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Search details

Schizophrenia – Cognitive Behavioural Therapy - Research

Resources searched

Psychinfo and HMIC database

Database search terms:

Google search string:

Summary

Guidelines

Evidence based reviews

Cognitive behaviour therapy for schizophrenia 2010.

Early Intervention for psychosis 2010

Published research

1. Multimodal cognitive therapy: Combining treatments that bypass cognitive deficits and deal with reasoning and appraisal biases.

   Author(s): Velligan, Dawn I, Draper, Meredith, Stutes, Donna, Maples, Natalie,
The process of recovery in schizophrenia involves resolving persistent symptoms, addressing cognitive impairments, and improving functional outcomes. Our research group has demonstrated the efficacy of cognitive adaptation training (CAT)–a home-based psychosocial treatment utilizing environmental supports such as medication containers, signs, checklists, and the organization of belongings to bypass deficits in cognitive functioning and cue and sequence adaptive behavior) for improving adherence to medications and functional outcomes in schizophrenia. Early CAT pilot studies utilizing some therapists with training in cognitive behavior therapy (CBT) techniques for psychosis found significant improvements in positive symptoms. More recent larger scale randomized clinical trials failed to replicate this finding with CAT therapists not trained in CBT techniques. Persistent psychotic symptoms substantially impair patients’ ability to adapt to life in the community. Cognitive behavior therapy for psychosis (CBTp) is an evidence-based practice for addressing persistent positive symptoms and the distress associated with them. CBTp decreases symptomatology and minimizes the negative effect of persisting symptoms upon individuals with this disorder. We now describe a home-delivered, multimodal cognitive treatment targeting functional outcomes and persistent positive symptoms for individuals with schizophrenia by utilizing both CAT and CBT techniques. We discuss the advantages and challenges of combining these 2 interventions, present a small retrospective data analysis to support their combination into a multimodal treatment, and describe the design of an ongoing randomized trial to investigate efficacy.

**Source:** PsycINFO

**Full Text:**


1. **Social disinterest attitudes and group cognitive-behavioral social skills training for functional disability in schizophrenia.**

**Author(s):** Granholm, Eric, Ben-Zeev, Dror, Link, Peter C

**Citation:** Schizophrenia Bulletin, September 2009, vol./is. 35/5(874-883), 0586-7614;1745-1701 (Sep 2009)

**Publication Date:** September 2009

**Abstract:** The majority of clinical trials of cognitive-behavioral therapy (CBT) for schizophrenia have used individual therapy to target positive symptoms. Promising results have been found, however, for group CBT interventions and other treatment targets like psychosocial functioning. CBT for functioning in schizophrenia is based on a cognitive model of functional outcome in schizophrenia that incorporates dysfunctional attitudes (eg, social disinterest, defeatist performance beliefs) as mediators between neurocognitive impairment and functional outcome. In this report, 18 clinical trials of CBT for schizophrenia that included measures of psychosocial functioning were reviewed, and two-thirds showed improvements in functioning in CBT. The cognitive model of functional outcome was also tested by examining the relationship between social disinterest attitudes and functional outcome in 79 people with schizophrenia randomized to either group cognitive-behavioral social skills training or a goal-focused supportive contact intervention. Consistent with the cognitive model, lower social disinterest attitudes at baseline and greater reduction in social disinterest during group therapy predicted better functional outcome at end of treatment for both groups. However, the groups did not differ significantly with regard to overall change in social disinterest attitudes during treatment, suggesting that nonspecific social interactions during group therapy were important for improvements in social functioning.
therapy can lead to changes in social disinterest, regardless of whether these attitudes are directly targeted by cognitive therapy interventions. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO

Full Text: Available in fulltext at National Library of Medicine

2. **A randomized controlled trial of group cognitive-behavioral therapy vs. enhanced supportive therapy for auditory hallucinations.**

