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Psychiatric Social Work Individual Interventions : Recent Trends

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Abstract

This article describes the historical perspective of psychiatric social work, the traditional role of psychiatric social worker and the newer trends of individual interventions which have emerged in India. It highlights the use of various intervention techniques like insight therapy, crisis intervention, supportive therapy, counselling and cognitive behaviour modification therapy in handling different types of patients by psychiatric social workers. It also emphasises the need for modification in the syllabus used for the training of the psychiatric social workers as well as the need for scientific research to evaluate the applicability and efficacy of these techniques.

Key words -

Psychiatric social work in India,
Individual intervention techniques,
Recent trends

Psychiatric social work is a profession well established in India for the past few decades. According to the Bhore Committee Report [1], on Health Survey and Development in India in 1946, recommendations were made to appoint medical and psychiatric social workers in hospitals and a proposal was made to Tata Institute of Social Sciences (TISS) to explore the possibility of starting specialisation courses to train social workers in hospitals. The training of medical and psychiatric social workers was first undertaken by TISS since 1948.

The various setting in which psychiatric social workers (PSWs) are working are mental hospitals, psychiatric departments of general hospitals, community mental health clinics, psychiatric clinics attached to prisons, colleges and industries, child guidance clinics, clinics for the mentally retarded, schools - regular and certified, remand homes, adolescent clinics, deaddiction centers and rehabilitation centers.

In India, psychiatric social work came up as a secondary setting. The patients came to psychiatric centers mainly for medical or psychiatric treatment of their illnesses and social services were offered afterwards when necessary. Thus, psychiatric social work is the practice of social work in a psychiatric setting, where all the techniques of social work, viz. social case work, social group work and community organisation are used and not just social case work in an isolated way. When social case work technique is utilized, it is mainly by keeping three stages in mind - social study, social diagnosis and social treatment.

Applying the interview techniques, the detailed social study of the case is done. This history is made available to the psychiatrist to understand the social environment of the patient. Social diagnosis is made to decide the areas of priority in the social environment which need intervention. In other words, those problems in the family, work place or in other areas of patient's social life which come in the way of psychiatric treatment are given priority. Not only is the patient helped to undergo psychiatric treatment but the family is also helped to adapt to the new situation arising out of patient's

illness. Follow up of these cases after patient's discharge from the hospital is done for patient's adjustment in the family, finding suitable employment and restore him to useful and near normal life in the society by pooling together various community resources. Even if the community resources do not exist, the PSW tries to bring about community awareness to build up such resources. In short, in yesteryears the PSW's work was more intensive with the patient's social environment by keeping in mind the psychological aspects of patients' personality and that of the significant others. Social case work with the patient was mere geared towards dealing with his problems at a conscious level - here and now. The specialised training of PSW was restricted to these areas only. PSWs in some of the psychiatric centers are still restricting their work to these areas only.

Newer trends

a) In a psychiatric clinic, now-a-days, one does not come across cases only of schizophrenia or manic depressive psychosis. But there is a wide variety of cases like anxiety and reactive depression, somatization disorders, adjustment disorders, obsessive compulsive disorders, adolescent stress disorders, psychosomatic disorders, alcohol and drug addiction, suicide and parasuicide. This is mainly due to the awareness among the medical world and general public about the psychological basis of these illnesses and the growing stressful situations which people have to encounter in their day to day life.

›) The newer inputs in the training of PSWs at M.Phil and Ph.D. levels have opened newer vistas in psychotherapeutic and intervention techniques for the PSWs. With the
(i) holistic approach (biopsychosocial understanding of human behavior, normal or pathological),
(ii) knowledge of psychological treatment methods in dealing with the personality problems and
(iii) actual practice of these methods. The PSWs have started doing more intensive work in these areas.

[hus, the primary goal of the treatment is to provide the corrective emotional experience based upon the assumption that this facilitates the development of more adequate adaptive responses. The case work, insight therapy crisis intervention, supportive therapy, counselling, cognitive behaviour modification therapy, environmental manipulation and group psychotherapy are the strategies used by the PSWs now.

