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**Search details**

Schizophrenia – Cognitive Behavioural Therapy – Research articles

**Resources searched**

Medline

**Summary**

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**Published research**

1. 1. *Cognitive behavioural treatment of negative symptoms in schizophrenia patients: study design of the TONES study, feasibility and safety of treatment.*

   **Author(s)**: Klingberg S, Wittorf A, Herrlich J, Wiedemann G, Meisner C,
Abstract: Currently, there are no convincing treatment strategies for negative symptoms of schizophrenia. On this background, we are conducting the treatment of negative symptoms (TONES) study which addresses the question whether cognitive behavioural therapy (CBT) is efficacious for the reduction of negative symptoms in schizophrenia. The present paper aims at presenting the design of the clinical trial of the study as well as the treatment concept. Further, we investigate the feasibility and the safety of our study treatment. The TONES study is a multicentric, prospective, single-blind, randomised, and controlled trial (RCT). The clinical trial compares CBT (test condition) and cognitive remediation (CR; control condition) with respect to the efficacy in reducing negative symptoms. In order to systematically assess aspects of adherence and feasibility therapists filled in session reports after each session. The safety analysis is performed using the sequential method of Whitehead (The design and analysis of sequential clinical trials, Ellis Horwood, Chichester, 1983). We were able to conduct a systematic recruitment and to include a sample of N = 198 patients which is characterised by negative symptoms of medium severity. The majority of patients accepted the format of a 50-min treatment session. The manualised treatment content seemed to be adequate and the cooperation between patients and therapists was excellent or adequate in approximately 80% of the treatment sessions. Of the 15 severe adverse events 10 occurred in the CBT and 5 in the CR. This difference between the groups was not significant. The study presented here is presumably the first high quality RCT which evaluates CBT with negative symptoms as primary endpoint. On the background of the data presented we conclude that CBT for the reduction of negative symptoms is feasible and can be conducted safely.

Source: MEDLINE
4. Effects of cognitive behavioral therapy on work outcomes in vocational rehabilitation for participants with schizophrenia spectrum disorders.

**Author(s):** Lysaker PH, Davis LW, Bryson GJ, Bell MD

**Citation:** Schizophrenia Research, February 2009, vol./is. 107/2-3(186-91), 0920-9964;0006-3223 (2009 Feb)

**Publication Date:** February 2009

**Abstract:** Designed to help persons with schizophrenia to persist and perform better at job placements, the Indianapolis Vocational Intervention Program (IVIP) is a program of cognitive-behavioral group and individual interventions. While its feasibility has been previously demonstrated, it is unknown whether IVIP assists persons to achieve greater levels of participation in vocational rehabilitation and higher levels of job performance. In this study, 100 participants with schizophrenia or schizoaffective disorder were offered a six month job placement and randomized to receive IVIP (n=50) or support services (n=50) matched for treatment intensity. Number of hours worked was recorded weekly and job performance was assessed biweekly using the Work Behavior Inventory with raters blind to condition. t-tests revealed that participants in the IVIP group worked a significantly greater number of weeks than those in the support condition. Also, repeated measures ANOVA revealed the IVIP group worked more hours across that 26 week period as well. And with regards to work performance, repeated measures of the 56 participants who worked for at least two-thirds of the intervention revealed that participants in the IVIP group had generally better work performance than those in the support condition. Results suggest a connection between cognitive-behavioral interventions and higher levels of work performance in people with schizophrenia.

Source: MEDLINE

5. **A randomized controlled trial of cognitive-behavioral treatment for posttraumatic stress disorder in severe mental illness.**

**Author(s):** Mueser KT, Rosenberg SD, Xie H, Jankowski MK, Bolton EE, Lu W, Hamblen JL, Rosenberg HJ, McHugo GJ, Wolfe R

**Citation:** Journal of Consulting & Clinical Psychology, April 2008, vol./is. 76/2(259-71), 0022-006X;0022-006X (2008 Apr)
Publication Date: April 2008

Abstract: A cognitive-behavioral therapy (CBT) program for posttraumatic stress disorder (PTSD) was developed to address its high prevalence in persons with severe mental illness receiving treatment at community mental health centers. CBT was compared with treatment as usual (TAU) in a randomized controlled trial with 108 clients with PTSD and either major mood disorder (85%) or schizophrenia or schizoaffective disorder (15%), of whom 25% also had borderline personality disorder. Eighty-one percent of clients assigned to CBT participated in the program. Intent-to-treat analyses showed that CBT clients improved significantly more than did clients in TAU at blinded posttreatment and 3- and 6-month follow-up assessments in PTSD symptoms, other symptoms, perceived health, negative trauma-related beliefs, knowledge about PTSD, and case manager working alliance. The effects of CBT on PTSD were strongest in clients with severe PTSD. Homework completion in CBT predicted greater reductions in symptoms. Changes in trauma-related beliefs in CBT mediated improvements in PTSD. The findings suggest that clients with severe mental illness and PTSD can benefit from CBT, despite severe symptoms, suicidal thinking, psychosis, and vulnerability to hospitalizations. PsycINFO Database Record (c) 2008 APA, all rights reserved.

Source: MEDLINE

6. A randomized controlled trial of cognitive-behavior therapy for persistent symptoms in schizophrenia: a five-year follow-up.

