

Research Article

Effects of Communal Living Skills on Improving Activities of Daily Living of Male Patients with Schizophrenia

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Abstract

Aim: This study examined the effect of communal living skills on activity of daily living of schizophrenia patients.

Method: Twenty-four patients who resided in psychiatric center were randomly assigned to two groups. The experimental group received ten group-training sessions and control group received routine nursing care.

Results: Compared with patients randomized to routine nursing care treatment, communal living skills training patients function on every day living skills improved significantly after intervention. While, the changes were absent in the nursing care group.

Conclusion: Study results revealed that a communal living skills training program might improve daily life skills in schizophrenia patients. In addition, findings suggest that implementing psychosocial interventions may increase the patients' independence and quality of life.

Keywords: Communal living skills; Activities of daily living; Schizophrenia

Introduction

Schizophrenia is one of the most disability disorders of different psychiatric diseases. These patients have marked impairments and worse function in behavioral problems, community life skills, understanding interpersonal boundaries than other groups of psychiatric patients [1]. In addition, patients with schizophrenia have lack in independent living, self-care, social skills, and vocational skills [2]. As Patterson *et al* [3] cited "currently, the most effective method of treatment is symptomatic and involves the use antipsychotic drugs". While, for ability to facing real world, reduction in symptom do not enough [3]. Although, the researches indicated Social Skills Training (SST) is beneficial for schizophrenia patients, but without focusing on social functions and activities daily life, SST is not enough helpful [4]. Communal living skills as a part of social skills training can help psychotic patients to dealing with daily situations. The communal living skills helping patients to facing daily living challenges and encourages them to learn living with the other people with severe mental illness at supervised residences in the community or even at time with family. As Bellack *et al* [5] explained these skills address common situations such as; being concerned that falsely accused by others of doing something that one did or not do, poor eating and drinking manners, have lack of knowledge about hygiene and psychical health [5]. American Occupational Therapy Association (AOTA) defined Activity Daily Liveness (ADL) as "the components of everyday activity including self-care, work and play/leisure activities" [6]. Bellack *et al* mentioned "repeated practice of communal skills and posting the steps of the skills in common living areas can minimize the stress and tension of communal living for clients and staff members alike". There are the bodies of evidence that indicated the influence of social skills training on negative symptoms,

demographic characteristics; gender, age, social and economical status, and improving social skills and neuropsychological functions among schizophrenia patients [7-10]. In this study, we examined the communal living skills as sub-skills of social skills training and we minimized steps to 10 session's group training. The goal of this study was to test the efficacy of an intervention aimed at every-day living skills titled "Communal Living Skills (CLS) based on Bellack *et al* [5], specifically designed for Activities Daily Living (ADL) of male middle age patients of schizophrenia lived in supervised residents psychiatric intuition in Tehran, Iran. We hypothesized that patients participating in the CLS intervention program would indicated greater improvements in ADL and compare them with the control group received routine nursing care.

Method

Participants

The study was conducted in Razi residents' psychiatric center in Tehran. The diagnostic criteria established by two psychiatrists according to American psychiatric association 4th revised diagnostic and statistical manual of mental disorders (DSM-IV). Patients diagnosed with schizophrenia were randomly assigned to experimental and control groups. Twelve male participants were enrolled in the experimental group where they participated in communal living skills training and 12 male subjects were assigned in control group and received the routine nursing care. The patients' demographic information and checklist of daily living skills were recorded. The checklist of daily living skills was measured before treatment and one week after the end of intervention. The measure was used to examine the difference of ADL between the experimental and control groups. Before the intervention, patients agree and sign

Table 1: Socio - Demographic Characteristic of the patients in two groups.

Experimental Group (n=12) Number (%)		Control Group (n=12) number(%)	
Age			
25-29	5(41.7)		4(33.3)
30-39	6(50)		7(58.4)
40-above	1(8.3)		1(8.3)
Educational level			
Elementary level	6 (50)	7(58.4)	
Secondary school	2(16.7)	1(8.3)	
Diploma	4(33.3)	4(33.3)	
Marital status			
Unmarried	11(91.7)		10(83.3)
Divorced	1(8.3)		2(16.7)
Occupational status			
Unemployment	10(83.3)		11(91.7)
Labor	2 (16.7)		1(8.3)
Supportive resource			
Family	6 (50)		6(50)
Children	1(8.33)	5(41.7)	2(16.7)
Government organization			4(33.3)
Number of hospitalization			
Once			4(33.3)
Two time	3(24.9)		3(25)
Three time	2(16.7)		2(16.7)
Four time	3(25)		1(8.3)
Five time	2(16.7)		2(16.7)

the informed contest forms. The experimental group received via a 60-minutes communal skills training course once a week and for 10 weeks. During each course, the first 10 minutes were used for warming up and homework exercises, 10 minutes were used for explanation of rationale of using the skills, 30 minutes applied for demonstration and role-play based on the steps of the skills and the last 10 minutes were used for feedback and sharing the ideas. The clinical psychologist chosen to be the group leader had ten years of clinical experience in the department of psychiatry and trained as a leader and co-leader in Communal Living Skills and social skills training groups.

Measurement

1. The demographic information included the patients’ age, educational status, marital status, number of hospitalization, occupation before disease, and supportive recourses.

2. The checklist of Activity Daily Living skills (ADL) was developed by Karbalaee Ismail [11]. The checklist consisted of 55 self-report items and 3 sub-scales including self-care, communicational skills, and problem behaviors. The participants were required to answer using a five-point Likert scale, with a range of scores from 10 (good ADL) to 85 (severe worse ADL). The cronbach a coefficient was .81 and test-retest reliability four weeks later was .79 [11].

