

Evidence-based Treatments for Persons with Schizophrenia

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Topics

- Medications
- Psychological Treatments
- Skills Training
- Family Programs
- Supported Employment
- Assertive Community Treatment
- Gaps In Care Systems

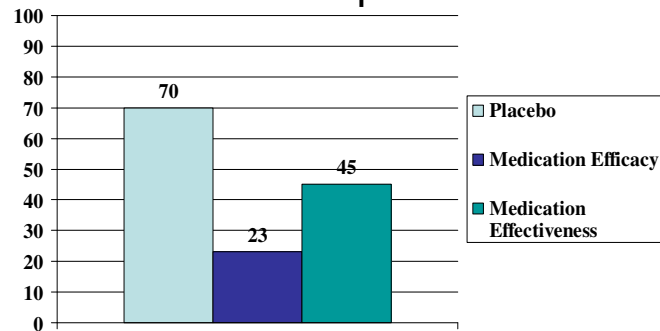
“Evidence Based Practice is the
integration of
best research evidence
with ***clinical expertise***
and ***patient values.***”

Institute of Medicine

Schizophrenia PORT 2003 Treatment Recommendations

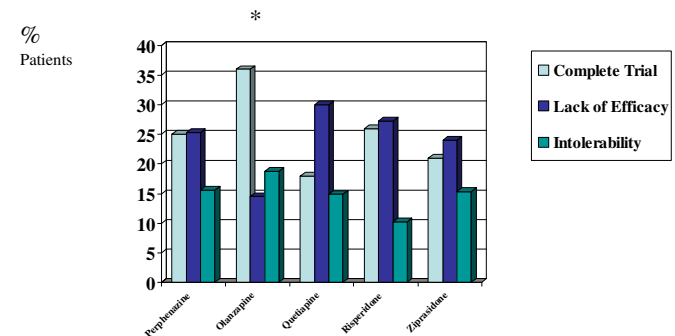
- Recommendation 1: *Antipsychotic medications, other than clozapine, should be used as the first-line treatment to reduce positive psychotic symptoms for persons with multi-episode schizophrenia who are experiencing an acute exacerbation of their illness.*

Efficacy and Effectiveness of Antipsychotic Medications: Annual Relapse Rates



Effectiveness of Antipsychotic Drugs in Schizophrenia

(Lieberman et al, 2005)



Psychosocial Treatments to be Discussed

- Psychological Interventions
- Family Interventions
- Assertive Community Treatment
- Supported Employment

Why Do We Consider Psychological Therapies for Persons with Schizophrenia?

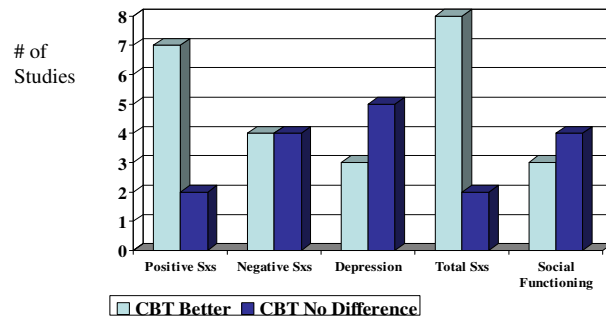
- Support in Dealing with a Disabling Illness
- Enhance Coping Strategies to Promote Well-being and Recovery
- Alter Underlying Pathophysiology and Process of Illness

Cognitive Behaviorally Oriented Therapies

Cognitive Behaviorally Oriented Therapies

- Common Elements
 - “*Collaborative empiricism*”
 - Illness explanation or rationale
 - Identification of key symptoms
 - Training in specific cognitive and behavioral strategies to cope with symptoms
 - Focus on distress, anxiety, and stigma

Cognitive Behavior Therapy for Residual Symptoms in Schizophrenia Patients in Community (Dickerson & Lehman, 2005)



CBT: Some General Findings

- CBT most effective among outpatients with residual symptoms for reducing:
 - Beliefs in delusions
 - Distress associated with delusions
 - Overall levels of symptoms
- CBT does not reduce relapse
- CBT may reduce depression and negative symptoms

Predictors of Response to CBT

- Cognitive “flexibility” about delusions
- Paranoid vs. Non-paranoid delusions
- More illness insight

PORT 2003 Treatment Recommendation 19: Cognitive Behaviorally Oriented Psychotherapy