Author(s): Turkington D, Sensky T, Scott J, Barnes TR, Nur U, Siddle R, Hammond K, Samarasekara N, Kingdon D

Citation: Schizophrenia Research, January 2008, vol./is. 98/1-3(1-7), 0920-9964;0006-3223 (2008 Jan)

Publication Date: January 2008

Abstract: Meta-analyses of randomized controlled trials support the efficacy of cognitive behavioral therapy (CBT) in the treatment of symptoms of schizophrenia refractory to antipsychotic medication. This article addresses the issue of medium term durability. A five-year follow-up was undertaken of a sample of 90 subjects who participated in a randomized controlled trial of CBT and befriending (BF). Patients received routine care throughout the trial and the follow-up period. Intention to treat multivariate analysis was performed by an independent statistician following multiple imputation of missing data. Fifty-nine out of ninety patients were followed up at 5 years (CBT=31, BF=28). In comparison to BF and usual treatment, CBT showed evidence of a significantly greater and more durable effect on overall symptom severity (NNT=10.36, CI -10.21, 10.51) and level of negative symptoms (NNT=5.22, CI -5.06 -5.37). No difference was found between CBT and BF on either overall symptoms of schizophrenia or depression. The initial cost of an adjunctive course of CBT for individuals with medication refractory schizophrenia may be justified in light of symptomatic benefits that persist over the medium term.

Source: MEDLINE

7. Participant evaluation of a CBT program for enhancing work function in schizophrenia.

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

Citation: Psychiatric Rehabilitation Journal, 2008, vol./is. 32/1(55-8), 1095-158X;1095-158X (2008)
Publication Date: 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: MEDLINE


Author(s): Scogin F, Morthland M, Kaufman A, Burgio L, Chaplin W, Kong G

Citation: Psychology & Aging, December 2007, vol./is. 22/4(657-65), 0882-7974;0882-7974 (2007 Dec)

Publication Date: December 2007

Abstract: The efficacy of home-delivered cognitive-behavioral therapy (CBT) in improving quality of life and reducing psychological symptoms in older adults was examined in this study. One hundred thirty-four participants, predominately African American and characterized as primarily rural, low resource, and physically frail, were randomly assigned to either CBT or a minimal support control condition. Results indicate that CBT participants evidenced significantly greater improvements in quality of life and reductions in psychological symptoms. Mediation of treatment through cognitive and behavioral variables was not found despite the acceptable delivery of CBT by research therapists. These data suggest that treatment can be effective with a disadvantaged sample of older adults and extend efficacy findings to quality of life domains. Creating access to evidence-based treatments through nontraditional delivery is an important continuing goal for geriatric health care.

Source: MEDLINE

9. 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

Citation: Acta Psychiatrica Scandinavica, December 2007, vol./is. 116/6(447-52), 0001-690X;1600-0447 (2007 Dec)

Publication Date: December 2007
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.

Source: MEDLINE

Full Text:

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10.


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

Citation: British Journal of Nursing, February 2007, vol./is. 16/4(248-52), 0966-0461;0966-0461 (2007 Feb 22-Mar 7)

Publication Date: 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.

Source: MEDLINE

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Available in print at Pilgrim Hospital Staff Library

**Author(s):** Barrowclough C, Haddock G, Lobban F, Jones S, Siddle R, Roberts C, Gregg L

**Citation:** British Journal of Psychiatry, December 2006, vol./is. 189/(527-32), 0007-1250;0007-1250 (2006 Dec)

**Publication Date:** December 2006

**Abstract:** BACKGROUND: The efficacy of cognitive-behavioural therapy for schizophrenia is established, but there is less evidence for a group format. AIMS: To evaluate the effectiveness of group cognitive-behavioural therapy for schizophrenia. METHOD: In all, 113 people with persistent positive symptoms of schizophrenia were assigned to receive group cognitive-behavioural therapy or treatment as usual. The primary outcome was positive symptom improvement on the Positive and Negative Syndrome Scales. Secondary outcome measures included symptoms, functioning, relapses, hopelessness and self-esteem. RESULTS: There were no significant differences between the cognitive-behavioural therapy and treatment as usual on measures of symptoms or functioning or relapse, but group cognitive-behavioural therapy treatment resulted in reductions in feelings of hopelessness and in low self-esteem. CONCLUSIONS: Although group cognitive-behavioural therapy may not be the optimum treatment method for reducing hallucinations and delusions, it may have important benefits, including feeling less negative about oneself and less hopeless for the future.

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3.


**Author(s):** Penades R, Catalan R, Salamero M, Boget T, Puig O, Guarch J, Gasto C

**Citation:** Schizophrenia Research, October 2006, vol./is. 87/1-3(323-31), 0920-9964;0006-3223 (2006 Oct)

**Publication Date:** October 2006

**Abstract:** Cognitive Remediation Therapy (CRT) is a novel rehabilitation approach
designed to improve neurocognitive abilities such as attention, memory and executive functioning. The aim of the present study is to evaluate the effect of CRT on neurocognition, and secondarily on symptomatology and psychosocial functioning. Cognitive Behavioural Therapy (CBT) was used as a control condition because it aims to improve emotional problems and positive symptoms, focusing on modification of maladaptive beliefs and schemas, but neurocognition is not targeted. A total of 40 chronic patients with DSM-IV schizophrenia disorder were randomly assigned for 4 months to one of two treatment groups: CRT or CBT. Repeated assessments were conducted before and after the treatments and at the end of a follow-up period of 6 months. Additionally, a method to establish reliable change was calculated from a separate sample of 20 schizophrenic patients who were under standard medication without any kind of psychological treatment. Results showed that CRT produced an overall improvement on neurocognition (Mean effect size=0.5), particularly in verbal and nonverbal memory, and executive function. CBT showed the expected treatment effect on general psychopathology (anxiety and depression) but produced only a slight non-specific improvement in neurocognition (Working Memory). Furthermore, patients receiving CRT showed improvement in social functioning, demonstrating that cognitive improvements are clinically meaningful. These gains were still present at the 6 month follow-up.

