

Effect of Reality Oriented Training Combined with Group Diversified Art Therapy on Social Function of Chronic Schizophrenia

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DOI: 10.32629/jcmr.v5i2.2327

Abstract: Objective: To explore the effect of reality oriented training combined with Group diversified art therapy on social function of patients with chronic schizophrenia. Methods: 60 patients with chronic schizophrenia who were hospitalized for a long time in our hospital were selected for the implementation of reality oriented training combined with Group diversified art therapy. The activities of daily living, social function and rehabilitation scores of patients before and after the implementation were compared. Results: after intervention, ADL score, SDSS score and IPROS score were significantly decreased (p<0.05). Conclusion: the implementation of reality oriented training combined with Group diversified art therapy for patients with chronic schizophrenia can improve the daily living ability and social function of patients, and promote the better recovery of patients.

Keywords: reality oriented training; Group style diversified art; chronic schizophrenia; social function

1. Introduction

Chronic schizophrenia is a common chronic disease, which has the characteristics of repetition and protraction. Patients have multiple problems of social function damage, and their quality of life and self-care ability have also decreased significantly. Years of application practice found that for patients with chronic schizophrenia, simple drug treatment can only control the disease to a certain extent, but there is no obvious effect of social function recovery [1]. For this reason, we have actively explored the scheme to improve the social function of patients with chronic schizophrenia for many years. Reality oriented training is a training technology that can help improve people's cognition, life and social functions, guide patients to re learn and understand the surrounding things, and improve their ability to adapt to the environment. The Group diversified art therapy is a form of relaxation therapy education with a variety of art media as the carrier to convey people's inner thoughts and feelings. The collaborative application of the two can promote the gradual recovery of patients with chronic schizophrenia. In this study, 60 cases of chronic schizophrenia who have been hospitalized in our hospital for a long time are selected, and the intervention methods and effects are analyzed. The report is as follows.

2. Data and methods

2.1 General information

60 cases of chronic schizophrenia were selected from the long-term hospitalized cases in our hospital, including 28 males and 32 females, aged from 22 to 60 years, with an average age of (42.23 ± 6.54) years, and the course of disease was 4 to 14 years, with an average of (8.29 ± 2.02) years.

2.2 Inclusion criteria and exclusion criteria

Inclusion criteria: (1) the patients were diagnosed as chronic schizophrenia by ICD-10 schizophrenia at admission [2]; (2) The patients' intelligence was normal; (3) The course of disease was more than 3 years, and the patients had the education level of junior high school or above; (4) The patients and their families have been communicated to cooperate with the study and sign the informed consent.

Exclusion criteria: (1) cases with mental retardation or bipolar disorder; (2) Cases with malignant tumors and organic lesions of important organs; (3) Drug and alcohol addicts; (4) Cases with extremely unstable mental state and unable to cooperate.

2.3 Methods

All 60 patients were intervened with reality oriented training and Group diversified art therapy on the basis of olanzapine drug treatment. The specific contents are as follows: (1) reality oriented training. ① Life skills oriented training. Guide

patients to maintain the initiative and regularity of daily life, including getting up regularly, dressing and washing, tidying up the room, dining and washing, etc., and conduct evaluation once a week, so that patients can master life skills and develop good habits under the supervision of positive reinforcement. 2 Social skills oriented training. The patients were divided into 4-8 groups, and 1-2 nurses were assigned to perform role-playing training 2-3 times a week. Including guidance skill training; Play various roles in hypothetical situations; Guide improvement training; Submit training assignments; Strengthen the contrast repeatedly; Cooperate with relatives to participate in communication, etc. (3) Drug disposal skill oriented training. Instruct patients to ask nurses about the drugs used; The nursing staff explained the method, dose and significance of medication to the patients in detail, repeated training and role involvement to ensure that the patients understood the necessity of medication in role immersion and achieved the expected therapeutic effect. (4) Self monitoring symptom oriented training. The patients were divided into groups with 8 persons in each group. During the process of explaining the signs of disease recurrence, cooperative demonstration was carried out to ensure that the patients understood. The time of each explanation was controlled at about 45min, and the explanation was carried out at least three times a week. (5) Recreational activity oriented training. Regularly carry out activities of interest to patients, including Baduanjin, reading, cards, etc., provide appropriate gifts in benign competition, and enhance the participation of patients. It can be organized 4-5 times a week, each time for 1-2 hours. 6 Labor skill oriented training. In order to improve the fit between the patient and the surrounding environment, activities such as plant planting and maintenance or sewing technology can be carried out regularly. Patients can choose training programs by themselves and carry out training 5-10 times a month. (2) Group diversified art therapy. \square Create a good nurse patient relationship, care for patients in daily management and nursing, improve the empathy of nursing staff, and lay the foundation for creating a harmonious relationship and improving the effect of treatment and intervention for patients. 2) Pre treatment assessment. The nurses evaluated the status and performance of patients by stages through the communication and interaction skills scale to determine whether they were suitable for participating in organizational activities. ③ Group diversified art therapy. Encourage patients to participate in self introduction activities, and nursing staff to demonstrate the way of loud and clear self introduction, including interests, hobbies, specialties and other contents, so as to exercise patients' speech expression ability. Participate in static music appreciation activities, guide patients to learn to listen, relax, and apply listening skills to daily communication. Organize chorus activities, encourage patients to sing selflessly to follow the music rhythm, vent their emotions and adjust their mentality. Carry out Baduanjin learning and painting activities, let patients enjoy it through participation and practical operation, pay attention to the performance of patients when they encounter difficulties in the learning process, remind and encourage patients to find ways to solve it, and if it is impossible to solve it, learn to ask others for help. The help seeking process uses the communication skills learned to harmonize the relationship between the two sides. Carry out role-playing activities, create specific situations, let patients pay attention to the role of psychology and emotion, strengthen role interaction to enhance the experience of patients' participation, nursing staff need to adjust the speed and tone of voice in the process of playing, maintain cadence, let patients more actively imitate and learn, and be brave in expression and communication. Carry out group sharing activities, encourage patients to share the communication skills they have learned, and speak loudly about their performance in communication, so as to obtain satisfaction and self-confidence, which is beneficial to the patient's compliance and recovery of the disease.

