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Research Paper

Social Skill Training to Improve Social Interactions in Skizofrenia

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ABSTRACT

A participant in this treatment is a 34-year-old man who has been diagnosed with schizophenia. The appearance of the disorder is caused with various painful experiences that become a stressor for the client. An assessment to diagnose the disorder, including interviews, observation, psychological test using WWQ, graphic tests (BAUM, DAP & HTP), SSCT and WAIS. Based on these results it is known that the client has a problem of withdrawal, a quiet person and difficult to express his feelings, these all impact difficult to interact with other people. That matter assessing him as helpless in his family and society. The intervention provided is Social skill training arranged in six stages. The purpose of this intervention is to improve social skills through interpersonal relationships by teaching how to deliver what is desired well and providing targets and identifying future situations. Visible results are that the client can start a conversation with another person and convey what he feels to the family.

Keywords: *Self-compassion, Self-criticism, Hope, Emerging adults.*

Schizophrenia is an illness with a series of symptoms which include disturbances in perception, forms of thinking, affect limit, sense of self, lack of motivation, behavior problems and interpersonal functions that can disrupt daily activities (Fatani, Aldawod, & Alhawaj, 2017; Halgin & Withbourne, 2011).

It causes a conversation disruption in thinking process that can be displayed in associations, which are behavior disorder through motoric activity, affect disorder shown by the impair of emotion response, perspective disorder in form of hallucination, and thinking problem that is known as suspicion (Maramis, 2012)

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Signs of the disorder will appear continuously for at least 6 months. The prevalence of disturbances show up around 0.3% -7.7% (American Psychiatric Association, 2013) but it has high range relapse and causes seriously limited ability on individual who is experiencing it. Schizophrenia is seriously affecting on social aspect, cognitive aspect, affective aspect, and functionality in daily activities (Halgin & Withbourne, 2011).

Pharmacotherapy is an effective prevention for overcoming active symptoms of schizophrenia and reducing susceptibility to relapse, but it does not resolve the problems in cognitive and social terms, such as disability in social skills and several other abilities (Fatani et al., 2017). As the client today that results which difficulties of interacting in the social environment.

A subject is grown man schizophrenia's patient who had been doing a treatment in Hospital at Lawang since August 7, 2018. He had been diagnosed Schizophrenia in 2014 when he was 30 years old. Unfortunately, his family did not quite understand about the symptoms that were indicated by the client and as a result he did not get a treatment in RSJ immediately. Meanwhile, the client was taken to see shaman and went to cottage where a place for mental disorder people in Bondowoso.

In August 2018 clients were hospitalized because complaints threw neighbors 'roofs and glass with bricks which then angered residents and made demonstrations to clients' homes. After getting divorced and losing his job the client starts to withdraw from the social environment, does not want to work, daydream, does not want to eat, gets angry, paces back and forth talking to himself and is lazy to take a bath. In this case the client has difficulty in conveying what he feels and wants to the family so that makes him confused and then chooses to withdraw. Based on the above problems, the intervention to overcome client problems is to use social skill training.

Social skill training is an intervention in behavior therapy through strengthening the behaviors involved in interpersonal situations. People with schizophrenia often act in ways that are deemed abnormal by others. In social skills training, someone's inappropriate behavior is identified and targeted, then reinforcement becomes a driving factor for individuals to emerge behaviors that are more acceptable in the social environment (Halgin & Withbourne, 2011; Oltmanns & Emery, 2012; Sharf, 2010).

Based on the description of the client's disorders, it can be seen that there are several stressors that trigger the occurrence of schizophrenia in the client, but the stressor is not the only causal factor. Another factor that also becomes one of the causes of interference with the client is the client's psychological vulnerability, namely the problem with the personality he has. For example; client's personality which tends to be closed, easily frustrated, full of reluctance and difficulties in determining attitudes, tend to be passive in acting and rely heavily on the encouragement and attention of others which makes it easily depressed when faced with various problems that can become diathesis (Walker & Diforio, 1997). People with schizophrenia are exacerbated by fear and affection behavior, because it is often rejected by others so they are isolated and choose to withdraw so that there is a lack of social interaction.

The diathesis stress model associate between the existence of biological, psychological and environmental factors that focus on the interaction between disease predisposition to disease (Davidson, Neale, & Kring, 2012). Schizophrenic disease can be seen as an interaction or

combination of diathesis in the form of genetic and psychological predisposition for the development of disorders , with environmental stress that exceeds the threshold or sources of individual coping (Nevid, Rathus & Greene, 2005). To overcome the problem of withdrawal behavior and difficulties in conveying what is desired to the client, the therapist uses behavioral therapy by providing social skills training so that the client can convey what he wants and not cause misunderstandings. This aspect is considered important to maintain client conditions and prevent relapse.

