

# Psychosocial Interventional Approaches in Schizophrenia



# OVERVIEW

- INTRODUCTION
- TYPES OF APPROACHES
- REHABILITATION SKILLS
- REFERENCES

Psychosocial  
Issues

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graph TD; A[Psychosocial Issues] --- B[Individual]; A --- C[Family]; A --- D[Community];
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Individual

Family

Community

- **19th century: “Moral treatment”**
- Deinstitutionalization and the development of community mental health centers in the 1960s and 1970s in US
- Psychosocial therapies include a variety of methods to increase social abilities, self-sufficiency, practical skills, and interpersonal communication in schizophrenia patients
- The goal is to enable persons who are severely ill to develop social and vocational skills for independent living
- Psychosocial treatments should be tailored to the needs of the patient



# Individual Psychotherapy

- effects additive to pharmacological treatment
- developing a therapeutic relationship that pt. experiences as safe critical
- psychotherapy should be thought of in **terms of decades**, rather than sessions, months, or even years
- ability of a pt. to form a therapeutic alliance with a therapist is predictive of the outcome

- major aim is to convey the idea that **the therapist is trustworthy** - wants to understand the patient and tries to do so, and has faith in the patient's potential as a human, no matter how disturbed, hostile, or bizarre the patient may be at the moment
- likely to perceive exaggerated warmth or professions of friendship as attempts at bribery, manipulation, or exploitation
- Recent studies indicate that supportive, reality-oriented, individual psychotherapy, can be beneficial for outpatients with schizophrenia

# Cognitive Behavioral Therapy

- CBT for schizophrenia draws on the principles and intervention strategies developed for anxiety and depression
- used in schizophrenia patients to improve cognitive distortions, reduce distractibility, and correct errors in judgment
- focus on rationally exploring the subjective nature of the psychotic symptoms, challenging the evidence for these, and subjecting such beliefs and experiences to reality testing