   **Author(s):** Penn, David L, Meyer, Piper S, Evans, Elizabeth, Wirth, R. J, Cai, Karen, Burchinal, Margaret

   **Citation:** Schizophrenia Research, April 2009, vol./is. 109/1-3(52-59), 0920-9964 (Apr 2009)

   **Publication Date:** April 2009

   **Abstract:** There has been little research examining group cognitive-behavioral therapy (CBT) for schizophrenia, especially compared to an active control treatment. The purpose of this study was to investigate the effectiveness of group CBT for auditory hallucinations compared to an enhanced supportive therapy (ST). Sixty five participants with schizophrenia spectrum disorders and persistent hallucinations were randomly assigned to group CBT or enhanced group ST. Primary outcomes focused on beliefs about voices and global auditory hallucinations severity. Secondary outcomes included psychotic symptoms, self-esteem, social functioning, insight, depression, and hospitalization. Controlling for baseline levels, these outcomes were evaluated across post-treatment, 3 month and 12 month follow-ups. Participants who received enhanced ST were less likely to both resist voices and to rate them as less malevolent through 12-month follow-up relative to participants who received CBT. Group CBT was associated with lower general and total symptom scores on the PANSS through 12-month follow-up relative to participants who received enhanced ST. Outcomes improved through 12-month follow-up in both therapy groups, with enhanced ST having more specific impact on auditory hallucinations, and CBT impacting general psychotic symptoms. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

   **Source:** PsycINFO

2. **Effectiveness of brief cognitive-behavioral therapy for schizophrenia delivered by mental health nurses: Relapse and recovery at 24 months.**

   **Author(s):** Malik, Navdeep, Kingdon, David, Pelton, Jeremy, Mehta, Raj, Turkington, Douglas

   **Citation:** Journal of Clinical Psychiatry, February 2009, vol./is. 70/2(201-207), 0160-6689 (Feb 2009)

   **Publication Date:** February 2009

   **Abstract:** Background: Evidence of the efficacy of cognitive-behavioral therapy (CBT) for schizophrenia is increasing. There are very few studies of effectiveness, especially in the medium term. Objective: To evaluate the durability of the effect of brief CBT provided by mental health nurses in community-based patients with schizophrenia (diagnosed according to ICD-10 research criteria), using time to relapse as primary outcome and days hospitalized and occupational recovery as secondary outcomes at 24-month follow-up. Method: A 2:1 randomized trial, conducted from 1999 to 2003, was performed to evaluate the effects of brief CBT delivered by mental health nurses trained over 10 days with ongoing supervision
compared to treatment as usual (TAU), with measurement performed by raters blind to treatment allocation. Results: 205 (79.8%) of 257 CBT patients and 125 (75.8%) of 165 TAU patients could be followed up at 24 months. Of 205 patients in the CBT group, 64 (31.2%) relapsed, versus 57 (45.6%) of 125 patients in the TAU group (p = .02). Patients rehospitalized from the CBT group spent a total of 6710 days in hospital (mean = 32.7 days), while those from the TAU group were inpatients for 6114 days (mean = 48.9 days) (p < .05). Twenty-one (10.2%) of 205 patients made an occupational recovery in the CBT group, and 17 (13.6%) of 125, in the TAU group (Chi superscript 2 test not significant). Mean time to relapse was 356.8 days (SD = 241.9 days) for the CBT group and 296.1 days (SD = 215.7 days) for the TAU group (OR = 1.592, 95% CI = 1.038 to 2.441, p = .033).

Conclusion: Beneficial effects on relapse and rehospitalization following brief CBT delivered by mental health nurses in community-based patients with schizophrenia are maintained at 24-month follow-up. Occupational recovery is not improved by brief CBT. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

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Author(s): Naeem, Farooq, Kingdon, David, Turkington, Douglas

Citation: Cognitive Therapy and Research, October 2008, vol./is. 32/5(651-656), 0147-5916;1573-2819 (Oct 2008)

Publication Date: October 2008

Abstract: Cognitive therapy is now widely recommended for the treatment of schizophrenia. However, little is known about factors predicting good outcome. We are describing separate sub-analyses of two randomized controlled trials of Cognitive Behaviour Therapy for schizophrenia. In one trial expert therapists provided therapy while in the second trial brief therapy was provided by trained nurses. In both trials psychopathology was assessed using the Comprehensive Psychopathological Rating Scale (CPRS) and the Health of the Nation Outcome Scale (HoNOS). Insight, delusions, hallucinations and negative and positive symptoms were also measured. In brief therapy trial higher levels of insight and high CPRS global impression score predicted good outcome in the CBT group. Analyses using similar variables did not reveal any specific predictors for good outcome in the second trial. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

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4. Cognitive-behavioural therapy by novices for supervised community hostel residents with treatment-resistant schizophrenia in Hong Kong: A pilot study.

