LO TBAT outline and evaluate CBT for schizophrenia

Definition of CBT

- Cognitive – the way a patient (pt) thinks
- **Behavioural – the way a pt behaves**
- Aims to change behaviour and thinking patterns
- **5-20 sessions**
- Can be done in groups / individuals / face to face / online

CBT Techniques for Schizophrenia

- **Identify irrational thoughts and try to change them**
- Make **sense of delusions and hallucinations**
- **Use reality testing to test whether delusions / irrational beliefs are real / true**
- Reward **positive behaviours** (social activity) to overcome social withdrawal and lack of enjoyment in everyday life

Changing Irrational Thoughts

- **Decompensation = going from normal functioning to a psychotic episode**
- Stress → trigger relapses and decompensation
- **Build self-awareness of own condition → reduce chances of decompensation**
- Self-awareness → coping strategies → lowers stress
- **Identify irrational thoughts → change them**

Delusions and Hallucinations

- **Help Sz to understand where these come from**
- Make sense of how these impact on feelings + behaviour
- **Reduces anxiety/stress**

Behavioural experiment

- **Create a situation in which the 'reality' of a Sz delusion is challenged / shown to be false**
- E.g., what's the evidence that someone else is thinking bad thoughts about you?
- **Sz is encouraged to use evidence to work out the difference between what is 'perceived' and what is 'confirmed'**

Behavioural activation

- **Sz → social withdrawal and lack of enjoyment in life (anhedonia)**
- Rewarding positive behaviours → more social activity and more enjoyment of life
- **Self view: I am schizophrenic → I am a father/mother/etc. → reduce isolation**

CBT is effective	CBT may not be effective
NICE (2014) meta-analysis **Reduced rehospitalisation rates + lengths of stay** **Reduced symptom severity** **Improved psychosocial functioning**	**NICE (2017)** **NICE reviewed 234 studies and found a very mixed picture.** **Some reported significant impact of CBT on symptoms and hospitalisation, while others showed a much lower effect.** **Small sample sizes + different research methods → make conclusions about CBT effectiveness difficult**
Bradshaw (1998) Longitudinal case study using CBT → strong relationship between therapist and client → lead to recovery	McKenna and Kingdon (2014) CBT only better in 2/9 trials of CBT vs controls Validity of 1 of these was in question (so 1/9!)
Kuipers et al. (1997) **Helps those patients who are drug-resistant (symptoms don't respond to antipsychotics)**	**Velthorst et al. (2015)** **Meta-analysis of 30 studies on -ve symptoms** **Group CBT for Sz was → only had small impact on –ve symptoms** **Individually delivered CBT for Sz had higher impact**
Can help support independent living Longer lasting than drug therapy	Ethics Challenging beliefs and behavioural experiments → distressing for patient → needs to be carefully handled

A03 – Strengths and Weaknesses of CBT for Sz