CHAPTER 3
RESEARCH METHODOLOGY.

3.1. INTRODUCTION

Mental illness is a state of maladaptive and disordered psycho-biological functioning of an individual. It can be of any illness which affects the mind or behaviour, resulting in hindered adjustment to life situations of the individual affected. Chronically mentally ill were considered normally, the persons having major schizophrenia, organic psychoses, recurrent affective disorder, long term cognitive disabilities, extreme dependency needs, high sensitivity to stress and difficulty in coping with the demands of everyday living.

Schizophrenia is treated and considered as one among the most disabling mental illnesses since it has the potential to affect the individuals affected with effects that may impair the overall performance in multiple and complex ways through impairing emotions, thoughts, perception, and memory, experience of self, movement and behaviour. It is an ailment characterized with delusions, hallucinations, disorganized speech, bizarre behaviour and negative symptoms, which have been present for a considerable period of time. These manifested features of the disorder lead to the generation of deficiencies in the overall functioning, especially in the expected level of occupational and social performance of the person affected with schizophrenia. It impairs the individual’s ability to think, feel, to receive, understand and retrieve the relevant sensory information.

Mental illness has started being formally and scientifically treated only after the relevant additions made by the empiricist philosophers. The pharmacological intervention started getting much significance and acceptance since it is found effective in reducing the ill manifested states. But even when the patients with schizophrenia are relatively free from psychotic symptoms through drug (chemo) therapy, many found to have extra difficulty with communication, motivation, self-care, and establishing and maintaining
relationship with others. Not only that, since the people affected with schizophrenia fall victims for the disorder during the critical career forming years of life, they will be less likely to complete the training required for skilled work or life. As a result, along with cognitive, connative and affective deficiencies the people with schizophrenia suffers due to the lack of social, work skill as well as in experience.

Psychosocial treatments, especially those treatments that integrate the pharmacology with environmental support system have found with helping the person affected with schizophrenia. Numerous modes of psychosocial interventions are developed in this regard and are available now, that can help the person affected with schizophrenia to come out of the deficiencies at various levels caused by the illness through focusing on improving the patient’s potentials for social functioning. Psychosocial treatments, a widely accepted and major contributor in this regard, with a wide array of psycho social interventions like psychiatric rehabilitation that can facilitate the disability limitation at social and environmental functioning of the person affected with schizophrenia, through training that helps the patients and former patients to overcome the deficiencies caused by the illness in performance and occupy improvements in the different areas of individual and social functioning.

The psycho social treatments have a wide array of programs that has the potential to influence the remediation attempt for the deficiency generated through schizophrenia and professional social work has a great deal with regards to facilitate psycho social treatments of person affected with schizophrenia through the multimode of interventions available with it like the Psychiatric Social Work. Psychiatric Social Work has proved beyond doubt regarding the capabilities which it holds in intervening with any sort of derailments at mental or cognitive level of an individual at a social situation and it has brought forwarded so many psycho social remedies to compensate for the deficient functioning of social, psychological, and occupational realm of the individual affected with schizophrenia.
Psychiatric social work with its multi dimensional interventions helps the person affected with mental deficiencies like schizophrenia to acquire or gain the practical skill necessary for optimum social functioning. But psychiatric social work can help the individual affected with mental deficiencies like schizophrenia to regain the optimal functioning level only through a systemic proper and timely imparted back up of services which requires systematized skill training and environmental modification.

Major portion of this environmental modification carries the modification of the family where the affected individual is a part. Studies on the management of schizophrenia victims suggested so much that family interventions may enhance the treatment outcome if provided with systematic, proper and timely imparted back up of services.

The researcher has first hand information about the facts, situations, and conditions of the persons affected with schizophrenia and their families as he had enough opportunities to observe and witness the changes occurred with the disease condition of schizophrenics at the requested intervention of the family in the treatment procedures.

Social work research, at this state, in the context of family psycho education in the treatment of schizophrenics, aims to understand the existing psycho social interventions in the field, the need and significance for monitored family psycho education in the treatment of mental illness, the elements to be dealt in the family psycho education and the impact of family psycho education in the treatment of individual with schizophrenia.

At this background, the investigator aims to know what the present psychosocial treatment measures are available for the persons affected with schizophrenia. How much effectively are they implemented? What changes occur with the persons affected with schizophrenia after properly monitored family psycho education provided during the treatment?
3.2. THE SIGNIFICANCE OF THE STUDY

Schizophrenia is a most disabling among mental illnesses with symptoms affect a person in multiple and complex ways of individual functioning like emotions, thoughts, perception, memory, experience of self, movement and behaviour. It disables the individuals affected in the areas of social, work and skill performance and over all functioning due to the onset of the disease during the critical career forming years of life. Reviews on the management and remediation of the individual affected with schizophrenia provided with information that psycho social interventions that includes the family as a unit, in the treatment process provided with positive outcome (Shirley, et. al. (1999), Susan (1995), Glick, (1998), Henry (2000), Xiong, et. al (1994) ). In the field of mental health social work has much to do with psycho social management/intervention especially the psychiatric social work. Psychiatric Social Work enjoys the procedural proficiency in intervening at derailments of mental or cognitive levels of an individual at a social situation and it has well devised devises for psycho social remedies to compensate for the deficient functioning of social, psychological, and occupational realm of the individual affected with schizophrenia.

