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Search details

Schizophrenia – Cognitive Behavioural Therapy – Research articles

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Summary

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   Citation: Progress in Neuro-Psychopharmacology & Biological Psychiatry,
Abstract: Individuals with schizophrenia demonstrate deficits in divergent thinking. This ability is indispensable for generating creative solutions and navigating the complexities of social interactions. In a pilot study, seventeen stable schizophrenia outpatients were randomly assigned to a training program for divergent thinking or a control program on convergent thinking. After eight weeks of training, participants in the divergent thinking program had significantly greater improvements on measures of idea fluency, negative symptoms, and interpersonal relations than did participants receiving the control program. These preliminary results suggest that interventions for divergent thinking in schizophrenia may lead to improvements in patients’ social functioning.

Source: MEDLINE

2. Cognitive enhancement therapy for early-course schizophrenia: effects of a two-year randomized controlled trial.

Author(s): Eack SM, Greenwald DP, Hogarty SS, Cooley SJ, DiBarry AL, Montrose DM, Keshavan MS

Citation: Psychiatric Services, November 2009, vol./is. 60/11(1468-76), 1075-2730;1557-9700 (2009 Nov)

Publication Date: November 2009

Abstract: OBJECTIVE: The early application of cognitive rehabilitation may afford long-term functional benefits to patients with schizophrenia. This study examined the two-year effects of an integrated neurocognitive and social-cognitive rehabilitation program, cognitive enhancement therapy (CET), on cognitive and functional outcomes in early-course schizophrenia. METHODS: Early-course outpatients (mean+/− SD illness duration=3.19+/−2.24 years) with schizophrenia or schizoaffective disorder were randomly assigned to CET (N=31) or enriched supportive therapy (EST) (N=27), an illness management intervention utilizing psychoeducation and applied coping strategies, and treated for two years. Multivariate composite indexes of cognitive, social adjustment, and symptom domains were derived from assessment batteries administered annually by computer-based tests and raters not blind to treatment assignment. RESULTS: Of the 58 participants who were randomly assigned and treated, 49 and 46 completed one year and two years of treatment, respectively. Intent-to-treat analyses showed significant differential effects favoring CET on social cognition, cognitive style, social adjustment, and symptomatology composites during the first year of treatment. After two years, moderate effects (d=.46) were observed favoring CET for enhancing neurocognitive function. Strong differential effects (d>1.00) on social cognition, cognitive style, and social adjustment composites remained at year 2 and also extended to measures of symptomatology, particularly negative symptoms. CONCLUSIONS: CET appears to be an effective approach to the remediation of cognitive deficits in early schizophrenia that may help reduce disability in this population. The remediation of such deficits should be an integral component of early intervention programs treating psychiatrically stable schizophrenia outpatients.

Source: MEDLINE

3. Dorsolateral prefrontal cortex activity predicts responsiveness to cognitive-behavioral therapy in schizophrenia.

Author(s): Kumari V, Peters ER, Fannon D, Antonova E, Premkumar P, Anilkumar
BACKGROUND: Given the variable response to cognitive-behavioral therapy (CBT) when added to antipsychotic medication in psychosis and the evidence for a role of pretherapy level of frontal lobe-based cognitive function in responsiveness to CBT in other disorders, this study examined whether pretherapy brain activity associated with working memory neural network predicts clinical responsiveness to CBT in schizophrenia. METHODS: Fifty-two outpatients stable on medication with at least one distressing symptom of schizophrenia and willing to receive CBT in addition to their usual treatment and 20 healthy participants underwent functional magnetic resonance imaging during a parametric n-back task. Subsequently, 26 patients received CBT for psychosis (CBT+treatment-as-usual [TAU], 19 completers) for 6-8 months, and 26 continued with TAU alone (17 completers). Symptoms in both patient groups were assessed (blindly) at entry and follow-up. RESULTS: The CBT+TAU and TAU-alone groups did not differ clinically or in performance at baseline. The CBT+TAU group showed significant improvement in relation to the TAU-alone group, which showed no change, at follow-up. Stronger dorsolateral prefrontal cortex (DLPFC) activity (within the normal range) and DLPFC-cerebellum connectivity during the highest memory load condition (2-back > 0-back) were associated with post-CBT clinical improvement. CONCLUSIONS: DLPFC activity and its connectivity with the cerebellum predict responsiveness to CBT for psychosis in schizophrenia. These effects may be mediated by PFC-cerebellum contributions to executive processing.

