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The Effectiveness of Psychotherapeutic Education Program in Improving Social Skills in Schizophrenia Patients

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Abstract

This study was conducted in response to the scarcity of Arabic research on psychotherapeutic interventions for schizophrenia compared to pharmacological treatments, which are more prevalent in Western societies. It thus represents a significant scientific contribution to this field. The study aims to enhance the social skills of individuals with schizophrenia and facilitate their reintegration into society through the implementation of a therapeutic program at Ibn Al-Hassan Psychiatric Hospital in Fez. A clinical case study approach was adopted, with a sample comprising three male patients diagnosed with schizophrenia. Data collection tools included clinical observation, medical history analysis, clinical interviews, and pre- and post-assessments using a social skills scale. The collected data were analyzed by comparing pre- and post-test results to measure the program's effectiveness. The findings revealed a significant improvement in the participants' social skills, allowing them to interact more effectively with their surroundings and reintegrate into their

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family environments following a reduction in the severity of their symptoms. Some initial resistance to therapy was observed due to auditory and visual hallucinations, but these diminished after three to four sessions. The study confirmed the effectiveness of psychoeducational therapy in improving social skills among individuals with schizophrenia, contributing to their reintegration and reducing relapse risks. Furthermore, it underscored the need to expand Arabic research in this field to develop more effective therapeutic interventions.

Keywords: Psychoeducational Therapy; Schizophrenia; Social Skills

INTRODUCTION

Mental health is one of the fundamental pillars individuals need to achieve balance in their lives. Societies strive to provide psychological and social support mechanisms that enhance individuals' quality of life and, consequently, promote their psychological and social well-being. In this context, schizophrenia emerges as one of the most complex mental disorders, with symptoms that affect logical thinking, social interaction, and future planning, leading to significant challenges in the daily lives of both patients and their families (Pitschel-Walz et al., 2006).

Statistics indicate that the prevalence of schizophrenia ranges between 0.3% and 0.7% worldwide, with estimates suggesting that schizophrenia patients constitute between 60% and 70% of the total number of individuals with mental disorders (Xia et al., 2011). This disorder is among the most burdensome mental illnesses, imposing significant psychological, familial, and financial strains on individuals and society. Its chronic nature often necessitates long-term therapeutic intervention and care (Lincoln et al., 2007).

Despite advancements in pharmacological treatments, psychological care for schizophrenia patients remains a crucial factor in improving social skills and enhancing their chances of reintegration into their families and communities. Psychoeducational therapy plays a pivotal role in improving patients' quality of life by equipping them with the necessary skills to interact with others and return to their pre-illness daily life (Pfammatter et al., 2006). Additionally, the importance of integrating pharmacological and psychological

treatments is highlighted, as continuous support helps patients adapt to their social and psychological environments. Psychological therapy not only focuses on developing social skills but also enhances patients' understanding of their treatment and adherence to it, contributing to an improved quality of life and reducing relapses (Mueser et al., 2013).

Based on this, the study raises questions regarding the effectiveness of psychoeducational programs in improving the social skills of schizophrenia patients and, consequently, facilitating their reintegration into familial and social environments.

First: Research Significance

The significance of this study lies in addressing the substantial gap in psychological treatment and comprehensive care for individuals with schizophrenia in the Arab world. Treatment in this region is predominantly limited to pharmacological interventions, despite schizophrenia being a chronic condition that necessitates ongoing therapeutic support and continuous follow-up. This limitation raises critical questions: What is the fate of individuals with schizophrenia post-hospitalization? How do they navigate life changes? How can they successfully reintegrate into society?

Such questions underscore the pressing need for research aimed at developing and implementing evidence-based therapeutic programs tailored to the specific needs of schizophrenia patients. By exploring these issues, this study contributes to a broader understanding of the role of psychoeducational therapy in enhancing patient outcomes and fostering social rehabilitation. We must always keep in mind that research should serve society (Klaina, 2024), rather than merely rearticulating what has already been written. It should focus on exploring ways to address pressing issues that require solutions.

Second: Study Objectives

1. To examine the impact of a psychoeducational therapy program on improving social skills in individuals with schizophrenia.
2. To assess the effectiveness of the program in enhancing communication abilities and facilitating social interactions.
3. To analyze changes in social isolation levels among schizophrenia patients following the program's implementation.
4. To evaluate the long-term sustainability of the program's effects on social skills post-intervention.