THOUGHT  
*"Nobody likes me"*



FEELINGS  
*Sad; pessimistic*

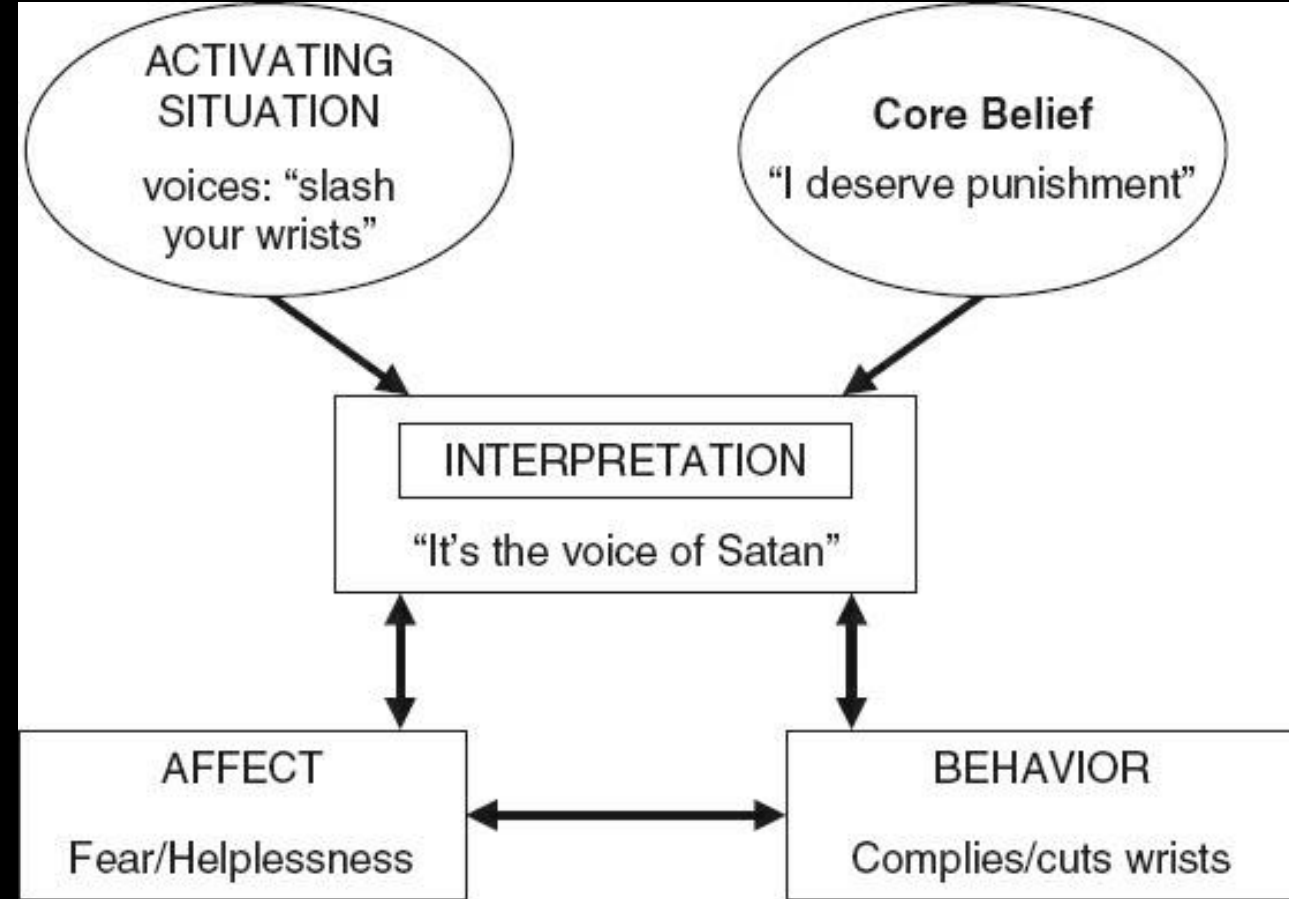
BEHAVIORS  
*Stay home; do nothing*

THOUGHT  
*"Someone likes me"*



FEELINGS  
*Hopeful; optimistic*

BEHAVIORS  
*Go out; talk to someone*



# Cognitive Behavioral Therapy

- CBT can be framed in **three stages**
  1. **Assessment:** definition of clients' current problems and goals, education about the model of treatment, establishment of a collaborative relationship, develop a case formulation, and agreement on a treatment plan
  2. **Skills acquisition:** learning to implement CBT interventions independently
  3. **Relapse prevention and termination:** emphasizes consolidation of skills, problem-solving obstacles to skill use, identifying potential risks for symptom exacerbation

## Catch-It, Check-It, Change-It (3C's) Worksheet

**Situation:** What was happening? Where and when?

**Feelings:** How was I feeling at the time?

**Actions:** What was I doing?

**CATCH IT:** What was I thinking in this situation? What went through my mind? Which thought best explains how I was feeling and what I was doing?

**CHECK IT:** Check to see if the thought is accurate by listing the evidence for and against the 'Catch It' thought. Also, check to see if the thought is a mistake in thinking.

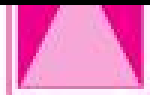
FOR	AGAINST	<b>MISTAKES IN THINKING</b>
		(Check any that apply) <ul style="list-style-type: none"><li>▶ All or nothing</li><li>▶ Mind reading</li><li>▶ Fortune telling</li><li>▶ Jumping to conclusions</li><li>▶ Catastrophizing</li><li>▶ Emotional reasoning</li></ul>

**CHANGE IT:** What would be a more accurate and helpful thought? If there was mistake in thinking or if the thought was inaccurate, develop a more helpful thought based on the evidence you listed.

<b>Situation</b>	<b>Catch It</b> <b>What's the Thought</b> <b>Going Feelings/Behaviors</b> <b>(Consequences of</b> <b>Thoughts)</b>	<b>Check It</b> <b>(Mistakes In Thinking and</b> <b>Evidence Against the</b> <b>Thought)</b>	<b>Change It</b> <b>(What's a More Helpful</b> <b>and Accurate</b> <b>Thought?)</b>
On the bus people looking at me	<b>Afraid; angry;</b> Left-got off "They want to hurt me."	<b>Mind reading;</b> jumping to conclusions; just looking at me doesn't mean they want to hurt me; maybe they think I look like a friend or someone they know; maybe they think I'm attractive	"There are lots of reasons People would look at me on the bus."
While going to fill out a job application, voices say: "You can't do anything right"; "Nobody would ever hire you	<b>Sad; hopeless ;</b> went home; Did not apply for the job "The voices are right; I could never get a job."	<b>All-or-none thinking;</b> predicting the future; the voices have been wrong before; I used to have a job	"Maybe the voices are wrong; I can check it out if I try and see if I Get hired."