Source: MEDLINE

4. The short-term impact of generic versus individualized environmental supports on functional outcomes and target behaviors in schizophrenia.


Citation: Psychiatry Research, July 2009, vol./is. 168/2(94-101), 0165-1781;0165-1781 (2009 Jul 30)

Publication Date: July 2009

Abstract: We examined the short-term efficacy of two treatments using environmental supports (e.g. signs, alarms, pill containers, and checklists) to improve target behaviors in individuals with schizophrenia. 120 participants were randomized into one of the following three treatment groups: 1) Cognitive Adaptation Training (CAT; a manual-driven set of environmental supports customized to individual cognitive impairments and behaviors, and established and maintained in participants' homes on weekly visits); 2) Generic Environmental Supports (GES; a generic set of supports given to patients at a routine clinic visit and replaced on a monthly basis); and 3) treatment as usual (TAU; standard follow-up provided by a community mental health center). Global level of functional outcome and target behaviors, including orientation, grooming and hygiene, and medication adherence, were assessed at baseline and 3 months. Results of an analysis of covariance indicated that patients in both CAT and GES had better scores on global functional outcome at 3 months than those in TAU. Results of Chi Square analyses indicated that patients in CAT were more likely to improve on target behaviors, including orientation, hygiene, and medication adherence, than those in GES. Irrespective of treatment group, individuals who were high utilizers of environmental supports were more likely to improve on target behaviors than individuals who were low utilizers of supports.
5. Increasing self-esteem: efficacy of a group intervention for individuals with severe mental disorders.

Author(s): Borras L, Boucherie M, Mohr S, Lecomte T, Perroud N, Huguelet P

Citation: European Psychiatry: the Journal of the Association of European Psychiatrists, June 2009, vol./is. 24/5(307-16), 0924-9338;0924-9338 (2009 Jun)

Publication Date: June 2009

Abstract: BACKGROUND: Individuals with psychosis are known to have a lower self-esteem compared to the general population, in part because of social stigma, paternalistic care, long periods of institutionalization and negative family interactions. This study aimed at assessing the efficacy of a self-esteem enhancement program for individuals with severe mental illness and at analyzing the results in their European context. METHOD: A randomized cross-over study including 54 outpatients with a diagnosis of schizophrenia from Geneva, Switzerland, was conducted. Twenty-four were recruited from an outpatient facility receiving traditional psychiatric care whereas 30 came from an outpatient facility with case-management care. Psychosocial, diagnostic and symptom measures were taken for all the subjects before treatment, after treatment, and at 3-months’ follow-up. RESULTS: Results indicated significant positive self-esteem module effects on self-esteem, self-assertion, active coping strategies and symptom for the participants receiving case-management care. Results were not significant for those receiving traditional care. However, 71% of all participants expressed satisfaction with the module. CONCLUSION: Individuals with schizophrenia appear to benefit from the effects of the self-esteem module, particularly when they are involved in a rehabilitation program and followed by a case manager who liaises with the other partners of the multidisciplinary team. This encourages reconsidering the interventions’ format and setting in order to ensure lasting effects on the environment and in turn on coping, self-esteem and overall empowerment.

