IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

PSYCHOLOGICAL DISORDER AND ITS SOCIAL WORK INTERVENTION BY PROFESSIONAL SOCIAL WORK AS ONE OF THE COMPETENCE.

1Kshatriya Neha, 2Dr. Preeti Nair

1Asst. Prof, 2Director

1Parul Universty,

2Parul University

Abstract

The term psychological disorder is sometimes used to refer to what is more frequently known as mental disorders or psychiatric disorders. Mental disorders are patterns of behavioural or psychological symptoms that impact multiple areas of life. These disorders create distress for the person experiencing these symptoms. These disorders create distress for the person experiencing these symptoms, it affects his perceptions, mood or behaviour, The relationship between stress and mental illness is complex but is also known that stress and mental illness is complex but it is known that stress can worsen an episode of mental illness. There are many types of psychological disorders which include neurodevelopmental disorders, bipolar and related disorders, anxiety disorders, stress related disorders which include post traumatic disorders, Dissociative disorders, Somatic symptom disorders, Eating disorders, Sleep disorders, Disruptive disorders, Depressive disorders, Substance related disorders, Neurocognitive disorders, Schizophrenia, Personality disorders and Obsessive compulsive disorder. However 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 these psychological disorders can be cured by counselling, therapy sessions, prescribed medications, yoga, meditation and behavioural and cognitive treatment approaches, Hence these different types of psychological disorders are going to be explained in the following paragraphs 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.

Key words - Psychological disorder, Psychiatric social work, Intervention techniques.

Introduction:

In India Psychiatric social work is well established a profession for 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 centres are still restricting their work to these areas only.

To begin with neurodevelopmental disorders are those that are typically diagnosed during infancy, childhood, or adolescence. These psychological disorders include: intellectual disorder Sometimes called intellectual development disorder, this diagnosis was formerly referred to as mental retardation. This type of developmental disorder originates prior to the age of 18 and is characterized by limitations in both intellectual functioning and adaptive behaviours. Limitations to intellectual functioning are often identified through the use of IQ tests, with an IQ score under 70 often indicating the presence of a limitation. Adaptive behaviours are those that involve practical, everyday skills such as self-care, social interaction, and living skills.

Communication disorders also are those that impact the ability to use, understand, or detect language and speech. Autism spectrum disorder under neuro developmental disorders is characterized by persistent deficits in social interaction and communication in multiple life areas as well as restricted and repetitive patterns of behaviours. The DSM specifies that symptoms of autism spectrum disorder must be present

during the early developmental period and that these symptoms must cause significant impairment in important areas of life including social and occupational functioning.

Peps of anxiety disorders include generalized anxiety disorder (GAD).This disorder is marked by excessive worry about everyday events. While some stress and worry are a normal and even common part of life, GAD invSecondly Agoraphobia is a type of anxiety disorder in which individuals experience significant fear in relation to open or crowded spaces, particularly when escape may be difficult. Individuals with agoraphobia perceive these environments as dangerous, potentially humiliating, and/or significantly uncomfortable. In severe cases, this disorder can result in an individual refusing to leave their home. This fear usually relates to (1) concern that one might experience a panic attack in this environment and/or (2) one will be overwhelmed by anxiety to the point of "losing control" (e.g., fainting, vomiting, loss of bladder control, death).

Moving on Anxiety disorders are those that are characterized by excessive and persistent fear, worry, anxiety and related behavioural disturbances. Fear involves an emotional response to a threat, whether that threat is real or perceived. Anxiety involves the anticipation that a future threat may arise. Tyolves worry that is so excessive that it interferes with a person's well-being and functioning. Social anxiety disorder is a fairly common psychological disorder that involves an irrational fear of being watched or judged. The anxiety caused by this disorder can have a major impact on an individual's life and make it difficult to function at school, work, and other social settings.

Panic disorder, this psychiatric disorder is characterized by panic attacks that often seem to strike out of the blue and for no reason at all. Because of this, people with panic disorder often experience anxiety and preoccupation over the possibility of having another panic attack. People may begin to avoid situations and settings where attacks have occurred in the past or where they might occur in the future. This can create significant impairments in many areas of everyday life and make it difficult to carry out normal routines.

Adding on **Post Traumatic Stress Disorder (PTSD)** can develop after an individual has experienced exposure to actual or threatened death, serious injury, or sexual violence. Symptoms of PTSD include episodes of reliving or re-experiencing the event, avoiding things that remind the individual about the event, feeling on edge, and having negative thoughts.

Furthermore dissociative disorders are psychological disorders that involve a dissociation or interruption in aspects of consciousness including identity and memory. Dissociative disorders include dissociative amnesia. This disorder involves a temporary loss of memory as a result of dissociation. In many cases, this memory loss, which may last for just a brief period or for many years, is a result of some type of psychological trauma.