Source: MEDLINE

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

Author(s): Turkington D, Kingdon D, Rathod S, Hammond K, Pelton J, Mehta R

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

Publication Date: July 2006

Abstract: BACKGROUND: Little is known about the medium-term durability of cognitive-behavioural therapy (CBT) in a community sample of people with schizophrenia. AIMS: To investigate whether brief CBT produces clinically important outcomes in relation to recovery, symptom burden and readmission to hospital in people with schizophrenia at 1-year follow-up. METHOD: 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). RESULTS: At 1-year follow-up, participants who received CBT had significantly more insight (P = 0.021) and 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. CONCLUSIONS: Mental health nurses should be trained in brief CBT for schizophrenia to supplement case management, family interventions and expert therapy for treatment resistance.

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Author(s): Naem F, Kingdon D, Turkington D

Citation: Psychology & Psychotherapy: Theory, Research & Practice, June 2006, vol./is. 79/Pt 2(153-64), 1476-0835;1476-0835 (2006 Jun)

Publication Date: June 2006

Abstract: AIMS: To explore the relationship between symptoms of anxiety and cognitive behaviour therapy (CBT) in patients with schizophrenia. DESIGN: Separate subanalyses of two randomized controlled trials comparing CBT for schizophrenia against befriending in the London Newcastle (LN) study, and against treatment as usual in the insight into schizophrenia (IS) study. MAIN OUTCOME MEASURES: Assessment of anxiety symptoms using the Brief Scale for Anxiety (BSA) derived from the Comprehensive Psychopathological Rating Scale (CPRS), at baseline, end of therapy and follow-up. RESULTS: In both studies, anxiety symptoms positively correlated with overall psychopathology, hallucinations and depression. In the LN study, patients with persecutory delusions and with distress due to akathisia and incapacity due to abnormal movements scored significantly higher on the BSA. In the IS study, anxiety scores were also positively correlated with; delusions, negative symptoms, relationship problems and problems with activities of daily living, living conditions, occupation and activities. Both subanalyses showed CBT had beneficial effects on anxiety symptoms compared with the control groups. Overall prognosis was found to be better in those with low anxiety in the LN study. CONCLUSIONS: CBT improves anxiety symptoms in psychosis. We did not find an association between anxiety symptoms at baseline and outcome of cognitive therapy in this group of patients with schizophrenia.

Source: MEDLINE

Full Text: Available in fulltext at EBSCO Host

16. Recent approaches to psychological interventions for people at risk of psychosis.


Citation: European Archives of Psychiatry & Clinical Neuroscience, April 2006, vol/is. 256/3(159-73), 0940-1334;0940-1334 (2006 Apr)

Publication Date: April 2006

Abstract: With the emerging global focus on early psychosis, indicated prevention in schizophrenia has increasingly become a focus of psychiatric research interests. It has been argued that CBT may have some advantages compared with
antipsychotics regarding this issue. According to MEDLINE, EMBASE and PsycINFO two completed randomised controlled trials (RCTs; PACE, Melbourne, Australia; EDIE, Manchester, United Kingdom) and one ongoing RCT with only preliminary results published so far (FETZ, Cologne/Bonn, Germany) on indicated prevention in schizophrenia including manualised and standardised psychological treatment can be identified. The aims of the present paper are to present and discuss the three approaches with regard to (I) inclusion, exclusion and exit criteria, (II) characteristics of interventions and (III) evaluations. All interventions use intake, exclusion and exit criteria, which have been evaluated in prospective follow-along studies. The approaches are based on the general structure and principles of cognitive behavioural therapy which have been developed, applied and evaluated in a wide range of mental health problems. Despite several methodological limitations, the first evaluations indicate some effects with regard to three possible aims of early intervention: (1) improvement of present possible pre-psychotic symptoms, (2) prevention of social decline/stagnation and (3) prevention or delay of progression to psychosis. Even though the first results are promising, we conclude that several ethical issues have to be taken into consideration and further predictive and therapeutic research is needed to judge whether psychological intervention is a realistic option for the treatment of people at risk of psychosis.

