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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. 1,4,5
• 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

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.

References