# Cognitive Behavioral Therapy

- Agendas are set but are used more flexibly than in traditional CBT
- Therapy generally lasts between 12 to 20 sessions, but can go longer or shorter depending on the patient's needs, include both skill practice in sessions as well as homework assignments
- There are reports of ameliorating delusions and hallucinations in some patients using this method
- Patients who might benefit generally have some insight into their illness



## Common Techniques in Cognitive Behavioral Therapy for Schizophrenia

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### Behavioral Strategies

- Behavioral activation
- Pleasant activity scheduling
- Relaxation/stress reduction
- Self-monitoring
- Behavioral experiments
- Behavioral control strategies (e.g., distraction)

### Cognitive Strategies/Cognitive Restructuring

- Identifying automatic thoughts
  - Hypothesis testing
  - Identifying alternative explanations
  - Exploring evidence
  - Cognitive control strategies
-

# Personal Therapy

- objective is to enhance personal and social adjustment and to forestall relapse
- select method using social skills and relaxation exercises, psychoeducation, self-reflection, self-awareness, and exploration of individual vulnerability to stress
- therapy show improvement in social adjustment (a composite measure that includes work performance, leisure, and interpersonal relationships) and have a lower relapse rate

# TOKEN ECONOMY INTERVENTIONS

- based on the principles of operant conditioning
- awarding "tokens" for meeting positive behavioural goals
- **Key elements:**
  1. Identification of target behaviors, desirable
  2. Earning points or tokens for engaging in these behaviors
  3. Redeeming the points in exchange for material items or privileges
  4. Participation by all patients in treatment settings



# Dialectical Behavior Therapy

- combines cognitive and behavioral theories in both individual and group settings
- Emphasis is placed on improving interpersonal skills in the presence of an active and empathic therapist