Author(s): Ng, R. M. K, Hui, L. K, Pau, L
Abstract: Objective: Despite extensive research in cognitive-behavioural therapy (CBT) for psychosis in the United Kingdom and the United States, there are very limited data about its efficacy in other parts of the world. This pilot study aimed to investigate the efficacy of CBT by novice therapists (mainly social workers) for regularly supervised community hostel residents with treatment-resistant psychotic symptoms. Participants and Methods: Ten novice CBT therapists with a social work background provided weekly individual CBT to a group of hostel residents, who had an ICD-10 diagnosis of schizophrenia and with persistent psychotic symptoms despite adequate medicaiton. Before the commencement of CBT, the severity of psychotic symptoms, emotions associated with psychosis (depression, anger, and anxiety), insight, and self-esteem were measured. The measurements were repeated after 6 months of CBT. Results: At the end of the sixth month, there was a reduction in the severity of psychotic symptoms (as measured by the Positive and Negative Syndrome Scale, and Psychotic Symptom Rating Scale) and improvement in self-esteem. However mood symptoms and insight level remained relatively unchanged. Conclusion: Cognitive-behavioural therapy conducted by novice therapists under regular supervision may be useful in reducing symptoms and distress in a group of supervised community hostel residents in Hong Kong. Due to the small sample size and other methodological limitations, this conclusion is only tentative. A randomised controlled trial is warranted to confirm these preliminary finding. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO

3. Needs-based cognitive-behavioural family intervention for patients suffering from schizophrenia: 5-year follow-up of a randomized controlled effectiveness trial.

Author(s): Sellwood, W, Wittkowski, A, Tarrier, N, Barrowclough, C

Abstract: Objective: To determine whether a 24-week, needs-based cognitive-behaviourally oriented family intervention for patients suffering from schizophrenia led to improved relapse profiles over a 5-year follow-up period. Method: The case notes of 60 patients who had participated in a randomized, controlled effectiveness trial were examined to determine relapse rates over a 5-year period. Results: Patients were less likely to relapse over the 5-year follow-up when they received the needs-based family intervention, especially in relation to exacerbations of symptoms not requiring inpatient admissions: 86.7% of control participants relapsed compared with 53.3% (P = 0.01). Survival analysis indicated that the relapse risk was 2.5 times higher for patients receiving routine care, compared with those receiving family intervention. A similar trend was observed for the final 4 years of follow-up. Conclusion: The present study provides some tentative support for the long-term effectiveness of family-based interventions for the management of schizophrenia in general mental health services. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

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Available in print at [Pilgrim Hospital Staff Library](https://www.pilgrimhospital.org/library)
5. Cognitive behavioral therapy reduces suicidal ideation in schizophrenia: Results from a randomized controlled trial.

Author(s): Bateman, Katy, Hansen, Lars, Turkington, Douglas, Kingdon, David

Citation: Suicide and Life-Threatening Behavior, June 2007, vol./is. 37/3(284-290), 0363-0234 (Jun 2007)

Publication Date: June 2007

Abstract: Patients with schizophrenia are at high risk of suicide. Cognitive behavior therapy (CBT) has been shown to reduce symptoms in schizophrenia. This study examines whether CBT also changes the level of suicidal ideation in patients with schizophrenia compared to a control group. Ninety ambulatory patients with symptoms of schizophrenia resistant to conventional antipsychotic medication were randomized to CBT or befriending. They were assessed using the Comprehensive Psychopathological Rating Scale, including a rating of suicidal ideation at baseline, post intervention, and after 9 months. Post-hoc analysis revealed that CBT provided significant reductions in suicidal ideation at the end of therapy, and sustained at the follow-up. Further research is required to substantiate these findings and determine the process and mechanisms through which this reduction is achieved. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

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6. "Effectiveness of cognitive-behavioural intervention by mental health nurses in schizophrenia": Reply.