Individual intervention techniques used by the PSWs [2]

a)**Insight therapy**

In some cases the treatment technique will focus on fostering the patient's insight into the nature and sources of fears, wishes, conflicts and perceptual distortion. These may be outside the conscious awareness but are assumed to underly his pathological behaviour. PSWs have been utilizing insight therapy with good results. It is the treatment of choice for a patient who has fairly adequate ego strength to bear on his problems. The emphasis is on insight into patient's feelings, responses and behaviour, primarily in his current relations with other individuals. The emphasis is less on his responses in the childhood. It is more here and now. Let us take a case of a young college student. He is going through difficulties in his studies and overall relationship with his parents and colleagues. His presenting symptoms are absenteeism from college arguementative behaviour, temper outbursts,

disobedience and inadequate behaviour with the members of the opposite sex. The patient is going through the developmental crisis from adolescence to adulthood. The parents are unable to understand him and he is unable to share his difficulties with the significant others. The patient is helped to ventilate out his feelings in a non-judgemental, friendly but limit setting atmosphere. The inhibitions are removed by giving insight into his relations with elders, development of more secure inner control over his impulsive behaviour, self awareness and self confidence, so that he can behave in a more acceptable way to himself and to others. There is an attempt made to develop a corrective emotional experience. The parents may have tried in their own way to correct the situation which has made the patient hostile towards them. But the insight therapy given when the patient is going through a stressful situation, works well and long term therapy may not be required. The parents and the significant others can be helped simultaneously to correct their responses. Currently one finds number of adolescents and young college students going through adjustment disorders who can be helped by insight therapy.

b)**Crisis intervention**

Crisis is a phenomenon built up over a period of time. Crisis situations can come up in any ones life and the response to it will be mainfested in different ways. Emergencies occur when a person is faced with the situation beyond his particular adaptive capacity. Homicidal behaviour in extreme anger or suicidal behaviour as a sigh of helplessness and cry for help need to be taken up seriously for crisis intervention. Similarly oppositional behaviour of an adolescent, threats to leave the home, or elderly parents going on hunger strike are some of the crises which are brought for intervention to the PSWs. Though the homicidal and suicidal behaviour have legal implications and psychological aspects often get bypassed, in a general hospital set up such cases are often referred to PSWs for crisis intervention. Through the case work technique the PSW works with the patient to come out of the present crisis by deeper understanding and support. He establishes a rapport and through non-judgemental attitude wins the confidence of the patient, thus gradually enabling the patient to develop sufficient ego strength to cope with world around him and to avoid further such attempts. The suicide prevention hot-line services in metro cities are manned by the PSWs. These are the crisis intervention centers.

c)**Supportive therapy**

The type of cases chosen for this intervention are the mature individuals with limited symptoms, based largely upon severe environmental pressures. These individuals are fairly responsible and supportive towards others but at present are in a temporary period of turmoil or indecision. They are not keen on making any fundamental change in their adjustment and are keen on restoration of previous adjustment. The patients who have undergone major surgery and during the after-care have to plan out about their future, clients who are about to retire from the job and have to plan out their retirement or a young woman who wants to change her career and start a new venture or get married are the type of cases who approach the PSWs for guidance. A PSW by training is well equipped and more suited for using this therapy.

d)**Counselling**

Counselling techniques are often used keeping in mind that one has to help the client to help himself. This is done by supportive listening helping him to explore alternative ways of living more resourcefully towards greater well being, rather than giving him advice and standing on judgement. The patient is helped to develop a structured strategy to deal with the social stressors to bring down the

social tensions and gradually change the life style. The cases taken up are those undergoing chronic anxiety disorders with physical manifestations. They have been investigated and treated with medications with temporary relief. There is always a recurrence of symptoms because the underlying psychopathology has not been dealt with. The vulnerable individuals facing difficult life situations get distressed and need counselling from professionals to get over their various symptoms and regain feelings of security to combat their problems by alternative ways of dealing with them. The recent trend is a team work approach i.e. the patients who are on treatment with the psychiatrist on anti-anxiety or anti-depressant or any of the psychotropic drugs are simultaneously taken up for counselling by the PSW and the results are found to be satisfactory.