Psychiatric social work with its multi dimensional interventions helps the person affected with mental deficiencies like schizophrenia to acquire or gain the practical skill necessary for optimum social functioning. But for that it requires a systemic, proper and timely imparted back up of services which require systematized skill training and environmental modification.

Major portion of this environmental modification carries the modification of the family where the affected individual is a part. Studies on the management of schizophrenia victims suggested so much that family interventions may enhance the treatment out come if provided with systematic, proper and timely imparted back up of services (Shirley, et. al. (1999), Susan (1995), Glick, (1998), Henry (2000), Xiong, et. al (1994) ).
In the light of the facts above, the researcher has tried to club the first hand information about the facts, situations, and conditions of the persons affected with schizophrenia and their families as he had got opportunities to observe and witness the changes occurred with the disease condition of schizophrenics at the requested intervention of the family in the treatment procedures in Indian context, and found not much has been implemented and practiced in this regard in our Indian context.

So many evidenced that the interventions that includes family in the treatment of individual affected with schizophrenia promotes positive prognoses but which requires a proper and timely imparted back up of psycho education of the family members. Social work, particularly psychiatric social work has devices for family psycho education through the medium of psycho social management. This suggested the researcher the need for conducting a scientific enquiry to understand the existing psycho social interventions in the field in Indian context and the result was not positive since such interventions are very minimal and those existing are not properly or well documented. The reviews on the need and significance for monitored family psycho education in the treatment of mental illness, especially schizophrenia, found with providing positive prognoses of the condition maintained by the patients, but such practices are not found much introduced to Indian system of mental health practice. The elements to be dealt in the family psycho education material has also not even devised in a standardized form with Indian system of Mental Health Practice. The impact of family psycho education in the treatment of individual with schizophrenia has rarely studied, seldom documented and poorly assessed in Indian context. Hence the researcher finds it appropriate and significant enough to investigate the impact of family psycho education in the treatment of individuals with schizophrenia in Indian context. And thus the study titled “A Study on the Impact of Family Psycho Education in the Treatment of Individuals with Schizophrenia with Reference to Mental Health Centres in Kolhapur.”
3.3. THE SELECTION OF THE TOPIC

Mental illness has been recognised for thousands of years but the empirical study and analysis regarding the proper management fledged quiet recently only. Advancements in research, diagnoses, and treatment criteria have changed drastically over the years and which initiated various treatment methods and among which drug therapy has proved to be crucial in reducing the symptoms. Since a disorder that affect the cognition, connation and affect of the person affected, schizophrenia has found much manageable with drug therapy that it is capable enough to manage psychotic symptoms-hallucinations, delusions, and incoherence- but are not found to be consistent in reducing the behavioural symptoms of the disorder.

Thus, though drug therapy found useful in managing the psychotic symptoms, the extra ordinary difficulty which the schizophrenic faces in communication, motivation, self care and establishing and maintaining relationships with others remained a challenging area to be dealt with. Psycho social interventions are found effective in dealing with such situations.

In view of this background the researcher made an attempt to know the present status of mental health intervention measures that are available for the persons affected with schizophrenia in India and found that at policy level so much has done but at implementation level very minimal has been done in comparison to the need. The investigator could find that Maharashtra government stands far beyond in the mental health care delivery. The National Mental Health Programme was initiated by the Government of India to integrate Mental Health with other health services. Sensing the purpose, it is being implemented in the state of Maharashtra since 1982 and Maharashtra was recognised as the first state to implement the National Mental Health Programme in India. In this regard a state level mental health Cell was established at Directorate of Health Services Mumbai Vide Public Health Department G.R.No. MHP. - 1090/CR-185/Arogya-3 Dt. 20/07/1990 to monitor the mental health services provided to the needy. So also the Maharashtra Government established four regional
mental health centres in four districts of the state with 5695/- bed strength (Pune: 2600/-, Thane: 1850/-, Nagpur: 940/-, Ratnagiri: 365/-). To enhance the mental health service, the Govt. of Maharashtra enhanced the District Hospitals at Ahmadnagar, Nasik, Kolhapur, Latur, Osmanabad and Raigad with ten bedded psychiatric wards and O.P.D Services. At an average 42,684 outdoor patients and 15,681 indoor patients avail the mental health services offered through regional government mental health centres. Out of which 25249 (59.15%) outdoor and 9550 (61%) indoor cases are of typical schizophrenia cases. The data from the 101 private registered psychiatric nursing homes are not available with the govt. (Report of Public Health Department, Maharashtra Government. 2000). The investigator’s attempt to know the present psychosocial treatment measures that are available for the persons affected with schizophrenia at government level in Maharashtra found that at policy level the government has advanced so much but at implementation level still rooms are there to be achieved since very minimal has been achieved in comparison to the need. In the light of the these facts the investigator finds it very much relevant and significant to know the effect of psycho social interventions especially the family psycho education and the impact of a well designed family psycho education if implemented and what changes does occur with the persons affected with schizophrenia after properly monitored family psycho education provided during the treatment. Hence the researcher finds it appropriate and significant enough to investigate the impact of family psycho education in the treatment of individuals with schizophrenia. To ensure the feasibility and assure the precision the researcher de limited the study with special reference to mental health centres in Kolhapur City, Kolhapur District of Maharashtra State, with a social work perspective and the study titled “A Study on the Impact of Family Psycho Education in the Treatment of Individuals with Schizophrenia with Reference to Mental Health Centres in Kolhapur.”
3.4. OBJECTIVES OF THE STUDY

