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**Search details**

Schizophrenia, Cognitive Behavioural Therapy – Research articles.

**Resources searched**

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**Summary**

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**Published research**

1. **A preliminary controlled trial of cognitive behavioral therapy in clozapine-resistant schizophrenia.**

   **Author(s):** de Paiva Barretto EM, Kayo M, Avrichir BS, Sa AR, Camargo MG, Napolitano IC, Nery FG, Pinto JA Jr, Bannwart S, Scemes S, Di Sarno E, Elkins H
The use of cognitive-behavior therapy (CBT) in addition to antipsychotic regimen to treat persistent psychotic symptoms of schizophrenia is growing. The aim of this study was to compare the efficacy of CBT to a befriending (BF) control group in patients with schizophrenia who are refractory to clozapine. Twenty-one patients completed the 21-week trial. In comparison with the control group, the CBT group showed a significant improvement in the General Psychopathology and total score of the Positive and Negative Syndrome Scale, as well as an improvement of Quality of Life scale. The improvement in psychopathology persisted at 6-month follow-up assessment.

Source: CINAHL

2. Collecting subjective and rating scale data within a single case study design: cognitive behavioural therapy for a person experiencing psychosis.

Author(s): Carden J, Jones A

Citation: Journal of Psychiatric & Mental Health Nursing, 01 November 2009, vol./is. 16/9(848-856), 13510126

Abstract: This paper reports on a case study for a person with a diagnosis of schizophrenia using cognitive behavioural therapy. A range of scales was used to detect treatment effect and outcome. No significant clinical changes were detected using the scales, which are routinely used with such interventions. Subjective data were also collected in the form of a narrative, with the recipient of therapy identifying outcomes, which are not reflected within the rating scale data. Implications for practice include valuing the subjective experience reported by service users. The paper concludes that rating scale data and subjective accounts should be seen on an equal footing when evaluating specific therapeutic interventions.

Source: CINAHL

3. The cognitive cost of anticholinergic burden: decreased response to cognitive training in schizophrenia.

Author(s): Vinogradov S, Fisher M, Warm H, Holland C, Kirshner MA, Pollock BG

Citation: American Journal of Psychiatry, 01 September 2009, vol./is. 166/9(1055-1062), 0002953X

Abstract: OBJECTIVE: Schizophrenia is treated with medications that raise serum anticholinergic activity and are known to adversely affect cognition. The authors examined the relationship between serum anticholinergic activity and baseline cognitive performance and response to computerized cognitive training in outpatients with schizophrenia. METHOD: Fifty-five patients were randomly assigned to either computerized cognitive training or a computer games control condition. A neurocognitive battery based on the Measurement and Treatment Research to Improve Cognition in Schizophrenia (MATRICS) initiative was performed at baseline and after the intervention. Serum anticholinergic activity, measured at study entry by radioreceptor assay, was available for 49 patients.
RESULTS: Serum anticholinergic activity showed a significant negative correlation with baseline performance in verbal working memory and verbal learning and memory, accounting for 7% of the variance in these measures, independent of age, IQ, or symptom severity. Patients in the cognitive training condition (N=25) showed a significant gain in global cognition compared to those in the control condition, but this improvement was negatively correlated with anticholinergic burden. Serum anticholinergic activity uniquely accounted for 20% of the variance in global cognition change, independent of age, IQ, or symptom severity. CONCLUSIONS: Serum anticholinergic activity in schizophrenia patients shows a significant association with impaired performance in MATRICS-based measures of verbal working memory and verbal learning and memory and is significantly associated with a lowered response to an intensive course of computerized cognitive training. These findings underscore the cognitive cost of medications that carry a high anticholinergic burden. The findings also have implications for the design and evaluation of cognitive treatments for schizophrenia.

