Clinician's Guide to
Evidence-Based Practice

Psychosocial Treatment of Schizophrenia

Edited by
ALLEN RUBIN, DAVID W. SPRINGER & KATHI TRAWVER

Contents

Cover

Clinician's Guide to Evidence-Based Practice Series

Title Page

Copyright

Dedication

Series Introduction

Preface

- *Organization*
- *Importance of the Therapeutic Alliance*
- *References*

Acknowledgments

About the Editors

About the Contributors

Chapter 1: Overview and Clinical Implications of Schizophrenia

- *A Brief Historical Perspective*

Etiology of Schizophrenia
Symptoms of Schizophrenia
Positive Symptoms
Progression of Schizophrenia
Diagnosing Schizophrenia
Subtypes of Schizophrenia
Comorbid Psychiatric, Health, and Substance Use Disorders
Other Risk Factors Associated with Schizophrenia
Medication Nonadherence
Importance of Therapeutic Alliance in Implementing Treatment
Conclusion
References

Chapter 2: A Guide to Implementation and Clinical Practice of Illness Management and Recovery for People with Schizophrenia

Introduction
Empirical Foundations of the IMR Program
Theoretical Underpinnings of IMR
Indications and Contraindications
Step-by-Step Implementation of IMR
Curriculum and Teaching Strategies
Brief History of IMR Clinical Cases
Review of Modules
Sustaining IMR in Clinical Practice

Research on the IMR Program
Future Directions
References

Chapter 3: Psychoeducational Family Groups

Introduction
Context: Schizophrenia—Impacts, Attitudes, and Approaches
The PEMFG Model
The PEMFG Sessions: Structure and Duration
Presenting Psychoeducational Content
Sustainability: Building a Community of Care
Challenges and Rewards for Clinicians
Discussion of the PEMFG as a Model
Conclusion
Additional Readings
Web Resources
PEMFG Trainers
References

Chapter 4: Cognitive-Behavioral Therapy for Schizophrenia

Introduction
Cognitive-Behavioral Therapy for Delusions
Cognitive-Behavioral Therapy for Hallucinations

Conclusion
Resources for Training and Education
References

Chapter 5: Assertive Community Treatment

The ACT Model
Key Features of ACT
ACT Admission Criteria
Clinical Competencies Needed to Effectively Provide ACT
The Treatment Needs of ACT Consumers
Delivery of ACT Services
Engagement
Assessment in ACT
ACT Assessment Process
ACT Treatment Planning Process
ACT Integrated Services
Evaluating ACT Services
Additional Resources
References

Chapter 6: Critical Time Intervention

A Model Born from Experience
The Approach to Needs Assessment in CTI
Priority Areas for Intervention
Treatment Planning
Caseload Size
Supervision in CTI

Clinical and Administrative Tools
Assessing Fidelity to the CTI Model
Adapting the Model to Other Settings
References

Chapter 7: Motivational Interviewing for Medication Adherence

Overview of Motivational Interviewing for Individuals with Schizophrenia
Motivational Interviewing for Medication Adherence
Phase 1. Building Motivation for Change: Engaging and Forming a Relationship with the Individual
Phase 2: Strengthening Commitment
Learning and Developing Competence in Motivational Interviewing
Final Thoughts
Further Resources: Motivational Interviewing Worksheets and Handouts
References

Appendix A: Research Providing the Evidence Base for the Interventions in This Volume

Cognitive Behavioral Therapy
Social Skills Training
Wellness Self-Management
Psychoeducational Family Interventions

Assertive Community Treatment
Critical Time Intervention
Motivational Interviewing for Medication Adherence
References

Appendix B: The Evidence-Based Practice Process

Step 1. Formulate a Question
Step 2. Search for Evidence
Step 3. Critically Appraise the Evidence
Step 4. Integration, Selection, and Implementation
Step 5. Monitor/Evaluate Outcome
References

Appendix C: Atypical Antipsychotic Medications for Treating Schizophrenia

Author Index

Subject Index

Study Package Continuing Education Credit Information

Clinician's Guide to Evidence-Based Practice Series

Treatment of Traumatized Adults and Children
Allen Rubin and David W. Springer, Editors
Substance Abuse Treatment for Youth and Adults
David W. Springer and Allen Rubin, Editors
Psychosocial Treatment of Schizophrenia
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John Wiley & Sons, Inc.

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Published by John Wiley & Sons, Inc., Hoboken, New Jersey.

Published simultaneously in Canada.

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Library of Congress Cataloging-in-Publication Data:

Psychosocial treatment of schizophrenia/Allen Rubin, David W. Springer, and Kathi Trawver, editors.

p.; cm.–(Clinician's guide to evidence-based practice series)

Includes bibliographical references and indexes.