3.4.1. Generic Objective of the Study

To Study the Impact of Family Psycho Education in the Treatment of Individuals with Schizophrenia with Reference to Mental Health Centres in Kolhapur.

3.4.2. The Specific Objectives.

1. To portray the socio demographic profile of the schizophrenic patients undergoing treatment for schizophrenia in Kolhapur.

2. To assess the psychiatric status and clinical profile of the patients at the time of primary intervention.

3. To understand the family particulars and Clinical History of the Patients

4. To find out the knowledge of the significant others regarding the disease condition (Schizophrenia) and the psychiatric status of the patient during the treatment.

5. To find out whether family psycho education is effective for reducing patient relapses.

6. To bring out the differences, if any, in the status and the treatment outcome of the patient after the provision of psycho education to the family during the treatment.

7. To know the family heterogeneity factors such as information and knowledge about the disease has any impact on the maintained status and treatment outcome of the persons affected with schizophrenia.

8. To assess the patients with schizophrenia before and after the provision of family psycho education with regard to the following subject dimensions.
   a. Mental Status.
   b. Symptom Status.
9. To find out existing individual family intervention and its impact on the status and treatment outcome of the person affected with schizophrenia.

10. To suggest measures for better treatment outcome and improving the status of the persons affected with schizophrenia based on the findings in the research.

3.5. HYPOTHESES OF THE STUDY

1. The family psycho education will enhance the knowledge of the significant others on various aspects of illness.

2. There will be changes in the knowledge of significant others on various management aspects of the illness after psycho education.

3. The disease management skills of the family will improve after the provision of family psycho education.

4. There will be changes in the family involvement in the treatment after the family psycho education.

5. The family involvement after the psycho education will make changes in the symptom status of the patient.

6. There will be change in the mental status of the patient after the administration of family psycho education.

7. There will be changes in the symptom status of the patient after the provision of family psycho education.

8. Individual family intervention will have effect on the treatment outcome of the person with schizophrenia.

3.6. THE SCOPE OF THE STUDY.

The scope of the study includes the persons affected with schizophrenia and their family members, especially the significant others geographically limited to Kolhapur District of Maharashtra. Theoretically the study involves in assessing the facts and elements associated with schizophrenia and the impact of family psycho education upon the treatment of individual with schizophrenia.
with reference to mental health centres in Kolhapur. The analytical scope of the study throws light in to the perspectives and implications of the family psycho education provided to the significant others of the persons affected with schizophrenia. The mental health experts and social workers who works with individual affected with schizophrenia can help the persons affected in their struggle to compensate for the handicaps caused by the disorder to adjust and adapt themselves to the changing life situation through family psycho education. The functional scope of the study will enable the significant others to look forward for, and the mental health experts of cognitively impaired, especially of schizophrenics, to impart better treatment and outcome based intervention. It enables those who are interested in mental health practices, especially doctors, nurses, social workers, psychologists and other paramedical professionals to have a realistic view of the disease condition and it will help them to impart the best available services in the process of remediation of handicaps caused by the illness. The present study also helps us to understand whether the theories developed on family interventions in the treatment of schizophrenia is applicable to the respondents of our Indian context.

3.7. RESEARCH DESIGN

This study is by and large Quasi Experimental (Rubin and Babbie, 1993) in nature in which the impact of Family Psycho Education in the Treatment of Individuals with Schizophrenia is assessed and the influence of family psycho education provided to the significant others upon the persons affected with schizophrenia are measured from the individual with schizophrenia who undergoes treatment at different mental health centres in Kolhapur. The research comprises of a group of schizophrenic patients and their significant others selected from different mental health centres of Kolhapur, and the researcher compared pre intervention baseline data with that of the post intervention data. The elements used for assessing status maintained by the samples kept one and same. Since no control group has been deployed nor have subjects been assigned randomly to an experimental and control groups as in
the true experimental study this study is by and large Quasi Experimental in nature (Koul, 2004). In the study the researcher specifically put up observations in the before time period to establish a base line and made an intervention with the independent variable (the significant others) and made another set of observations to examine the effect of intervention upon the dependent variable (Basavanthappa, 2003).

