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Case Study

Case Study: A Work up Case of Paranoid Schizophrenia

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ABSTRACT

Cognitive Behaviour Therapy and Group therapy interventions with schizophrenia patients are well researched areas. The current research focuses on application of these interventions and challenges while using them with paranoid schizophrenia patient. The study included in depth exploration of symptomatology of the paranoid schizophrenia patient, individual and group therapy interventions with the patient, and challenges for the therapist as well as for the patient in the therapy process.

Keywords: *Paranoid Schizophrenia, Individual Therapy Work, Group Therapy work.*

Schizophrenia is the most severe of the mental disorders which disables the person and has worldwide accepted prevalence of about 1% in the population. WHO (2009) reports also depicts that it may affect about 1.0% of the general population in any given country. Schizophrenia, from the public health perspective, is a major concern as the onset of the illness occurs early in age (15-35 years of age) (WHO, 2009). It usually starts in adulthood with likelihood that a person disables for a lifetime. Schizophrenia is found in all countries, cultures, and socioeconomic classes; in both sexes equally with typical age of onset appears to be younger in males (about 21 years of age) than females (about 27 years) (Oxford Textbook of Psychopathology, 1999).Schizophrenia is a well-researched area with numerous studies on its etiology, course and outcome, and treatment. Psychological or psychosocial treatment is another area that is well researched including various intervention models such as Cognitive Behaviour Therapy, Psychodynamic psychotherapy, Social Skills Training, Expressive Therapies, etc. Researchers either reinforced on individual interventions or integrated models consisting of two or more interventions provided to patients either in individual therapy sessions or group therapy.

A case with paranoid schizophrenia was studied to understand the important contributing factors to work with paranoid schizophrenia patient.

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CASE HISTORY

Background Information

Ms A was 30 years old average build female from middle class socio economic status, urban background, having qualifications M.Sc., MCA, B.Ed., worked in university as a guest lecturer for 2 years, was married but divorced, staying with parents but had poor interpersonal relations with them.

Description of the presenting problem

She was presented in psychiatry IPD with chief complaints:

- Suspiciousness,
- Muttering to self without any obvious reason,
- Anxiety,
- Sadness of mood,
- Irritability,
- Aggression and violence on occasions,
- Decreased sleep,
- Decreased self-care,
- Social isolation

Exploration of history with her parents revealed that the patient's problems started when she joined college. She developed symptoms of anxiety, lack of concentration in studies, lack of confidence that she would not be able to remember what she read. Gradually she got suspiciousness towards her mother saying the mother was hiding her belongings, the mother was jealous of her hence did not like her to do any good in her life. She would keep on muttering her thoughts in loud voice.

After completing her MSc, MCA and B.Ed., she joined job as college as guested lecturer, there she got suspiciousness towards her colleagues and developed paranoia against them that they want to harm her and take advantage of her. She got referential ideas also against work people and her neighbours that they used to make fun of her with their gestures.

Her behaviour also became odd as she started showing disorganized behaviour while taking lecture in her college. Over the course of her illness, patient was withdrawn to self, gradual decrease in interaction with family members, lack of initiative in doing any work, lack of involvement in any pleasurable activities affecting social, personal and professional life. Her self-care also deteriorated; she would not take bath, change clothes. She would also not come out of her room or go out of her house. Overall her social, occupational and personal functioning was deteriorating.

There was no family history of any mental illness. Mental status examination revealed decreased psychomotor activity, poor personal hygiene. Patient was conscious of herself and her surroundings; well oriented to time, person and place; her attention was intact but concentration was impaired. Her affect was blunt throughout the interview. Her thinking showed delusion of persecution, delusion of reference. Her content of thought revealed hopelessness, worthlessness.

Diagnosis of the patient

The patient was diagnosed case of paranoid schizophrenia with nine years duration of illness. She was on continuous pharmacological treatment (antipsychotic medication).

Her PANSS rating was assessed, the scores were as follows:

PANSS Scales	PANSS Scores before psychological interventions
P1	7
P2	5
P3	4
P4	1
P5	1
P6	7
P7	7
N1	6
N2	4
N3	3
N4	3
N5	3
N6	2
N7	6
G1	4
G2	6
G3	1
G4	6
G5	1
G6	3
G7	2
G8	6
G9	3
G10	1
G11	3
G12	7
G13	6
G14	7
G15	3
G16	6

PSYCHOLOGICAL INTERVENTIONS

Individual therapy

Ms Awas highly guarded. She did not share anything about her problems initially. Rapport building was the first therapeutic approach used with the patient in individual therapy sessions. Her anxiety and stress was focused upon. She was given assurance that she would be listened non-judgementally. Gradually she started sharing her fears, her thoughts and

emotions. Even then she did not share in-depth fears and thoughts as she used to share day to day fears and anxieties.

