Cognitive behavioural therapy, group cognitive behavioural therapy and supportive therapy in the treatment of schizophrenia

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Abstract

It is believed that cognitive-behavioural therapy (CBT) and supportive therapy (ST) is useful for treating symptoms of schizophrenia. Therefore, the aim of this paper was to review literature on the various treatments of schizophrenia and to determine whether CBT or ST is more efficacious in the treatment of schizophrenia, with a view to establishing greater evidence and support for the use of CBT in treating schizophrenia. However, the literature presented demonstrated no significant differences in the effectiveness between CBT and ST in the general treatment of schizophrenia. Instead, any differences seen in the research between CBT and ST were in the treatment of specific symptoms exhibited by patients with schizophrenia. For instance, it was demonstrated that CBT was more effective in treating the positive symptoms of schizophrenia, whereas ST was more effective in treating the negative symptoms. Moreover, there was contradicting evidence to suggest that both CBT and ST were better at treating hallucinations than the other which led to a need for greater clarification and further research.

Introduction

For some time now there has been much debate over how to adequately treat schizophrenia in order to achieve the best results. Moreover, it is regarded as one of the most severe and debilitating mental illness one can have. Even among those who have successful outcomes, many persons who develop the illness do not fully recover and receiving the diagnosis can have profound effects on one's life, such as social exclusion, stigma, and diminished chances of finding a spouse. Additionally, poor eating practises, weight gain, smoking, and co-occurring substance use that result from schizophrenia all contribute to a 13–15-year reduction in life expectancy (Jauhar, Johnstone & McKenna, 2022). Therefore, finding and implementing effective treatment is crucial. Over the past couple of decades more and more evidence has demonstrated that cognitive behavioural therapy (CBT) is beneficial in the treatment of schizophrenia and as a result CBT and group CBT is the first type of psychotherapy to be widely accepted in the treatment schizophrenia (Jauhar et al., 2018). Additionally, there is some evidence that supports the implementation of supportive therapy (ST) in the treatment of patients with schizophrenia. However, in the eyes of experts ST sometimes lacks support as it does not aim to make changes to the make-up of one's personality, as does CBT. Furthermore, there is less scientific evidence to validate its effects.

Therefore, it is predicted that the literature discussed will show that although both CBT and ST are valuable forms of therapy, overall CBT will perform better in the treatment of specific symptoms associated with schizophrenia and with the general treatment of schizophrenia.

Schizophrenia and it's treatments

Schizophrenia is a debilitating mental disorder that drastically affects a sufferer's quality of life. Schizophrenia is frequently linked to significant functional deficits. Extreme abnormalities in perception, thought, action, sense of self, and interpersonal interactions are just a few of the disorder's many symptoms. However, one of the most notable symptoms is a person's disconnection from reality known as psychosis (WHO, 2022). This has been shown to lead to the effected person experiencing hallucinations, apathy, and an incapacity to perform regular tasks. Moreover, the symptoms of schizophrenia can be divided into positive and negative symptoms. Positive symptoms

refer to symptoms such as, extreme exaggeration in thoughts, perceptions, or behaviour that indicates an inability to distinguish between the real and the unreal e.g., hallucinations. Negative symptoms refer to a lack or absence of typical mental function, including perception, action, and thought (Correll & Schooler, 2020).

Around 24 million people, or 1 in 300 persons (0.32%), globally suffer with schizophrenia. Adults at this rate make up 1 in 222 individuals (0.45%). It does not occur as frequently as many other mental illnesses. The most common times for onset are in late adolescence and the early twenties, and onset often occurs earlier in men than in women (WHO, 2022).

Although not as common as other mental health disorders, the effects can be extremely taxing on a person. Schizophrenia patients have a two to three times higher risk of dying young than the general population. Physical ailments like viral, metabolic, and cardiovascular problems are frequently to blame for this (WHO, 2022).

Moreover, in addition to this the human rights of people with schizophrenia are often violated, both inside mental health facilities and in public places. People with this disorder are subjected to severe and pervasive stigma, which makes them socially excluded and negatively affects their connections with others, especially those with family and friends. This contributes to prejudice, which can then restrict access to basic services like housing, job, and education (WHO, 2022).

It is for these reasons and many others that adequate treatment should be researched and made available to all sufferers. Therefore, to combat the awful effects of living with schizophrenia much research has been conducted to evaluate what treatment is most effective. People with schizophrenia have a variety of treatment options available to them, such as medication, psychoeducation, family interventions, cognitive-behavioural therapy, and psychosocial rehabilitation (e.g., life skills training). People with schizophrenia, as well as their family and/or carers, must get treatment in a recovery-oriented manner that gives patients autonomy over their care (WHO, 2022). However, although all these treatments claim to be effective some may be more efficacious than others. Therefore, to investigate further, the two therapies that will be evaluated and discussed in this review are cognitive

behavioural therapy and supportive therapy, with a view to demonstrating why cognitive behavioural therapy is more effective.