- ***Persons with schizophrenia who have residual psychotic symptoms while receiving adequate pharmacotherapy should be offered adjunctive cognitive behaviorally oriented psychotherapy. Key elements:***
 - *a shared understanding of the illness between the patient and therapist*
 - *identification of target symptoms*
 - *development of specific cognitive and behavioral strategies to cope with these symptoms.*

Social Skills Training

Some Definitions

(Bellack & Tenhula, 2005)

- Social skills are assumed to be learned abilities that may be influenced by underlying genetic factors.
- Social dysfunction results from:
 - lack of key social skills
 - failure to use skills when called upon
 - performance undermined by socially inappropriate behavior

Principles of Social Skills Training

- Emphasizes behavioral rehearsal
- Steps
 - Instructions on how to perform skill
 - Modeling of skill by trainer
 - Role play with trainer
 - Feedback and positive reinforcement on role play
- Typically done in small groups

Summary of SST Effects (Bellack and Tenhula, 2005)

- Not substantially effective for symptom reduction or relapse prevention
- Reliable and significant effect on specific behavioral skills
- Positive impact on role functioning in defined skills areas
- Positive effect on patient satisfaction and self-efficacy

Issues Related to SST

- Most appropriate for continuing care phase of illness/recovery
- Scant evidence for generalization from office-based training to community
- Capacity to benefit affected by level of neurocognitive impairments

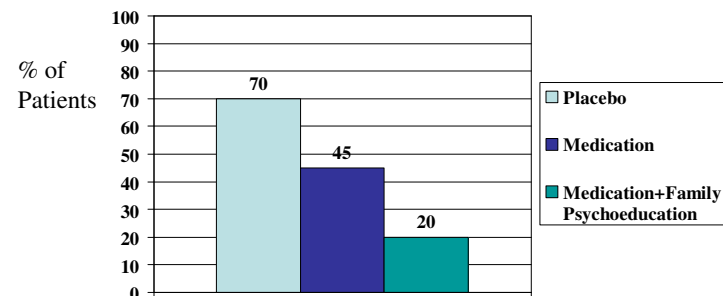
PORT 2003 Treatment Recommendation 18: Skills Training

- ***Persons with schizophrenia who have skill deficits such as problems with social skills or activities of daily living should be offered skills training.***
- ***Key elements:***
 - *behaviorally based instruction*
 - *modeling*
 - *corrective feedback*
 - *contingent social reinforcement*
 - *practice and training in the individual's day-to-day environment.*

Family Interventions

- Family Psychoeducation
- Family to Family Education Program

Combining Medication and Family Education in Schizophrenia: Relapse Rates



Schizophrenia PORT Treatment Recommendations

- **Recommendation 24:** *Persons with schizophrenia who have on-going contact with their families should be offered a family psychosocial intervention.*
- **Key Elements:**
 - duration of at least nine months
 - illness education
 - crisis intervention
 - emotional support
 - training in how to cope with illness symptoms.

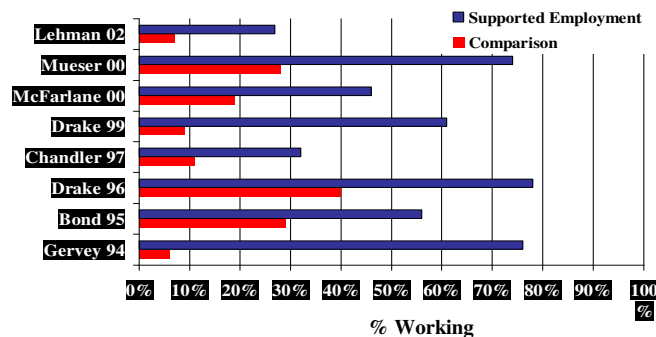
Supported Employment



SUPPORTED EMPLOYMENT

- Focus on competitive work
- Rapid job search
- De-emphasis on prevocational training and assessment
- Attention to client preferences
- Follow-along supports provided

Supported Employment Studies



Schizophrenia PORT Treatment Recommendations

- Recommendation 25: *Persons with schizophrenia should be offered supported employment.*
- *Key Elements:*
 - individualized job development
 - rapid placement emphasizing competitive employment
 - ongoing job supports
 - integration of vocational and mental health services.