Author(s): Turkington, D

Citation: British Journal of Psychiatry, March 2007, vol/is. 190/3(271-272), 0007-1250;1472-1465 (Mar 2007)

Publication Date: March 2007

Abstract: Replies to a comment (see record 2007-04616-020) on the authors' original article (see record 2006-09153-008). We believe that Alam has misunderstood the difference between efficacy and effectiveness research. The national guidelines on the clinical management of schizophrenia (National Institute for Clinical Excellence, 2002) confirmed CBT to be an evidence-based treatment for persistent symptoms of schizophrenia. However, that decision was based almost entirely on efficacy trials where CBT was given by expert therapists to highly selected samples of people with schizophrenia without comorbidities and using an active comparator such as befriending or supportive counselling (e.g. Sensky et al, 2000). Expert therapists and uncomplicated patients are rare in clinical psychiatric practice. Therefore the next step was to design an effectiveness trial to see whether mental health nurses, without prior experience of CBT, could be trained over a short period and then supervised to effectively and safely deliver brief CBT to large numbers of people with schizophrenia in the community. As this involved raters being masked to group allocation, this was therefore not an 'open-label' trial. In relation to the effect size, it is certainly true that when an antipsychotic is compared with a placebo in drug-naive patients a much larger effect is demonstrable. The patients recruited to this trial were, however, almost entirely stabilised on antipsychotics and had already achieved such improvement from them. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

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Full Text:
1. Problem solving training for schizophrenia: Rationale and review.

Author(s): Falloon, Ian R. H, Barbieri, Laura, Boggian, Ileana, Lamonaca, Dario, Problem Solving Training Research Group

Citation: Journal of Mental Health, October 2007, vol./is. 16/5(553-568), 0963-8237;1360-0567 (Oct 2007)

Publication Date: October 2007

Abstract: Background: Training patients in structured problem solving strategies is one of the oldest cognitive behavioural therapy methods. Recent social, psychological and neuropsychiatric research provides a multifactorial rationale for methods that strengthen patients’ ability to carry out stepwise problem solving in their real life problems. Aim: This paper reviews the rationale for Problem Solving Training with reference to recent biomedical and psychosocial research and describes several preliminary studies of its benefits. Method: A four-phase programme of 24 weekly or bi-weekly lessons in small groups begins with patient's pratical everyday problems before moving to gradually more complex and emotionally charged interpersonal, personal and crisis issues in an attempt to restore generic problem solving abilities and improve long-term recovery from schizophrenia. Results: Preliminary outcome studies show promising outcomes on a reduction in rehospitalizations as well as clinical, social and neurocognitive measures and a multi-centred randomized controlled study in progess. Conclusions: Renewed interest in cognitive functioning, including social problem solving skills and social cognition in schizophrenia has led us to reconsider the potential value of cognitive-behavioural problem solving training as a rehabilitation strategy. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

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Author(s): Startup, Mike, Jackson, Mike C, Startup, Sue

Citation: Journal of Nervous and Mental Disease, October 2006, vol./is. 194/10(740-745), 0022-3018;1539-736X (Oct 2006)

Publication Date: October 2006

Abstract: Research suggests that insight in schizophrenia is only weakly
responsive to targeted psychosocial interventions. One of the aims of the present study was to examine the effects on insight of cognitive behavior therapy (CBT) for acutely psychotic patients. A second aim was to test predictions drawn from research on recovery styles that patients who reject psychological assistance will show a reduction in insight while those who continue to accept psychological assistance will show increases in insight over time. Patients with acute schizophrenia-spectrum disorders were assigned at random to treatment-as-usual (TAU) or TAU plus CBT. The latter were also divided into those who terminated treatment prematurely (dropouts) and those who did not (stay-ins). Insight was assessed at baseline and three follow-up assessments. Insight increased over the follow-up period, but there were no differences between the CBT and TAU groups. Within the CBT group, dropouts showed a reduction in insight at the 6-month assessment before returning to their baseline level, while the stay-ins showed linear improvement up to 12 months. Possible explanations for these contrasting patterns, in terms of resilience, attachment styles, and an insecure sense of self, are discussed. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

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2. 5. The long-term outcome of 2 family intervention strategies in schizophrenia.