Cognitive Behavioural Therapy and Supportive Therapy in the treatment of Schizophrenia

Cognitive behavioural therapy and Supportive therapy although different are most valuable. Cognitive behavioural therapy (CBT) is a type of psychological therapy that combines methods from cognitive therapy and behaviour therapy with theories of cognition and learning. CBT assumes that behavioural, emotional, and cognitive factors are functionally connected. Through cognitive restructuring and behavioural approaches, the client's problematic behaviours and maladaptive thought patterns are identified and modified during treatment to effect transformation. Also known as cognitive behaviour therapy or cognitive behaviour modification (American Psychological Association, 2022). Moreover, group cognitive behavioural therapy, is the implementation of CBT in a group setting. Numerous studies have found that CBT significantly enhances functioning and quality of life. CBT has been shown in numerous studies to be equally successful as, or even more effective than, other types of psychological therapy or psychiatric drugs (American Psychological Association, 2022). The foundation of CBT is the idea that your thoughts, feelings, bodily sensations, and behaviours are interconnected, and that having unfavourable ideas and feelings can keep you stuck in unfavourable patterns. By dividing up large problems into smaller ones, cognitive behavioural therapy (CBT) seeks to help you cope with them in a more constructive manner (Australian Psychological Association. 2022). Supportive therapy (ST) a type of treatment that strives to alleviate emotional pain and symptoms without looking into the causes of conflicts or making any attempts to change the fundamental makeup of the personality. It places a strong emphasis on reassuring, re-educating, offering counsel, persuading, remotivating, and encouraging positive conduct. It is widely used to boost spirits and stop deterioration in people with relatively small or limited issues as well as in frail or hospitalised patients (American Psychological Association, 2022). Furthermore, these two therapies have been shown to provide schizophrenia sufferers with the treatment and support they need.

Cognitive behavioural therapy and supportive therapy provide valuable support to persons with schizophrenia. Cognitive behavioural therapy aids persons with schizophrenia by lessening the intensity of symptoms and diminish the chance of relapse, a period of time when symptoms of schizophrenia reappear. It can also assist persons with schizophrenia in improving their social and problem-solving abilities. In contrast, supportive therapy is aimed at listening to patients' worries, encouraging them, and setting up help for practical issues. (American Psychological Association, 2022). Although both these therapies are beneficial in the treatment of schizophrenia, there is some evidence to suggest that perhaps CBT is more effective than ST when treating schizophrenia.

Cognitive behavioural therapy tends to be more efficacious than supportive therapy. Research has shown that the psychopathology, insight, and social functioning of people with schizophrenia improved when CBT and ST were coupled with medication. However, when compared with ST, CBT failed to show statistical superiority in the symptoms of negativity, disarray, and excitement (Li et al., 2015). Yet, in the long run, CBT was much more effective than ST at improving the overall, positive symptoms, and social functioning of schizophrenia patients (Li et al., 2015). Still, this study had some limitations that may have affected the outcome of the trial such as the fact that the CBT therapists used in this study had not been assessed with objective scales. However, despite this the psychologists used all had extensive experience and training in CBT prior to participating in the trial. Furthermore, this study had a sample size of 192. Although, this may not be considered a large sample according to statisticians, it is relatively generous considering that it is often difficult to obtain large sample sizes when studying conditions such as schizophrenia as it is not as prevalent as perhaps other mental conditions. Therefore, although both CBT and ST have a place in the treatment of schizophrenia, it seems that CBT overall produces longer lasting results in a patient.

However, cognitive behavioural therapy may only be more effective in the treatment of positive symptoms, whereas supportive therapy may be more effective in the treatment on negative symptoms. Many patients with schizophrenia still endure persistent delusions and hallucinations despite breakthroughs in psychopharmacology, which increases anxiety, sadness, disability, and suicide risk (Tarrier et al., 2000). In a longitudinal study conducted by Tarrier et al. (2000) it was

revealed that after 2 years those who undertook CBT experienced greater improvement in their positive symptoms. In contrast, those in the supportive therapy group experienced greater improvement in their negative symptoms. However, during the second year of treatment overall, the effects on CBT declined whilst the effects on supportive therapy seemed to continue to improve, much to the surprise of the researchers (Tarrier et al., 2000). Initially, supportive counselling was intended to be a placebo-controlled therapy that would be comparable to CBT for the nonspecific effects of therapist contact and interest, social interaction, and social support but was not expected to be effective in symptom reduction (Tarrier et al., 2000). However, in the case of this study, it is possible that supportive therapy may have offered frequent and consistent nonthreatening social engagement, which may have raised patients' self-esteem and encouraged them to engage in their social environment. Yet, overall the researchers found know significant differences between CBT and ST at the 2 year mark.