Source: MEDLINE

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Author(s): Weber M, Wyne K

Citation: Schizophrenia Research, March 2006, vol./is. 83/1(95-101), 0920-9964;0006-3223 (2006 Mar)

Publication Date: March 2006

Abstract: Obesity and diabetes have caused problems for individuals with schizophrenia long before atypical antipsychotic agents. The prevalence of obesity, insulin resistance, impaired glucose tolerance, type 2 diabetes mellitus, dyslipidemia, and the Metabolic Syndrome has increased in people with schizophrenia as compared to the general population. Risk reduction studies for persons with obesity, diabetes, and cardiovascular disease indicate that cognitive/behavioral interventions that promote motivation and provide strategies to overcome the barriers in adherence to diet and activity modification are effective interventions for weight management and risk reduction. In the landmark multi-center randomized-controlled trial study, the Diabetes Prevention Project (DPP), a cognitive/behavioral intervention, was more successful in producing weight loss and preventing diabetes than the drugs metformin, troglitazone or placebo. This pilot study examined the effectiveness of a cognitive/behavioral group intervention, modified after the DPP program, in individuals with schizophrenia or schizoaffective disorder taking atypical antipsychotics in a large urban public mental health system. Outcome measures included body weight, body mass index, waist-hip ratios, and fasting glucose levels. Both groups demonstrated elevated fasting glucose levels and were obese with a mean BMI of 33. The group that received the cognitive/behavioral group intervention lost more weight than the treatment as usual group. The CB group participants lost an average of 5.4 lb or 2.9% of body weight, and those in the control group lost 1.3 lb or 0.6% body weight. The range of
weight loss for the treatment group was from 1 to 20 lb. This pilot study has demonstrated that weight loss is possible with cognitive/behavioral interventions in a population with a psychotic disorder.

Source: MEDLINE

8. 18. Enhanced cognitive-behavioral therapy for vocational rehabilitation in schizophrenia: Effects on hope and work.

Author(s): Lysaker PH, Bond G, Davis LW, Bryson GJ, Bell MD

Citation: Journal of Rehabilitation Research & Development, September 2005, vol./is. 42/5(673-82), 0748-7711;1938-1352 (2005 Sep-Oct)

Publication Date: September 2005

Abstract: To address the effects of dysfunctional cognitions on vocational outcome of people with schizophrenia spectrum disorders, we developed the Indianapolis Vocational Intervention Program (IVIP), a cognitive-behavioral program of group and individual interventions. Fifty participants with schizophrenia or schizoaffective disorder were offered 6-month work placements and randomized to receive IVIP (n = 25) or standard support services (n = 25). Hours worked were measured weekly, and work performance was assessed biweekly with the use of the Work Behavior Inventory. Hope and self-esteem were assessed at baseline and at 5 months with the Beck Hopelessness Scale and the Rosenberg Self-Esteem Schedule. Analysis of variance (ANOVA) revealed that the IVIP group worked significantly more weeks and had better average work performance than the standard support group. Repeated measures ANOVA of baseline and follow-up scores indicated that the IVIP group sustained baseline levels of hope and self-esteem through follow-up, while the standard support group experienced declines. Results provide initial evidence of the effectiveness of the IVIP.

Source: MEDLINE

Full Text: Available in fulltext at EBSCO Host

9.


Author(s): Startup M, Jackson MC, Evans KE, Bendix S

Citation: Psychological Medicine, September 2005, vol./is. 35/9(1307-16), 0033-2917;0033-2917 (2005 Sep)

Publication Date: September 2005

Abstract: BACKGROUND: There is good evidence now that cognitive behaviour therapy (CBT) is effective in the treatment of people suffering from schizophrenia. There is also some evidence that the benefits of CBT persist after the end of treatment and that the direct costs of providing CBT as an adjunct to standard care are no higher than the direct costs of standard care alone. The aims of the present study were to discover if the benefits of CBT for acute schizophrenia which were found 1 year after index admission persist for another year, and to evaluate the comparative costs of providing CBT. METHOD: Consecutive admissions meeting
criteria were recruited. After screening, 43 were assigned at random to a treatment-as-usual (TAU) control group and 47 were assigned to TAU plus CBT. Patients (73% of original) were rated on symptoms and social functioning 2 years after index admission. An evaluation of the direct costs of services was also completed.

RESULTS: The CBT group had maintained its advantage over the TAU group on negative symptoms and social functioning but had lost the advantage it previously enjoyed in positive symptoms. The difference between groups in total direct costs over the 2 years was not statistically significant despite the cost of providing CBT.

CONCLUSIONS: Some of the benefits of CBT for patients suffering acute psychotic episodes persist for 2 years. After the end of regular treatment, CBT should probably be targeted on the appearance of early signs of relapse to forestall the re-emergence of positive symptoms.

Source: MEDLINE

Full Text:

Available in print at Lincoln County Hospital Professional Library

10.

20. A randomized comparison of group cognitive-behavioural therapy and group psychoeducation in acute patients with schizophrenia: outcome at 24 months.

