Social Rehabilitation of Schizophrenia

Psychosocial rehabilitation has been shown to augment antipsychotic medication regimens in improving the course and outcome of schizophrenia. Antipsychotic medication can diminish symptoms—especially the specific symptoms of the disorder—and rehabilitation efforts can reduce or compensate for social and occupational disability and handicaps. Rehabilitation strategies assume two forms: educational and skill-building methods to increase patients' behavioral repertoires, and supportive methods to buffer the stressful effects of environmental demands and to provide social aids for overcoming disabilities.

Social skills training has been used in both hospital and community settings to facilitate patients' acquiring and maintaining interpersonal behaviors. Using instructions, modeling, behavioral rehearsal, feedback, and homework, a wide range of interpersonal and coping skills can be taught in a modular format with prescribed content areas and learning exercises. A skills training module consists of a trainer's manual, a patient's workbook, and a professionally produced videotape for demonstrating the desired skills. Because they are highly structured and prescriptive in their methods, modules can be used by an array of professionals and paraprofessionals to teach such relevant skills as medication self-management, symptom self-management, grooming and self-care, social problem solving, family coping, and conversation. Specific skills are taught; for instance, in medication management, patients learn the therapeutic and side effects of neuroleptic medication, how to monitor drug benefits and side effects, and how to negotiate medication issues with a physician. Skills training has been useful in vocational rehabilitation—that is, training participants in job-finding and job-maintenance skills.

Strategies have been developed to improve the family's
interactions with a schizophrenic patient, thereby decreasing the family burden and enhancing the patient’s support network. Behavioral family management begins with factual discussion and education regarding the causes and characteristics of the disease. The effects of medication are discussed, and the family is enlisted in gaining a patient’s cooperation with administering drugs. Families are subsequently trained in communication skills that can improve the emotional climate at home and to equip all family members with the problem-solving skills required to modulate stressors in the future. (““Modules for Training Social and Independent Living Skills” can be obtained from Psychiatric Rehabilitation Consultants. Camarillo-UCLA Research Center, Box A, Camarillo, CA 93011.”)

Case management that bolsters strained support networks provides a fixed and continuous point of responsibility for professional care-giving and an orchestration of a broad spectrum of medical and psychiatric treatment, social services, and rehabilitation efforts. Case managers can aid the patients’ course through the red tape of various agencies and coordinate the implementing of treatment by various service providers. Good case management is longitudinal, following a patient into and back out of the hospital, thereby continuing a person’s links with family, professional, and community support services.

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REFERENCES