

# OUTLINE AND EVALUATE PSYCHOLOGICAL THERAPIES FOR SCHIZOPHRENIA (8 and 16 marks)



CBT is a psychological therapy which is derived from the cognitive explanation. It assumes that schizophrenia is due to faulty thinking and so the aim of therapy is to challenge delusional beliefs by using logical disputing.

One form of CBT is called Coping Strategy Enhancement (CSE). Strategies are developed such as distraction, self-talk, withdrawal from social contact or drowning out the voices by turning up the TV. The aim is to reduce the frequency, duration and intensity of symptoms.

The effectiveness of CBT is supported by Tarrrier who found that patients who were treated with both CBT and drug therapy achieved a 50% reduction of psychotic experiences and did better than those who were on drugs alone, with 15% being free of positive symptoms. However patients that were too agitated or paranoid were not included in the study as they would not have benefitted from CBT and so this form of therapy might only be appropriate for a certain type of patients. In this study CBT was also used in conjunction with drugs and so ultimately it becomes difficult to truly measure its effectiveness.

In addition, a meta-analysis by NICE did not show statistically significant differences between CBT and standard care for outcomes related to suicide, relapse or treatment adherence. This casts doubt on the effectiveness of CBT in the treatment of schizophrenia.

Also it has been argued that it might not be CBT itself which causes an improvement but the relationship between the therapist and the client. Schizophrenics are often rejected when they talk about their symptoms to other people but the therapist would be interested and willing to help which itself might lead to an improvement.

Even though CBT is not a cure it can help some patients and helps decrease the amount of drugs necessary to reduce the symptoms without providing negative physical side effects or can help patients who have proved to be drug-resistant and so it would seem an appropriate treatment.

Another form of treatment is family intervention. These sessions aim to reduce high Expressed Emotion (EE) environments to develop a cooperative and trusting relationship for the family group. The family is provided with practical coping skills that enable them to manage the everyday difficulties and they're encouraged not to have high expectations of the family member with schizophrenia and to avoid stressful interactions with him or her. The patient is encouraged to develop his or her communication skills and social network.

Effectiveness of family intervention has been shown in studies demonstrating that reducing EE could lower rates of relapse and help improve compliance with medication. However it can be argued that the therapeutic effect has therefore not been due to the therapy but rather due to the higher medicine compliance.

Nevertheless supporting evidence comes from a meta-analysis that found, when comparing family intervention to standard care, there was a reduction in hospital admissions and decreased severity of symptoms. Birchwood supported this further by finding that the relapse rate over 12 months was 60% for patients with schizophrenia receiving standard treatment but was between 25% and 33% for those receiving family therapy. This clearly provides support for the theory.

Charlie cooper

Furthermore the effectiveness and appropriateness of this therapy is limited as not everyone with schizophrenia has a family member that is willing to help and support them and to attend treatment. So perhaps the supporting results into family therapy is not in fact to do with the therapy itself but simply because the families that are willing to partake in this therapy and the studies are naturally the more caring and patient ones.

The effectiveness of the therapy is also limited as it is not a cure. Patients usually continue to require drug therapy and their level of social adjustment usually remains lower than that of healthy individuals.

Therefore overall psychological therapies do show that there is more to treatment than just drugs. However the optimal approach to treatment is perhaps a multi-dimensional one in which psychological and drug treatments are combined.