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## Psychosocial Treatments in Psychotic Disorders


by Nancy A. Huxley, Ph.D., and Ross J. Baldessarini, M.D.

Schizophrenia is a common and often disabling major mental illness. It accounts for a high proportion of idiopathic psychotic illnesses. Schizophrenia and bipolar disorder together have a lifetime prevalence that may exceed 3% of the general population. The treatment of these disorders has been revolutionized by modern pharmacotherapy in the past half-century (Baldessarini and Tarazi, in press). However, these treatments have strongly encouraged contemporary psychiatry to explain these complex disorders biologically and to treat them with maximum apparent cost efficiency (Baldessarini, 2000). An associated trend is to undervalue and under-utilize psychosocial interventions in the treatment and prevention of these disorders, despite growing evidence that such methods can significantly augment the effects of pharmacotherapy alone (Huxley et al., 2000).

Antipsychotic, mood-stabilizing and antidepressant drugs are very effective in managing many prominent and distressing symptoms of psychotic disorders, but many as one-third of medically treated patients diagnosed with schizophrenia disorder relapse within two years of an index hospitalization (Hogarty, 1984; Baldessarini et al., 2000). Moreover, the limited but potentially modifiable toxicity of most psychotropic agents limits their long-term acceptance and thus their effectiveness (Baldessarini, 1994). The fact that medications alone may not be able to optimize coping abilities or address the personal, social and functional complexities of having a major mental disorder indicates the potential importance of adjunctive psychosocial treatments in a sound, comprehensive program of clinical care.

Many clinicians are well aware of the shortcomings of cost- and time-limited treatments for recurrent or chronic major mental disorders, and they have sought alternatives to enhance the effectiveness of medication. An encouraging and growing body of evidence supports the implicit thesis that, when combined with appropriate pharmacotherapy, well-designed psychosocial interventions can enhance clinical outcomes cost-effectively. Benefits are particularly likely for outcomes based on measures of functioning or satisfaction and sparing of rehospitalization, as well as on symptom-oriented assessments. Psychosocial treatments that are widely employed and increasingly investigated for patients with psychotic disorders include individual and family therapies.

There are many specific identifiable benefits of psychosocial approaches. They include:

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1. support and encouragement arising from interactions with others having experiences;
  2. education of patients and their families to encourage collaboration in treatment;
  3. more effective identification and management of adverse effects of medication that tend to limit its acceptance;
  4. increased compliance with recommended medication;
  5. enhanced detection of early signs of impending illness and improved skills at minimizing stressors contributing to recurrence risk; and
  6. improved interpersonal and family relationships affected by the illness, leading to the promotion of higher functional achievements.

### **Psychosocial Treatments in Schizophrenia**

Psychotherapeutic approaches for schizophrenia have been used for more than a century. In the early 20th century, psychodynamically based individual or group therapy was a dominant method, but was found to be difficult and largely ineffective with unmotivated psychotic patients (Grinspoon et al., 1972; May, 1968). More recently, the approach lost favor in the 1960s through the 1980s as antipsychotic drugs have been found to be effective against acute psychotic symptoms and in limiting risk or severity of relapses (Baldessarini and Tarazi, in press). In recent years, individual, group, and family therapies for schizophrenia have emphasized support and education. The success of cognitive-behavioral techniques for depressive and anxiety disorders has encouraged their adaptation to the treatment of psychotic disorders. Clinical research over the past two decades has provided support for all of these approaches, but no evidence exists that one is consistently superior to others for all outcome measures (Huxley et al., 2000).

Various theoretical approaches to individual therapy have been studied in the treatment of schizophrenia. Although psychodynamically based techniques were common in the early 1900s, individual therapy was given strong encouragement in the 1970s with the development of a social skills training approach designed specifically for chronic psychotic patients (Hersen and Bellack, 1976; Hogarty et al., 1986). Social skills training was generally helpful in enhancing specific behavioral skills, but it was criticized for its narrow benefits and limited generalizability to daily living. More recently, cognitive-behavioral therapy techniques have been studied in the treatment of schizophrenia with encouraging findings in symptom reduction when compared to standard medication treatment. Interestingly, while individual therapy is perhaps the most commonly used therapy modality, in recent years fewer than half the number of studies of group or family therapy have been published.

Group therapy for schizophrenia was attempted as early as the 1920s and, like individual therapy, was furthered by the development of social skills training (Muesel, 1921). A trend emerged toward commonly using systematic programs such as the UCLA Social and Independent Living Skills Modules (Wallace et al., 1992). More recent treatments broadened the scope of social skills training and offered highly structured educational training protocols that teach patients a range of skills in community functioning, including symptom management, communication skills and medication management, with a substantial likelihood of generalizability. Other approaches to group therapy for psychotic patients have also been studied, but their potential advantages and disadvantages largely remain to be clarified (Huxley et al., 2000 and Zemet, 1983).

Family therapy has shown particular promise in schizophrenia since the 1960s. Treatment emerged from awareness that families experience considerable stress living with a psychotic relative, and that distress and negative attitudes within are strongly associated with risk of clinical worsening (Berkowitz et al., 1984; et al., 1997). Studies of treatments of both single- and multi-family therapies, involving patients living at home, demonstrate that these approaches can significantly augment pharmacotherapy. Reported results include symptom improvement, improved social and vocational functioning, and lower relapse (Zastowny et al., 1992; Zhang et al., 1998).

Use of individual, group and family psychosocial interventions in chronic psychiatric disorders has resulted in clinical improvement in a range of outcome measures studied by randomization to the experimental treatment plus medication, or to medication and routine clinical management alone (Huxley et al., 2000). Few have directly compared specific psychosocial treatment modalities in schizophrenia. In rare comparisons of individual versus family therapy, the latter has usually yielded better outcomes (Huxley et al., 2000). Another intuitively plausible, but poor trend is toward superior results when more than one treatment modality is combined with standard medication (Hogarty et al., 1991). A challenge for the future is to determine optimal indications for specific interventions, aiming for more individualized, comprehensive treatment programs.

### **Conclusion**

This brief overview of recent research and trends in psychosocial interventions for comprehensive treatment of patients with psychotic disorders supports several impressions. First, such methods are feasible, appear to be effective, and seem to have modest direct costs, particularly by decreasing hospitalization and increasing functioning and ability to work. The number and scientific quality of relevant studies, however, remain limited. Additional research would be very helpful in clarifying remaining questions concerning indications and long-term effects of specific psychosocial and rehabilitative interventions, in quantifying costs and benefits of particular methods or combinations, and in suggesting rational bases for selecting particular approaches for individual patients.

Such information is particularly important for efforts to balance current market forces tending to overvalue the considerable-but limited-benefits of medication alone and to redress a growing imbalance between biomedical and psychosocial approaches to contemporary psychiatric therapeutics.

*Dr. Huxley is an instructor in psychology at Harvard Medical School and is also an instructor and research coordinator of the Bipolar and Psychotic Disorders Partial Hospital Program at McLean Hospital in Belmont, Mass.*

*Dr. Baldessarini is professor of psychiatry at Harvard Medical School and is also an instructor of laboratories for psychiatric research, director of the Bipolar and Psychotic Disorders Program and director of the Psychopharmacology Program at McLean Hospital.*

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