Assertive Community Treatment

Key Elements of Assertive Community Treatment

“Hospital Without Walls”

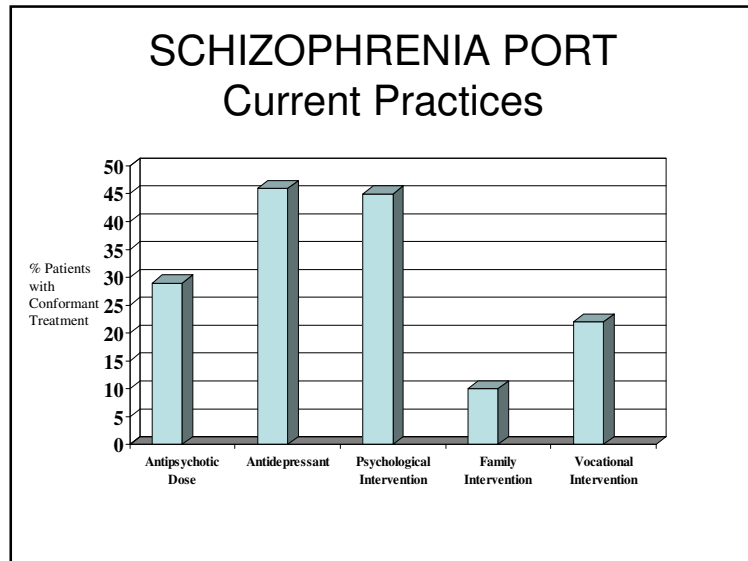
- Multi-disciplinary team including a psychiatrist
- Shared caseload among team members
- Direct service provision by team members
- High frequency of patient contact
- Low patient to staff ratios
- Outreach in the community
- Focus on high-risk patients

ENHANCES OUTCOMES: Time in Hospital, Housing Stability, Quality of Life, Consumer Satisfaction

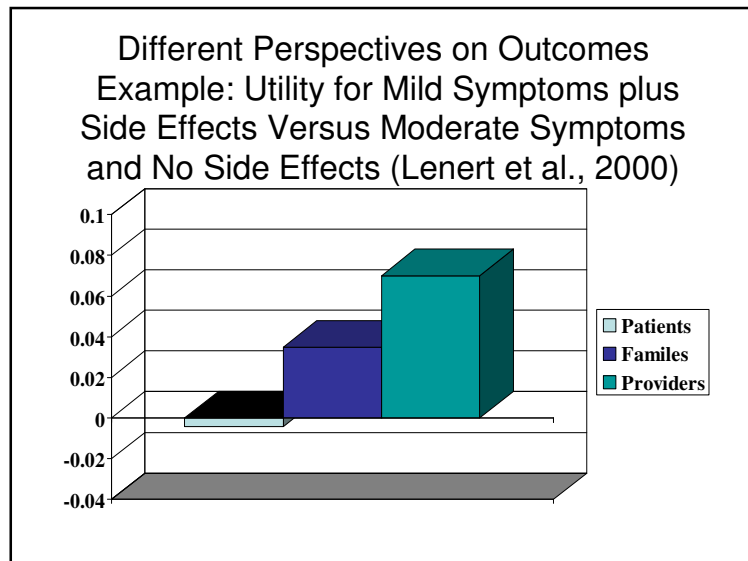
Schizophrenia PORT Treatment Recommendations

- Recommendation 26: *Systems of care serving persons with schizophrenia should include a program of assertive community treatment.*

The Quality Chasm



What Outcomes?



- ### Challenges Regarding Pharmacotherapy
- Costs of Second Generation Antipsychotic Medications
 - Relative efficacy/effectiveness of first and second generation agents
 - Formularies: How Open?
 - Relative Lack of Efficacy for Neurocognitive and Functional Impairments

Challenges Regarding Psychosocial Treatments

- Evidence base limited to certain treatments
- Require complex changes in personnel and system capabilities
- No industry to market

Some Warning Signs about “Evidence-Based Practices”

- “I’m the expert and I care about people. I know that what I do works.”
- “This is nothing new. We’re already doing this.”
- “We don’t need to wait for research. We know from experience that what we do makes a difference.”
- “These approaches will not work with my patients because....”
- “We only reimburse for services that are evidence-based.”
- Vested interests (guilds, industry, etc.): redefining “evidence-based.”
- “Cookbook medicine”
 - What’s wrong with a good recipe?