Author(s): Montero, Isabel, Masanet, M. Jose, Bellver, Francisco, Lacruz, Maria

Citation: Comprehensive Psychiatry, September 2006, vol./is. 47/5(362-367), 0010-440X (Sep-Oct 2006)

Publication Date: September 2006

Abstract: The different family-based interventions that have proven to be effective in treating people with schizophrenia present some therapeutic elements in common and differ in certain other respects, although to date, none of the proposed approaches have demonstrated to be clearly superior to each other in reduced relapse and readmission rates. Although the approaches based on relatives group therapies save considerable amounts of time, some data reveal better short-term results when the intervention focuses on the family unit and the participant patient. Objective: The aim of this study was to determine whether the clinical and social benefits observed in the short term would be maintained 5 years later. Method: Follow-up study over a 5-year period on 87 patients diagnosed with schizophrenia and their families taking part in a cognitive behavioral therapy, assigned at random either to (a) a family unit including the patient or (b) a group of relatives. Results: The statistical contrast between the 2 survival curves reveals that they are not significant with regard to relapse (log-rank test, 1.30; P < .2538) nor readmissions (log rank test, 0.03; P = .8547). Results after analyzing other variables were also similar in both groups, with slight differences for the strategy where the patient was not present. Conclusions: Both types of interventions have similar long-term impact with a clear tendency to loose benefits acquired during the intervention. This finding suggests that it might be possible for some subgroups of patients to conduct a 12-month therapy followed by a support group, hoping that long-term benefits would be maintained. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

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7. Early intervention for relapse in schizophrenia: Impact of cognitive behavioural therapy on negative beliefs about psychosis and self-esteem.

Author(s): Gumley, Andrew, Karatzias, Athanasios, Power, Kevin, Reilly, James, McNay, Lisa, O'Grady, Margaret

Citation: British Journal of Clinical Psychology, June 2006, vol./is. 45/2(247-260), 0144-6657 (Jun 2006)
Abstract: Objectives: The study aimed to test two hypotheses. Firstly, that participants who relapsed during the 12-month follow-up period of our randomized controlled trial, would show increased negative beliefs about their illness and reduced self-esteem, in comparison to the non-relapsed participants. Secondly, that cognitive behavioural therapy (CBT) for early signs of relapse would result in a reduction in negative beliefs about psychosis and an improvement in self-esteem at 12 months. Design and methods: A total of 144 participants with schizophrenia or a related disorder were randomized to receive either treatment as usual (TAU; N=72) or CBT (N=72). Participants completed the Personal Beliefs about Illness Questionnaire (PBIQ; Birchwood, Mason, MacMillan, & Healy, 1993) and the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) at entry, 3 months, 6 months, and 12 months. Results: At 12 months, relapsers showed greater increase in scores for PBIQ entrapment compared with non-relapsers. In addition, after controlling for baseline covariates (treatment group and PBIQ self versus illness), relapsers also showed greater increase in scores for PBIQ self versus illness at 12 months. Furthermore, in comparison to treatment as usual, participants who received CBT showed greater improvement in PBIQ loss and in Rosenberg self-esteem. Conclusions: The study provides evidence that relapse is associated with the development of negative appraisals of entrapment and self-blame (self vs. illness). In addition, this is the first study to show that CBT reduces negative appraisals of loss arising from psychosis and improvements in self-esteem. Implications for future research and treatment are discussed. (PsycINFO Database Record (c) 2009 APA, all rights reserved)
Group cognitive-behavioural therapy vs. group psychoeducation: which is better? Commentary reply.

Author(s): Bechdolf, Andreas

Citation: Acta Psychiatrica Scandinavica, January 2006, vol./is. 113/1(74-75), 0001-690X;1600-0447 (Jan 2006)

Publication Date: January 2006

Abstract: Reply by the current authors to the comments made by Om Prakash Jhirwal (see record 2005-16280-014) on the original article (see record 2004-14770-004). In his letter, Dr Jhirwal raised some issues regarding our paper, and we are happy to clarify those issues. There was an overlap between the PE condition and the assessment and engagement phase of the CBT treatment. Although setting, approaches, attitudes and strategies of therapists differed between conditions, sessions in this phase of CBT and of PE contained similar issues. We provided chlorpromazine equivalent and atypical neuroleptics as most CBT studies in patients with schizophrenia do e.g. (2, 3). As participants were suffering from acute and post-acute schizophrenia episodes medication needs to be adapted to the specific needs. We agree with Dr Jhirwal that some improvement might be due to medication effects. We agree with Dr Jhirwal that some patients who did not engage in therapy could have been engaged later during the recovery process and that some participants would benefit from booster sessions. However, these questions cannot be answered by a randomised controlled trial with pre-post design comparing two alternative standardized treatment strategies but they present opportunities for future research on the differential effects of different CBT interventions. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

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9. Group cognitive-behavioural therapy vs. group psychoeducation: Which is better?

