (Khanjani *et al.*, 2010). According to the said cases of the disease and the benefits of proven psychosocial treatments, the question arises whether fundamental social skills such as listening, asking, pleasant and unpleasant feelings expression, Can be effective in social empowerment of patients, include self-care skills, communication skills and reduce behavioral problems? Despite the importance of fundamental social skills training, research on the effectiveness of these skills to promote social empowerment of schizophrenic patients hasn't been done, so this study was to determine the effectiveness of fundamental social skills training on social empowerment in such patients. In this study were the following research questions:

1. Does fundamental social skills group training cause to improve self-care skills in schizophrenic patients?
2. Does fundamental social skills group training cause to improve communication skills in schizophrenic patients?
3. Does fundamental social skills group training cause to reduce behavioral problems with others?

MATERIALS AND METHODS

The study was an experimental design pre-test and post-test with control group. In this study, 20 male patients were selected in experimental (n=10) and control (n=10) group by simply randomly sampling of schizophrenic patients in a rehabilitation center in Karaj. The patients were considered of schizophrenia type, drug type, and drug dosage. Entrance criteria was being considered suffering from schizophrenia more than two years, lack of significant cognitive impairment, be in non-acute phase, the diagnosis of schizophrenia (of the paranoid, undifferentiated, and residual except Catatonia) and be able to speak Persian. The fundamental social skills training was taught to Patients during 12 sessions, twice a week and control group just received usual treatment. A summary of the content of the meetings is following based on the work Mueser and Bellack (Bellack *et al.*, 2012).

The First Session: Includes implementation of the pre-test, greeting and meeting with the members of group and the leader. In this session the aims of fundamental social skills training, the number and time of meetings, the compliance of group rules (including secrecy, timely and active participation in group, do homework, integrity, listening to our members and not eating and drinking) and listen to members were explained.

Second Session*:* After greeting with the members, the reason or reasons for learning the first logical fundamental social skills was explained (listening to others).

Third Session: after greeting with the members, about learned skills in the previous session was discussed and do role played.

Forth Session: After greeting with the members of the group, they were asked about its importance and rationale reason for the usage of this skill (listening to others) and requested to make examples (the first 10 minutes). Then the second skill was taught (asking).

Fifth Session*:* After greeting with the members of the group, presented skills in previous meetings, their logical reasons were discussed and revised. Then patients' questions were replied and they were asked to do role play the required skills two by two.

Sixth Session*:* After greeting with the members of the group, the outlined skills in two previous sessions (listening to others and asking), were discussed, and revised their logical reasons, patients' questions were replied in this field and then they were asked to do role play the required skills two by two to give positive and corrective feedback by Leader and the other members.
Seventh Session*:* After greeting with the members of the group, the trained skills in prior sessions revised briefly and then the third skill was trained (to express pleasant feelings) and discussed about its' rational reasons by the members of the group.
Eighth Session*:* After greeting with the members of the group, the trained skills in the previous session (skills, pleasant feelings) was played the role.
Ninth Session*:* After greeting with the members of the group, it was discussed their notions and feelings about trained skills in the previous session and responded to patients' questions on this issue and revise its' significance and purpose then the fourth skill accomplished (to express unpleasant feelings) and expressed rationale reason to learn and use it by the leader and members.
Tenth Session*:* In this session, the members role played taught skills in the previous session (skills unpleasant feelings) and the importance of the skill and its' logic was restated. Some people were selected to demonstrate exercised skills by doing role play two by two.
Eleventh Session*:* After greetings with the members of the group, the skills in previous sessions were discussed (to express pleasant and unpleasant feelings skills), reasonable aims were revised, and responded to patients' questions on this issue and then they were asked to do role play two by two and the leader and other members run their positive and corrective feedback. The leader first of all wrote steps of each skill on the board and asked people to follow these steps.
Twelfth Session*:* This session was the last session of fundamental social skills training, brief of meetings, trained four skills and objectives and rationale reasons were reviewed and the role play was performed on all four skills and they were took positive or corrective feedback. In the end, the members were reminded to do these skills.
To collect the required information was applied from the list check daily life skills consists of 55 items and is designed in three parts. This tool was set-up (1376) on 96 chronic mental patients in Razi Psychiatric Hospital for the first time by Karbala'ee esmail and it was confirmed the validity and reliability (74/0 = r).It was also set-up this tool on 80 and 45 hospitalized schizophrenic patients in Razi Psychiatric Center in 2001 and 2005 by Fallahi *et al.*, Researcher evaluated the tools' internal consistency Cronbach's alpha (0.81), to measure the consistency of tools reliability)) and obtain Pearson correlation (0.85) (Hemati, 2011).
Subscales of this scale include:
-Self-care skills
-Communication skills
- Behavioral problems with others
To analyze the findings from the t-test with a significant level $\alpha = 0.05$ was used and data were analyzed with the software $SPSS_{23}$.

RESULTS AND DISCUSSION

Inferential statistical tests based on findings obtained in table 1 demonstrate that self-care skills intervention effect is meaningful ($\alpha = 0.05$ df = 9 t = 5.262). As a result, it can be said that the intervention made a difference in self-care skills variable in pre and posttest. Inferential statistical tests based on findings obtained in table 2 show that communication skills intervention effect is meaningful ($\alpha = 0.05$ df = 9 t = 4.367). As a result, it can be said that the intervention made a difference in communication skills variable in pre and posttest. Inferential statistical tests based on the results in table 3 show that reduced behavioral problems intervention effect is meaningful ($\alpha = 0.05$ df = 9 t = -5.278). As a result, it can be said that the intervention made a difference in behavioral problems variable in pre and posttest. But in control group which received usual treatment wasn't seen significant difference in variables according to tables 4, 5, 6.