3.8. UNIVERSE OF THE STUDY

The present study aims at finding out the impact of family psycho education in the treatment of person with schizophrenia with reference to mental health centres in Kolhapur. Hence all families in Kolhapur having schizophrenia persons in the family constitute the universe for the study. However this study delimited to only those populations who are undergoing treatments at various mental health centres at Kolhapur. There are four regional mental health centres and six district level hospitals are offering mental health services in entire Maharashtra. A total number of 101 private licensed nursing homes are also offering mental health services in the state (Report of Public Health Department, Maharashtra Government. 2000). Of which six registered psychiatric institutions are in Kolhapur district and five of them are situated inside the city limits. Apart from these six mental health care centres, the district hospital (Chh. Pramila Raje Hospital, (C.P.R. Hospital) Kolhapur) with ten bedded psychiatric ward and O.P.D Services at the government setting. Those institutions in Kolhapur City contributes majority of the mental health service requirements of the district and the schizophrenia patients form these institutions and their significant others contribute the universe of the study.

3.9. SAMPLE DESIGN

The present study aims at understanding the various factors associated with the Impact of Family Psycho Education in the Treatment of Individuals with Schizophrenia with Reference to Mental Health Centres in Kolhapur. To daft a representative sample unit for the study the researcher primarily tried to organise the data related with the families having schizophrenia persons in
Kolhapur district. The researcher obtained the list of registered psychiatric hospitals or nursing homes from the office of D.H.O, Kolhapur. Information on a total number of seven mental health care centers were provided, of which six, Patanjali Clinic, Swastic Hospital, Mahalksmi Nursing Home, Kasturba Clinic, Dhanvanthary Clinic and City Hospital, are functional at private sector and one, Chh. Pramila Raje Hospital, (C.P.R. Hospital) Kolhapur, at public sector. The researcher selected all of these mental health care centres since they are the recognised and registered mental health care facilities available in the district that can facilitate the attempts for the implementation of the scheduled research program and to collect the required data. The researcher obtained necessary permissions to conduct the study at respective institutions and for gathering necessary information.

In order to ensure the accuracy and assure the precision of the study the researcher devised an inclusion and exclusion criteria for the eligible samples from not getting exempted from the study. The total lists of the patients admitted in the institutions with diagnoses of schizophrenia were obtained from the I.P.D registers maintained at the respective institutions. A total number of 179 cases of schizophrenia were identified and separated. The researcher made this universe to pass through a scrutinizing process, to ensure unanimity, accuracy and assure the precision of the study that covers

a. An inclusion criteria
b. An exclusion criteria
c. A steady record of the regular treatment at the hospital.

A total number of 151 cases were short-listed after the scrutiny from these seven institutions. All the samples thus selected from the universe were selected and included in the study. Two cases were voluntarily with drawn themselves from the programme on reasons of changing the place of residence outside of Kolhapur District for various reasons and finally the researcher got the sample size of 149 units of 84 males and 65 females. The researcher concluded with the sample size of 149 patients, which are available at the time
of starting the study, all the available samples in the universe were selected for
the study and hence the researcher used the census method for sampling.
Census method is the apt method of collecting the data in which information
are collected from every individual of the population (the universe) of the study
(Potti, 2000). The researcher selected census method because
a. It is free from bias, not affected by choice of the researcher and data are
   obtained from each and every unit of the population.
b. The results obtained are likely to be more accurate and reliable.
c. Each unit in the universe are equally represented and hence it is an
   appropriate method.

3.9.1 SAMPLE UNITS.

3.9.1.1 GEOGRAPHICAL UNIT.

The researcher gathered the samples from the hospitals and clinics dealing with
mental illness in private sector within the geographical limit of Kolhapur city.
The detailed account of the sample units collected from different hospitals after
drafting the samples through the senses method are

- Swastic Hospital, Mahaveer Garden, Kolhapur. 30.
- C.P.R. Hospital 20
- Pathanjali Clinic, Mahadwar Road, Kolhapur. 28.
- City Hospital, Rajarampuri Kolhapur. 36.
- Dhanvanthary Hospital, S.T. Stand, Kolhapur. 35.
- Mahalksmi Nursing Home, Shivaji Peth 00
- Kasturba Clinic, Ravivar Peth 00

Total 149.

Finally the researcher got the sample size of 149 units of 84 males and 65
females. The researcher could not come across with any samples that are
eligible for study respecting the inclusion and exclusion criteria from two of the
institutions. Those institutions were excluded from the study and researcher concluded with a final sample size of 149, which are available at the time of starting the study, all the available samples in the universe were selected for the study.

3.9. 1.2. SOCIAL UNIT.