The interventions carried out are practical and concrete because of the client's intellectual limitations through the results of psychological test using WAIS test. Therapists use social skill training interventions. This therapy is a behavioral therapy that aims to encourage clients to carry out certain activities on a daily basis that are not difficult which can be in the form of minor interactions (Gaebel, nd; Lehman et al., 2010; Rus-Calafell, Gutiérrez-Maldonado, & Ribas -Sabaté, 2014).

The purpose of social skills allows clients to acquire the skills of interpersonal relationships, self-care, try certain skills in simulation interactions, positive feedback and corrective, ways of expressing desires and overcoming the demands of life in society. In this therapy also expect to the client to take medication, identify side effects and identify warning signs of relapse in the family. Social skills training can also increase the use of certain social behaviors such as gaze and volume through roleplay (Lehman et al., 2010).

METHODOLOGY

The psychological test included clinic test by using Woodworth's questionnaire (WWQ) in order to know early tendency in the client's clinic condition. Moreover, personality test or graphic test (BAUM, DAP, and HTP) was needed to recognize the client's personality deeply. The assessment was also involving SSCT test to know the client's attitudes toward himself and his environment. Intelligence test using Wescler Adult Intelligence Scale (WAIS) was also used to discover the client's intellectual capacity and the client's deterioration mental which is taken as schizophrenia sign.

Intervention

The intervention method that will be carried out is to use social skills training. Social training skills are interventions in behavioral therapy, namely in the form of strengthening behaviors involved in interpersonal situations. People with schizophrenia often act in ways that are deemed abnormal by others. In social skills training, someone's inappropriate behavior is identified and targeted, then reinforcement becomes a driving factor for individuals to emerge behaviors that are more acceptable in the social environment (Halgin & Withbourne, 2011).

An intervention method will be employed by using social skill training. Before applying the therapy to the client, the family was given an explanation about schizophrenia in order to increase the responsibility towards the client. In this case, the family should create an interaction pattern in a family and make a dedication to provide a care support for the client after he came out from the hospital. This was an effort to keep the family's support for the client by giving an instruction and providing encouragement, and support.

The target of intervention by using SST that would be applied was to make the client can interact with other people so as to help the client reducing the behavior of silence and it was assumed to continue until the client returns home. The client was expected to be able to convey what he wants properly to his family and other people. Therefore, it can avoid

misunderstanding of unexpected behavior and prevent relapse. This relates to Halgin & Withbourne (2011), they argued that intervention's target in skills training contributes to an improvement of extensive functional outcomes and communication. There are some stages in conducting social skills training which includes various phases as follows:

1. **First stage**: Building report cards and employment contracts
   At this stage the client listens to what the practitioner delivers. When the practitioner asks about how he is today, the client replies that he feels happy and the client tells him that he has taken a shower. The client chooses a seat in the middle of the room and the client asks "if he will go home this week". After being explained about the therapy process the client responds to the practice by nodding his head and saying "yes". The client listens to what the practitioner says and is willing to take therapy at this stage the implementation of the intervention goes well
2. **The second stage**: Set goals
   Clients write expectations, daily schedules for wards and at home, plans, shortcomings and strengths of clients Client conveyed that before he entered the Hospital he only carried out morning prayers, evening and evening prayers, when the midnight and evening prayers he often did not carry out because he was working. Then determine the things that he needs for the future and how the process to achieve that.
3. **Stage three**: Modeling
   The client listens and listens to what the practitioner says and occasionally nods his head. The client said that he was reluctant to do this such as making eye contact with the other person, giving a smile when greeting others and having difficulty apologizing for never having done it. The client asks if all the activities he has written must be done, then the practitioner explains that the activity is to help the client to be healthy. The client is given an explanation that what he wants to achieve will certainly be obstacles, so the client must plan and identify it.
4. **Fourth stage**: Role Playing and Performance feedback
   At this stage the Client makes familiar acquaintances, smiles greetings to one of the patients who are referred to. During the first trial the client did not give a smile so the practitioner knew that this was done sequentially. The client applies how when he asks for help, sorry and thanks to others. The client looks still tense and tries to practice it in front of the practitioner first, so the practitioner asks the client to try again and practice it with peer role play. When a client practices what he has to do when receiving praise and gives praise, the client looks more relaxed. in this section the client asks the client to practice it first and then proceed with the client. Praktikan give praise when the client can do what has been learned.
5. **Transfer training**
   Transfer training, which is the stage of transferring skills acquired by clients into everyday practice. At this stage the client is given the task of greeting his friend and inviting him to talk lightly, by writing down the names of friends and topics discussed. The client writes on a piece of paper the topic of the conversation he is doing with two roommates.

