Chapter 7
THE FAMILY PSYCHO EDUCATION INTERVENTION

7.1. INTRODUCTION

Once the samples were finalized the researcher designed the entire course of field work basing the principles, values and practices of social work for making the study systematic, timely and coordinated. First and for most the researcher build and established rapport with the significant others of the persons undergoing treatment at various mental health care centres in Kolhapur. It took some four to six months for the researcher. Mean while by using the local contacts the researcher made an agreement of understanding with the proprietor of A’ One coaching classes, Ms. Archana Umesh Patil to conduct gatherings of the significant others at the Auditorium of the institute Opposite to Kohale Bulding, Shivaji Peth, Kolhapur, on non working hours of the institute. Once a place got allocated for the meeting and the samples were finalized, the researcher called for the meeting of the significant others of the patients undergoing treatment for schizophrenia at various mental health centres in Kolhapur, on institution vice to the study centre (A’ One Coaching Class Auditorium) and basing the principles of group work the researcher grouped them in to ‘guilds’ with a name code (A ‘GUILD’ is a group of significant others of the persons with schizophrenia undergoing treatment at mental health care centres in Kolhapur) and assigned individual code numbers for the each ‘member units’ to facilitate individual identity (a ‘MEMBER UNIT’ is the significant others of ‘an individual patient’ who undergoes treatment for schizophrenia at mental health care centres in Kolhapur) in the ‘guilds’. The criterion used for formulating the guilds were set at the convenience of the respondents (the significant others) namely, the mutual acquaintance of members with one another, the place of availing treatment, the treating psychiatrist, the period of availing treatment for the significant other who is affected with schizophrenia, the feasibility and convenience for coming together for the future sessions, the nature of the problem, the nature of the
need etc. The number or sizes of member units were left to the freedom of the members of the guild. For convenience in the future course of interventions the researcher set ‘the sex of the samples’ as a compulsory separation criterion for the formulation of the guilds. Thus finally the researcher obtained fourteen guilds of which eight of them are male guilds and six of them are female guilds and the researcher named each guilds with name codes using English alphabets viz.. G.A (Guild A), G.B (Guild B), G.C (Guild C), G.D (Guild D) to G.N (Guild N). Once the guilds were formulated each individual ‘member units’ in the guilds were assigned numbers namely R.1 (Respondents 1), R.2 (Respondents 2), R.3 (Respondents 3), R.4 (Respondents 4) till R.149 (Respondents 149). The researcher also assigned code numbers to the patients as P.1 (Patient 1), P.2 (patient 2) till P149 (Patient 149). Conscious effort has made to give same numerical code for the ‘Member Units’ and to the patients. For example R1 is the significant other of P1, R.2 is the significant other of P2. The researcher monitored the entire process of formulating the guilds and naming the member units as well as the patients to avoid complications and confusion. While formulating the guilds and naming the members and the patients the researcher asked the member units to select a leader for each guild and the member units selected leaders from the guilds in a democratic manner. Thus the researcher obtained a group of fourteen leaders from fourteen guilds of which eight are the significant others of male patients and six are Significant others of female patients. The researcher grouped the leaders in to two ‘CORE GROUPS’ (a ‘CORE GROUP’ is a group of representatives selected by the members of the ‘guilds’ which are formulated by a group of significant others of the persons with schizophrenia undergoing treatment at mental health care centres in Kolhapur) of male guilds and female guilds namely the ‘core group one’ comprising the leaders of male guilds and ‘core group two’ comprising the leaders of female guilds. The researcher called for a meeting of the ‘core group one’ and ‘core group two’ together and selected a leader representative each for each core group. The leader representatives were named as the ‘CELL’ and the ‘cell’ is kept as the primary contact source of the researcher. The mechanism of
operations of the guilds, core groups and the cell group were well devised and
defined by the researcher to the members. The ‘cell group’ members were
provided with responsibility of the core group’s functions and core group was
provided with responsibility of the guilds and guilds were given responsibility
of the member units.

Once the member units, guilds, core groups, and cell were formulated the
researcher collected the pre intervention data before starting with the
interventions (the family psycho education). The pre intervention data includes
an interview schedule in which the significant others of the person with
schizophrenia occupy the role of primary respondents. The researcher also
conducted the M.S.E (Mental Status Examination) and Case History, and
symptom status verification with the help of a symptom status check list.

After skill fully collected the pre intervention base line data the researcher
designed the intervention, the family psycho education, for the guilds. The
material for the family psycho education was devised by the researcher for the
significant others of the person affected with schizophrenia in two phases
covering the following elements.

7.2. PHASE 1: Development of the Knowledge Regarding the Illness

During the phase one, by keeping the short term and long term objectives in
mind the lessons were designed by the researcher to help significant others of
the person affected with schizophrenia and their family members to know and
learn all they can about schizophrenia and understand the difficulties as well as
problems associated with the illness that their dear one suffers. The Phase one
comprises of two modules.