Dissociative amnesia is much more than simple forgetfulness Those who experience this disorder may remember some details about events but may have no recall of other details around a circumscribed period of time.

Sleep Disorders:
Whilst sleep can be affected for reasons that are not necessarily psychological conditions, those conditions do exist. Examples are narcolepsy where individuals suddenly experience a desire to sleep at all times of

the day, and at the opposite end of the scale is insomnia where a person simply cannot sleep, no matter how much they wish to.

Bipolar Disorders:
Someone who suffers from bipolar disorder finds their moods changing significantly, often for no apparent reason, They also experience the levels of energy that they have varying dramatically too, and this means that their activity levels differ greatly.
Extremes are an issue that bipolar sufferers face, due to the fact that their mood might be elevated, and they feel fantastic, and then it moves to the other extreme where they feel really low, to the point that they feel depressed.

This exists when an individual shows behaviours in which they repeatedly, or impulsively carry out actions, or have thoughts. The type of action can be just about anything, but common ones include continually checking the same door is closed, pulling at their hair, and hoarding items.

It is imperative to note that depression disorders is an area of psychology that many people's psychological condition is covered by, and although it is generally called 'depression", it comes in many forms and for varying reasons. The most common symptom is a complete lack of enthusiasm for anything and a general sense of hopelessness, which often leads to a severe impairment of how an individual goes about their daily life. The obvious concern for psychologists is to ensure that that the condition does not reach the point where the individual becomes suicidal. Often treatment can be a combination of consultation with a psychologist and medication, but only where the medication is deemed appropriate.

Obsessive-compulsive disorder and associated disorders: These disorders include frequent concerns, thoughts, and actions. Examples include Obsessive-Compulsive Disorder, Disability Disorder, and Trichotillomania (hair-pulling disorder.

Eating disorders are psychological conditions characterized by unhealthy, obsessive, or disordered eating habits. Eating disorders come with both emotional and physical symptoms and include anorexia nervosa (voluntary starvation), bulimia nervosa (binge-eating followed by purging), binge-eating disorder (binge-eating without purging), and other or unspecified eating disorders (disordered eating patterns that do not fit into another category) Eating disorders occur more frequently in affluent cultures than in non-affluent ones, but they are not exclusive to the well-off. A disproportionate number of those diagnosed are young women in their teens and 20s, but anyone—including young men and older adults of any gender—can develop an eating disorder. Eating disorders often become all-consuming, forcing the afflicted to focus on eating (or not eating) to the exclusion of much else in their life.

Lastly schizoaffective disorder is a mental health disorder that is marked by a combination of schizophrenia symptoms, such as hallucinations or delusions, and mood disorder symptoms, such as depression or mania.

Individual intervention techniques used by the Psychiatric Social Work Professional.

1. 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.

2. 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.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 argumentative 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.

3) 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.

4) 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.

5) 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.

Scope of the Psychiatric and Psychologist Social Work

The Indian Lunacy Act replaced by The Mental Health Act, clearly states that every psychiatric centre must have a psychiatric, psychiatrist and psychologist 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. 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 it is been observed that Psychiatric Social Work 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 obvious concern for psychologists is to ensure that that the condition does not reach the point where the individual becomes suicidal. Often treatment can be a combination of consultation with a psychologist and medication, but only where the medication is deemed appropriate. In the field of mental health have posed newer challenges and created newer settings for the PSWs.

Never the less the key role for professional social workers is that of counsellor. The role may be enacted with a variety of titles including counsellor, therapist, clinical social workers and others. The core function of this work, however is resilience oriented counselling, conducted in the context of a collaborative shared power relationship. Designing the effective programs consistent with the guidelines requires considerable creativity, blending knowledge of the prevention research with knowledge of local conditions and assets.

References:

1. Banerjee G R, Papers on social work. Bombay : Tata Institute of Social Sciences1972.

2. Bachrach LL. Psychosocial rehabilitation and psychiatry in the care of long-term patients. Am J Psychiatry 1992;149:1455-63

3. The Lunacy (Supreme Courts) Act, 1858, Being Act XXXIV of 1858 - South Asia Archive. Available from: http://www.southasiaarchive.com/Content/sarf. 145374/215399/003. [Last accessed on 2021 May 15].

4. Stewart R L, Maurice L, Individual psychotherapy In: Freedmon A M, Kaplan H I, eds. Comprehensive Textbook of Psychiatry, Indian Edition. Calcutta : Scientific Book Agency Page: 1209-12, 1967

5. 3.Neki J S, Learning psychotherapy In: Kapur M, Shamasuder C, Bhatti R. S, eds. Psychotherapy Training in India. Bangalore : NIMHANS Page: 9, 1996

6. 4.Bhatti R S, Training objectives in psychiatric social work In: Kapur M, Shamasundar C, Bhatti R. S, eds. Psychotherapy Training in India. Bangalore, NIMHANS Page: 29-34, 199