Author(s): Bechdolf A, Kohn D, Knost B, Pukrop R, Klosterkotter J

Citation: Acta Psychiatrica Scandinavica, September 2005, vol./is. 112/3(173-9), 0001-690X;0001-690X (2005 Sep)

Publication Date: September 2005

Abstract: OBJECTIVE: We compared the effects of a brief group cognitive-behavioural therapy (CBT) and a group psychoeducational (PE) programme in acute patients with schizophrenia 2 years after treatment. At 6-month follow-up, the CBT group had shown significantly less re-hospitalization rates and on a descriptive level higher compliance with medication. METHOD: Eighty-eight in-patients with acute schizophrenia were randomized to receive a therapy envelope of 8 weeks including either 16 sessions of CBT or eight sessions of PE. RESULTS: From the initial sample, 43 patients (48.9%) completed the 24-month follow-up. There were no significant group differences regarding re-admission, symptoms or compliance with medication. However, on a descriptive level patients who received CBT on average experienced 21.8% less re-hospitalizations, 71 days less in hospital and higher compliance ratings at the 24-month follow-up. CONCLUSION: The significant advantages of CBT at short-term follow-up were lost at long-term follow-up. However, on a descriptive level some advantages for CBT remained after 2 years. Copyright (c) 2005 Blackwell Munksgaard

Source: MEDLINE

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1. 22. A pilot study of functional Cognitive Behavioral Therapy (fCBT) for schizophrenia.
Author(s): Cather C, Penn D, Otto MW, Yovel I, Mueser KT, Goff DC

Citation: Schizophrenia Research, May 2005, vol./is. 74/2-3(201-9), 0920-9964;0006-3223 (2005 May 1)

Publication Date: May 2005

Abstract: BACKGROUND: The feasibility and preliminary efficacy of a novel cognitive behavioral treatment for decreasing psychotic symptoms and improving social functioning was evaluated in a pilot study. This represents the first treatment outcome study of CBT for psychosis with a manualized, active comparison condition. METHODS: Thirty outpatients with schizophrenia or schizoaffective disorder, depressed type with residual psychotic symptoms were randomly assigned to either 16 weekly sessions of functional cognitive behavioral therapy (fCBT) or psychoeducation (PE) with assessments conducted at baseline and post-treatment by blind evaluators. RESULTS: Attrition was only 7% and did not differ between fCBT and PE, indicating good tolerability of both treatments. For this sample with persistent symptoms, between groups effects were not significantly different, but within group effect sizes indicated greater treatment benefit for fCBT on positive symptoms, particularly for the PSYRATS voices subscale. CONCLUSION: The results suggest that fCBT is well tolerated and holds promise for reducing persistent positive symptoms.

Source: MEDLINE

2. 23. Cognitive-behavioural therapy for refractory psychotic symptoms of schizophrenia resistant to atypical antipsychotic medication. Randomised controlled trial.

Author(s): Valmaggia LR, van der Gaag M, Tarrier N, Pijnenborg M, Slooff CJ

Citation: British Journal of Psychiatry, April 2005, vol./is. 186/(324-30), 0007-1250;0007-1250 (2005 Apr)

Publication Date: April 2005

Abstract: BACKGROUND: There is increasing evidence that cognitive-behavioural therapy can be an effective intervention for patients experiencing drug-refractory positive symptoms of schizophrenia. AIMS: To investigate the effects of cognitive-behavioural therapy on in-patients with treatment-refractory psychotic symptoms. METHOD: Manualised therapy was compared with supportive counselling in a randomised controlled study. Both interventions were delivered by experienced psychologists over 16 sessions of treatment. Therapy fidelity was assessed by two independent raters. Participants underwent masked assessment at baseline, after treatment and at 6 months' follow-up. Main outcome measures were the Positive and Negative Syndrome Scale and the Psychotic Symptoms Rating Scale. The analysis was by intention to treat. RESULTS: Participants receiving cognitive-behavioural therapy had improved with regard to auditory hallucinations and illness insight at the post-treatment assessment, but these findings were not maintained at follow-up. CONCLUSIONS: Cognitive-behavioural therapy showed modest short-term benefits over supportive counselling for treatment-refractory positive symptoms of schizophrenia.

Source: MEDLINE

Full Text:

Available in fulltext at Highwire Press

Available in fulltext at Grantham Hospital Staff Library; Note: Username:

Author(s): Naeeem F, Kingdon D, Turkington D

Citation: Cognitive Behaviour Therapy, 2005, vol./is. 34/4(207-15), 1650-6073;1650-6073 (2005)

Publication Date: 2005

Source: MEDLINE

Full Text: Available in fulltext at EBSCO Host

25. A randomized comparison of group cognitive-behavioural therapy and group psychoeducation in patients with schizophrenia.


Citation: Acta Psychiatrica Scandinavica, July 2004, vol./is. 110/1(21-8), 0001-690X;0001-690X (2004 Jul)

Publication Date: July 2004

Abstract: OBJECTIVE: Although the efficacy of cognitive-behavioural therapy (CBT) in schizophrenia has been established in a number of studies, no information is available on the differential efficacy of CBT in comparison with patient psychoeducation (PE). METHOD: Eighty-eight in-patients with schizophrenia were randomized to receive a therapy envelope of 8 weeks including either 16 sessions group CBT or eight [correction] sessions group PE treatment. Assessments took place at baseline, post-treatment and 6 month follow-up. RESULTS: Patients, who received CBT were significantly less rehospitalized than patients in the PE group during the follow-up period. On a descriptive level, CBT resulted in lower relapse rates and higher compliance ratings at post-treatment and at follow-up than PE. Both forms of therapy led to significant psychopathological improvement at post-treatment and at follow-up. CONCLUSION: The brief group CBT intervention showed some superiority to the PE programme, which could be of considerable clinical and economical importance. Copyright Blackwell Munksgaard 2004.
26. North Wales randomized controlled trial of cognitive behaviour therapy for acute schizophrenia spectrum disorders: outcomes at 6 and 12 months.