The social unit of the study comprises primarily of the significant others of the person affected with schizophrenia and secondarily, the health professionals who gives the feedback of the patient. The significant others and the problem units enjoys the significance of primacy here.

3.9. 2. THE INCLUSION CRITERIA FOR PATIENTS

- All the persons who undergo treatment at mental health centres in Kolhapur with diagnoses of schizophrenia (F20) according to ICD 10 diagnostic criteria of W.H.O 1992.
- All the persons who undergo treatment at mental health centres in Kolhapur with diagnoses of schizophrenia who fall between the age group of 20 and below the age of 40.
- All the persons who undergo treatment at mental health centres in Kolhapur with a diagnoses of schizophrenia not less than one year.
- All the persons who undergo treatment at mental health centres in Kolhapur with diagnoses of schizophrenia who are co operative for the study and collection of data.
- All the persons with schizophrenia who are residents of Kolhapur, Maharashtra and undergoing treatment at various mental health centres in Kolhapur.

3.9. 3. THE INCLUSION CRITERIA FOR SIGNIFICANT OTHERS

- The significant other of the person with schizophrenia who undergoes treatment at mental health centres in Kolhapur and should be adults aged above 20 years and below 60 years.
• The significant other should be a first or second degree relative of the patient undergoing the treatment at mental health centres in Kolhapur.

• The significant other should be the primary attendant of the patient under consideration always.

• The significant other should be willing to cooperate with the study and provide consent for the study.

3.9.4. THE EXCLUSION CRITERIA FOR THE PATIENTS

• The patients with schizophrenia who undergoes treatment at Kolhapur but who do not fall in the category of inclusion criteria.

• The patients with schizophrenia who undergoes treatment at Kolhapur but diagnosed with a criteria other than I.C.D. 10

• The patients with schizophrenia who undergoes treatment at Kolhapur but falls outside the age category.

• The patients with schizophrenia who undergoes treatment at Kolhapur but could not support the study due to severe organic deformities.

• The patients with schizophrenia who undergoes treatment at Kolhapur but could not support the study for want of the diagnostic confirmation from the treating psychiatrist.

• The patients with schizophrenia who undergoes treatment at Kolhapur but has not completed even the first year of treatment after the onset of the illness, for the treating psychiatrist to make diagnostic confirmation on the illness.

• The patients with schizophrenia who undergoes treatment at Kolhapur but at the time of study performs constant signs of improvement and signs of permanent recovery for a period not less than six months.

• The patients with schizophrenia who undergoes treatment at Kolhapur but could not support the study due to the co morbid psychiatric diagnoses such
as O.C.D, dementia, or substance abuse etc. were found with them during the period of study.

3.9.5. THE EXCLUSION CRITERIA FOR THE SIGNIFICANT OTHERS

- The significant other of the person with schizophrenia who undergoes treatment at mental health centres in Kolhapur but do not fall in the category of inclusion criteria.

- The significant other of the person with schizophrenia who attends him always suffers due to mental or physical deficiencies that may appear as a block to participate in the scheduled programs.

- The significant other of the person with schizophrenia who undergoes treatment at mental health centres in Kolhapur is not a first or second degree relative.

- The significant other of the person with schizophrenia who undergoes treatment at mental health centres in Kolhapur is not willing to cooperate with the study and provide consent for the study on various reasons.

- The significant other of the person with schizophrenia who undergoes treatment at mental health centres in Kolhapur is not responsive to the efforts of the researcher.

3.10. TOOLS OF DATA COLLECTION.

The researcher could find that the interview schedule is the most suitable amongst all the available tools for data collection for a social work research of the present type. Hence the researcher used self prepared interview schedule to elucidate the data required for the study form the significant others of the patients undergoing treatment for schizophrenia. While designing the interview schedule the researcher made conscious effort to include all the elements that facilitate the study with proper, precise and accurate information. For the interview schedules 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 to assess the mental status of the patient (Sadock, et al.2003) 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.

3.11. SOURCES OF DATA.

3.11.1. PRIMARY SOURCE.

The primary sources are those sources from which the data for the study are to be collected afresh. For the purpose of the study the researcher used the following primary sources.

1. Interview Schedule: - The researcher developed an interview schedule based on the priority information that has to be collected to reach the generalization of facts pertaining to the research. The data collected by the researcher directly from the respondents, that is, the significant others of the person affected with schizophrenia who undergoes treatment at Kolhapur.

2. Mental Status Examination (M.S.E) and Case History: - The mental status examination is the part of the clinical assessment that describes the sum total of the examiner’s observations and impressions of the psychiatric patient at the time of the interview. It is the description of the patient’s appearance, speech, actions, and thoughts during the interview. The mental status examination provides certain categories of information that helps the clinician to reach at diagnostic conclusion on disease status. The researcher used this method to collect the data direct from the samples to reach at generalization of facts pertinent to the status of the person affected with schizophrenia who undergoes treatment at Kolhapur. In addition to that the researcher collected the case history, a firsthand information tool that explains each and every minute aspect with related to the history of the patient under consideration. The case history helps the researcher to know the patient in detail so that he can counter check the information gathered from various sources and work out individual intervention strategy for the
patients if needed. It covers information about the illness, family composition, and personal history etc. of the patient.