ISBN 978-0-470-54218-7 (pbk.: alk. paper)

1. Schizophrenia-Treatment. 2. Schizophrenia-Treatment-Social aspects. I. Rubin, Allen. II. Springer, David W. III. Trawver, Kathi.

IV. Series: Clinician's guide to evidence-based practice series.

[DNLM: 1. Schizophrenia–therapy. 2. Evidence-Based Medicine. 3. Psychotherapy–methods. 4. Schizophrenia–drug therapy. 5. Social Environment. 6. Social Support. WM 203 P97385 2010]

RC514.P71893 2010

362.2'6–dc22

2010013510

This book is dedicated to the memory of my sister, Corrine Harris, and her husband, Morley Harris, who never stopped visiting my father after he was institutionalized for the rest of his life after getting a lobotomy for paranoid schizophrenia when I was a toddler. If only the medications and empirically supported psychosocial interventions described in this volume had been available to him back then!

Allen Rubin

Series Introduction

One of the most daunting challenges to the evidence-based practice (EBP) movement is the fact that busy clinicians who learn of evidence-based interventions are often unable to implement them because they lack expertise in the intervention and lack the time and resources to obtain the needed expertise. Even if they want to read about the intervention as a way of gaining that expertise, they are likely to encounter materials that are either much too lengthy in light of their time constraints or much too focused on the research support for the intervention, with inadequate guidance to enable them to implement it with at least a minimally acceptable level of proficiency.

This is the third in a series of edited volumes that attempt to alleviate that problem and thus make learning how to provide evidence-based interventions more feasible for such clinicians. Each volume will be a how-to guide for practitioners—not a research focused review. Each will contain in-depth chapters detailing how to provide clinical interventions whose effectiveness is supported by the best scientific evidence.

The chapters will differ from chapters in other reference volumes on empirically supported interventions in both length and focus. Rather than covering in depth the research support for each intervention and providing brief overviews of the practice aspects of the interventions, our chapters will be lengthier and will have more detailed practitioner-focused how-to guides for implementing the interventions. Instead of emphasizing the research support in the chapters, that support will be summarized in Appendix A. Each chapter will focus on helping practitioners learn how to begin providing the evidence-

based interventions they are being urged by managed care companies (and others) to provide, but with which they may be inexperienced. Each chapter will be extensive and detailed enough to enable clinicians to begin providing the evidence-based intervention without being so lengthy and detailed that reading it would be too time-consuming and overwhelming. The chapters will also identify resources for gaining more advanced expertise in the interventions.

We believe that this series will be unique in its focus on the needs of practitioners and in making empirically supported interventions more feasible for them to learn about and provide. We hope that you will agree and that you will find this volume and this series to be of value in guiding your practice and in maximizing your effectiveness as an evidence-based practitioner.

Allen Rubin, Ph.D.

David W. Springer, Ph.D.

Preface

Schizophrenia is perhaps the most disabling of all mental disorders. It produces significant residual cognitive, functional, and social deficits. As such, its treatment is complex and multifaceted, requiring a multidisciplinary approach. Although psychotropic medications comprise a vital part of the treatment, they are not sufficient. A large proportion of persons with schizophrenia discontinue their medication against medical advice, whereas others continue to have symptoms despite medication management. Common reasons for medication noncompliance are the undesirable side effects often produced by the medications and the stigma associated with admitting to being mentally ill by virtue of adhering to the medication protocol. Thus, in addition to prescribing medications, the treatment plan must include components that motivate patients to adhere to the medication protocol and that monitor adherence and possible side effects.

Furthermore, although medication adherence is necessary if treatment goals are to be achieved, it alone is insufficient for ensuring that problems related to social functioning, employment, and families will be adequately addressed. Treating schizophrenia does not just mean addressing hallucinations and delusions. It also means providing psychosocial interventions that address the social skills of the individual with schizophrenia, support their families, and give caregivers the skills they will need to cope with and support their sick loved one. In addition, it means providing a comprehensive array of community services that address housing and other needed resources, including the provision of case management efforts that aim to link the person with schizophrenia with needed services and resources.

Despite the severity and challenging multifaceted and disabling nature of schizophrenia, grounds for optimism for its treatment grow as newer and better medications are discovered and as rigorous research emerges supporting the effectiveness of various psychosocial interventions. These interventions help individuals with this disorder take their medications and adapt better to the community and help their families cope with and support them. Nevertheless, too few individuals with schizophrenia are receiving the treatment they need, and fewer still receive treatment with sound evidence supporting its effectiveness. Drake, Bond, and Essock (2009) have reported that as many as 95% of people with schizophrenia receive either no treatment or treatment that is not evidence-based.