2.4 Observation indexes

ADL (activity of daily living scale) [3], SDSS (social disability screening schedule) [4], and IPROS (patient psychological rehabilitation outcome scale) [5] were used to evaluate the recovery of patients. ADL included six items, including toileting, dressing, walking and eating. The higher the score, the worse the patients' daily living ability. SDSS includes 10 items, such as occupational work, marital function, social withdrawal, and so on. Each score is 0-2 points. A high score means that the patient has a serious social function defect. IPROS includes 36 items, such as living ability, social ability, hygiene, etc., with the highest score of 144. The recovery effect of patients with high score is inversely proportional.

2.5 Statistical methods

The full-text data were statistically processed by spss25.0 software. The measurement data were expressed as mean \pm standard deviation, and the unit was t-test. If p<0.05, the difference was statistically significant.

3. Results

After intervention, ADL score, SDSS score and IPROS score were significantly decreased (p<0.05). See Table 1.

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|------------------------|-----------------|------------|---------------------------------------|--------------|
| Time period | Number of cases | ADL score | SDSS score | IPROS score |
| Before intervention | 60 | 56.22±6.23 | 19.02±1.97 | 104.13±16.15 |
| After the intervention | 60 | 41.03±2.84 | 9.13±1.33 | 61.94±8.77 |
| T value | | 14.145 | 17.024 | 14.856 |
| P value | | < 0.05 | < 0.05 | < 0.05 |

Table 1. Comparison of scores of patients before and after intervention (cases/point)

4. Discussion

With the change of people's living environment, the survival pressure increases, and the prevalence of mental diseases increases significantly. Among the currently hospitalized psychiatric patients, chronic schizophrenia accounts for more than 50%. These patients usually have no intellectual problems, but they are seriously damaged in thinking, emotion, social function and other aspects, resulting in a significant decline in their quality of life and a certain degree of social harm. Therefore, effective intervention is necessary.

Reality orientation was first proposed by American scholar Dr. Muse COSEN to improve people's cognitive ability and memory ability, and improve their ability to get along with and integrate with the surrounding environment. It is applied to patients with chronic schizophrenia to improve their adaptability to the environment, improve their processing ability, enhance their confidence, and make them easier to participate in various daily activities. Group diversified art makes up for the defects of monotherapy, integrates the characteristics and advantages of various art therapies, and comprehensively applies them in the recovery process of patients, so as to promote patients' better return to society and improve symptoms. In this study, the ADL score, SDSS score and IPROS score of 60 patients with chronic schizophrenia were significantly decreased after reality oriented training combined with Group diversified art therapy (p<0.05). It is suggested that in reality oriented training and Group diversified art therapy, patients can experience real life through role play, improve life skills, and gradually recover their ability in repeated training. Nursing staff take advantage of daily communication opportunities, pay attention to improving the communication and interaction skills of patients, make them accustomed to living in a normal atmosphere, gradually improve the ability to use the environment, and cooperate with various group art therapy to improve the practical ability of patients, so as to improve their social function and recovery effect.

To sum up, the intervention of reality oriented training combined with team diversified art therapy for patients with chronic schizophrenia can effectively improve their social function, improve their ability to live, and promote the physical and mental recovery of patients.

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