Author(s): Jhirwal, Om Prakash

Citation: Acta Psychiatrica Scandinavica, January 2006, vol./is. 113/1(74), 0001-690X;1600-0447 (Jan 2006)

Publication Date: January 2006

Abstract: Comments on an article by A. Bechdolf, B. Knost, C. Kuntermann et al. (see record 2004-14770-004). The authors have systematically conducted a first reported comparison trial of group cognitive-behavioural therapy and psychoeducation in patients with schizophrenia. The authors have utilized a prospective follow-up design and used proper diagnostic assessment measures, thus taking care of methodological flaws in this new field of research. PE may be considered as a specific component of CBT so it is difficult to understand that there was no overlap between group CBT and PE. Though the trends in the study favour CBT group when compared with PE group, the authors have not commented on issues like which aspects of CBT are effective, or to look at an optimal number of sessions for this kind of treatment and how long patients took to show any change.
The authors have not given details of neuroleptics though doses are expressed in chlorpromazine equivalents. It was not possible to keep all individuals stable or on the same medication regime in any psychological study. Nevertheless, we feel that the authors have taken a useful first step in this relatively neglected area. Further studies are required with larger number of subjects before definite conclusions can be made about effectiveness of these interventions. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

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10. What are the effects of group cognitive behaviour therapy for voices? A randomised control trial.

Author(s): Wykes, Til, Hayward, Peter, Thomas, Neil, Green, Nicola, Surguladze, Simon, Fannon, Dominic, Landau, Sabine

Citation: Schizophrenia Research, September 2005, vol./is. 77/2-3(201-210), 0920-9964 (Sep 2005)

Publication Date: September 2005

Abstract: Background: Little evidence exists for the effects of psychological treatment on voices even though it is clear that CBT does affect delusions and symptoms overall. This study tested whether a group based on cognitive behavioural principles could produce beneficial effects on hallucinations. Aim: To test the effectiveness of group CBT on social functioning and severity of hallucinations. Method: Participants were included if they had a diagnosis of schizophrenia and experienced distressing auditory hallucinations (rated on the PANSS). They were randomly allocated to group CBT (N = 45) or a control group who received treatment as usual (N = 40). The two main outcomes were social functioning as measured by the Social Behaviour Schedule and the severity of hallucinations as measured by the total score on the Hallucinations Scale of PSYRATS. Assessments were carried out at baseline, 10 weeks (post therapy) and 36 weeks (six months following therapy). Results: Mixed random effects models revealed significant improvement in social functioning (effect size 0.63 six months after the end of therapy). There was no general effect of group CBT on the severity of hallucinations. However, there was a large cluster effect of therapy group on the severity of hallucinations such that they were reduced in some but not all of the therapy groups. Improvement in hallucinations was associated with receiving therapy early in the trial and having very experienced therapists (extensive CBT training which included expert supervision for a series of individual cases for at least a year following initial training). Conclusion: Group CBT does improve social functioning but unless therapy is provided by experienced CBT therapists hallucinations are not reduced. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO

1. Insight into schizophrenia: The effects of cognitive behavioural therapy on the components of insight and association with sociodemographics--data on a previously published randomised controlled trial.

Author(s): Rathod, Shanaya, Kingdon, David, Smith, Peter, Turkington, Douglas

Citation: Schizophrenia Research, May 2005, vol./is. 74/2-3(211-219), 0920-9964
Abstract: Insight in schizophrenia is an evolving concept with widespread use in clinical practice. Results are presented from a multicentre randomised trial in which patients with schizophrenia and carers received a short insight-focused Cognitive Behaviour Therapy (CBT) intervention from trained nurses in the community. The CBT group demonstrated significantly greater improvement in insight into compliance with treatment and the ability to re-label their psychotic symptoms as pathological compared with the control group at post-therapy assessment. Those participants who demonstrated improved insight into having a mental illness tended to become depressed. At the end of therapy and at 1-year follow-up, there was a statistically significantly increased dropout rate in African-Caribbean and Black African participants. The Black Caribbean group showed a significantly smaller change in insight compared to the white group. At 1-year follow-up, the result on total insight and compliance was durable. The change in insight in the Black African group was significantly lower compared to the white group. The study emphasizes the role of a short insight-focused CBT intervention in improving patients' insight into compliance and its implications. The results confirm previous findings of difficulties in engaging patients of Afro-Caribbean origin and their poor response to psychological therapies as currently delivered. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO

