
ORIGINAL ARTICLE**Effectiveness of Conversational Skill Training of Patients with Schizophrenia***Padmavathi N¹, Lalitha K^{2*}, Parthasarathy R³**¹College of Nursing; ²Department of Nursing; ³Department of Psychiatric Social Work; National Institute of Mental Health and Neurosciences, Bangalore 560029, (Karnataka), India.*

Abstract:

Background: The disabling nature of deficits in social and independent living skills of persons with severe and persisting mental disorders was a strong rationale for developing social skills training as a rehabilitation modality that could attenuate those deficits. *Aim and Objectives:* To assess the effectiveness of conversational skill training in patients with schizophrenia. *Material and Methods:* Multistage simple random sampling method was used for the present study to assign the patients to control group from closed female ward and experimental group from open female ward. Randomization was done through lottery method. The age groups between 18-60 years were selected from female individuals who were diagnosed with schizophrenia and admitted in the hospital in closed & open in-patient psychiatry units at NIMHANS. The tool used was rating scale for assessment of conversational skill. Skill training was given using role play method. Total of 15 sessions were conducted on conversational skill. *Results:* The results suggested that there was a significant difference in conversational skill after the skill training between the experimental group and control group. *Conclusion:* Conversational skill training through role play is an effective method to improve the conversational skill of patients with schizophrenia.

Key words: Schizophrenia, Skill Training, Conversational Skill.

Introduction:

Schizophrenia is one of the most devastating psychiatric disorders; it seriously affects higher mental functions, such as thinking, feeling, and perceiving. According to the National Institute of Mental Health (NIMH, 2011), schizophrenia is relatively common, affecting 1.1% of the population or around 65 million people worldwide [1]. In addition, patients with schizophrenia usually have social skill deficits, which include an inability to communicate effectively with people, to confirm and express their feelings, and to understand interpersonal boundaries [2, 3].

The goal of psychiatric rehabilitation is to teach skills and provide community support. Social skill training is an educational and clinical modality in wide use in mental health settings. It includes assertive training, psychosocial or interpersonal skill training, training in communication skill or social relations, independent and community living skills, salesmanship and customer relations, personal effectiveness and social problem-solving. In psychiatry, social skills training have been used as a primary or supplemental treatment for social dysfunctions in the full range of disorders of children, adolescents and adults. Such training encourages human interaction and is intended to improve a patient's conversational skills and assertiveness [4, 5, 6, 7].

Material and Methods:

The study was carried out in 30 female individuals who were receiving treatment in closed ward (where no family members stay with the patient) and in open ward (where family members stay with the patient) diagnosed with schizophrenia, (ICD-10 criteria were used to diagnose schizophrenia) admitted in in-patient psychiatry for the first time at NIMHANS between the age group of 18-60 years with the duration of illness for 6 months and above ; The exclusion criteria were patients with acute symptoms, and having co-morbid conditions like mental retardation. Subjects were selected by multistage simple random sampling method. All the psychiatric wards at NIMHANS were considered for the study. Stratification of the wards was done based on paying ward and non paying ward. Through lottery method nonpaying wards were selected (stage1). Among the non-paying wards, stratification was done based on gender of the patients as male ward and female ward. Through lottery method "female wards" were selected (stage 2). All the patients in female ward were included for the study us-

ing cluster sampling method. Among the female wards, closed female ward was taken for the control group and open female ward was taken for experimental group again through lottery method. Ethical clearance was obtained from institutional ethical clearance committee. Written consent was taken from all subjects.

The experimental group consisted of 15 individuals from open female ward and control group consisted of 15 individuals from closed female ward. Permission was obtained from concerned authorities. After taking informed consent, the data were collected by using rating scale for assessment of conversational skill. It was developed by the researcher pooling the items from scale used by Manju V.S [8] consulting with experts and also reviewing literatures. It was a 5 point rating scale from 0-4. There were a total of 11 items. The maximum score in the conversational skill was 44 and the least possible score was 0. The tool was validated by the experts. Reliability of the tool was established using Cronbach's Alpha and it was 0.845.

No.	Items	Score				
		4	3	2	1	0
1	Initiates talk					
2	Answers to questions					
3	Elaborates the answers					
4	Asks questions when clarifications are needed					
5	Expresses feelings					
6	Talks clearly and loudly					
7	Keeps eye to eye contact					
8	Engages in conversation with co - patients					
9	Engages in conversation with trainer					
10	Expresses needs verbally					
11	Any other					

Key for scoring

- 4 - Performs correctly without any help
 3 - Requires minimal help to do correctly
 2 - Requires much help to do correctly
 1 – Performs with errors
 0– Absolutely does not perform

For experimental group total of 15 sessions were conducted on conversational skill training using role play method. The conversational skill training was planned and structured with selected scenes for role play at 10 areas such as:

- Starting a conversation with a new or unfamiliar person
- Maintaining conversation by asking questions
- Maintaining conversation by giving factual information
- Maintaining conversation by expressing feelings
- Ending conversation
- Entering into an ongoing conversation
- Staying on the topic set by another person
- What to do when someone goes off the topic
- Getting your point across
- What to do when you do not understand what a person is saying.

For e.g. starting a conversation with a new or unfamiliar person

Steps

1. Choose the right time and place
2. If you do not know the person, introduce yourself. If you know the person says 'Hi'.

3. Choose a topic that you would like to talk about or ask a question

Scenes to use in role plays

1. A new patient is entering into the ward.
2. Patients are waiting for an activity to begin in an activity room
3. You are lying down on the bed inside the ward.
4. You want the new patient to join with you in the activity.

