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Consideration of Cognitive Behavioral Therapy in Treating Schizophrenia: An Evidence-Based Practice Project

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Consideration of Cognitive Behavioral Therapy in Treating Schizophrenia: An Evidence-Based Practice Project



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Purpose:

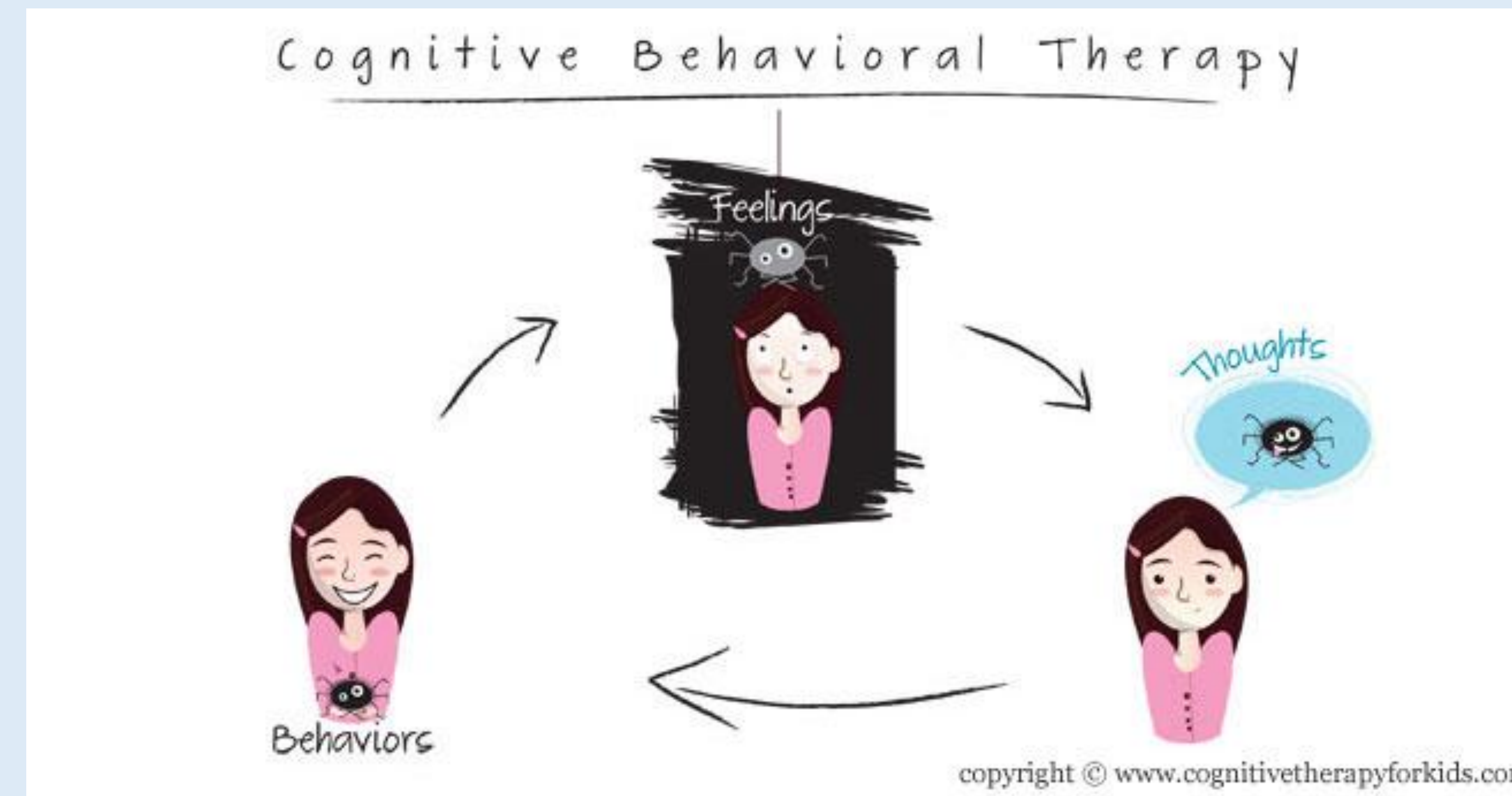
to answer the clinical PICOT question: For patients with schizophrenia how does CBT (cognitive behavioral therapy) and medication management compare to medication management alone affect symptom severity