3. The symptom status check list: - The symptom status check list is an instrument devised by the researcher based on the diagnostic criteria for schizophrenia to check directly the symptom status of the person affected with schizophrenia who undergoes treatment at Kolhapur.

4. Observations: - The observation method is most commonly used. Here the information sought by the way of researchers own direct observation and assessment. It is a scientific tool which the researcher planned, recorded, and was subjected to checks and verifications.

5. Formal and informal discussions: - For the purpose of the study and verification of facts the researcher collected the data by way of formal and informal discussions with the respondents, doctors, nurses, and the patients during the period of data collection. The researcher asked relative queries about the Impact of Family Psycho Education in the Treatment of Individuals with Schizophrenia with Reference to Mental Health Centres in Kolhapur. This method helped the researcher to a great extent to cross examine the tools used.

3.11.2. THE SECONDARY SOURCE.

The secondary data are those which have already been collected by someone else and which have already passed through statistical processes. In case of secondary data, the nature of data collection work is merely that of compilation. During this study the researcher utilised the records kept at the hospital namely the case histories and mental status examinations’ that which are removed by the clinicians. Also the researcher utilised the nurse’s observation check lists and feedback forms to counter check the data collected by the researcher himself and visited various institutions and libraries and browsed through related literature.
3.12. ITEMS OF INFORMATION COLLECTED FOR THE INTERVIEW SCHEDULE.

3.12.1 Socio Demographic Profile of the Significant Others

This title covers the socio demographic profile of the significant others of the person affected with schizophrenia that includes Name, address, Relationship of the respondent with the patient, Educational Qualification of the respondent, Educational Qualification of the significant others associated to the patient, Duration of the illness etc. that provides significant information about the significant others of the person who is under the consideration of the study.

3.12.2. The Awareness of the Significant Others

It covers the various aspects of the awareness of the significant others, the knowledge as well as information on various elements under consideration in the study namely the knowledge of the significant others of the varying aspects of the disease condition, psychiatric status, and the various aspects of the care requirements of the patient during the treatment.

3.13. ITEMS OF INFORMATION COLLECTED FOR THE CASE HISTORY AND M.S.E

3.13.1. Socio Demographic Profile of the Patient

It covers the socio demographic profile of the patient that includes personal identification data covering questions related with age, sex, religion, etc. that provides significant information about the identity of the persons affected and the extent of the problem under study.

3.13.2. The Case History and M.S.E

The case history explains each and every minute aspect with related to the history of the patient. It includes information about the illness, family composition, and personal history of the patient etc. The M.S.E of the patient explains and describes the sum total of the examiner’s observations and impressions of the psychiatric status of the patient at the time of the interview (Sadock, et. al.2003). It is the description of the evaluation of the patient’s
appearance, speech, actions, thoughts and various symptoms observed during the clinical interview by the expert.

3.14. ITEMS OF INFORMATION COLLECTED FOR THE SYMPTOM STATUS CHECK LIST OF THE PATIENTS

The symptom status check list comprises of the symptoms selected based on the diagnostic criteria for schizophrenia (Sadock, et. al.2003) to verify the status of the patients during the time of clinical interview (data collection). It covers symptoms including affective behaviour, avolition, apathy, anhedonia, asociality, attention deficiency, Hallucinations, delusions, bizarre behaviour and positive formal thought disorder. This area also covers the manifested positive symptoms and negative symptoms. The data collected by the researcher through direct observation of the person affected with schizophrenia who undergoes treatment at Kolhapur.

3.15. THE PRE TESTING OF THE TOOLS

The interview schedule and tools were selected and devised on the basis of the objectives of the study. Before finalizing the tools a pre test has conducted on a few respondents to examine whether the tools selected are relevant, appropriate, and capable enough to serve the purpose. In the pre test it was very meticulously identified that the Interview Schedule, the M.S.E and Case History and the symptom status check list are potentially capable of facilitating the study with providing necessary information pertaining to the study.

3.15. THE PROCESS OF DATA COLLECTION

The finalized tools has used for the collection of primary data. The data from the selected respondents were skilfully collected at the individual situations and convenience in a free and frank manner. The researcher tried to establish a planned therapeutic milieu with the patients and the significant others. While designing the interaction with the patients and the significant others, the researcher had in mind the focus of the goal of the research. Keeping and upholding the basic philosophical constructs of professional social work the
researcher accepted the patient and significant others on a “here and now” fashion, without attaching any judgements and interests. The researcher developed rapport with the patients and significant others to take them in to confidence to make them in to the research process. The researcher planned the process of data collection in four major stages.