Marital  
Discord

Expressed  
Emotions

Psychosocial

Issues

Family level

Family  
distress

Burden

Emergencies  
relapses

Long term  
care

Lack of  
understanding

# Family-Oriented Therapies

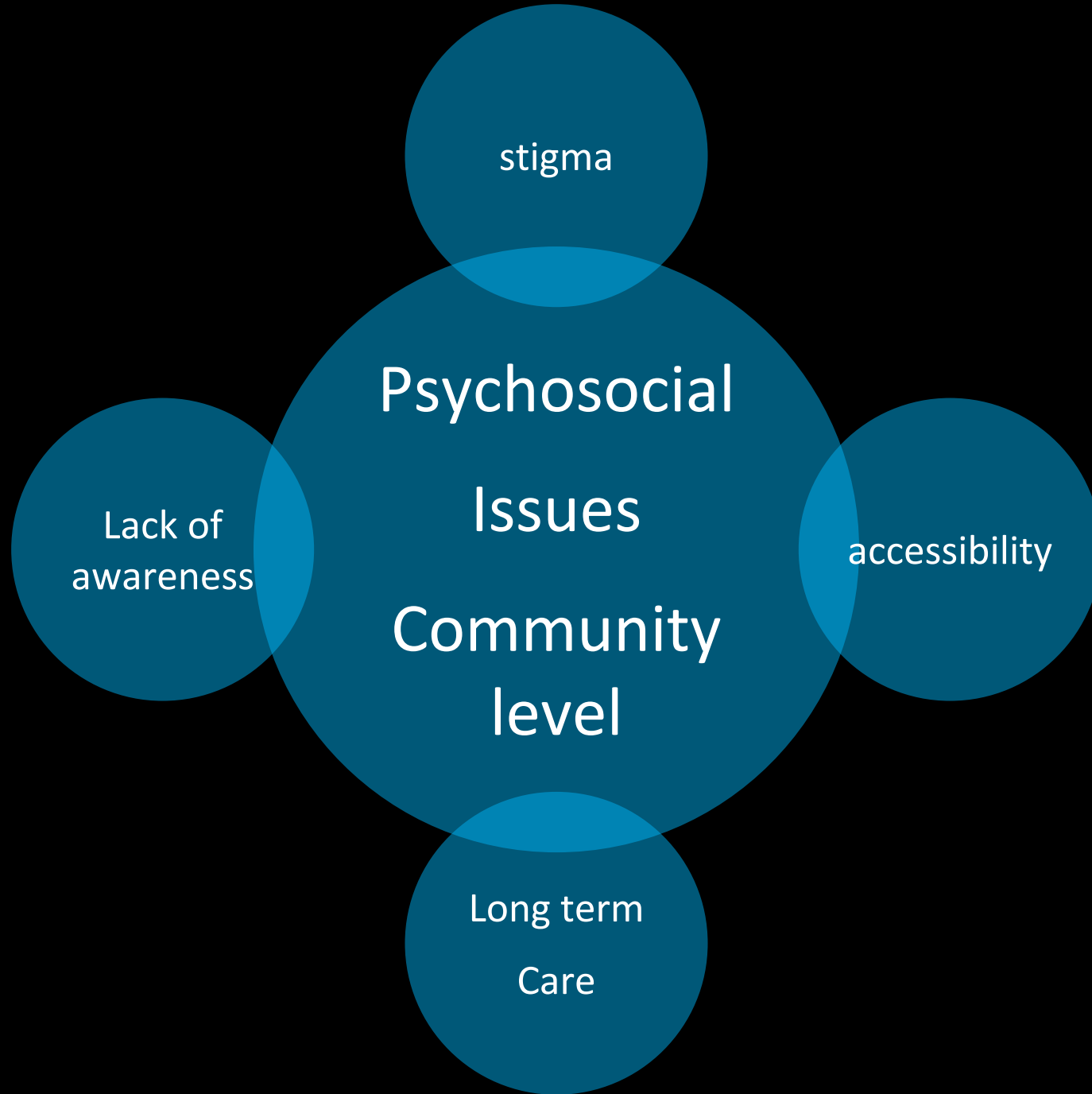
- Pt. often discharged in partially remitted state, a family to which a patient returns can often benefit from a brief but intensive (as often as daily) course of family therapy
- The aim of the therapy is to resolve the problems that emerge with the patient and the family quickly
- Identifying and avoiding potentially troublesome situations
- In wanting to help, family members often encourage a relative with schizophrenia to resume regular activities too quickly, both from ignorance about the disorder and from denial of its severity

- Therapists help both family and patient understand and learn about schizophrenia and encourage discussion of the psychotic episode and events leading up to it
- later family therapy directed towards long-range application of stress reducing and coping strategies and towards the patient's gradual reintegration into everyday life
- family members learn ways to minimize patient's chance of relapse — by using different treatment adherence strategies — aware of the various kinds of outpatient and family services available

## **The goals of family-based services are:**

- ✓ to increase understanding of the disorder
- ✓ reduce levels of expressed emotion (anger and guilt)
- ✓ reduce feelings of isolation, stress, and burden of family members
- ✓ foster development of coping skills
- ✓ Enhancement of relatives' ability to anticipate and solve problems
- ✓ Attainment of desirable change in relatives' behavior and belief system
- ✓ develop an ongoing collaborative relationship between family and clinicians

- Family intervention should:
  - include the person with schizophrenia if practical
  - carried out for between 3 months and 1 year
  - include at least ten planned sessions
  - take account of the whole family's preference for either single-family intervention or multi-family group intervention
  - take account of the relationship between the main person and the person with schizophrenia
  - have a specific supportive, educational or treatment function and include negotiated problem solving or crisis management work.