Source: MEDLINE


Author(s): Gil Sanz D, Diego Lorenzo M, Bengoechea Seco R, Arrieta Rodriguez M, Lastra Martinez I, Sanchez Calleja R, Alvarez Soltero A

Citation: Spanish Journal of Psychology, May 2009, vol./is. 12/1(184-91), 1138-7416;1138-7416 (2009 May)

Publication Date: May 2009

Abstract: Psychosocial functioning impairment is recognized as a core feature of schizophrenia. Numerous studies have assessed the process that may underlie this impairment. In the last years, one of these processes that has been studied more is social cognition, which has been proposed as a mediator variable between neurocognition and functional outcome. Social cognition includes the subdomains of emotion recognition and social perception, and in recent years several authors have developed diverse training programs in these areas. The purpose of the present article is to assess the efficacy of the Social Cognition Training Program, a program that includes emotion recognition training and social perception training. The sample was made up of 14 outpatients with a diagnosis of schizophrenia according to CIE-10 criteria, randomly divided into two groups: experimental and control. All patients were assessed before and after the training program. Cognitive and psychopathological variables, social functioning, emotion recognition and
social perception performance were assessed. Results suggest improvement in social perception and interpretation in the experimental group, in comparison with the control group, but not in emotion recognition. No significant correlations were obtained between social cognition training and other variables tested.

Source: MEDLINE

7. Improvements in autobiographical memory in schizophrenia patients after a cognitive intervention: a preliminary study.

Author(s): Blairy S, Neumann A, Nutthals F, Pierret L, Collet D, Philippot P

Citation: Psychopathology, 2008, vol./is. 41/6(388-96), 0254-4962;1423-033X (2008)

Publication Date: 2008

Abstract: BACKGROUND: Schizophrenia is associated with a reduction in accessing specific autobiographical information. This is consistent with the abnormal development of personal identity that characterizes this mental disorder. Using a schizophrenic population, the present study evaluates the effect of a cognitive intervention on autobiographical memory and the capacity to project oneself in the future. SAMPLING AND METHOD: The intervention consisted of group sessions, during which participants were trained to recollect specific events reported in their diary. Furthermore, exercises to stimulate their thoughts about their personal identity were proposed. An autobiographical memory test was administrated before the intervention, after the intervention and at the 3-month follow-up. In addition, neuropsychological and affective assessments were conducted before and after treatments. Patients’ performances were compared to those from the control group. RESULTS: The ability to recall specific events was improved by the cognitive intervention, and the benefits were preserved 3 months later. However, no neuropsychological or affective benefit was found. CONCLUSION: Despite positive results on specific memory, any significant benefits have yet to be extended to other clinical variables such as symptom reduction and neuropsychological/social functioning. Nevertheless, the results revealed that cognitive remediation therapy could be a useful additional intervention for autobiographical memory deficits in schizophrenia patients. (c) 2008 S. Karger AG, Basel.

Source: MEDLINE


Author(s): Mausbach BT, Cardenas V, McKibbin CL, Jeste DV, Patterson TL

Citation: Behaviour Research & Therapy, January 2008, vol./is. 46/1(145-53), 0005-7967;0005-7967 (2008 Jan)

Publication Date: January 2008

Abstract: Patients with schizophrenia have disproportionately high rates of emergency medical service use, likely contributing to the high cost this illness places on society. The aim of this study was to examine the impact of a theory-based, behavioral intervention on immediate and long-term use of emergency medical services. Older patients with schizophrenia (n=240) were randomized to receive either a behavioral, skills-building intervention known as Functional Adaptation and Skills Training (FAST) or a time-equivalent attention-control condition (AC). Logistic regression analyses indicated that AC participants were nearly twice as likely to use emergency medical services in general (OR=2.54;
p=0.02) and emergency psychiatric services in particular (OR=3.69; p=0.05) during the active intervention phase of the study. However, there were no differences between the interventions in terms of emergency service use during the long-term follow-up phase of the study (i.e., 6-18 months post-baseline). The FAST intervention appears efficacious for reducing the short-term risk of using emergency medical services. However, the long-term efficacy of the FAST intervention appears less clear. Future studies may want to provide more powerful maintenance sessions to encourage continued use of skills in patients' real-world settings.

