



Original article

Development and evaluation of a Communication Enhancement Program for People with Chronic Schizophrenia: A quasi-experimental pretest-posttest design study



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ABSTRACT

Aim: This study aims to develop a Communication Enhancement Program for People with Chronic Schizophrenia (CEP-S), and to evaluate the effects of CEP-S.

Background: People with chronic schizophrenia are characterized by core communication disturbances; therefore, a program to enhance their communication skills is necessary. As such, they are predicted to have difficulty fitting into society, such as relationships with people, due to issues such as having normal communication with others. Therefore, a program to enhance their communication skills is necessary.

Methods: This study used a non-equivalent groups design with pre- and post-tests. In order to make a preliminary evaluation of CEP-S, controlled clinical trial was performed by setting experimental group and control group. 20 participants were in the experimental group, and 21 participants were in the control group. Ten sessions of CSE-S were provided over 5 weeks. The data were analyzed using SAS 9.2. Data analysis used descriptive statistics, chi-square and *t*-tests, and ANCOVA.

Results: Statistically significant differences were found between the experimental and control groups in terms of the communication disturbance, emotional expression, empathy competence, communication competence, and interpersonal relationship skills.

Conclusions: The program improved the communication skills of people diagnosed with chronic schizophrenia and provided evidence for the effectiveness of interventions in improving interpersonal relationship skills. The results of this study will expand mental health care professionals' knowledge of how to increase communication skills when supporting people with chronic schizophrenia.

1. Introduction

Schizophrenia is a prototypical mental disorder in terms of its pathological and serious nature; the medical fees for chronic schizophrenia are very high, and the disorder can destroy the lives of patients and their family members (Hales, Yudofsky, & Gabbard, 2014). The characteristic feature of chronic schizophrenia is communication abnormalities (Bowie & Harvey, 2008; Grant & Beck, 2009; McKenna & Oh, 2005), including abnormal verbal expression, inappropriate emotional expression, and inappropriate behavior. Most studies explain these symptoms in relation to a communication disorder (Lim, 2002).

People with chronic schizophrenia show various forms of communication deficits, firstly, it is a communication disturbance in relation to cognitive aspects. Several studies have suggested that cognitive disturbances in language recall, attentiveness, and concept exploration are

linked to communication disturbances in people with schizophrenia (Docherty, Hall, Gordinier, & Cutting, 2000; Grant & Beck, 2009). In this context, people with chronic schizophrenia use disorganized language and fail to express in a logical and reasonable manner (John, 2007). Therefore, they have considerable difficulties in effectively and accurately communicating with others (Docherty, 2005).

Secondly, it is a communication disturbance in relation to emotional aspects. Further, the emotional aspects of communication are affected in people diagnosed with chronic schizophrenia. According to Davis and Gibson (2000), successful communication requires understanding one's own and others' emotional states; however, people with chronic schizophrenia have difficulty with both of these (Corrigan & Penn, 2001). People with chronic schizophrenia experience a difficult time building up emotional relatedness and communicating with the others due to these emotional deficiencies (Kim, 2012). Therefore, it is

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unsurprising that they find emotional relatedness and interpersonal communication challenging.

Moreover, they are communication disturbances in relation to behavioral aspects. In particular, nonverbal behavior is severely affected. People with chronic schizophrenia are unable to determine the appropriateness of verbal and non-verbal communication, including eye contact, posture, physical proximity, gestures, and facial expressions (Docherty, 2005; Lim, 2002). Communication problems in the behavioral aspects occur in the context that schizophrenia manifests itself in the early childhood, the disease becomes chronic, and mental regression occurs; as a result, people with chronic schizophrenia loses abilities to recall what has been learned because of frequent hospitalizations and psychological withdrawals. Fortunately, however, behavioral deficits of people with schizophrenia are improved when sufficient exposure is provided to relevant rehabilitation is provided (Gerard et al., 2004).

As such, people with chronic schizophrenia experience difficulties with and conflicts in interpersonal relationships, and their problem-solving abilities are decreased (Bowie & Harvey, 2008; Walsh, 2008). In other words, they experience difficulty in social adjustment (Sperber & Wilson, 2002). As a result, communication disturbances in people with chronic schizophrenia are a major factor to predict difficulties with social adjustment (Grant & Beck, 2009).

Kopelowicz, Liberman, and Zarate (2006) stated that effective communication played a key role in maintaining normal social functions. Since schizophrenia occurs in relatively early age (Min, 2006), people with schizophrenia do not have enough opportunities to learn appropriate ways to communicate. However, people with chronic schizophrenia are individuals who have potential to get better through treatment (Seol, 2007). Therefore, a communication intervention is needed for people with chronic schizophrenia.