# Self help groups

- not led by a professional therapist, these groups may be therapeutic because members provide continuing mutual support as well as comfort in knowing that they are not alone in the problems they face
- draw public attention to discrimination against the mentally ill



# National Alliance on Mental Illness (NAMI)

- offer support groups for family members and friends of patients who are mentally ill and for patients themselves
- offer emotional and practical advice to refer to family members
- also waged a campaign to destigmatize mental illness and to increase government awareness of the needs and rights of persons who are mentally ill and their families

# Case Management

- one person aware of all the forces acting on the patient
- The case manager ensures that efforts of psychiatrists, social workers, and occupational therapists, among others are coordinated and that the patient keeps appointments and complies with treatment plans
- the case manager may make home visits and even accompany the patient to work
- The success of the program depends on the educational background, training, and competence of the individual case manager, which vary

# Assertive Community Treatment

- Originally developed Madison, Wisconsin, in 1970s, for delivery of services for persons with chronic mental illness
- Patients are assigned to one multidisciplinary team (e.g., case manager, psychiatrist, nurse, general physicians)
- include home delivery of medications, monitoring of mental and physical health, in vivo social skills, and frequent contact with family members
- individuals who are at risk for repeated hospitalizations or have recent homelessness and can effectively decrease the risk of rehospitalization

**Effectiveness of ACT Compared with Control Conditions (No. of Trials [%])**

Parameter	Better	No Different	Worse
Psychiatric hospital use	17 (74%)	6 (26%)	0
Housing stability	8 (67%)	3 (25%)	1 (8%)
Symptoms	7 (44%)	9 (56%)	0
Quality of life	7 (58%)	5 (42%)	0
Social adjustment	3 (23%)	10 (77%)	0
Jail/arrests	2 (20%)	7 (70%)	1 (10%)
Substance use	2 (33%)	4 (67%)	0
Medication compliance	2 (50%)	2 (50%)	0
Vocational functioning	3 (37%)	5 (63%)	0
Patient satisfaction with services	7 (88%)	1 (12%)	0
Family members satisfaction with services	2 (67%)	1 (33%)	0

- The team has a fixed caseload of patients and delivers all services when and where needed and care of acutely ill patients, including those who are suicidal, potentially violent or reluctant service users
- a high staff-to-patient ratio (1:12)
- delivery of all services when and where needed by the patient, 24hrs a day, 7 days a week
- patients frequently serviced in their own homes or in the workplace and
- labour-intensive and expensive programs to administer

# Group Therapy

- focuses on real-life plans, problems, and relationships
- Groups may be behaviourally oriented, psychodynamically or insight oriented, or supportive
- effective in reducing social isolation, increasing the sense of cohesiveness, and improving reality testing for patients with schizophrenia