Author(s): Startup M, Jackson MC, Bendix S

Citation: Psychological Medicine, April 2004, vol./is. 34/3(413-22), 0033-2917;0033-2917 (2004 Apr)

Publication Date: April 2004

Abstract: BACKGROUND: Recent reviews of randomized controlled trials have concluded that cognitive behaviour therapy (CBT) is effective, as an addition to standard care, in the treatment of people suffering from schizophrenia. Most of the trials have been conducted with stabilized out-patients. The aim of this trial was to evaluate the effectiveness of CBT for in-patients suffering acute psychotic episodes, when delivered under conditions representative of current clinical practice. METHOD: Consecutive admissions meeting criteria were recruited. After screening, 43 were assigned at random to a treatment-as-usual (TAU) control group and 47 were assigned to TAU plus CBT. At baseline, 6 months and 12 months, patients were rated on symptoms and social functioning. CBT (maximum 25 sessions) began immediately after baseline assessment. RESULTS: The CBT group gained greater benefit than the TAU group on symptoms and social functioning. A larger proportion of the CBT group (60%) than the TAU group (40%) showed reliable and clinically important change, and none of them (v. 17%) showed reliable deterioration compared with baseline. CONCLUSIONS: CBT for patients suffering acute psychotic episodes can produce significant benefits when provided under clinically representative conditions.

Source: MEDLINE

Full Text:

Available in print at Lincoln County Hospital Professional Library

27. Cognitive-behavioural therapy in first-episode and early schizophrenia. 18-month follow-up of a randomised controlled trial.


Citation: British Journal of Psychiatry, March 2004, vol./is. 184/(231-9), 0007-1250;0007-1250 (2004 Mar)
**Publication Date:** March 2004

**Abstract:** BACKGROUND: 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. AIMS: 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. METHOD: 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. RESULTS: 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. CONCLUSIONS: Adjunctive psychological treatments can have a beneficial long-term effect on symptom reduction.

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7.

29. Cognitive therapy for schizophrenia: a preliminary randomized controlled trial.

**Author(s):** Rector NA, Seeman MV, Segal ZV

**Citation:** Schizophrenia Research, September 2003, vol./is. 63/1-2(1-11), 0920-9964;0006-3223 (2003 Sep 1)

**Publication Date:** September 2003

**Abstract:** BACKGROUND: The aim of the current study was to assess whether patients with a DSM-IV diagnosis of schizophrenia and experiencing persistent positive and negative symptoms improve with the addition of cognitive-behavioural therapy to enriched standard treatment. METHODS: A controlled study was completed with 42 patients randomized to either cognitive-behavioural therapy plus enriched treatment-as-usual (CBT-ETAU) (n = 24) or enriched treatment-as-usual only (ETAU) (n = 18). Enriched treatment-as-usual comprised comprehensive treatment within specialised schizophrenia treatment services. Cognitive-
behavioural therapy was conducted on an individual basis for 6 months (20 sessions). Clinical assessments were done at pretreatment, posttreatment and at 6-month follow-up by raters blind to group allocation. RESULTS: Significant clinical effects were observed for positive, negative and overall symptom severity for patients treated in CBT-ETAU, although there were no statistically significant differences between the treatment groups at posttreatment. The most pronounced effect of CBT-ETAU in comparison to ETAU in this study was in the reduction of negative symptoms at follow-up. CONCLUSION: These results show promise for the impact of CBT on negative symptoms when explicitly targeted in treatment.

Source: MEDLINE

8. 30. Early intervention for relapse in schizophrenia: results of a 12-month randomized controlled trial of cognitive behavioural therapy.

Author(s): Gumley A, O’Grady M, McNay L, Reilly J, Power K, Norrie J

Citation: Psychological Medicine, April 2003, vol./is. 33/3(419-31), 0033-2917;0033-2917 (2003 Apr)

Publication Date: April 2003

Abstract: BACKGROUND: The paper describes a randomized controlled trial of targeting cognitive behavioural therapy (CBT) during prodromal or early signs of relapse in schizophrenia. We hypothesized that CBT would result in reduced admission and relapse, reduced positive and negative symptoms, and improved social functioning. METHOD: A total of 144 participants with schizophrenia or a related disorder were randomized to receive either treatment as usual (TAU) (N = 72) or CBT+TAU (N = 72). Participants were prospectively followed up between entry and 12 months. RESULTS: At 12 months, 11 (15.3%) participants in the CBT group were admitted to hospital compared to 19 (26.4%) of the TAU group (hazard ratio = 0.53, P = 0.10, 95% CI 0.25, 1.10). A total of 13 (18.1%) participants in CBT relapsed compared to 25 (34.7%) in TAU (hazard ratio = 0.47, P < 0.005, 95% CI 0.24, 0.92). In addition, the CBT group showed significantly greater improvement in positive symptoms, negative symptoms, global psychopathology, performance of independent functions and prosocial activities. CONCLUSIONS: The study provides evidence for the feasibility and effectiveness for targeting CBT on the appearance of early signs of relapse in schizophrenia. The results are discussed in context of the study’s methodological limitations.

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1. 31. Randomised controlled trial of cognitive-behavioural therapy in early schizophrenia: acute-phase outcomes.