5. To investigate pre- and post-intervention differences in patients' social skills development.

Third: Research Problem

Psychoeducational therapy is the result of numerous studies aimed at finding effective treatments for certain psychological disorders. It is not the sole tool in psychotherapy but rather part of a broad movement that continues to evolve to address the challenges faced by patients and seeks to identify the obscure factors that may influence their mental and psychological health.

In our modern era, daily situations are managed through multiple factors that take into account sensory perception, cognition, and emotions. At times, individuals may reach a state of complete inability to cope with these situations, leading them to seek confrontations that could result in self-destruction and heightened emotional distress. Here, psychoeducational therapy emerges as an appropriate treatment for certain psychological and behavioral disorders, as it focuses on the effects of mental illness on personality, social interaction, and thinking patterns. Based on the effectiveness of therapeutic approaches in modifying each of these aspects, psychoeducational therapy is classified as one of the therapeutic methods aimed at altering thoughts and behaviors.

The daily situations that individuals encounter and respond to emotionally have tangible effects on their physical and psychological health. Mental illness is often a consequence of negative thoughts that dominate an individual's responses to daily situations. Thus, we are compelled to pose the following research problem:

To what extent is the psychoeducational therapy program effective in improving the social skills of schizophrenia patients?

To investigate this issue, we must answer the following questions:

- Is the psychoeducational therapy program effective in improving emotional expression skills in schizophrenia patients?
- Is the psychoeducational therapy program effective in improving emotional sensitivity skills in schizophrenia patients?
- Is the psychoeducational therapy program effective in improving emotional regulation skills in schizophrenia patients?

- Is the psychoeducational therapy program effective in improving social expression skills in schizophrenia patients?
- Is the psychoeducational therapy program effective in improving social sensitivity skills in schizophrenia patients?
- Is the psychoeducational therapy program effective in improving social regulation skills in schizophrenia patients?
- Is the psychoeducational therapy program effective in reintegrating patients into their communities and social environments?

Fourth: Hypotheses

- The psychoeducational therapy program is effective in improving emotional expression skills in schizophrenia patients.
- The psychoeducational therapy program is effective in improving emotional sensitivity skills in schizophrenia patients.
- The psychoeducational therapy program is effective in improving emotional regulation skills in schizophrenia patients.
- The psychoeducational therapy program is effective in improving social expression skills in schizophrenia patients.
- The psychoeducational therapy program is effective in improving social sensitivity skills in schizophrenia patients.
- The psychoeducational therapy program is effective in improving social regulation skills in schizophrenia patients.
- The therapeutic program has the ability to reintegrate patients into their communities and social environments.

METHODOLOGY

Our study is based on the **case study method**, which involves examining each case individually to determine the impact of the psychoeducational therapy program on improving social skills in schizophrenia patients. This approach was chosen due to the diverse characteristics of the participants and their varying needs, necessitating an in-depth analysis of each case and the provision of tailored therapeutic solutions. Additionally, this method provided targeted support for each participant by focusing on his or her unique

psychological and social conditions, based on an educational assessment of each case (Dixon, 2012).

First: Study Sample

	Case 1	Case 2	Case 3
Age	29 years	33 years	41 years
Gender	Male	Male	Male
Educational Level	9th Grade (Middle School)	High School Diploma	High School Diploma
Economic Level	Middle	Middle	Middle
Marital Status	Single	Single	Single
Co-occurring Mental Disorder	None	None	None
Presence of Physical or Neurological Illness	None	None	None

Second: Research Procedures Followed

The study was conducted in multiple stages, beginning with the collection of preliminary information through structured interviews targeting each participant's medical and family history. This was followed by observing each case in different interactive contexts to identify the main social interaction difficulties faced by the participants. Based on these observations, the therapeutic program was designed and implemented, and its outcomes were later assessed using specific measurement tools.

Third: Research Tools

A diverse and essential set of tools was used in this study to support data collection and evaluate results:

1. **Social Skills Measurement Test** (Regio, R. J., 1986).
2. **Therapeutic Program**: Designed based on the specific needs of each case.
3. **Structured Interview**: Utilized specific questions to gather data on medical and family history (Dabene, et al., 1995).
4. **Clinical Observation**: Patients were observed in different interactive contexts to analyze their social interactions and identify difficulties (Ciccone, 2014).