Source: CINAHL

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Author(s): Chafetz L, White M, Collins-Bride G, Cooper BA, Nickens J

Citation: Journal of Nervous & Mental Disease, 01 June 2008, vol./is. 196/6(475-483), 00223018

Publication Date: 01 June 2008

Abstract: This randomized controlled trial examined benefits of adding active health promotion to basic primary care (BPC) services for SMI adults. It compared BPC with BPC plus wellness training (WT), a 12 months intervention promoting individual skills in self-management. Three hundred nine participants enrolled during short-term residential treatment completed baseline assessments and were assigned to treatment groups, before discharge. Outcomes of perceived health status (SF-36), global assessment of function, and ratings of self-efficacy were assessed at follow-up interviews at 6, 12, and 18 months. The intent-to-treat analysis employed multilevel regression to examine differences by group on outcomes across time, controlling for health related covariates. The WT group showed significantly better outcomes on the SF-36 physical functioning and general health scales. Findings affirm ability of SMI adults to benefit from active health promotion.

Source: CINAHL

5. Predictors of the therapeutic alliance in group therapy for individuals with treatment-resistant auditory hallucinations.

Author(s): Johnson DP, Penn DL, Bauer DJ, Meyer P, Evans E

Citation: British Journal of Clinical Psychology, 01 June 2008, vol./is. 47/Part 2(171-183), 01446657
Publication Date: 01 June 2008

Abstract: Objectives. This study hypothesized that several baseline client characteristics (i.e. age, symptoms, insight, social functioning) would significantly predict client-rated group alliance in out-patients with schizophrenia spectrum disorders.

Source: CINAHL

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6. Participant evaluation of a CBT program for enhancing work function in schizophrenia... cognitive behavior therapy.

Author(s): Davis LW, Ringer JM, Strasburger AM, Lysaker PH

Citation: Psychiatric Rehabilitation Journal, 01 June 2008, vol./is. 32/1(55-58), 1095158X

Publication Date: 01 June 2008

Abstract: OBJECTIVES: While much has been written about the benefits of CBT for persons with schizophrenia, little has been published to date exploring participant evaluations of these programs. This paper reports on participant evaluations of such a program. METHODS: Forty-four participants with schizophrenia or schizoaffective disorder were surveyed regarding their satisfaction with a 6-month weekly group and individual CBT intervention developed as an adjunct to work therapy or the control condition support group during a randomized controlled feasibility study. RESULTS: Results suggest that all participants, those receiving the CBT intervention and the support group, were satisfied with their program, on average rating the program between "good" and "excellent." However, in comparison, the CBT intervention was associated with greater participant satisfaction than support alone, particularly the perception of the overall quality of services and assistance with problem-solving. CONCLUSIONS: It appears that participant evaluations can function as a source of useful data for evaluation of CBT interventions for persons who have schizophrenia. However, further study is needed to more fully identify and understand aspects of CBT that participants with schizophrenia evaluate as particularly positive or negative and to explore acceptable trade-offs among them.

Source: CINAHL

7. Development and pilot testing of a novel compensatory cognitive training intervention for people with psychosis.

Author(s): Twamley EW, Savla GN, Zurhellen CH, Heaton RK, Jeste DV

Citation: American Journal of Psychiatric Rehabilitation, 01 April 2008, vol./is. 11/2(144-163), 15487768

Publication Date: 01 April 2008

Abstract: The cognitive deficits of schizophrenia have a profound impact on
Cognitive training (CT) interventions may help improve these impairments. We developed and pilot-tested a 12-week, group-based CT intervention that focused on teaching compensatory strategies and helping participants make these strategies habitual (i.e., habit learning). Participants were randomly assigned to CT plus standard pharmacotherapy (n = 14) or standard pharmacotherapy (SP) alone (n = 24) and were assessed at baseline, three months (i.e., post-intervention), and six months. Effect sizes were calculated comparing change in the CT group with change in the SP group. CT had medium to large positive effects on attention, learning, memory, executive functioning, functional capacity, negative symptoms, and subjective quality of life. Most effects became stronger at follow-up, but the effect on negative symptoms was not maintained. Immediately posttreatment, compared with SP subjects, CT participants reported fewer cognitive problems and greater use of cognitive strategies; many of these effects were maintained, but were generally weaker, at six-month follow-up. The initial effect sizes for this compensatory CT intervention suggest that it holds promise for improving cognitive performance, functional capacity, negative symptoms, and quality of life. It is proposed that CT emphasizing habit learning may result in long term changes in ability to function independently in the community.