Discussion

To investigate the first question that whether fundamental social skills training are essential to promote self-care skills? The results in table 1 show that between self-care skills of patients before and after treatment is different significantly (α = 0.05). As a result, it can be said that the intervention made a difference in self-care skills variable in pre and posttest.

The findings of this study is matched with the findings of other researchers including Tsang and Pearson (10) that social skills training to improve Cosmetics skills and the research in Iran by Hematimanesh and colleagues (Hemati, 2011). Have been done and demonstrated effectiveness of social skills training to improve self-care skills but is inconsistent Khanjani *et al.,* 2010) in this area. As the researchers noted can be found that reason in the large number of patients and shortage of trained staff.

Self-Care is one of the problems that schizophrenic patients are faced with it. This skill is formed of the three basic parts consists activities of daily living, instrumental application in activities of daily living and mobility. The most important issues to assess instrumental application are aspects of independence in daily living, safety, quality and a working process, where skills in these patients fully analyzed and more accurate information from different parts of the skills delivered to therapists to set and follow a treatment plan based on it (Akbari *et al.*, 2010).

To investigate the second question that whether fundamental social skills training are essential to promote communication skills? The results Table 2 show there was a significant difference in the communication skills of patients before and after the intervention (α= 0.05). As a result, we can say that intervention can make a difference in communication skills variable before and after the test.

The findings is matched with the findings of other researchers including Moser et al (6) to show the effects of social skills to improve on morbid and pre-morbid adjustment in schizophrenic patients, and also the effect of social skills training on assertiveness and talk skills by Chein *et al.,* (Chien *et al.,* 2002), the research has done by Hmtimanesh *et al.,* (Hemati, 2011) As well as Khanjani and colleagues (Khanjani *et al.,* 2010) in this issue in Iran.

Communication Skills*:* The skills are which people can be involved in the interaction between the individual and the communication process by them; the process in which people share information, thoughts and feelings with one another through verbal and nonverbal communication (Barati *et al.,* 2010)

In order to achieve the third research question that whether fundamental social skills training reduce behavioral problems in patients with schizophrenia? The results Table 3 indicate significant difference in behavioral problems before and after training (α= 0.05). As a result, it can be said that the intervention variable can make a difference in behavioral problems before and after the test. The findings in this regard is matched with the findings of researchers such as Kopelowicz and colleagues (Kopelowicz *et al.,* 2006), the effect of social skills training to reduce social conflict, Peterson *et al.,* 2003, as well as Muser *et al., 2010,* in the reduction of negative symptoms.

Behavioral Problems*:* About behavior in patients with schizophrenia can be pointed out that such inappropriate behavior include strange emotional reactions caused to make a vicious circle where everyone avoids the patient because of such behavior (Hemati, 2011).

In general, according to the obtained results of this study that show the effectiveness of social skills training on social empowerment of patients to was matched and congruent with other research, such as research Houran and colleagues (Horan *et al.,* 2009) to evaluate the features and effectiveness of social skills training for outpatients with psychotic disorders, Mariana *et al.,* 2006.

The study of psychosocial skills at home with outpatient and follow-up care as well as research Shymada *et al.,* 2013 and Granhlm *et al.,* 2013 that the combined effect of drug therapy and social skills training for schizophrenia and cognitive behavioral social skills training for older consumers suffering from schizophrenia, the performance attitude functional out come and results were examined and all were shown the effectiveness of social skills training.

All research has been done on a large number and in hospital environments therefore it was seen the loss due to various subjects, including clearance which in this study it is controlled because it was done at the rehabilitation center.

Conclusion

Based on the results of this research and analysis with t-test show significant differences in pre and post-test in each variabl, Researcher concluded that fundamental social skills training affected on social empowerment of patients. The study exhibited that with social skills training (such as fundamental social skills) can promote self-care and communication skills in chronic mental patients, on the other hand, as seen in the findings with social skills training can reduce behavioral problems patients And thereby help them to adapt better in community and communicate better with others.

Suggestions

Because the study was accomplish with a few male chronic mental patients so researcher suggests this accomplish with many female chronic mental patients in future.

Appreciation

Researcher appreciates manager, nurses and caregivers of Shogh-e- Zendegi rehabilitation center in Karaj to collaborate with

Table1: The results of the t-test (paired) self-care skills variable (trial group)

Source	Variable	Mean	Std.Deviation	df	t	Sig.(2-tailed)
group	self-care skills	4.000	2.404	9	5.262	0.001

Table 2: The results of the t-test (paired) communication skills variable (trial group)

Source	Variable	Mean	Std.Deviation	df	t	Sig.(2-tailed)
group	communication skills	9.300	6.734	9	4.367	0.002

Table 3: The results of the t-test (paired) behavioral problems variable (trial group)

Source	Variable	Mean	Std.Deviation	df	T	Sig.(2-Tailed)
group	behavioral problems	-13.000	7.789	9	-5.278	0.001

Table 4: The results of the t-test (paired) self-care skills variable (control group)

Source	Variable	Mean	Std.Deviation	df	t	Sig.(2-tailed)
group	self-care skills	0.5	1.650	9	0.958	0.363

Table 5: The results of the t-test (paired) communication skills variable (control group)

Source	Variable	Mean	Std.Deviation	df	t	Sig.(2-tailed)
group	communication skills	0.200	1.033	9	0.612	0.555

Table 6: The results of the t-test (paired) behavioral problems variable (control group)

Source	Variable	Mean	Std.deviation	df	t	Sig.(2-tailed)
group	behavioral problems	0.400	1.576	9	0.802	0.443

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