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Abstract: "Evidence-Based Psychotherapy for Schizophrenia: Past, Present, and Future" (Intermediate)

This session will provide an overview of evidence-based psychotherapeutic treatments for people with schizophrenia. A historical review of the earliest approaches to psychotherapy, with important lessons learned, will first be presented. The current state of the field with regard to the most effective psychotherapeutic practices will then be reviewed, focusing on the comparative effectiveness of different approaches to psychotherapy for schizophrenia. Finally, the session will conclude with identifying the most promising new directions in psychotherapeutic treatment in the condition, as well as a discussion of challenges and approaches to ensuring that the most effective psychotherapies are available in routine clinical care.

Learning Objectives:

By the completion of this session, participants should be able to:
1. Identify the current best practices for the use of psychotherapy with people with schizophrenia;
2. Evaluate the comparative effectiveness of different psychotherapies used to treat schizophrenia; and
3. Describe the limitations of psychotherapeutic treatment for schizophrenia, including the science-to-service gap and areas for future development.

References

Evidence-Based Psychotherapy for Schizophrenia: Past, Present, and Future

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Disclosures

- Conflicts of Interest: None
- Research Support: NIMH

Psychotherapy for Schizophrenia

- Therapies that are not effective
- Evolution of early therapies
- Current evidence-based therapies
- Essential future directions
Psychotherapy for Schizophrenia

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Therapies That Are Not Effective:
Family-Blaming Therapies

Therapies That Are Not Effective:
Psychodynamic Psychotherapy

Cadigan & Murray, 2009

Therapies That Are Not Effective: Psychodynamic Psychotherapy

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Gerard E. Hogarty, MSW

<table>
<thead>
<tr>
<th>Type</th>
<th>Process</th>
<th>Theoretical Relationship to Pathophysiology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Role Therapy 1965-1976</td>
<td>Psychosocial help for people with schizophrenia (early case management)</td>
<td>Unrelated</td>
</tr>
<tr>
<td>Social Skills Training 1975-1985</td>
<td>Secondary environmental stress modification via correction of provocative behavioral deficits or excesses</td>
<td>Indirect</td>
</tr>
<tr>
<td>Family Psychoeducation 1978-1986</td>
<td>Primary environmental stress modification via education and management</td>
<td>Indirect</td>
</tr>
<tr>
<td>Personal Therapy 1987-1995</td>
<td>Identification and adaptive control of psychotic prodromes</td>
<td>Partially direct</td>
</tr>
<tr>
<td>Cognitive Enhancement Therapy 1996-Present</td>
<td>&quot;Gistful&quot; social cognition related to context appraisal and perspective taking (developmental, secondary socialization)</td>
<td>Entirely direct</td>
</tr>
</tbody>
</table>
**Major Role Therapy**

- An early precursor to social casework
- Goal was to help individuals resume their “major roles” in life after hospitalization
- Includes:
  - At least monthly contact with a social worker
  - Brokering of services and supports
  - Crisis management
  - Vocational supports and rehabilitation

Hogarty et al., 1974. Arch Gen Psychiatry. 31:603-608.

**Major Role Therapy (N = 374)**

- Goal is to reduce familial distress through demystifying schizophrenia
- Reducing familial distress would help families cope and reduce stress in the lives of patients
- The management of stress began to be viewed as essential to the management of schizophrenia

Hogarty et al., 1974. Arch Gen Psychiatry. 31:603-608.

**Family Psychoeducation**

- Goal is to reduce familial distress through demystifying schizophrenia
- Reducing familial distress would help families cope and reduce stress in the lives of patients
- The management of stress began to be viewed as essential to the management of schizophrenia
Social Skills Training

- Much of the stress patients experience is due to social difficulties
- Social skills training aims to improve social performance to reduce distress
- Uses behavioral strategies to teach individuals basic skills for interacting with others
  - How to start a conversation
  - How to obtain needed medicine
  - How to behave at a job interview

Family Psychoeducation and Social Skills Training Effects (N = 103)