This volume aims to ameliorate that problem by offering detailed how-to chapters to guide practitioners in providing both well-established and emerging empirically supported interventions that show promise for improving the lives of adults with schizophrenia—people who need to have the most effective interventions offered to them in hopes of alleviating their suffering, enhancing their functioning, and supporting their recovery. After an introductory chapter that overviews schizophrenia and its symptoms and clinical implications, each subsequent chapter focuses on a specific psychosocial intervention approach. Each chapter is written in a practitioner-friendly manner, sprinkled with case examples throughout, to help readers learn how to provide interventions that are receiving the best empirical support without having to struggle with daunting research and statistical terminology.

Each of those chapters has been written by practitioners who have had extensive experience in providing the referent intervention and who are experts

in it. As already mentioned, a distinctive feature of the chapters is their length. Unlike other compendiums with shorter chapters on various interventions for schizophrenia—chapters that emphasize the research supporting the interventions and offer briefer and sketchier guidance as to how to provide them—the chapters in this volume provide extensive, detailed, step-by-step guidance to practitioners in how to implement each intervention approach. Thus, the chapters are a middle ground between the sketchier chapters in other compendiums and entire books devoted exclusively to one specific intervention approach. By taking this tack, we hope to enable practitioners who work with people affected by schizophrenia but who lack the time to read separate books on each intervention approach to make their practice more evidence-based and thus more effective.

Organization

As mentioned previously, the first chapter provides an overview of schizophrenia, including its etiology, diagnostic aspects, medications, and the importance of medication compliance. As suggested in that chapter, treatment of schizophrenia should be multifaceted, and those various facets are addressed in subsequent chapters. For example, in Chapter 2, Piper Meyer, Susan Gingerich, and Kim Mueser provide a step-by-step guide for implementing the illness management and recovery program that includes a wide range of components, such as psychoeducation, behavioral tailoring for medication, relapse prevention training, coping and social skills training, and building social support.

In Chapter 3, Ellen Lukens and Helle Thorning describe how to implement an empirically supported family

intervention. They note that the presence or emergence of schizophrenia in a child, sibling, or parent can throw families into overpowering disarray. Family members commonly feel culpable for the illness, and that feeling too often gets reinforced by medical providers who find fault and pathology within the family. The psychoeducational multiple family group (PEMFG) intervention that Lukens and Thorning describe helps family members move from feeling blamed for their relative's illness to a point where they can be involved as collaborators in caring for and supporting their loved one.

In Chapter 4, Dennis Combs turns our attention to an empirically supported treatment approach that targets underlying deficits in information processing that contribute to various symptoms of schizophrenia, especially delusions and hallucinations, and their attendant emotional distress. He offers an extensive, detailed guide for providing cognitive-behavioral therapy (CBT) for schizophrenia.

Many adults with schizophrenia, however, have disorders that are so severe and disabling that they need a comprehensive community-based service delivery system to help them utilize treatment, avoid homelessness, function in the community, forestall decompensation, and prevent hospitalization or incarceration.

In Chapter 5, Kathi Trawver describes such an approach: assertive community treatment (ACT), an empirically supported model that provides case management (an intervention that itself is empirically supported), but goes beyond it to provide an around-the-clock basis for the gamut of services needed by individuals who experience the most chronic and disabling effects of schizophrenia.

In Chapter 6, Daniel Herman, Sarah Conover, and Jeffrey Draine describe another community-based approach,

critical time intervention (CTI), which is an emerging empirically supported case management model designed to prevent homelessness among people with schizophrenia (or other severe disorders) during the transitional period after they are discharged from hospitals, prisons, shelters, and other institutions. As the authors explain, CTI shares some of the features of ACT but differs from it in that it is time limited to the period of transition from institution to community, does not provide direct ongoing assistance, and is more narrowly targeted to prevent homelessness.

Finally, in Chapter 7, Stanley McCracken and Jonathon Larson offer detailed guidance in the use of motivational interviewing (MI) to foster medication adherence. Although the empirical support for the effectiveness of using MI for this purpose is still emerging, their chapter is important in light of the vital role of medication adherence in virtually all treatment plans for schizophrenia and the widespread problem of nonadherence (as mentioned earlier).

This volume also contains three appendices. Appendix A reviews the research that provides the empirical support for the interventions covered in its seven chapters. Appendix B describes in detail the evidence-based practice process for readers who would like to learn more about finding and appraising research to guide their practice decisions. Appendix C provides a table displaying the antipsychotic medications prescribed for treating schizophrenia and their side effects.

Importance of the Therapeutic Alliance

One commonality among all interventions in this book is that a strong therapeutic alliance is required for them to be effective. A therapeutic alliance is the emotional bond developed between clinicians and their clients and is characterized by being open, collaborative, and trusting, as well as by sharing a consensus on treatment goals (Wittori et al., 2009). The essential importance of a therapeutic alliance in working with individuals with schizophrenia must not be underestimated. Among individuals with schizophrenia, a better therapeutic alliance is linked with higher levels of general and social functioning (Svensson & Hansson, 1999), reduced symptoms (Gehrs & Goering, 1994), fewer required medications, and improved medication adherence (Dolder, Lacro, Leckband, & Jeste, 2003).