Despite the emphasis on the need for communication intervention for people with chronic schizophrenia, there is relatively little research about the communication intervention of people with schizophrenia, because it is not a general intervention (Clegg, Brumfit, Parks, & Woodruff, 2007), it is difficult to distinguish between disoriented thoughts and communication skills (Lim, 2002), and there are few scales of communication disturbances (Bazin, Sarfati, Lefrère, Passerieux, & Hardy-Baylé, 2005) of them. The existing programs in studies about communication intervention for people with chronic schizophrenia are ‘Self-Assertiveness Training’ (Rakos & Schroeder, 1980), ‘Social Skills Training for Schizophrenia’ (Bellack, Mueser, Gingerich, & Agresta, 1997). There are some limitations in these existing programs. ‘Self-Assertiveness Training’ was not developed to focus on schizophrenia. ‘Social Skills Training’ is focused on schizophrenia, however it does not deal with communication itself as a main concept of the study; it includes communication as part of the program. Also, these training programs use the ‘cognitive-behavioral approach’ (Bäumli, Froböse, Kraemer, Rentrop, & Pitschel-Walz, 2006), and disregard the emotional aspects of communication. In existing studies, communication skills were improved, whereas no constant result was indicated for the improvement of the ability of emotions and interpersonal relationships when these programs were used (Han et al., 2008; Lee et al., 2013; Park et al., 2011). It is assumed that the reason is because of the limitations of the existing studies. Above all, is also important to focus on cognition, emotions and behaviors for their specific behaviors in the treatment of people with chronic schizophrenia (John, 2015). Therefore, considering the limitations of these existing programs, it is necessary to develop communication intervention focusing on schizophrenia and approaching from cognitive, emotional and behavioral aspects.

The aim of this study is to develop a Communication Enhancement Program for People with Chronic Schizophrenia (CEP-S), to evaluate whether the CEP-S will decrease communication disturbance and increase emotional expressiveness, empathy, communication competence, interpersonal relationship, and problem-solving skills.

2. Methods

2.1. Development of CEP-S

CEP-S was developed, followed by a process order, making a preliminary program-content validity inspection, and the development of the final program from December of 2011 to June of 2012. We analyzed the communication problems with people with chronic schizophrenia based on the studies to develop the preliminary program, and we established that the communication problem in people with chronic schizophrenia is a cognitive-emotional-behavioral problem. The preliminary program was made based on Walsh's (2006) theory, and content validity was approved by one nursing professor, two mental health nurses, and one psychiatrist. As a result, our evaluation determined that the selection of the intervention list in each session was proper, and that applying the various education methods can encourage the motivation for people with chronic schizophrenia. In addition, we were advised to use easy words in relation to the educational books, for sentences to be concise and specific, and to include the specific behavioral intervention by utilizing role plays or online media to help participants' understanding. We reviewed the relevance of the program content and the intervention methods as well as the validity of the research tool by conducting the compensated preliminary program with three people with chronic schizophrenia in a mental health center. Based on the outcome of the preliminary survey, the final program was developed after modifying contents, processes, and program and session duration.

2.2. Conceptual framework of the CEP-S

The program's conceptual framework was based on a review of communication literature and Walsh's (2006) theory of communication processes. These processes include clarity in communication, open emotional sharing, and cooperative problem solving. Thus, CEP-S is based on the conceptual framework; 1. The communication issues of people with chronic schizophrenia can be improved through cognitive, emotional, and behavioral communication-skills rehabilitation; 2. Helps people with chronic schizophrenia to re-enter society (see Fig. 1).

2.3. Interventions

The CEP-S components are described in Table 1. The CEP-S consisted of ten sessions in total, twice a week for five weeks. Each session lasted 50–60 min. The CEP-S provided implementation in the order followed by the protocols. There were “clarity in communication” from the first to the fourth session, “open emotional sharing” from the fifth to the seventh session, “problem solving” from the eighth to the tenth session. The CEP-S utilized a variety of educational strategies such as lectures, demonstration, presentation, watching online streaming videos, role plays, feedback, discussion, and homework; those strategies helped the participants to observe and evaluate their interpersonal communication styles, and to help them choose communication styles that satisfy themselves and the others.

2.4. Study design

We used a non-equivalent control group pre- and post-test design to develop the CEP-S and to prove its effectiveness. The control group received the same amount and duration of other education as the experimental group. After the post-test, the participants were rewarded for their participation in this study.

2.5. Sample

We used a convenience sampling strategy with a controlled clinical trial. Participants were recruited from two mental health centers and

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