Personal Therapy

- Delay post-hospital relapse and improve adjustment
- Identifying prodromes/early cues of distress
- Learn stress management/affect regulation
- Staged according clinical state (basic, intermediate, advanced)

“Finally, we conclude with the caveat that although relative gains in adjustment were clearly achieved, in absolute terms most recipients of personal therapy were still recovering from a severe mental disorder....These clinically meaningful but relative improvements would not qualify as optimal recovery from schizophrenia.” (p. 1523)
Cognitive Enhancement Therapy

- A recovery-phase intervention for remediating neurocognitive and social-cognitive deficits originally developed for schizophrenia by Hogarty and colleagues (2004, 2006).
- Neurocognitive Training
  - Computer-based training in attention, memory, and problem-solving.
  - 1 hour/week
  - 60 hours total
- Social-Cognitive Group Therapy
  - Training in perspective-taking, gistfulness, non-verbal communication, emotion perception, and much, much more.
  - 1.5 hours/week
  - 45 sessions

CET in Long-Term Schizophrenia
(N = 121)

Cohen's d

CET EST

Processing Speed
Neurocognition
Social Cognition
Social Adjustment
Symptoms

Hogarty et al., 2004. Arch Gen Psychiatry 61:866-876.

CET in Early Course Schizophrenia
(N = 58)

% Improvement

CET EST

Processing Speed
Neurocognition
Social Cognition
Social Adjustment
Symptoms

CET in Early Course Schizophrenia

10-Year Durability of CET in Early Schizophrenia (N = 58)

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Current Evidence-Based Therapies

- Service coordination
  - Major Role Therapy
  - Case management
  - Assertive community treatment
- Family psychoeducation
- Social skills training
- Individual psychotherapy
  - Personal Therapy
  - Cognitive Behavior Therapy for psychosis
- Supported employment
- Cognitive remediation

Case Management
\((k = 20)\)

- Symptoms
- Functioning
- Rehospitalization
- Service Use
- Link to Services


Assertive Community Treatment
\((k = 14)\)

- Symptoms
- Functioning
- Rehospitalization
- Length of Hospitalization

Family Psychoeducation  
(k = 18)  
Lincoln et al., 2007. Schizophr Res. 96:232-245.

Social Skills Training  
(k = 10)  

Cognitive Behavior Therapy  
(k = 50)  
Supported Employment

Figure 1—Competitive Employment Rates in 11 Randomized Controlled Trials of Individual Placement and Support


Supported Employment

(k = 7)


Cognitive Remediation

(k = 9 to 38)
Cognitive Remediation Effects on Functioning


Comparative Efficacy on Symptoms ($k = 48$)


Summary of Evidence

<table>
<thead>
<tr>
<th></th>
<th>Symptoms</th>
<th>Functioning</th>
<th>Relapse</th>
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<td>Assertive Community</td>
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Research to Practice Gap
Patterns of Care

West et al., 2005. Psychiatr Serv. 56:283-291.

Work to be Done

New Treatments?
Use Treatments?

Center for Interventions to Enhance Community Health

- Develop and test effective community-based interventions to improve health, with an emphasis on behavioral health
- Partner with community agencies to ensure "real world" readiness
- Integrate behavioral health interventions into everyday community settings to serve people where they are and prevent disability
New Treatment Directions

• Early intervention
• Substance use comorbidity
• Peer support and mentorship
• Approaches to increase medication adherence
• Integration with brain stimulation

Conclusions

• Psychotherapy and psychosocial interventions have an important place in schizophrenia treatment
• Optimal treatment = pharmacological + psychosocial
• Many psychosocial treatment options exist, now time to start using them

Acknowledgments

• Gerard E. Hogarty, M.S.W.
• Susan S. Hogarty, M.S.N.
• Deborah P. Greenwald, Ph.D.
• Michael F. Pogue-Geile, Ph.D.
• Matcheri S. Keshavan, M.D.
"My Mask"  

RJ

The irony of life  

Is that those who wear masks  

Often tell us more truths  

Than those with  

Open faces.

Marie Lu, The Rose Society