3. The long-term outcome of 2 family intervention strategies in schizophrenia.

Author(s): Montero, Isabel, Masanet, M. Jose, Bellver, Francisco, Lacruz, Maria

Citation: Comprehensive Psychiatry, September 2006, vol./is. 47/5(362-367), 0010-440X (Sep-Oct 2006)

Abstract: The different family-based interventions that have proven to be effective in treating people with schizophrenia present some therapeutic elements in common and differ in certain other respects, although to date, none of the proposed approaches have demonstrated to be clearly superior to each other in reduced relapse and readmission rates. Although the approaches based on relatives group therapies save considerable amounts of time, some data reveal better short-term results when the intervention focuses on the family unit and the participant patient. Objective: The aim of this study was to determine whether the clinical and social benefits observed in the short term would be maintained 5 years later. Method: Follow-up study over a 5-year period on 87 patients diagnosed with schizophrenia and their families taking part in a cognitive behavioral therapy, assigned at random either to (a) a family unit including the patient or (b) a group of relatives. Results: The statistical contrast between the 2 survival curves reveals that they are not significant with regard to relapse (log-rank test, 1.30; P < .2538) nor readmissions (long rank test, 0.03; P = .8547). Results after analyzing other variables were also similar in both groups, with slight differences for the strategy where the patient was not present. Conclusions: Both types of interventions have similar long-term impact with a clear tendency to loose benefits acquired during the intervention. This finding suggests that it might be possible for some subgroups of patients to conduct a 12-month therapy followed by a support group, hoping that long-term benefits would be maintained. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

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Abstract: Although cognitive behavior therapy (CBT) has strong empirical support for treating a diverse array of psychological conditions, only recently has research begun to examine its efficacy in treating the symptoms associated with schizophrenia and other psychotic disorders. Several randomized controlled trials have been conducted on CBT for psychosis with some positive results, but trials comparing CBT to other nonspecific interventions have yielded less impressive findings. No well-controlled trial to date has attempted to dismantle the components of CBT for psychosis, to compare it to another empirically supported psychosocial intervention for this population, or to identify the specific mechanisms responsible for treatment effectiveness. In this paper, a review of the empirical status of CBT for psychosis is presented. In addition, promising but preliminary new research in this area is reviewed, including prevention and early intervention approaches and acceptance/mindfulness-based strategies. Within this context, limitations in the current literature are reviewed, and recommendations for future research are discussed. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Author(s): Bradshaw, William, Roseborough, David

Citation: Research on Social Work Practice, March 2004, vol./is. 14/2(112-120), 1049-7315;1552-7581 (Mar 2004)

Publication Date: March 2004

Abstract: This study evaluated the effectiveness of cognitive-behavioral interventions in the treatment of persons with schizophrenia who experienced significant residual symptoms and impaired functioning despite their adherence to medication. The study used an aggregated AB single-system research design across 22 participants to evaluate change in clinical outcomes. Standardized measures of psychosocial functioning, severity of symptoms, attainment of treatment goals, and severity of the impact of illness on self-concept were used to assess change during the course of 18 months of treatment. Of the clients, 86% made statistically significant improvement in psychosocial functioning; 82% of the clients made statistically significant reduction in severity of psychiatric symptoms. All 22 clients exceeded the expected level of attainment of treatment goals. There was a statistically significant reduction in the negative impact of illness on sense of self. Findings support the effectiveness of cognitive-behavioral interventions in schizophrenia. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO
cost outcomes. Conclusions: The treatment programme was superior to routine care on outcomes relating to illness and service use, and the cost was comparable to the control treatment. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

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Available in print at Pilgrim Hospital Staff Library; Note: Username: ulhtlibraries/Password: library

5. 8. Use of Single-System Research to Evaluate the Effectiveness of Cognitive-Behavioural Treatment of Schizophrenia.