After a month she started trusting the therapist and started sharing her in-depth thoughts and emotions. She shared she feels extreme hostility towards her mother, her fears that her colleagues always talk about her, plan against her, her concerns that she is not able to fully concentrate on her work and forgets easily. She was provided non-judgmental and unconditional listening. Gradually her trust became strong. The therapist started Cognitive Behaviour Therapy (CBT) work with her- starting from recognizing her emotions and thoughts. Insight facilitation was initiated but the patient's sensitivity increased, she started discomfort. The therapist decided to withhold the insight facilitation in individual sessions.

Group therapy

The therapist then planned group therapy sessions for Ms A. She was introduced to the group of ten people, all having diagnosis of paranoid schizophrenia. Group therapy sessions were provided to those patients in duration of 4 months two sessions per week. The group therapy sessions included topics:

- Introduction about Group Therapy
- Communication
- Emotions and its management
- Stress and anxiety management
- Problem solving
- Illness (physical and mental illness) and its Insight
- Schizophrenia- symptoms, treatment, and rehabilitation
- Social interaction and relationships

During these group sessions Ms A showed positive change in her thoughts, she was more open to conversations, started understanding the link between her thoughts and emotions, and interpretation of the way her behaviour is affected by them. Her coping also enhanced gradually with using techniques of anger and stress management, and problem solving skills. After four months she had been recovered well from her psychotic symptoms, she stated having healthy communication with both her parents, was going home to stay with parents on leave of absence.

The symptoms of Ms A were again measured using PANSS after completion of thirty group therapy and individual therapy sessions. The scores were as follows:

PANSS Scales	PANSS Scores before psychological interventions
P1	3
P2	1
P3	1
P4	1
P5	1
P6	3
P7	2
N1	3

PANSS Scales	PANSS Scores before psychological interventions
N2	3
N3	1
N4	3
N5	1
N6	1
N7	2
G1	1
G2	3
G3	1
G4	3
G5	1
G6	1
G7	1
G8	1
G9	1
G10	1
G11	2
G12	2
G13	3
G14	3
G15	3
G16	3

ANALYSIS

t-test was used to test the statistical significance for individual and group therapy sessions with Ms A

		Mean	Standard deviation	t	df	Sig. (2 tailed)
Pair 1	PB - PA	2.85714	2.03540	3.714	6	.010
Pair 2	NB - NA	1.85714	1.34519	3.653	6	.011
Pair 3	GPSB - GPSA	2.18750	1.72119	5.084	15	.000

(Source: Primary Data and analysis of SPSS 19.0)

PB- Positive scale symptom before psychological interventions
PA- Positive scale symptom after psychological interventions
NB- Negative scale symptom before psychological interventions
NA- Negative scale symptom after psychological interventions
GPSB- General Psychopathology scale symptom before psychological interventions
GPSA- General Psychopathology scale symptom after psychological interventions

Table value for positive and negative scale is 2.447 at 0.05 level and 3.707 for 0.01 levels; for General psychology scale is 2.131 at 0.05 level and 2.947 at 0.01 levels.

t-test results indicated there was significant difference in symptomatology of Ms A with psychological interventions.

DISCUSSION

Discussion and Recommendations- important factors contributed in case work up

- Focus on Rapport Building- working at the pace of the patient helped in building rapport with her. Non-judgmental listening helped in building her trust on the therapist.
- Insight facilitation at the right time- waiting for the patient to develop trust on the therapist and helping her understand her own symptoms, along with enabling her coping skills helped Ms A to reflect on her behaviour; and to understand link between her thoughts and emotions, and its impact on her behaviours. Therefore proving insight when the patient is ready for it is important.
- Reflecting back on the therapy process was useful- with holding insight facilitation through individual session and to provide it through group therapy sessions was useful. Depending on the need of the patient and the way he/she is receptive to therapy, the therapy is to be planned and provided.

REFERENCES

Million. T, Blankey P. H. and Davis R.D. (1999); *Oxford Textbook of Psychopathology*; New York Oxford; Oxford University Press.

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Conflict of Interest

There is no conflict of interest.

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