Citation: British Journal of Psychiatry - Supplementum, September 2002, vol./is. 43/(s91-7), 0960-5371;0960-5371 (2002 Sep)

Publication Date: September 2002

Abstract: BACKGROUND: Cognitive-behavioural therapy (CBT) improves persistent psychotic symptoms. AIMS: To test the effectiveness of added CBT in accelerating remission from acute psychotic symptoms in early schizophrenia.
METHOD: A 5-week CBT programme plus routine care was compared with supportive counselling plus routine care and routine care alone in a multi-centre trial randomising 315 people with DSM-IV schizophrenia and related disorders in their first (83%) or second acute admission. Outcome assessments were blinded. RESULTS: Linear regression over 70 days showed predicted trends towards faster improvement in the CBT group. Uncorrected univariate comparisons showed significant benefits at 4 but not 6 weeks for CBT v. routine care alone on Positive and Negative Syndrome Scale total and positive sub-scale scores and delusion score and benefits v. supportive counselling for auditory hallucinations score. CONCLUSIONS: CBT shows transient advantages over routine care alone or supportive counselling in speeding remission from acute symptoms in early schizophrenia.

Source: MEDLINE

2. Effectiveness of a brief cognitive-behavioural therapy intervention in the treatment of schizophrenia.

Author(s): Turkington D, Kingdon D, Turner T, Insight into Schizophrenia Research Group

Citation: British Journal of Psychiatry, June 2002, vol./is. 180/(523-7), 0007-1250;0007-1250 (2002 Jun)

Publication Date: June 2002

Abstract: BACKGROUND: Little evidence exists to indicate whether community psychiatric nurses can achieve the results reported by expert cognitive-behavioural therapists in patients with schizophrenia. AIMS: To assess the effectiveness and safety of a brief cognitive-behavioural therapy (CBT) intervention in a representative community sample of patients with schizophrenia in secondary care settings. METHOD: A pragmatic randomised trial was performed involving 422 patients and carers to compare a brief CBT intervention against treatment as usual. RESULTS: Patients who received CBT (n=257) improved in overall symptomatology (P=0.015; number needed to treat [NNT]=13), insight (P<0.001; NNT=10) and depression (P=0.003; NNT=9) compared with the control group (n=165). Insight was clinically significantly improved (risk ratio=1.15, 95% CI 1.01-1.31). There was no increase in suicidal ideation. CONCLUSIONS: Community psychiatric nurses can safely and effectively deliver a brief CBT intervention to patients with schizophrenia and their carers.

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3.
33. A pilot trial of bupropion added to cognitive behavioral therapy for smoking cessation in schizophrenia.

Author(s): Evins AE, Mays VK, Rigotti NA, Tisdale T, Cather C, Goff DC

Citation: Nicotine & Tobacco Research, November 2001, vol./is. 3/4(397-403), 1462-2203;1462-2203 (2001 Nov)

Publication Date: November 2001

Abstract: The purpose of this study was to investigate the effect of adding sustained-release (SR) bupropion to cognitive behavioral therapy (CBT) on smoking behavior and stability of psychiatric symptoms in patients with schizophrenia. We conducted a 3-month, double-blind, placebo-controlled trial of bupropion SR, 150 mg/day, added to a concurrent CBT program with 3-month follow-up in 19 stable outpatients with schizophrenia who wanted to quit smoking. Eighteen subjects completed the trial. Bupropion treatment was associated with significantly greater reduction in smoking, as measured by self-report verified by expired-air carbon monoxide (6/9 subjects, 66%), than placebo (1/9 subjects, 11%) during the 3-month active treatment period and the 3-month follow-up period. One subject in the bupropion group (11%) and no subjects in the placebo group achieved sustained tobacco abstinence for the 6-month trial. Bupropion treatment was associated with improvement in negative symptoms and greater stability of psychotic and depressive symptoms, compared with placebo, during the quit attempt. Subjects in the bupropion group experienced significant weight loss, compared with those on placebo during the smoking cessation attempt. These data suggest that bupropion SR, 150 mg/day, combined with CBT, may facilitate smoking reduction in patients with schizophrenia while stabilizing psychiatric symptoms during a quit attempt.

Source: MEDLINE

4. 34. Randomized controlled trial of motivational interviewing, cognitive behavior therapy, and family intervention for patients with comorbid schizophrenia and substance use disorders.


Citation: American Journal of Psychiatry, October 2001, vol./is. 158/10(1706-13), 0002-953X;0002-953X (2001 Oct)

Publication Date: October 2001

Abstract: OBJECTIVE: Comorbidity of substance abuse disorders with schizophrenia is associated with a greater risk for serious illness complications and poorer outcome. Methodologically sound studies investigating treatment approaches for patients with these disorders are rare, although recommendations for integrated and comprehensive treatment programs abound. This study investigates the relative benefit of adding an integrated psychological and psychosocial treatment program to routine psychiatric care for patients with schizophrenia and substance use disorders. METHOD: The authors conducted a randomized, single-blind controlled comparison of routine care with a program of routine care integrated with motivational interviewing, cognitive behavior therapy, and family or caregiver intervention. RESULTS: The integrated treatment program resulted in significantly greater improvement in patients’ general functioning than routine care alone at the end of treatment and 12 months after the beginning of the study. Other benefits of the program included a reduction in positive symptoms and
in symptom exacerbations and an increase in the percent of days of abstinence from drugs or alcohol over the 12-month period from baseline to follow-up.