**Source:** MEDLINE

9. **Improved cognitive function in schizophrenia after one year of cognitive training and vocational services.**

**Author(s):** Greig TC, Zito W, Wexler BE, Fiszdon J, Bell MD

**Citation:** Schizophrenia Research, November 2007, vol./is. 96/1-3(156-61), 0920-9964;0006-3223 (2007 Nov)

**Publication Date:** November 2007

**Abstract:** A year-long program of Neurocognitive Enhancement Therapy (NET) was used to remediate cognitive deficits in people with schizophrenia who were participating in a vocational program. Seventy-two stable outpatients with schizophrenia or schizoaffective disorder, recruited from an urban community mental health center were randomly assigned to a twelve-month vocational program (VOC) or NET+VOC. The vocational program had characteristics of individual placement and support (IPS) programs but also included transitional funding. NET included computer-based cognitive training exercises, a social information processing group and a work feedback group. Sixty-two participants completed a neuropsychological test battery before and after treatment. After one year of treatment, participants receiving NET+VOC had significantly greater improvements on measures of executive function and working memory than did participants in the VOC only condition. Augmenting vocational services with a multifaceted cognitive remediation program may improve cognition in participants with schizophrenia or schizoaffective disorder.

**Source:** MEDLINE

10. **Two years of continued early treatment for recent-onset schizophrenia: a randomised controlled study.**

**Author(s):** Grawe RW, Falloon IR, Widen JH, Skogvoll E

**Citation:** Acta Psychiatrica Scandinavica, November 2006, vol./is. 114/5(328-36), 0001-690X;0001-690X (2006 Nov)

**Publication Date:** November 2006

**Abstract:** OBJECTIVE: This random-controlled study evaluated benefits derived from continued integrated biomedical and psychosocial treatment for recent-onset schizophrenia. METHOD: Fifty cases of schizophrenia of less than 2 years duration were allocated randomly to integrated or standard treatment (ST) for 2 years. ST comprised optimal pharmacotherapy and case management, while IT also included cognitive-behavioural family treatment, that incorporated skills training, cognitive-behavioural strategies for residual psychotic and non-psychotic problems and home-based crisis management. Psychopathology, functioning, hospitalisation and suicidal behaviours were assessed two monthly and a composite index, reflecting overall clinical outcome was derived. RESULTS: IC proved superior to ST in reducing negative symptoms, minor psychotic episodes and in stabilising positive
symptoms, but did not reduce hospital admissions or major psychotic recurrences. The composite index showed that significantly more IC patients (53%) had excellent 2-year outcomes than ST (25%). CONCLUSION: Evidence-based treatment achieves greater clinical benefits than pharmacotherapy and case management alone for recent-onset schizophrenia.

Source: MEDLINE

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

Author(s): Montero I, Masanet MJ, Bellver F, Lacruz M

Citation: Comprehensive Psychiatry, September 2006, vol./is. 47/5(362-7), 0010-440X,0010-440X (2006 Sep-Oct)

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 (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 lose 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.

Source: MEDLINE


Citation: Psychiatry Research, September 2005, vol./is. 136/2-3(251-5), 0165-1781,0165-1781 (2005 Sep 15)

Publication Date: September 2005

Abstract: Although the efficacy of cognitive-behavioral therapy (CBT) in schizophrenia has been established for persistent psychotic symptoms, little
information is available on the effects of CBT in the pre-psychotic phase. We developed a comprehensive CBT program for clients in the early initial prodromal state that showed good feasibility and promising treatment effects in an uncontrolled prospective study. The specificity of these effects needs to be explored in a controlled trial.