Source: CINAHL

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Author(s): Rathod S, Kingdon D, Weiden P, Turkington D

Citation: Journal of Psychiatric Practice, 01 January 2008, vol./is. 14/1(22-33), 15274160

Publication Date: 01 January 2008

Abstract: Research meta-analyses have found that cognitive-behavioral therapy (CBT) is beneficial for persistent symptoms of schizophrenia. This review describes and updates the evidence base for this statement. A review of the existing literature (Medline, PsychInfo, and Embase) was carried out according to the guidelines for systematic reviews. Based on the findings of this review, the updated conclusion is that CBT has emerged as an effective adjuvant to antipsychotic medication in the treatment of persistent symptoms of schizophrenia. Studies of the use of CBT in the prodromal phase of psychosis and in combination with family therapy are currently underway.

Source: CINAHL

9. A meta-analysis of cognitive remediation in schizophrenia.

Author(s): McGurk SR, Twamley EW, Sitzer DI, McHugo GJ, Mueser KT

Citation: American Journal of Psychiatry, 01 December 2007, vol./is. 164/12(1791-1802), 0002953X

Publication Date: 01 December 2007
Abstract: OBJECTIVE: This study evaluated the effects of cognitive remediation for improving cognitive performance, symptoms, and psychosocial functioning in schizophrenia. METHOD: A meta-analysis was conducted of 26 randomized, controlled trials of cognitive remediation in schizophrenia including 1,151 patients. RESULTS: Cognitive remediation was associated with significant improvements across all three outcomes, with a medium effect size for cognitive performance (0.41), a slightly lower effect size for psychosocial functioning (0.36), and a small effect size for symptoms (0.28). The effects of cognitive remediation on psychosocial functioning were significantly stronger in studies that provided adjunctive psychiatric rehabilitation than in those that provided cognitive remediation alone. CONCLUSIONS: Cognitive remediation produces moderate improvements in cognitive performance and, when combined with psychiatric rehabilitation, also improves functional outcomes.

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Author(s): McLeod T, Morris M, Birchwood M, Dovey A

Citation: British Journal of Nursing (BJN), 22 February 2007, vol./is. 16/4(248-252), 09660461

Publication Date: 22 February 2007

Abstract: This study presents a small, randomised control trial of cognitive behavioural interventions within a group setting for the treatment of auditory hallucinations. In a sample of 20 voice hearers, 10 were randomly allocated to an eight-session cognitive behavioural therapy group, and 10 underwent psychiatric 'treatment as usual'. Baseline assessments were undertaken. Measures of control, power, frequency and symptoms of distress and anxiety, were recorded on assessment and on completion of the group. The groups achieved a significant reduction in frequency of auditory hallucinations and in the beliefs about the power of the voice. Satisfaction measures also suggested that the group participants valued the group and benefited from the structured sessions. Universality, the recognition that other people experience very similar problems, was one of the most beneficial factors of the intervention. This study suggests that group cognitive behavioural therapy was helpful in the treatment of auditory hallucinations.

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1. 11. Group cognitive behavioural therapy for schizophrenia: a systematic review of the literature.

Author(s): Lawrence R, Bradshaw T, Mairs H

Citation: Journal of Psychiatric & Mental Health Nursing, 01 December 2006, vol./is. 13/6(673-681), 13510126

Publication Date: 01 December 2006

Source: CINAHL

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Author(s): MacInnes DL

Citation: Journal of Psychiatric & Mental Health Nursing, 01 October 2006, vol./is. 13/5(483-489), 13510126