CONCLUSIONS: These findings demonstrate the effectiveness of a program of routine care integrated with motivational interviewing, cognitive behavior therapy, and family intervention over routine psychiatric care alone for patients with comorbid schizophrenia and alcohol or drug abuse or dependence.

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35. Two-year follow-up of cognitive--behavioral therapy and supportive counseling in the treatment of persistent symptoms in chronic schizophrenia.

Author(s): Tarrier N, Kinney C, McCarthy E, Humphreys L, Wittkowski A, Morris J

Citation: Journal of Consulting & Clinical Psychology, October 2000, vol./is. 68/5(917-22), 0022-006X;0022-006X (2000 Oct)

Publication Date: October 2000

Abstract: The article reports the 2-year follow-up of patients suffering persistent symptoms of schizophrenia who entered a single blind randomized controlled trial. Patients were randomly allocated to cognitive-behavioral therapy (CBT) plus routine care (RC), supportive counseling (SC) plus RC, or RC alone. Treatment took place over 3 months, and follow-up was made 12 and 24 months after treatment finished. Sixty-one patients were available to the 2-year follow-up and assessed for positive and negative symptoms and clinical improvement; all of the 87 patients who entered the trial were assessed for relapse over the follow-up period. On all measures, patients who received RC alone did significantly worse at 2 years. There were no significant differences at 2 years between the CBT and SC groups.

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36. A cognitive-behavioural, group-based intervention for social anxiety in schizophrenia.

Author(s): Halperin S, Nathan P, Drummond P, Castle D

Citation: Australian & New Zealand Journal of Psychiatry, October 2000, vol./is. 34/5(809-13), 0004-8674;0004-8674 (2000 Oct)
Publication Date: October 2000

Abstract: OBJECTIVE: The objective of this study was to investigate the efficacy of group-based cognitive-behavioural therapy (CBT) for social anxiety in schizophrenia. METHOD: Patients with schizophrenia (20) with comorbid social anxiety were randomly assigned to the group-based CBT or wait-list control condition. Pre-, post- and 6-week follow-up ratings included measures of social anxiety and avoidance, mood and quality of life. RESULTS: The intervention group improved on all outcome measures and the control group showed no change in symptomatology. CONCLUSIONS: Group-based CBT is effective in treating social anxiety in schizophrenia.

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37. Cognitive-behavioural techniques for general psychiatrists in the management of patients with psychoses.

Author(s): Turkington D, Kingdon D

Citation: British Journal of Psychiatry, August 2000, vol./is. 177/(101-6), 0007-1250;0007-1250 (2000 Aug)

Publication Date: August 2000

Abstract: BACKGROUND: Recent research progress showing the benefits of cognitive therapy in schizophrenia leaves the general psychiatrist unsure whether to attempt to use such techniques. AIMS: To test whether cognitive-behavioural techniques are beneficial in the management of patients with schizophrenia in general psychiatric practice. METHOD: A randomised controlled study comparing the use of cognitive-behavioural techniques and befriending in schizophrenia. RESULTS: Significant improvement in symptoms occurred in the group treated with cognitive-behavioural techniques but not in the befriending group. During the 6-month follow-up period the cognitive-behavioural group tended to have shorter periods in hospital. CONCLUSIONS: General psychiatrists could help their patients with schizophrenia by using cognitive-behavioural techniques. Such techniques are well within the capability of general psychiatrists, but their application would involve more of the consultant’s time spent in direct contact with patients with psychoses.

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38. A randomized controlled trial of cognitive-behavioral therapy for persistent symptoms in schizophrenia resistant to medication.

Author(s): Sensky T, Turkington D, Kingdon D, Scott JL, Scott J, Siddle R, O'Carroll M, Barnes TR

Citation: Archives of General Psychiatry, February 2000, vol./is. 57/2(165-72), 0003-990X;0003-990X (2000 Feb)

Publication Date: February 2000

Abstract: BACKGROUND: Research evidence supports the efficacy of cognitive-behavioral therapy in the treatment of drug-refractory positive symptoms of schizophrenia. Although the cumulative evidence is strong, early controlled trials showed methodological limitations. METHODS: A randomized controlled design was used to compare the efficacy of manualized cognitive-behavioral therapy developed particularly for schizophrenia with that of a nonspecific befriending control intervention. Both interventions were delivered by 2 experienced nurses who received regular supervision. Patients were assessed by blind raters at baseline, after treatment (lasting up to 9 months), and at a 9-month follow-up evaluation. Patients continued to receive routine care throughout the study. An assessor blind to the patients' treatment groups rated the technical quality of audiotaped sessions chosen at random. Analysis was by intention to treat. RESULTS: Ninety patients received a mean of 19 individual treatment sessions over 9 months, with no significant between-group differences in treatment duration. Both interventions resulted in significant reductions in positive and negative symptoms and depression. At the 9-month follow-up evaluation, patients who had received cognitive therapy continued to improve, while those in the befriending group did not. These results were not attributable to changes in prescribed medication. CONCLUSION: Cognitive-behavioral therapy is effective in treating negative as well as positive symptoms in schizophrenia resistant to standard antipsychotic drugs, with its efficacy sustained over 9 months of follow-up.

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