Source: MEDLINE


Author(s): Temple S, Ho BC

Citation: Schizophrenia Research, May 2005, vol./is. 74/2-3(195-9), 0920-9964;0006-3223 (2005 May 1)

Publication Date: May 2005

Abstract: The results of an open label controlled outcome study are presented, comparing Cognitive Therapy with a treatment-as-usual group. Independent raters assessed symptom severity and psychosocial functioning at baseline, and again at 6 months. Improvements were found for Cognitive Behavior Therapy (CBT) patients in Clinical Global Impression for Improvement (CGI; \( p < 0.03 \)), Global Psychosocial Functioning \( (p < 0.001) \), the Global Assessment Scale (GAS) ratings \( (p < 0.013) \), overall symptoms \( (p < 0.049) \), and delusions \( (p < 0.029) \). A trend toward significance was found for reductions in negative symptoms \( (p < 0.06) \). The results suggest the potential utility of cognitive therapy as a companion therapy for schizophrenia in the United States. Limitations of the study include small sample sizes, lack of randomized assignment, and rater nonblindedness to treatment condition.

Source: MEDLINE


Author(s): Trower P, Birchwood M, Meaden A, Byrne S, Nelson A, Ross K

Citation: British Journal of Psychiatry, April 2004, vol./is. 184/(312-20), 0007-1250;0007-1250 (2004 Apr)

Publication Date: April 2004

Abstract: BACKGROUND: Command hallucinations are a distressing and high-risk group of symptoms that have long been recognised but little understood, with few effective treatments. In line with our recent research, we propose that the development of an effective cognitive therapy for command hallucinations (CTCH) would be enhanced by applying insights from social rank theory. AIMS: We tested the efficacy of CTCH in reducing beliefs about the power of voices and thereby compliance, in a single-blind, randomised controlled trial. METHOD: A total of 38 patients with command hallucinations, with which they had recently complied with serious consequences, were allocated randomly to CTCH or treatment as usual and followed up at 6 months and 12 months. RESULTS: Large and significant reductions in compliance behaviour were obtained favouring the cognitive therapy group (effect size 1.1). Improvements were also observed in the CTCH but not the control group in degree of conviction in the power and superiority of the voices and the need to comply, and in levels of distress and depression. No change in voice topography (frequency, loudness, content) was observed. The differences were maintained at 12 months' follow-up. CONCLUSIONS: The results support the efficacy of cognitive therapy for CTCH.
15. Hallucination focused integrative treatment improves quality of life in schizophrenia patients.

Author(s): Wiersma D, Jenner JA, Nienhuis FJ, van de Willige G

Citation: Acta Psychiatrica Scandinavica, March 2004, vol./is. 109/3(194-201), 0001-690X;0001-690X (2004 Mar)

Publication Date: March 2004

Abstract: OBJECTIVE: Psychosocial treatment seems to be effective in the management of schizophrenia, although less in the area of quality of life and social functioning. To study the effectiveness of a hallucination focused integrated treatment with cognitive-behaviour therapy and coping training among schizophrenia patients suffering from 'hearing voices'. METHOD: In a randomized controlled trial (RCT) with 31 patients in the integrated treatment condition and 32 patients in the routine care condition, quality of life was assessed with the self-report questionnaire of the WHO (Bref), and social role functioning with an interviewer based schedule, at entry and 9 (post-treatment) and 18 months later. RESULTS: Follow-up data suggest a significant improvement of quality of life and in particular in social role functioning (effect size 0.64) in favour of the integrated treatment. CONCLUSION: The integrated treatment seems to be effective in reducing overall disability levels and number of patients with serious disabilities.

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16. Randomized controlled trial of interventions designed to reduce the risk of progression to first-episode psychosis in a clinical sample with subthreshold symptoms.