# Art Therapy

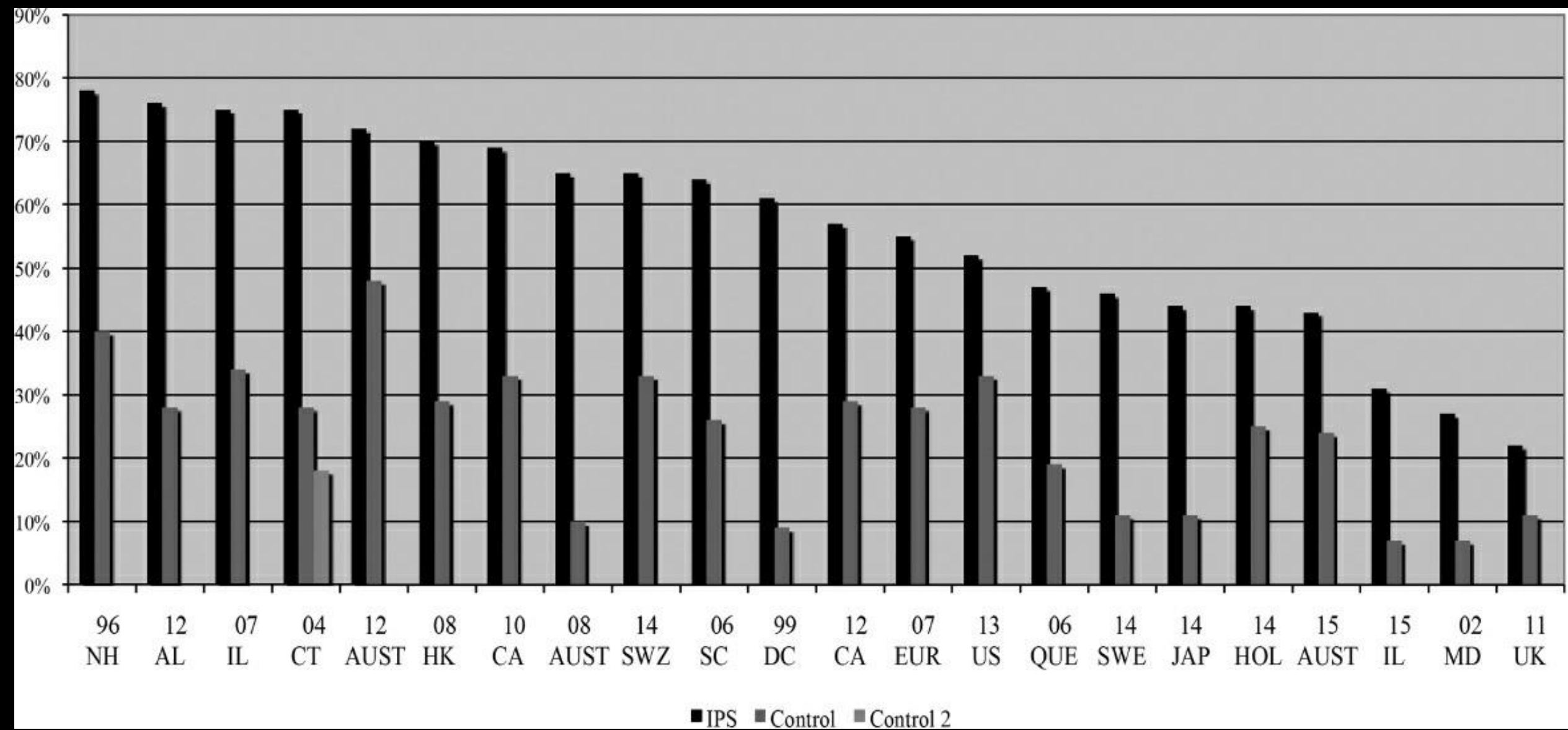
- provides them with an outlet for their constant bombardment of imagery
- It helps them communicate with others and share their inner, often frightening world with others.



# Vocational Therapy

- Competitive employment has been estimated at less than 20% or probably lower for patients with schizophrenia
- Help patients regain old skills or develop new ones
- Include sheltered workshops, job clubs, and part-time or transitional employment programs.
- Enabling patients to become gainfully employed is both a means toward, and a sign of, recovery
- Supported employment
- Positive impacts on self-esteem





- Two main classes of programmes:

1. **Prevocational training:** participants undergo a period of extensive preparation before being encouraged to seek competitive employment. The person is supported in some form of sheltered work before entering real-world employment
2. **Supported employment:** the emphasis is on placing individuals in competitive employment sooner and offering considerable after placement job-support services from a team of professionals



# Social Skills Training

- Referred to as behavioral skills therapy
- In addition to the psychotic symptoms seen in patients with schizophrenia, other noticeable symptoms involve the way the person relates to others-
  1. poor eye contact
  2. unusual delays in response
  3. odd facial expressions
  4. lack of spontaneity in social situations
  5. inaccurate perception or lack of perception of emotions in other people

