

Cognitive Behavioral Therapy Efficacy in Schizophrenia: A Literature Review

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Abstract

Schizophrenia is part of psychosis disorders and happens in one percent of the population. Schizophrenia can cause distress and functional impairment. Cognitive Behavioral Therapy (CBT), a form of psychological treatment in which there is an effort to change a patient's mindset, is one of many choices for non-pharmacologic therapy in schizophrenia. This article aims to explain CBT's efficacy in schizophrenia. We concluded that CBT is an effective therapy for Schizophrenia because CBT can assist patients in gaining more understanding and reduce the intensity of any remaining positive symptoms. Therefore, CBT must be effectively used throughout psychiatric clinics and community-based mental health systems.

Keywords: CBT; Schizophrenia

1. Introduction

The term "schizophrenia" is derived from the Greek words "skhizein" (split) and "phrenos" (mind) [1]. Schizophrenia is a part of psychosis. Psychosis (psychiatric illness) is a part of severe mental illness, in which patients with mental illness experience a loss of perception of reality and believe in things that are not real (delusions) and hear or see things that are not there (hallucinations) [2]. Schizophrenia happens in one percent of the world's population [1], and the prevalence of schizophrenia throughout an individual's life is 0.3-0.7%. However, there are variations due to race or ethnicity, country of origin, and geographic location [3].

In schizophrenia, psychotic symptoms are severe enough to cause distress and impairment of daily functioning [4]. Psychotherapy, as a non-pharmacological therapy, focuses on symptoms, prevents relapses, and improves adaptive function so that schizophrenic patients can return to their activities in their social environment. Psychotherapy is divided into individual, group, and cognitive behavior [5]. Cognitive Behavioral Therapy (CBT) is a form of psychological treatment in which there are efforts to change the patient's mindset for depression, anxiety disorders, and severe mental illness [6]. CBT, as an example of therapy from the category of cognitive behavior, aims to lessen or at least enable the individual to become more competent to bear the distress caused by psychotic experiences instead of healing the patient [7]. It is essential to know the effectiveness of CBT as a recommendation to support therapy provision to schizophrenic patients and provide pharmacological treatment in general.

2. Methods

This research is a literature review with an analytic observational research method. The search mode uses journals within the last twenty years. The keywords used are Schizophrenia, Cognitive Behavioral Therapy, and Efficacy.

3. Discussion

Definition and techniques

Cognitive Behavioral Therapy, called initially cognitive therapy, was developed by Aaron Black in the 1960s and 1970s [8, 9]. CBT is based on the psychological idea that people interpret things differently than they do, affecting how they respond. Also, people's interpretations may be skewed, misleading, or ineffective, mainly when psychopathology is involved. These interpretations, defined as "automatic thoughts," are frequently related to underlying maladaptive assumptions people hold about themselves or others. By changing this mindset with cognitive therapy, patients could modify their behavior. Their improvement was long-lasting when evaluating and adjusting their underlying beliefs [9].

Different researchers formulated several CBT techniques. CBT can be carried out individually or in groups. In addition, there are also variations in the intensity and duration of CBT [23], as was done by Beck & Rector (2005), who explained the CBT technique: relationship building and involvement; collaborating to analyze symptoms; learning how the patient perceives current as well as past events; normalizing these experiences and teaching the individual about the stress concept; and exposing the patient to the conceptual framework of the cognitive model, which covers the interrelationship between emotions, ideas, and behaviors [22].

Morrison (2009) summarizes CBT techniques to improve symptom targets in schizophrenic patients. Positive symptoms, which consist of hallucinations and delusions, can be corrected by CBT techniques aimed at alternate explanations to patients. Normalizing and enhancing coping strategies can update hallucinations with normalizing and improving coping strategies. Delusions can be rectified by inference chaining and peripheral questioning. Negative symptoms, which consist of avolition, amotivation, anhedonia, and affective blunting, can be corrected by CBT techniques with behavioral interventions. Avolition can be rectified by behavioral self-monitoring. Amotivation can be improved with an activity schedule. Anhedonia can be remedied with mastery and pleasure ratings. Last, affective blunting can be corrected with social skills training [22].

Efficacy of CBT in schizophrenia

Various studies with different results have been conducted on the effectiveness of CBT on schizophrenic patients. Multiple studies found little indication of adverse effects, and CBT was highly acceptable. It resulted in minor but significant reductions in psychiatric symptoms at the end of therapy (9 months) and a sustained improvement in self-rated recovery (21 months) [10]. The practice of cognitive behavioral group therapy's shown significant effectiveness in lowering the probability of violence [11], anxiety [12], and insomnia symptoms [13, 14, 15] in persons with schizophrenia. A study in China also found similar results that showed an improvement in all symptoms, as measured by PANSS, in patients who received CBT compared to those who received Supportive Therapy [16]. In addition, compared to TAU (treatment as usual) individuals, CBT patients with schizophrenia reported reduced negative symptoms, affective flattening, alogia, anhedonia, and avolition [17].

Several researchers have also made modifications and innovations to CBT. CBT with a shorter version, brief CBT, was given as therapy to the first episode of schizophrenia patients and had significantly lower rates

of relapse in comparison to the control group, which only using treatment as usual alone, also showed more significant improvements in positive symptoms, general psychopathology, and social functioning [18].

These studies show that with CBT, schizophrenic patients will have better outcomes than schizophrenic patients who do not receive CBT. However, some studies also found that compared to standard treatment, CBT did not have a long-lasting impact on all symptoms of schizophrenia at the 21-month follow-up; however, by the end of therapy, CBT had statistically significant improvements throughout all symptoms [10].

As a result, many patients still experience residual symptoms even after the wide range of equipment in pharmacotherapy for schizophrenia. According to the study's findings, cognitive behavioral therapy may assist patients in gaining a better understanding and lessen the severity of residual positive symptoms, specifically hallucinations, when used alongside conventional medical treatment [20]. To help patients control their aggressive behavior, the psychiatric clinic and community-based mental health system should routinely and effectively utilize cognitive behavioral therapy. [11, 21].

Clinical Limitations

In addition, CBT is not always effective for all schizophrenic patients. This can be influenced by various factors, such as negative or positive symptoms that are too predominant. CBT is ineffective, the therapeutic effect does not seem significant, or there is a cultural barrier between the patient and the therapist [24]. In addition, there is still a need for more focused and in-depth discussion and research on CBT. Individually targeted CBT for psychosis (CBTp) does not have a protocol as a standard reference for clinicians, so it is still unknown which components of CBT affect the outcome [25].

4. Conclusion

CBT is an effective therapy for schizophrenic patients because it can improve their insight and reduce residual positive symptoms severity. Therefore, the community-based mental health system and psychiatric clinics should actively utilize CBT.

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