7.2.1. MODULE 1.

Contents

1. Schizophrenia the introduction.

2. Schizophrenia the history
3. Schizophrenia the epidemiology
4. Schizophrenia the symptoms
5. Schizophrenia the phases.
6. Schizophrenia the aetiology
7. Schizophrenia the types

7.2.2. MODULE II

Contents
1. Schizophrenia the myths
2. Schizophrenia the course and outcome
3. Schizophrenia the related conditions
4. Schizophrenia the related risk

7.3. PHASE II: The Management Techniques

After orienting the significant other of person with schizophrenia through the phase I regarding the illness, the second phase is designed to help them to know and learn all they can about the management techniques. The Phase two comprises of two modules.

7.3.1. MODULE I

Contents
1. Schizophrenia the treatment
   1.1. Somatic treatments
      1.1.1. Pharmacological treatment
      1.1.2. Electro convulsive therapy (etc.)
      1.1.3. Miscellaneous treatments
   1.2. Psycho social treatments and rehabilitation.
7.3.2. MODULE II

Contents

1. The skills and coping strategies to work with schizophrenics.

The psycho education sessions were designed for a total time period of ten hours. Five hours each for each phase of psycho education. The guilds were divided into four groups comprising two groups of male guilds covering four individual guilds and two groups of female guilds including three individual guilds each as described below to make the psycho education sessions convenient.

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<th>Female Guilds</th>
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The family psycho education sessions were planned for two hours a day for a group of guilds in five days. After each session the guilds were provided opportunity for interactions among themselves and with the expert handles the sessions. The family psycho education sessions were conducted as forenoon (F.N) and afternoon (A.N) sections and options were left with the guilds to select the sections but once selected the chance to change the sections were
restricted. The sessions for female guilds and male guilds were conducted separately at separate halls. Group 1 male guilds and Group 3 female guilds opted the fore noon (F.N) section of family psycho education sessions and Group 2 male guilds and Group 4 female guilds opted the afternoon (A.N) section of the family psycho education sections. The family psycho education was conducted at a single stretch of five days ranging from Monday to Friday. A male social work expert in the field and female social work expert in the field handled the sessions simultaneously in different halls of the institute for the male guild groups and female guild groups in for noon and afternoon sections respectively. The course content and curriculum of the family psycho education maintained the same for all the groups that covered the aspects of teaching various coping strategies and problem solving skills apart from introducing the illness that may help families to attain better techniques to deal more effectively with their ill relative. The psycho education programme was designed with keeping five philosophical components in the mind of the researcher

- **A didactic component** that provides information about mental illness and the mental health system.

- **A skill component** that offers training in communication, conflict resolution, problem solving, assertiveness, behavioural management, and stress management.

- **An emotional component** that provides opportunities for ventilation, sharing emotions and mobilizing resources.

- **A family process component** that focuses on coping with mental illness and its sequel for the family.

- **A social component** that increases use of informal and formal support network systems.

Apart from providing psycho education, the researcher developed various tools and made it available for the significant others of the family. The tools
comprises of a family psycho education material, developed as part of the family psycho education specially for the significant others of the persons undergoing treatment for schizophrenia, a model daily schedule for the person undergoing treatment for schizophrenia, developed for the skill development of the significant others to assist them for the problem behaviour management of the person affected and a family guide for enhancing the coping skills of the family members and to understand the person with schizophrenia at his/her situations and accordingly plan the behaviour of the other members in the family while dealing with the person with schizophrenia in the family.

Once the family psycho education was over the guilds provided with opportunities to come together once in every month for discussions and feedbacks. Member units were facilitated with case work. They were provided with opportunities to share their experiences, clear doubts, and work out strategies on problems they faced. The problems raised at member units were discussed at guilds, core groups and cell groups and if the problem remains unresolved opportunities were provided to the guilds on the gathering day to hear from experts and eminent personalities and to work out strategies for handling the situation. Opportunities for individual case discussions and remediation were provided to the member units.

The researcher himself worked with the guilds on demand of the core groups, cell group or with the individual member units after the psycho education sessions were over. The researcher made conscious efforts to maintain the contacts with the individual member units through cells, core groups, and guilds. The individual member units were provided with freedom to contact any one they feel comfortable in situations of demand and the upward downward and horizontal communication among the members kept purposefully transparent by the researcher.

The researcher allowed eighteen months of time period before starting with the final stage of the research, the termination, resolution or end phase. This phase actually had begun at the time of orientation phase itself, where the researcher
explained to the family regarding the process and purpose of the interactions. Since a termination is very much essential for all sorts of professional social work intervention and to bring a therapeutic end to the entire process of interventions, and hence the researcher planned the termination professionally with the post intervention data collection.

The post intervention data collection comprised of an interview schedule for the significant others, M.S.E (Mental Status Examination) and Case History, (Sadock et. al.2003) for the patients and symptom status verification with the help of a symptom status check list of the patients devised by the researcher basing the diagnostic criteria (Sadock et. al.2003) for schizophrenia.