5. **Educational Diagnosis**: Used to determine patients' needs and set priorities for the therapeutic program (**Éducation thérapeutique pour les patients souffrant de schizophrénie - programme arrêt, 2011**).
6. **Video Clips of Positive Symptoms and Disorganization**: A technique used to teach patients how to recognize schizophrenia-related psychological symptoms through simulated dramatized scenes.
7. **Sensory and Hallucination Tool**: A visual interactive tool that uses schematic representations to link different senses with the hallucinations experienced by patients.
8. **Image Language**: A set of images used to facilitate discussions about representations of illness.
9. **COMETE Cards**: A set of cards designed to enhance patients' psychological and social skills through interactive and training activities (Catana, et al., 2015).
10. **Blob Tree**: An interactive educational tool used to encourage emotional expression and engagement with the illness (Poikonen, 2011).
11. **Problem-Solving Technique**: Used to help patients develop the ability to handle daily challenges related to their illness (Cochet, A. et al., 2006).
12. **"My Goals" Tool**: Used to help patients set personal goals, track their progress, and stay engaged with the therapeutic program.
13. **Presentation Tool**: Utilized to deliver information and interactive content to participants in a clear and simple manner.
14. **"Prevention Declaration" Sheet**: A tool for recording and storing information related to early warning signs and relapse prevention.

Fourth: Data Collection Technique

Data was collected through structured interviews with patients and their families, in addition to direct observations during the sessions. Interactive tools such as video clips and images were also used to support data collection.

Fifth: Data Analysis Technique

We analyzed the data by reviewing and evaluating the available information after each session. Qualitative methods were used to analyze participants' social interactions during sessions and the progress made in developing their social skills. Tools such as the Blob Tree and Problem-Solving Technique were employed to track participants' progress

and ensure improvements in their emotional management and social interaction skills (Sullivan & Kendler, 2015).

Sixth: Session Frequency and Duration

Sessions were held three times a week, with each session lasting between 60 and 90 minutes. The sessions took place at Ibn Al-Hassan Hospital in Fez, which was equipped with the necessary facilities for displaying video clips in a quiet environment free from distracting variables.

RESULTS

At this stage, the study results will be presented based on the data collected using the previously defined tools and procedures. These results aim to highlight the impact of the psychoeducational therapy program on improving the social skills of schizophrenia patients. Changes in participants' social skills will be analyzed, focusing on differences between pre- and post-program measurements. Additionally, the effectiveness of the tools used in measuring and analyzing the psychological and social changes experienced by the patients during the study period will be discussed.

The following table illustrates the pre- and post-assessment of social skills among the participants:

	Pre-Assessment	**Post-Assessment**
Case 1	90	250
Case 2	100	320
Case 3	80	380

DISCUSSION

Based on the table above, the study's hypotheses were confirmed as follows:

- **The first hypothesis** was confirmed, indicating that psychoeducational therapy effectively improves emotional expression skills in schizophrenia patients. This was evident after the full implementation of the therapeutic program, as there was a significant difference between the pre- and post-assessment results in the social skills test, which

consists of 15 items measuring emotional expression. This finding aligns with the results of Lalonde et al. (2002) and was reflected in the patients' behavior, particularly in their participation at the end of each session in activities designed to assess personal traits, abilities, and the accurate expression of internal emotions.

- **The second hypothesis** was validated, demonstrating that psychoeducational therapy has a significant positive impact on enhancing emotional sensitivity skills in schizophrenia patients. This was determined through pre- and post-assessments using the social skills test, which includes 15 items measuring emotional sensitivity. The findings are consistent with Mahrous, A. et al. (2017), whose study showed statistically significant differences in emotional sensitivity test items after implementing the therapeutic program.

- **The third hypothesis** was supported, confirming that the therapeutic program effectively enhances emotional regulation skills in schizophrenia patients. The post-assessment results showed significant improvements in emotional regulation, as measured by 15 specific test items. These results align with Elazzab, S. et al. (2022), demonstrating that by the end of the therapeutic program, patients had developed better emotional management abilities and achieved emotional balance.