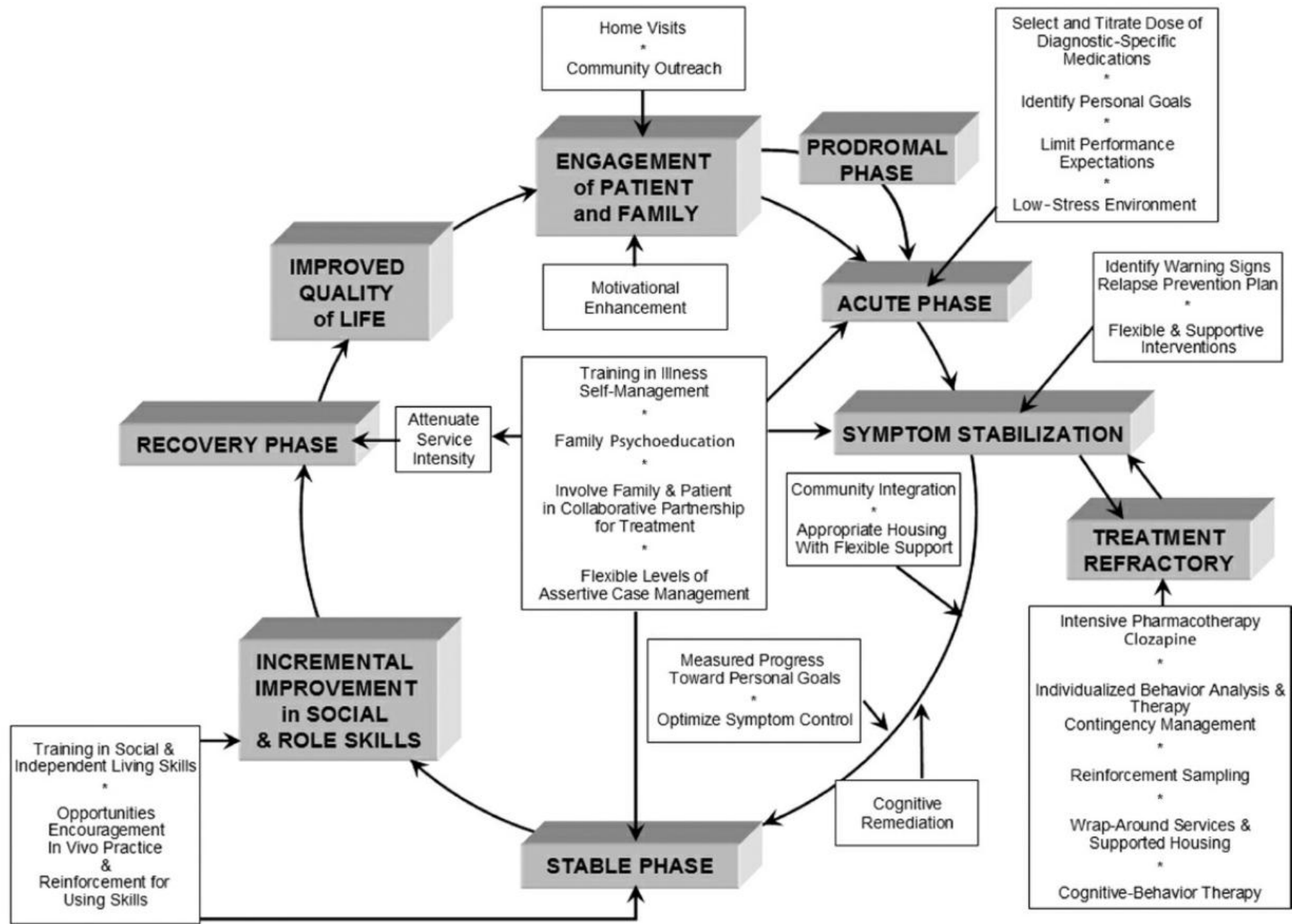
- addresses these behaviors through the use of videotapes of others and of the patient, role playing in therapy, and homework assignments for the specific skills being practiced
- Three forms of social skills training: the basic model, the social problem-solving model, and the cognitive remediation model

# Cognitive Training

- Utilizing computer generated exercises, neural networks are influenced in such a way that cognition, including working memory, is improved which translates into more effective social functioning
- The field is in its infancy and further work and replication of studies is needed

# Substance Abuse Rehabilitation

- 50 percent of adults with schizophrenia have at least one co-occurring substance abuse
- Aims to decrease complications associated with comorbid substance use





	APA	CANADIAN	NICE
<b>PSYCHOSOCIAL MANAGEMENT</b>	Family psycho-education (>9 months), Assertive community treatment, supported employment, social skills training and CBT ( 16-20 sessions)	Supported employment, family psycho-education, skills training, and CBT	CBT(16-sessions)/ FFT(10 sessions)/ arts therapy/ supported employment

# references

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THANK YOU