e) Cognitive behaviour modification therapy

Alcholism and drug addiction have posed a special challenge to the mental health professionals. This speciality is called addictionology. There are separate deaddiction centers in the country to investigate and treat these problems. The PSW with the knowledge and experience of counselling and cognitive behaviour modification therapy is able to work with these patients for preventing or postponing the relapses. The methods used are

(i) motivating the patient to give up addictive substances on 'one day at a time' basis and leading a drug free life,
(ii) confrontation
(iii) understanding the psychodynamics of patient's dependence on addictive substances,
(iv) helping him verbalise his difficulties without fear, shame and guilt, and
(v) by learning assertive training, value clarifying, behaviour modification and character restructuring.

While assessing the results one finds that not only the patients are able to prevent the relapses but their overall life style gradually changes and they are able to enjoy a better quality of life.

While working with the clients, the therapist must keep in mind the clients' cultural and diverse environmental background. Understanding the person in the environment which is diverse due to race culture etc. is necessary. According to Neki [3], ignorance about patient's culture and prejudice on the part of therapist can harm the therapy. Cultural sensitivity coupled with cultural empathy and responsiveness can make therapy culturally more appropriate and effective.

Discussion

The Indian Lunacy Act replaced by The Mental Health Act, clearly states that every psychiatric center must have a psychiatrist, psychologist and psychiatric social worker. Similarly the Narcotic Drugs and Psychotropic Substances Act, emphasises that the treatment and rehabilitation of patients are mandatory. In view of this, there will be many more job opportunities for PSWs and many more challenges to utilise the newer techniques of intervention and therapies. In the past in most of the centers the psychiatrist was the only person to deal with the patients. PSW remained at the periphery and were often ignored as their role was not clearly defined. Thus they often had no job satisfaction. In some centers, the PSWs are restricting their work to social history taking and environmental manipulation, but others have started going further in handling the cases by incorporating newer skills [4].

There is a growing need for modification in the syllabus which is used for training of PSWs in colleges of social work. Such modifications are already observed in training centers like National Institute of Mental Health & Neuro Sciences (NIMHANS). This can be used as a model for the training of PSWs in the country. There is also a need for empirical and clinical research using scientific methodology to determine the effectiveness of such training programs. Similar research needs to be carried out to determine the applicability of newer intervention techniques.

Conclusion

In the past the PSWs have concentrated on social study, social diagnosis and the correction of the social environment of the patients. With the development of understanding of the role of the intrapsychic and extrapsychic conflicts contributing to the psychiatric illnesses and the training to handle those problems, PSWs have started utilizing other individual intervention strategies like insight therapy, crisis intervention, supportive therapy, counselling and cognitive behaviour modification therapy. The recent trends in the field of mental health have posed newer challenges and created newer settings for the PSWs.

1. Banerjee G R, *Papers on social work. Bombay : Tata Institute of Social Sciences* 1972
2. Stewart R L, Maurice L, Individual psychotherapy
In: Freedmon A M, Kaplan H I, eds. Comprehensive Textbook of Psychiatry, Indian Edition. Calcutta :
Page: 1209-12, 1967
3. Neki J S, Learning psychotherapy
In: Kapur M, Shamasuder C, Bhatti R. S, eds. Psychotherapy Training in India. Bangalore : NIMHANS
Page: 9, 1996
4. Bhatti R S, Training objectives in psychiatric social work
In: Kapur M, Shamasundar C, Bhatti R. S, eds. Psychotherapy Training in India. Bangalore, NIMHAN
Page: 29-34, 1996