Communal living skills training intervention

In order to identify important areas of our intervention, we started by reviewing the literature on the use of social skills training for schizophrenia patients. We based our intervention on Bellack and colleagues [5]. The communal living skills training is a part of social skills training. According to bellack et al this manual is dividing to sub-skills including; locating your missing belongs, what to do if you think somebody has something of yours, asking for privacy, checking out your beliefs, reminding someone not to spread germs, and eating, and drinking politely. Each skill has steps and homework to exercise.

Format of routine nursing care treatment

Participants randomized to comparison or control condition received only their usual medication. None of the patients reported participating in any other psychosocial treatment during this study.

Statistical used repeated measures analysis of covariate (ANCOVA) to address our main hypothesis to determine whether participation in CLS intervention was improving Activity Daily Living (ADL) of patients compared with the routine nursing care group. All participants were tested at baseline and after completion of the 10-weeks intervention. Other descriptive statistical were used to analyzed the demographic information.

Results

Sample characteristics

The sociodemographic characteristics of patients in two groups of were summarized (Table 1).

Treatment effects

The first analysis examined whether any differences in responses to outcome measures between the two groups before intervention. A t-test of baseline scores showed that there was no significant difference in the mean scores of two groups in three sub-scales of ADL (Table2).

To test main hypothesis of study, whether participation in CLS intervention was improving Activities Daily Life (ADL) of patients’

Table 2: Baseline difference in experimental and control group.

Variable	Experimental group (n=12)	Control group (n=12)	t-Test	P
	Mean (SD)	Mean (SD)		
SCS	98.92(8.56)	91.83(10.09)	1.85	0.453
CS	18.50(5.28)	19.33(3.70)	-0.448	0.320
BP	36.83(10.53)	35.15(9.33)	1/46	0.430

Abbreviations: SCS: Self-Care Skills; CS: Communicational Skills; BP: Behavioral Problems

Table 3: Outcome measures scores T1, T2, and ANCOVA.

Instruments	Standard care nursing (control group) (n=12)		Communal living skills training (experimental group) (n=12)		F(1,22)
	T1 Mean (SD)	T2 Mean (SD)	T1 Mean (SD)	T2 Mean (SD)	
SCS	91.83 (10.09)	93.83(9.25)	98.92(8.56)	110.92(8.37)	245.20***
CS	19.33(3.70)	18.92(3.23)	18.50(5.28)	26.42(3.91)	201.15***
BP	35.15(9.33)	35.75(9.27)	36.83(10.53)	45.58(9.08)	988.35***

T1: baseline measurement at the start of intervention; T2: 10 weeks after intervention *P<0.05**

compared with the nursing care group. The result indicated there is significant difference between two groups in self-care skills ($F(1,22)=245.20$ $P<0.005$), communicational skills ($F(1,22)=201.15$ $P<0.005$) and behavioral problems ($F(1,22)=988.35$ $P<0.005$) (Table 3).

Discussion

This study examined the effects of communal living skills training on improving the activities daily living male patients of schizophrenia. The pronominal content of training was self-care, communicational skills, and challenging with behavioral problems to increase these abilities in the experimental group.

Effect of communal living skills training

Our main hypothesis was, whether patients participating in the communal living skills training treatment program show greater promotes in every-day life function and compare them with the control group received routine nursing care. The results showed that the experimental group had significant changed than control group in communal living skills training. They scores were increased in three domain sub-scales including; self-care skills, communicational skills, and challenging with behavioral problems.

These changes was absent in the control group. Our findings were congruence to previous studies. For example, Praders & MacDonald [12] found that telephone conversational skills training could be improved the (a) expressing common courtesies (b) making positive self-disclosures (c) asking questions, (d) making interactions and acknowledgements in patients with mental disorders [12]. In addition, Patterson *et al* [3] cited that Functional Adaptation Skills Training (FAST) had benefit to patients with chronic psychotic disorders. These training improved the overall socially function and daily living skills in psychiatric patients. Our results indicated that communal living skills training could be helpful for interpersonal relationship among schizophrenia patients. Seo *et al* [13] examined the effects of social skills training on social skills and self-esteem of 66 patients with chronic schizophrenia. They found that SST promoted conversational skills, interpersonal relationships and assertive skills of experimental group [13]. Furthermore, Chein *et al* [9] showed that social skills training improved the conversation and assertive skills of patients with schizophrenia [9]. As Hemati mansh *et al* suggested that social skills training increased the daily living skills of patients of schizophrenia [14].

Conclusion

The results indicated that communal living skills group training could promote the daily living abilities of patients with schizophrenia. Therefore, we suggest that CLS could be applying widely for long-lasting schizophrenia patients in residential centers. Schizophrenia

is most serious disorders among other psychiatric illnesses. The patients have lower interested in to interact and communicate with other people. So, CLS could be using to advance human interaction of patients. In addition, they are need to facing and challenging with real world and communal living skills get them opportunity to testing the reality. Therefore, they can be using their ability to caring themselves and have benefited relating with other people.

Limitations

The study has some limitations: first, there was no description of time duration of illness of patients in both groups. Second, there was no measurement of negative symptoms of patients (patients with more negative symptoms and more time of illness in the control group could present more problems in self-care skills, communicational skills and behavioral problems, for example). Third, limitation is the small size of the sample.

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