Indeed, there is an ongoing debate as to whether the outcomes of psychosocial interventions in general (not just for schizophrenia) are influenced more by what specific intervention is provided or by the quality of the therapeutic relationship itself. Some meta-analytic studies have concluded that if the therapeutic alliance is quite strong, it does not matter what specific intervention is provided (Luborsky, Singer, & Luborsky, 1975; Wampold, 2001). Others have granted the necessity of a good therapeutic alliance while concluding that the specific intervention provided matters a great deal (Beutler, 2002; Craighead, Sheets, & Bjornsson, 2005; Lilienfeld, 2007). It is noteworthy that despite their disagreements about how much of the variance in outcome is attributable to nonspecific relationship factors versus specific intervention factors, both camps acknowledge that each set of factors has some meaningful degree of impact on whether treatment will be successful.

Consequently, regardless of your view of this debate, and even if you think relationship factors far outweigh specific intervention factors in influencing treatment outcome, your work with people affected by schizophrenia will be enhanced by learning about the empirically supported psychosocial interventions described in this volume. Moreover, as you read each chapter, you will see that each author acknowledges that a good therapeutic alliance is a key component of the intervention being described.

Indeed, a common misunderstanding of the evidence-based practice (EBP) process in general, not just in treating schizophrenia, is the notion that it downplays or neglects the importance of therapeutic relationship factors. In that connection, there is an important distinction between the EBP process and specific evidence-based (empirically supported) interventions. As will be seen in Appendix B of this volume, which describes the EBP process in detail, relationship factors are a key element of the EBP process, and that process acknowledges that a strong therapeutic alliance is necessary for any specific empirically supported intervention to be implemented effectively.

We hope that you will find this book helpful. We would appreciate any feedback that you can provide regarding how it has been helpful or how it could be improved. You can e-mail such feedback to arubin@mail.utexas.edu.

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Acknowledgments

Special thanks go to four Wiley staff members who helped make this series possible. In alphabetical order they are: Peggy Alexander, vice president and publisher; Lisa Gebo, senior editor; Sweta Gupta, editorial program coordinator; and Rachel Livsey, senior editor. For this particular volume, we appreciate the fine work of our chapter authors and the helpful comments from the following colleagues who reviewed early drafts of the manuscript: Blythe FitzHarris, Arizona State University; Tina Maschi, Fordham University; George Jacinto, Arkansas State University; Kim Mueser, Dartmouth College, New Hampshire; and Marvin Feit, Norfolk State University, Virginia. Thanks also go to Jenny Love, MD, medical director at the Alaska Psychiatric Institute, for her assistance in updating the table displaying antipsychotic medications in Appendix C.

About the Editors

Allen Rubin, Ph.D., is the Bert Kruger Smith Centennial Professor in the School of Social Work at The University of Texas at Austin, where he has been a faculty member since 1979. While there, he has worked as a therapist in a child guidance center and developed and taught a course on the assessment and treatment of traumatized populations. Earlier in his career he worked in a community mental health program providing services to adolescents and their families. He is internationally known for his many publications pertaining to research and evidence-based practice. In 1997, he was a co-recipient of the Society for Social Work and Research Award for Outstanding Examples of Published Research for a study on the treatment of male batterers and their spouses. His most recent studies have been on the effectiveness of eye movement desensitization and reprocessing (EMDR) and on practitioners' views of evidence-based practice. His 14 books include *Practitioner's Guide to Using Research for Evidence-Based Practice* and the first two volumes of this series—*Treatment of Traumatized Adults and Children* and *Substance Abuse Treatment for Youth and Adults*. He has served as a consulting editor for seven professional journals. He was a founding member of the Society for Social Work and Research and served as its president from 1998 to 2000. In 1993, he received the University of Pittsburgh, School of Social Work's Distinguished Alumnus Award. In 2007, he received the Council on Social Work Education's Significant Lifetime Achievement in Social Work Education Award. In 2010, he was inducted as a Fellow of the American Academy of Social Work and Social Welfare.

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Daniel Herman, Ph.D., is Associate Professor in Clinical Epidemiology at the Joseph L. Mailman School of Public Health and in the Department of Psychiatry of the College of Physicians and Surgeons, both at Columbia University. He also directs the ACT Institute in the Center for Practice Innovations at New York State Psychiatric Institute, which develops and disseminates empirically supported interventions for persons with severe mental illness. Dr. Herman has received research support from NIMH, SAMSHA, and the National Alliance for Research on Schizophrenia and Affective Disorders (NARSAD). He has led research and dissemination activities on Critical Time Intervention for the past decade.

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