Publication Date: 01 October 2006

Abstract: Nurses are increasingly using cognitive behaviour therapy as an intervention for psychological problems attached to a variety of clinical conditions. Developing both self-acceptance and self-esteem have been identified as ways to enhance cognitive interventions. However, there are disagreements about the relationship between self-esteem and self-acceptance and their influence on psychological health. The study examined the relationship between these concepts and also the association between the concepts and psychological health. Fifty-eight participants with a diagnosis of severe and enduring mental health problems were assessed recording levels of self-esteem, self-acceptance, depression, anxiety and psychological well-being. The results revealed that, in comparison with the general population, the sample were more likely to have lower self-acceptance and self-esteem, and higher levels of anxiety, depression and psychological ill health. The concepts of self-esteem and self-acceptance were found to be similar but not synonymous. Self-esteem was more closely associated with affect, with higher levels of self-esteem being indicative of lower levels of depression. Self-acceptance appeared to be more closely associated with general psychological well-being and to be more helpful when undertaking clinical work for general psychological problems.

Source: CINAHL

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Author(s): Warman DM, Grant P, Sullivan K, Caroff S, Beck AT

Citation: Journal of Psychiatric Practice, 01 January 2005, vol./is. 11/1(27-34), 15274160

Publication Date: 01 January 2005

Abstract: The present study is an uncontrolled pilot investigation of individual and group cognitive-behavioral therapy (CBT) for patients with positive symptoms of psychosis (n = 6). While previous studies have utilized either individual or group CBT for schizophrenia, the present investigation is the first to include both components for patients in the chronic phase of a psychotic illness. The results of this pilot study suggest that this approach may be useful for both positive and negative symptoms of psychosis. In addition, depression, anxiety, and hopelessness scores all decreased dramatically. The majority of the gains made during treatment were maintained over an 11-month follow-up period. A combined CBT treatment program may offer benefits in terms of delusional thinking, depression, and anxiety when used as an adjunctive treatment to medication. While the present study demonstrated positive effects from treatment, results are limited by the small sample size.

Source: CINAHL

16. Evaluating the effectiveness of cognitive-behavioral treatment of residual symptoms and impairment in schizophrenia.

Author(s): Bradshaw W, Roseborough D

Citation: Research on Social Work Practice, 01 March 2004, vol./is. 14/2(112-120), 10497315

Publication Date: 01 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.

Source: CINAHL
6. Effectiveness of dynamic cognitive intervention in rehabilitation of clients with schizophrenia.

Author(s): Hadas-Lidor N, Katz N, Tyano S, Weizman A

Citation: Clinical Rehabilitation, 01 August 2001, vol./is. 15/4(349-359), 02692155

Publication Date: 01 August 2001

Abstract: OBJECTIVE: To examine the efficacy of dynamic cognitive treatment in rehabilitation of schizophrenic clients. SUBJECTS: Fifty-eight schizophrenic clients that were matched equally into two groups: a study group (n = 29) (treated by Instrumental Enrichment) and a control group (treated with traditional occupational therapy methods). SETTING: The subjects were treated in a day rehabilitation centre in the community. STUDY DESIGN: The programme lasted one year, the same schedule was provided for both groups. Subjects were randomly assigned and assessed before and after intervention with the same battery and at a follow-up six months later, work and residence status were evaluated. MAIN OUTCOME MEASURES: Instruments included: (1) memory and thought processes, measured by a battery of structured tests from the Learning Potential Assessment Device (LPAD), Raven Progressive Matrices and General Aptitude Test Battery (GATB); (2) functional outcomes, instrumental activities of daily living (IADL), measured by a questionnaire; work and residence status; (3) self-concept measured with Fitts questionnaire. RESULTS: Results showed significant differences between the groups on almost all the cognitive tests (MANOVA revealed significant differences between the two groups for both memory and thought process (F(2.52) = 13.75, p < 0.001; and F(1.46) = 7.28, p < 0.001, respectively) as well as in work (chi2 = 14.30, p < 0.001), and residence (chi2 = 3.86, p < 0.05) status. There were no significant differences in IADL questionnaire or the self-concept scale. CONCLUSIONS: The successful outcome points to the importance of including long-term cognitive intervention in rehabilitation of schizophrenic clients. This work suggests that the classic view of schizophrenia as a progressive irreversible decline that cannot be altered may be wrong.

Source: CINAHL

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