Background:

- Schizophrenia is a debilitating psychological condition that affects 8 out of every 1000 individuals in the US, the etiology is unknown and believed to be partially related to genetics, and substance abuse.
- CBT is the utilization of therapy to reorganize thought content, challenge core beliefs, recognize and implement coping strategies, reframes negative experience and introduces structure.
- CBT has been recognized as an effective treatment for the management of a variety of psychiatric illnesses as a means of changing perceptions, behaviors, and teaching coping skills.
- The NIH (National Institute of Mental Health) indicates antipsychotic medications as the primary treatment for schizophrenia. Therapy is not included in this guideline established by the NIH.
- The trajectory for schizophrenia includes relapse and hospitalizations into the course of the disease.

Methods

- Databases Searched: PsychArticles, PsychInfoNet, Medline, CINAHL, EBSCO.
- Keywords: Schizophrenia, Psychosis, CBT, Therapy.
- Inclusion criteria: RCT's, meta-analysis, Cross sectional cohort study, Controlled trials without randomization published between 2007-2017. Adults.
- Exclusion Criteria: Articles not specific to Schizophrenia, not specific to CBT. In a language other than English. PTSD, co-occurring and substance abuse, Autism spectrum disorders.
- Final sample: 1 meta-analysis, 2 RCT's, 2 Cross sectional cohort studies.



Evidence Synthesis:

- There was no difference found between CBT and supportive therapy, both were effective in reducing positive symptoms (hallucinations, delusions) compared to control groups. ^{2,4,5}
- In 2 of the 5 studies, where a control group was not utilized, end results were compared to pretherapy results. Both of these studies indicated CBT was effective for reducing positive and negative symptoms. ^{1,3}
- One article with a longitudinal design supported therapy as a beneficial treatment 2 years after treatment ended. ⁵
- This evidence indicates that therapy should be a recommended adjunctive treatment for psychosis. The type of therapy utilized by the therapist was not statically significant.
- The evidence suggests that patients with a psychotic disorder do better with additional supports.
- One study where hospitalizations were included as a measure of success demonstrated that improved symptoms did not prevent future hospitalization. It did lengthen the time between readmissions for the therapy cohort. ⁵

References

1. Erickson, D. et al. Cognitive-behaviour therapy for medication-resistant positive symptoms in early psychosis: a case series. *Early Intervention in Psychiatry*. (2010) 4: 251-256
2. Kennedy, L. et al. Cognitive behavioural Therapy Compared with Non-specialized Therapy for Alleviating the Effect of Auditory Hallucinations in people with Reoccurring Schizophrenia: A systematic Review and Meta-analysis. *Community Mental Health J.* (2017) 53: 127-133
3. Perry, Y et al. The development and implementation of a pilot CBT for early psychosis service: achievements and challenges. *Early intervention in Psychiatry* (2015) 9: 252-259
4. Lincoln, T. et al. Moving from efficacy to effectiveness in cognitive behavioral therapy for psychosis: a randomized clinical practice trial. *Journal of consulting and clinical psychology*. (2012) Vol 80, No. 4, 674-686.
5. TARRIER, N. Two-year follow-up of cognitive-behavioral therapy and supportive counseling in the treatment of persistent symptoms in chronic schizophrenia. *Journal of Consulting and Clinical Psychology*. (2000) Vol 68, No. 5, 917-922

Translation to Practice

- The first step to increasing therapy referrals is to change the culture for patients and providers, teaching that therapy is effective, patients need to understand the benefit of additional services.
- Provide an in-service presentation for providers highlighting the available research comparing CBT to control groups.
- Inform patients of the benefits of therapy. Provide informational flyers in an outpatient office.
- Encourage providers to discuss the benefits of adjunctive therapy with their patients diagnosed with schizophrenia..
- There are no known side effects for recommending therapy.

Proposed Evaluation:

- Measure pre/post provider knowledge and attitudes
- Monitor provider CBT referral patterns and a patient referral follow-through

Conclusion:

- Schizophrenia is debilitating and a chronic mental illness that needs additional supports.
- Symptom improvement does not equate to prevention of relapse and hospitalization.
- The goal of treatment is to improve functioning and relieve suffering.
- Providers need to be discussing the benefits of additional treatments with their psychotic patients.