Author(s): Bradshaw, William

Citation: British Journal of Social Work, October 2003, vol./is. 33/7(885-899), 0045-3102;1468-263X (Oct 2003)

Publication Date: October 2003

Abstract: Practitioner research that utilizes single-system designs and replication studies has been promoted as a means to develop psychosocial interventions of demonstrated effectiveness. At the same time, there has been relatively little practitioner publication of single-system studies. The purpose of this study was to evaluate the effectiveness of cognitive-behavioural interventions in the treatment of schizophrenia. The study used a single-system multiple baseline design across seven subjects to evaluate change in clinical outcomes. The AB design included a (A) baseline phase and (B) cognitive-behavioural intervention phase. Standardized measures of psychosocial functioning, severity of symptoms and attainment of treatment goals were used to assess change over the course of three years treatment. A pre-test/post-test design was used to measure achievement of treatment goals. All seven clients made statistically significant improvement in psychosocial functioning. All seven clients made a statistically significant reduction in severity of psychiatric symptoms when the baseline mean was compared to the intervention mean. Directions for future research and the applicability of single-system designs for the practitioner researcher evaluation of mental health practice are discussed. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

Source: PsycINFO

From the HMIC database:

1. Outcomes of an effectiveness trial of cognitive-behavioural intervention by mental health nurses in schizophrenia

Author(s): Turkington, Douglas, Kingdon, David, Rathod, Shanaya, Hammond, Katie, Pelton, Jeremy

Citation: British Journal of Psychiatry, 2006, vol./is. 189/(36-40), 0007-1250 (Jul
Publication Date: 2006

Abstract: Little is known about the medium-term durability of cognitive-behavioural therapy (CBT) in a community sample of people with schizophrenia. The aims were to investigate whether brief CBT produces clinically important outcomes in relation to recovery, symptom burden and readmission to hospital in people with schizophrenia at one-year follow-up. The method was, participants (336 of 422 randomised at baseline) were followed up at a mean of 388 days (s. d. = 53) by raters masked to treatment allocation (CBT or usual care). The results were at one-year follow-up, participants who received CBT had significantly more insight (P=0.021) had significantly fewer negative symptoms (P=0.002). Brief therapy protected against depression with improving insight and against relapse; significantly reduced time spent in hospital for those who did relapse and delayed time to admission. It did not improve psychotic symptoms or occupational recovery, nor have a lasting effect on overall symptoms or depression at follow-up. The conclusions were mental health nurses should be trained in brief CBT for schizophrenia to supplement case management, family interventions and expert therapy for treatment resistance. Cites numerous references. [Journal abstract]

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Available in print at Pilgrim Hospital Staff Library; Note: Username: ulhtlibraries/Password: library

2. 2. Mental health.

Author(s): Ryan, Peter

Citation: Research Matters, 2004, vol./is. /17(33-38), 1363-0105 (April/October 2004)

Publication Date: 2004


Source: HMIC
3. Cognitive-behavioural therapy in first-episode and early schizophrenia

Author(s): Tarrier, N, Lewis, S, Haddock, G, Bentall, R, Drake, R

Citation: British Journal of Psychiatry, 2004, vol./is. 184/(231-239), 0007-1250 (Mar 2004)

Publication Date: 2004

Abstract: The initial phase of a trial of cognitive - behavioural therapy (CBT) for acutely ill patients with schizophrenia of recent onset showed that it speeded recovery. The aims were to test the hypothesis that CBT in addition to treatment as usual (TAU) during the first or second acute episode of schizophrenia will confer clinical benefit over a follow-up period. This was an 18-month follow-up of a multicentre prospective trial of CBT or supportive counselling administered as an adjunct to TAU, compared with TAU alone, for patients hospitalised for an acute episode of schizophrenia of recent onset. Primary outcomes were total and positive symptom scales, time to relapse and re-hospitalisation. The results were there were significant advantages for CBT and supportive counselling over TAU alone on symptom measures at 18 months but no group difference was seen for relapse or re-hospitalisation. There was a significant centre-treatment interaction, reflecting centre differences in the effect of introducing either treatment, but not in the comparison of CBT and supportive counselling. Medication dosage and compliance did not explain group differences. The conclusions were adjunctive psychological treatments can have a beneficial long-term effect on symptom reduction. Cites numerous references. [Journal abstract]

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