Among these one of the scenes was used. To do role play, the researcher and one of the peer groups acted as sender and receiver respectively. These were demonstrated and return demonstration was done by the patient by playing the sender role first and then the receiver role or vice versa. Similarly for all the ten areas the training was given. Until the patient acquired skill in one area, next area was not explored. The post test was done with six days gap after the last session by the researcher herself evaluating the subjects. The data were analyzed using Mann Whitney U test which is a non parametric test equivalent of independent sample "t" test to compare the score between the groups.

After the completion of post test, a total of 10 sessions of teaching were conducted for control group to improve conversational skill. The details are: (i) communication and its importance – 2 sessions, (ii) how does communication take place? – 2 sessions, (iii) communication for developing positive relationship – 3 sessions, (iv) communication in socialization process – 3 sessions.

Results:**Table1-Socio Demographic Characteristics of the Study Subjects Including the Illness Parameters**

Variables		Group		÷-value (p-value)
		Experimental (n=15)	Control (n=15)	
		No. (%)	No. (%)	
Age	≤30yrs	11 (73.3)	6 (40.0)	0.139
	>30yrs	4 (26.7)	9 (60.0)	
Religion	Hindus	15 (100.0)	15 (100.0)	-
Habitat	Rural	12 (80.0)	5 (33.3)	0.025*
	Urban	3 (20.0)	10 (66.7)	
Education	Illiterate	7 (46.7)	2 (13.3)	0.137
	Primary& secondary	5 (33.3)	8 (53.3)	
	Higher secondary and above	3 (20.0)	5 (33.3)	
Occupation	Unemployed	7 (46.7)	10 (66.7)	0.462
	Housewife	8 (53.3)	5 (33.3)	
Marital Status	Not married	7 (46.7)	6 (40.0)	1.000
	married	8 (53.3)	9 (60.0)	
Family Status	Nuclear	8 (53.3)	12 (80.0)	0.245
	Joint	7 (46.7)	3 (20.0)	
Family Income	≤2000	13 (86.7)	12 (80.0)	1.000
	>2000	2 (13.3)	3 (20.0)	
Diagnosis	Paranoid schizophrenia	5 (33.3)	5 (33.3)	0.591
	Hebephrenic schizophrenia	0 (.0)	1 (6.7)	
	Undifferentiated schizophrenia	10 (66.7)	9 (60.0)	
Duration of illness	≤5yrs	12 (80.0)	10 (66.7)	0.682
	> 5yrs	3 (20.0)	5 (33.3)	

Table 2-Comparison of Pre Test Score on Conversational Skill between the Experimental Group and the Control Group at Baseline (N=30)

Conversational skill	Experimental group (n=15)		Control group (n=15)		Z-Value	p-value
	Mean	SD	Mean	SD		
Total score on Conversational skill	6.47	5.13	7.20	5.09	-0.709	0.478

Table 3-Comparison of Post Test Score on Conversational Skill between the Experimental Group and the Control Group (N=30)

Conversational skill	Experimental group (n=15)		Control group (n=15)		Z-Value	p-value
	Mean	SD	Mean	SD		
Total score on Conversational skill	25.60	6.56	13.73	6.55	-3.741	<0.001

Table 1 indicates that socio demographic characteristics of study subjects in experimental group and in control group were matching with each other and demonstrated statistically significant homogeneity in all the characteristics except a variable of "habitat".

Table 2 depicts that there was no significant difference in two groups as the 'p' value was 0.478 indicating that subjects in experimental group and control group were homogenous.

Table 3 indicates that the finding was significant as the 'p' value was <0.001. There was a significant improvement in the post test scores in the experimental group as compared to control group.

Discussion:

The pre test finding has shown that there has been no difference in the conversational skill ability between the experimental group and control group. The post test finding has revealed that the conversational skill training by role play method has improved the conversational ability in the experimental group subjects. The findings are in tune with Manju (2008) who has studied on efficacy of social skill training among hospitalized chronic schizophrenics. The study has adopted before and after test design without control group. The skill training in the area of personal hygiene, conversation, and recreation has been given for

the period of 6 months. The findings have shown that there has been statistically significant difference between the pre test scores and the post test scores indicating the effectiveness of skill training [8].

Another study has been carried out by Seo JM, Ahn S, Byun K, Kim C (2007) about social skill training as nursing intervention to improve the social skill and self-esteem of in-patients with chronic schizophrenia. The experimental group has received 16 group training sessions, and the control group has received routine nursing care. The training programme has been of two parts: conversational skill and assertiveness skill. The conversational skill, interpersonal relationship, assertiveness skill, and self-esteem of the experimental group have shown significant improvement, whereas problem-solving skill has not shown the improvement. The results indicate that the social skill training is effective in improving the social skill and self-esteem of in-patients with chronic schizophrenia [9].

Another study has been conducted by Nilsson L, Rolf WG, Sten L, Anne-Lise (1998) on efficacy of conversational skill training of patients with schizophrenia in Sweden and Norway. A structured method of conversational skill training has been applied to ten Swedish outpatients and five Norwegian inpatients. Conversational skill has been assessed before and after train-

ing through video-taped standardized role-plays. Patients have shown substantial improvement and to approximately the same extent regardless of age, sex, chronicity, symptoms (BPRS), nationality, or being in- or outpatients [10]. These study findings have been similar to the findings of the present study wherein role plays have been used in order to help the patients with schizophrenia to improve their conversational skill. The study has shown highly significant improvement in the conversational skill of subjects in the experimental group.

The study has several limitations such as small sample size, inclusion of only on female patients and limited duration of the intervention.

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***Author for Correspondence:** Dr. K. Lalitha, Professor and Head, Department of Nursing, NIMHANS, Bangalore 560 029, Karnataka, India Cell: 91-80-26995226
Email: lalithakrishnasamy@gmail.com