3.15.1. A PRE INTERACTION PHASE.

During the pre interaction phase the researcher made the preparation necessary for the actual interaction with the patient and significant others through equipping himself with necessary information about the patient and significant others and explores the possibilities of handling the researchers anxieties on various matters associated with the potential issues while dealing with the patient and the significant others in the process of data collection and sets the strategies for the interaction phase.

3.15.2. THE INTRODUCTORY, ORIENTATION AND PRE INTERVENTION BASE LINE DATA COLLECTION PHASE

The actual interaction with the patients and significant others started with the introductory, orientation and pre intervention base line data collection phase. During this phase the researcher developed rapport, though it was a difficult task, with the patients and their significant others thorough establishing contact and acquaintance with them and oriented and introduced them with the programme. The researcher strategically dealt with the anxieties and doubts of the patients and significant others and established an agreement or pact of mutual concern with them through mutual understanding. At this stage the researcher collected the pre intervention base line data. The researcher used different tools covering an interview schedule, an M.S.E and Case History format, and a symptom status check list for this purpose. In the interview schedules the significant others of the person with schizophrenia occupy the role of primary respondents. The M.S.E (Mental Status Examination) and Case History, (Sadock, et. al.2003) of the patients has removed by the researcher and the significant others, mental health professionals helped the researcher with
adequate information in some situations. The symptom status of the patient was also checked at this phase by the researcher with the help of a symptom status check list devised by the researcher basing the diagnostic criteria (Sadock, et. al.2003) for schizophrenia.

3.15.3. THE WORKING PHASE

During this phase the researcher and the significant others worked together on family psycho education. The significant others were provided with all possible information regarding schizophrenia and the training necessary for its management. The working phase has designed with keeping five philosophical components in the mind of the researcher, which should facilitate the post intervention data collection.

- **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 system.

The working phase has designed with activities aimed at facilitating the research and for the collection of relevant post intervention data from all the available source through helping the families to identify the actual problem of the patient, helping the families to have healthy communication with the patient, encouraging the families to motivate the patients for socialization, helping the families to help the patients with alternative solutions to the problems of functioning, orient the families regarding their significant role in
preparing the patients for treatment and preparing the patients for the optimal functioning level, and finally to prepare a therapeutic environment to start the fourth stage, So that the researcher could start with final stage of termination and post intervention data collection.

3.15.4. THE TERMINATION AND POST INTERVENTION DATA COLLECTION PHASE

This phase is designed as the resolution or end phase. This phase actually begins at the time of orientation phase itself, where the researcher explains to the family regarding the process and purpose of the interactions. A termination is very much essential for all sorts of professional social work interactions since it brings a therapeutic end to the entire process of interventions. The termination and post intervention data collection is made at this phase. This phase is featured with the following characteristic elements.

- This phase brings a therapeutic end to the relationship of the researcher with the patients and significant others of the patients.
- This phase review the feelings and progress of the relationship of the researcher with the patients and significant others of the patients
- This phase evaluate progress towards the desired goal of the research and its success.
- This phase facilitate the significant others to establish a mechanism for the future needs.
- And this phase ends with a post intervention data collection by the researcher.

The post intervention data collection comprises of an interview schedule for the significant others, M.S.E (Mental Status Examination) and Case History, (Sadock, et. al.2003) for the patients undergoing treatment 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.
3.16. THE DATA PROCESSING, ANALYSIS AND INTERPRETATION

The collected data was arranged by giving them response codes of the respondents and clubbed together the different tools used to drain the data from single respondent. There were two sets of data, the pre intervention baseline data and post intervention data, for the analysis. The collected data was coded and master chart was used for the further processing of the data as an aid for analytical work. Once the master chart was prepared the entire data on the master chart was entered on Microsoft Excel for further analytical convenience. The analysis covers the following heads.

3.16.1 The Coding Region: It represents the abbreviations of different questions asked by the researcher and of the responses given by the respondents with regard to it.

3.16.2 The Master Chart: The master Chart was prepared on which the collected data arranged in sequence and represented in the form of codes, and the same was entered on Microsoft Excel which helped the researcher for the further procedures like tabulation analysis etc.

3.16.3. Tabulation and interpretation. With the help of Microsoft Excel the collected data was tabulated and got all responses together, which made convenient for the researcher for the assessment of the pre intervention baseline data with the post intervention data. The analysis and interpretation for the present study was done by using simple percentages. Appropriate, parametric tests of differences like, T – Test would have been used for comparing pre and post intervention baseline data. But due to non quantification of data, simple percentage was used for the analysis and interpretation.

3.17. DURATION OF THE RESEARCH.

The research work began with pre intervention phase of preparing the grounds for the research work by January 2007 and started the works officially after the provisional admission to Ph. D Degree Course in Social Work was granted by
the University on 17th April 2007 with letter no. Ref No. P.G/Ph. D/ No 308 and completed in 2009 December.

**3.18. LIMITATIONS OF THE STUDY**

During the course of conducting the research, one has to constantly guard against introducing bias, subjectivity, and inaccuracy, while selecting the sample, making observations, and at every step. The researcher had taken immense care and every possible effort to collect authentic information. However, the findings of the study are based on information provided by the respondents which may have its own limitations.