RESULTS

Intervention in the beginning before performing to the client was psycho-education towards the client's mother and brother about how the experienced interfere by the client and giving an explanation that the interference experienced by the client can recur at any time. Consequently, the practitioner asked the family to give an encouragement and accompany the client for making interaction when he returned home. According to the statement of the nurses, the client was a passive patient and had difficultness in interacting during the

hospitalization, so he needs to be invited and taught to start a conversation and get acquainted with other patients rather than keep silent.

The target of the intervention was achieved that the client was able to greet his roommate and invite him to talk at first. This was also indicated by the client when the transferring trainee was finished. The client asked the practitioners to do not send him directly into the room and the client joked with other patients and other practitioners by questioning various kinds of guesses. In addition of the client is categorized as an adult, the SST was expected because the client still need to make an interaction at his home and his work environment.

Through SST to improve the ability to interact with clients, it is expected that clients can get acquainted with new people, start conversations and prepare themselves for questions and community responses after clients leave the hospital and further reduce the vulnerability of relapse without putting aside medication and conducting regular medical examinations. The shortcomings of this intervention are difficulties faced by examiners when implementing interventions in Ward because of the stimulus from other patients who do not do the same activities as clients.

DISCUSSION

In the beginning of the meeting with the examiner, the client's expression tended to be obtuse, flat, and he answered if there was a question. After the second stage of intervention, the client wanted to tell the practitioner a story and call the practitioner when he was in the room. Moreover, the client also gave questions to the practitioners occasionally. It was mentioned in a study conducted by Rus-Calafell et al., (2014), they said that one of the schizophrenia characteristics are deficits in social skill and social function, so that SST can be used to improve some deficiencies in social skill, social function, and competence.

Before the client did the therapy, he assumed that his roommate started to make a conversation frequently, but he ignored it because he often thought of his guilty about himself and his mother. After the intervention, the client said that he tried to ask a name and talk with other patients, especially a patient who slept next to him. It was certainly not easy for the client who was uptight in making interaction, silent, and daydreamt by sitting on the bed previously. Therefore, a gradual improvement was carried out in the process of observation by giving written assignments to the client and confirming the patient who was invited to talk by the client as a progress stage of the intervention process.

In the implementation of the role play, the practitioner deliberately chose other patients who were not one room with the client, so that it can show how the client started a conversation with new person. Then, the practitioner gave a task to the client by delivering a paper with a name and a topic of what the client and the client’s acquaintance discussed in it. This is similar with the research result conducted by Kumar & Singh (2015); they stated that the assessment of social interaction can be done based on a basis of interview, observation, role play, and assignment. Consequently, the result of social skill training can reduce social anxiety, improve social function, make some requests, and express feelings.

In following up the client, he has been taken by the hospital. His mother and his brother said that the client felt very excited to work again and was able to express what he wanted and planned during the hospitalization when they went back to their home. As a result, they perceived that the client had changed after the treatment and therapy in the hospital.

On the other hand, there was a weakness in the intervention that had been made. In the following up and when the client went back to his house, he made a progress of his healthiness for three days during his work in a project with his brother. In fourth day, the client did not want to drink the medicine because he felt healthy and did not want to work anymore. This problem was identified because his mother was busy with her work, so there was no one who controlled the client to take medicine in the morning. The brother's client said that the client felt tired when he worked with him. Therefore, the client decided to stay at home while thinking for another job that he can do. The client's family tried to give an understanding to him for working at their neighbor's mini gas station but he rejected it and he wished to make his own business.

It can be concluded that a therapy process will not work properly if the situation and the environment are not supportive. The condition of the client while at his home and at the hospital is very different due to the rule and discipline in taking medication. The client was also given a job that was considered as heavy work after he came out from the hospital, so it is possible to be a trigger for the appearance of laziness in doing some activities. According to Harkomah, Arif, & kunci, 2018; Kopelowicz, Liberman, & Zarate, (2006), they stated that skills of generalization can be used in daily life when a patient is given an opportunity, encouragement, and strengthening to practice his or her skills in a relevant situation.

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Conflict of Interest

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