Author(s): McGorry PD, Yung AR, Phillips LJ, Yuen HP, Francey S, Cosgrave EM, Germano D, Bravin J, McDonald T, Blair A, Adlard S, Jackson H

Citation: Acta Psychiatrica Scandinavica, March 2004, vol./is. 109/3(194-201), 0001-690X;0001-690X (2004 Mar)

Publication Date: March 2004

Abstract: OBJECTIVE: Psychosocial treatment seems to be effective in the management of schizophrenia, although less in the area of quality of life and social functioning. To study the effectiveness of a hallucination focused integrated treatment with cognitive-behaviour therapy and coping training among schizophrenia patients suffering from 'hearing voices'. METHOD: In a randomized controlled trial (RCT) with 31 patients in the integrated treatment condition and 32 patients in the routine care condition, quality of life was assessed with the self-report questionnaire of the WHO (Bref), and social role functioning with an interviewer based schedule, at entry and 9 (post-treatment) and 18 months later. RESULTS: Follow-up data suggest a significant improvement of quality of life and in particular in social role functioning (effect size 0.64) in favour of the integrated treatment. CONCLUSION: The integrated treatment seems to be effective in reducing overall disability levels and number of patients with serious disabilities.

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BACKGROUND: Most disability produced by psychotic illnesses, especially schizophrenia, develops during the prepsychotic period, creating a case for intervention during this period. However, only recently has it been possible to engage people in treatment during this phase. METHODS: A randomized controlled trial compared 2 interventions in 59 patients at incipient risk of progression to first-episode psychosis. We termed this group ultra-high risk to emphasize the enhanced risk vs conventional genetic high-risk studies. Needs-based intervention was compared with specific preventive intervention comprising low-dose risperidone therapy (mean dosage, 1.3 mg/d) and cognitive behavior therapy. Treatment was provided for 6 months, after which all patients were offered ongoing needs-based intervention. Assessments were performed at baseline, 6 months, and 12 months. RESULTS: By the end of treatment, 10 of 28 people who received needs-based intervention progressed to first-episode psychosis vs 3 of 31 from the specific preventive intervention group (P=.03). After 6-month follow-up, another 3 people in the specific preventive intervention group became psychotic, and with intention-to-treat analysis, the difference was no longer significant (P=.24). However, for risperidone therapy-adherent patients in the specific preventive intervention group, protection against progression extended for 6 months after cessation of risperidone use. CONCLUSIONS: More specific pharmacotherapy and psychotherapy reduces the risk of early transition to psychosis in young people at ultra-high risk, although their relative contributions could not be determined. This represents at least delay in onset (prevalence reduction), and possibly some reduction in incidence.

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17. Integrating cognitive-behavioral psychotherapy for persons with schizophrenia into a psychiatric rehabilitation program: results of a three year trial.

Author(s): Bradshaw W

Citation: Community Mental Health Journal, October 2000, vol./is. 36/5(491-500), 0010-3853;0010-3853 (2000 Oct)

Abstract: Emerging models of cognitive-behavioral treatment (CBT) offer promising new intervention strategies in the psychotherapy of schizophrenia. These models, however, have not been integrated into community support programs and evaluated in comparison to standard community treatments. This study examined differences in outcomes of clients who received long-term day treatment program services (DTP) compared to clients who received individual CBT that was included as part of their DTP treatment. Twenty-four clients were randomly assigned to DTP treatment or CBT/DTP treatment. Data on standardized measures of psychosocial functioning, symptomatology and rehospitalizations were collected over the course of three years of treatment. Analysis of variance with repeated measures was conducted to evaluate the effects of type of treatment (CBT/DTP and DTP) and time (dependent variable scores taken at the end of treatment years one, two and
three) on the three outcome variables. Results indicate significant improvement for the CBT/DTP group compared to the DTP group in the patterns of change over time for psychosocial functioning and symptomology. In addition to this significant group/time interaction the time factor was also significant for both variables. For rehospitalizations the time factor was significant and the group/time factor was nonsignificant. Implications for service delivery to persons with schizophrenia and suggestions for future research are discussed.

**Source:** MEDLINE

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