So much of stigma attached to mental illness in Indian context and it provokes fear as well as shame among the victims. Due to fear of social stigma and fear of unknown inherent biases and hiding certain facts cannot be ruled out. The lack of proper awareness among the significant others regarding the mental illness and the embarrassment caused by the illness among the relatives made it difficult for the researcher to develop rapport with the significant others in the beginning stages of the research. The process of bringing the significant others to the family psycho education programme was time consuming.

The non cooperation of the treating psychiatrists on matters concerning allocating the place and time for conducting family psycho education at the hospital premises, where the patient is getting the psychiatric aid, cause difficulty for the significant others. They had to spare extra time for the family psycho education classes.

The study is limited to 149 Schizophrenia patients and their significant others at the time of selecting the cases for the family psycho education programme. It is also limited to one district. A wider coverage may meaningful for more comprehensive generalisation.

Despite all the limitations the study reveals the general trend.
### 3.19. THE OPERATIONAL DEFINITIONS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Affect</td>
<td>The patients outward expression of the immediate experience of emotion at a given time or clinical assessment.</td>
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<tr>
<td>Anhedonia</td>
<td>The inability of the patient to experience pleasure in previously pleasurable activities.</td>
</tr>
<tr>
<td>Delusion</td>
<td>A false psychiatric symptom of unshakable false believe which is not amenable to reasoning.</td>
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<tr>
<td>Diagnostic Criteria</td>
<td>The criteria followed to make the psychiatric diagnoses.</td>
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<tr>
<td>Family psycho education</td>
<td>The psycho education provided to the members and significant others of the family.</td>
</tr>
<tr>
<td>Follow up</td>
<td>Continuation of the treatment after the discharge from the hospital on maintenance medication.</td>
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<tr>
<td>Hallucination</td>
<td>A psychiatric symptom in which a perception that occurs in the absence of a stimulus.</td>
</tr>
<tr>
<td>Incoherence</td>
<td>A psychiatric symptom in which the thought process that is disconnected, disorganised.</td>
</tr>
<tr>
<td>Insight</td>
<td>The ability of the patients to understand his own behaviours and emotions.</td>
</tr>
<tr>
<td>Loosening of association</td>
<td>A psychiatric symptom in which the thought process will be characterized by a series of ideas without apparent logical connections.</td>
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<tr>
<td>Term</td>
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<tr>
<td>Multidisciplinary Team</td>
<td>A team of medical and paramedical professionals in the treatment team who contributes towards the treatment of the patient.</td>
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<tr>
<td>Poverty of content of speech</td>
<td>A psychiatric symptom in which the speech production is adequate but the content conveys little information.</td>
</tr>
<tr>
<td>Poverty of speech</td>
<td>A psychiatric symptom of decreased speech production.</td>
</tr>
<tr>
<td>Pressure of speech</td>
<td>A psychiatric symptom in which rapid production of speech output.</td>
</tr>
<tr>
<td>Prognoses</td>
<td>Improvement in the status maintained by the patient.</td>
</tr>
<tr>
<td>Psycho education</td>
<td>The education provided on various aspects of mental illness, its causes, management and prevention.</td>
</tr>
<tr>
<td>Relapse</td>
<td>Absolute recurrence or manifestation of the disease episode.</td>
</tr>
<tr>
<td>Termination of medication</td>
<td>Stopping the medication which the psychiatrist prescribed for the patient.</td>
</tr>
<tr>
<td>The care plan</td>
<td>The total plan of interventions which the family is trained make with the patients.</td>
</tr>
<tr>
<td>The M.S. E</td>
<td>The mental status of the patient at the time of clinical interview, which is assessed basing on certain diagnostic criteria.</td>
</tr>
<tr>
<td>The significant other</td>
<td>The immediate relative or attendant of the patient undergoing treatment, who attends the needs of the patients.</td>
</tr>
</tbody>
</table>
The status of the patient is a multifactor intervention contributory aftermath/ the result of the treatment altogether.

The work book is an aid devised to help the significant others to supervise the patients daily.

Therapeutic Milieu is the therapeutic environment.

Treatment adherence is continuation of the treatment.

Treatment outcome is the treatment outcome of the patient, status of the symptom based pharmacological intervention aftermath/ status of the symptom after the family psycho education.

3.20. THE CHAPTER SCHEME

Chapter 1  The Introduction.
Chapter 2  Review of Literature
Chapter 3  Research Methodology
Chapter 4  Demographic Particulars
Chapter 5  The family Particulars and Clinical History
Chapter 6  The Pre Intervention Profile
Chapter 7  The Family Psycho Education Intervention
Chapter 8  The Impact of Family Psycho Education
Chapter 9  The Case Studies
Chapter 10 Summary, Conclusion and Suggestions

Appendix
Bibliography.