- **The fourth hypothesis** was verified, highlighting the importance of psychoeducational therapy in improving social expression skills in schizophrenia patients. This was evidenced by the results of the social skills test, aligning with the findings of Petitjean, F. et al. (2015), which confirmed a statistically significant difference between pre- and post-test applications in the social expression skills section.

- **The fifth hypothesis** was confirmed, demonstrating the effective role of the psychoeducational therapy program in enhancing patients' social sensitivity skills. This improvement was evident in the test results and was particularly noticeable by the end of the treatment, as patients became more capable of understanding and recognizing others' emotions and responding with interest and empathy. This was demonstrated in the "Discovering the Lives of Other Patients" activity.

- **The sixth hypothesis** was validated, proving that psychoeducational therapy has a significant positive impact on the development of social regulation skills. The post-assessment results of the social skills test indicated that patients had gained better control over their behavior and interactions with others, aligning their actions with societal norms and laws, thereby facilitating their reintegration into society.

- **The seventh hypothesis** was also confirmed as a natural consequence. By implementing the psychoeducational therapy program using various educational tools, interactive activities, and group therapy in the final sessions, significant improvements were achieved in patient interaction and reintegration. These improvements extended beyond the patients themselves to include their families and broader social environments. Similarly, McFarlane, W. et al. (2003) confirmed the effectiveness of psychoeducational therapy programs in fostering social interaction, enhancing family reintegration, and reducing symptoms of isolation and social withdrawal.

CONCLUSION

This study produced a set of findings that affirm the effectiveness of psychoeducational therapy in enhancing social skills among individuals with schizophrenia. The implemented therapeutic sessions led to significant improvements in patients' ability to engage with others, reduce social isolation, and develop both verbal and non-verbal communication skills.

Furthermore, the study demonstrated that participants in the program gained a deeper awareness of their condition and exhibited greater competence in navigating social situations, facilitating their integration into familial and social environments. Additionally, a reduction in negative behavioral symptoms—such as social withdrawal and reluctance to engage with others—was observed, attributed to increased self-confidence and structured training in social interaction.

The findings also underscore the importance of family involvement in the therapeutic process, as it provided patients with additional psychological support, reinforcing their commitment to therapeutic exercises. Post-program assessments revealed notable improvements in patients' social functioning compared to their pre-treatment baseline.

Despite these positive outcomes, the program encountered challenges inherent to the nature of schizophrenia. Some patients struggled to comprehend and retain program concepts due to persistent negative symptoms, including impaired concentration and a predisposition toward social withdrawal.

Nevertheless, this study highlights the critical role of psychoeducational therapy as an integral component of treatment plans for individuals with schizophrenia, potentially enhancing their quality of life and social adaptability.

Moreover, the findings offer valuable direction for future research aimed at developing innovative training strategies that address the specific challenges faced by patients across diverse therapeutic settings.

Recommendations

Based on the study findings, the following recommendations are proposed:

1. **Integration of Psychoeducational Therapy into Standard Treatment Protocols:**

Given its effectiveness in enhancing social skills and reducing relapse rates, psychoeducational therapy should be incorporated as a fundamental component of schizophrenia treatment plans. Its integration can significantly improve patient rehabilitation and facilitate successful reintegration into society.

2. **Active Family Involvement in the Therapeutic Process:**

Providing educational programs for patients' families is essential to enhance their understanding of schizophrenia and equip them with effective coping strategies. Family support plays a crucial role in improving patients' social functioning and mitigating the risk of social isolation.

3. **Strengthening Social Skills Training in Therapy Sessions:**

Psychoeducational interventions should incorporate interactive activities such as role-playing and simulations to enhance communication skills and promote positive social engagement. Such approaches can foster greater confidence and interpersonal competence among patients.

4. **Systematic Evaluation of Treatment Program Efficacy:**

The effectiveness of psychoeducational therapy should be assessed regularly using scientifically validated tools. Continuous evaluation allows for data-driven refinements to the intervention, ensuring its adaptability to the specific needs of individual patients.

5. Expanding Research on Psychoeducational Therapy:

Further empirical studies are needed to explore the impact of psychoeducational therapy across diverse therapeutic settings. Expanding the evidence base will facilitate the generalization of findings and enhance the effectiveness and accessibility of this treatment approach.

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