Group cognitive behavioural therapy is more efficacious than supportive therapy in the treatment of auditory hallucinations. One of the most debilitating and terrifying symptoms associated with schizophrenia is that of auditory hallucinations. Therefore, determining the best course of treatment is pertinent. In a study conducted by Penn et al. (2008) they aimed to demonstrate whether cognitive behavioural therapy in a group setting, or supportive therapy would be more effective at treating the specific symptom of auditory hallucinations. It was found at a 12-month follow-up that only the ST group had shown a decrease in negative beliefs (e.g., hearing voices) after a 12-month follow-up, however CBT was linked to a decrease in psychotic symptoms after a 12-month follow-up (Penn et al., 2008). Therefore, is case of auditory hallucinations ST seems to be more effective. A reason for this could be that because supportive therapy is aimed in general at promoting social integration. ST might have improved clients' self-efficacy and social potency, which might have extended to how they perceived their voices (Penn et al., 2008). However, contrary to expectations the CBT group did not demonstrate a reduction in the distress caused by hearing voices. This may have happened because the CBT group procedure placed more of an emphasis on dealing with voices than cognitive restructuring (belief modification) (Penn at al., 2008). Moreover, this study had some

limitations which should be acknowledged. The earlier uncontrolled pilot trial served as the foundation for the first power analysis, which might have overstated the anticipated treatment effects. Moreover, the competence of the therapists used in this study had not been adequately rated (Penn at al., 2008). However, surprisingly CBT was not more effective at treating auditory hallucinations compared to ST. However, this evidence does not correlate with previous studies.

Although both cognitive behavioural therapy and supportive therapy fair well in the treatment of delusions, CBT is more effective at treating hallucinations. Tarrier et al. (2001) conducted a study which aimed to determine if various forms of psychotic symptoms respond to cognitive-behavioural therapy more or less than they do to treatment received by control groups. The results showed that cognitive behaviour therapy appears to be effective in treating both hallucinations and delusions and that although both treatments are effective for delusions, cognitive-behavioural therapy appears to be more effective than supportive counselling in reducing hallucinations. (Tarrier et al., 2001). However, the results of this study should be treated with caution as the analyses presented here are exploratory and look into different subgroups of a larger group, which could cause bias. Moreover, the frequency, severity, and fixation of hallucinations and delusions were not assessed, and it is possible that psychological interventions have a different impact on these characteristics (Tarrier et al., 2001). Thus, there is evidence to suggest that perhaps CBT does fair better in the treatment of hallucinations as previously thought. Additionally, some evidence suggests that CBT may also be more effective in accelerating recovery.

Cognitive-behavioural therapy (CBT) accelerates recovery faster than supportive therapy (ST) in patients with schizophrenia. Studies have shown that CBT considerably shortened the time it took for patients to recover by 25 to 50 percent, and that fewer patients in treatment groups had residual symptoms than in control groups (56% versus 5%) (Tarrier et al., 2018). In a study conducted by Tarrier et al. (2018) the aim was to determine whether their recovery time was shorter in the CBT group compared to the ST group. The results showed that contrary to pre held beliefs the recovery rates of patients involved in supportive therapy and CBT are similar in most cases (Tarrier et al., 2018). It was assumed that supportive therapy would only slightly differ from standard care and that

the specific CBT procedures would operate as the main therapeutic agents (Tarrier et al., 2018). However, this was not the case. Furthermore, previous studies have shown that befriending, a type of supportive therapy, helped patients with persistent schizophrenia progress on par with CBT throughout treatment, but at follow-up, the supportive group's benefit had diminished. Therefore, for this reason it was expected that follow-up results should have shown that CBT is clearly superior to supportive therapy, however this was not the case (Tarrier et al., 2018). Additionally, because supportive therapy is unstructured it is difficult to understand why is performs so well (Tarrier et al., 2018). Furthermore, there were a number of limitations present in the aforementioned study. For example, psychological therapy lasted for a shorter period of time than anticipated. Additionally, supportive therapy was an unstructured intervention that utilised a non-specific control group. However, one significant strength of this study is that compared to other studies the size of the participant pool was rather large with 225 participants making it to the 18-month follow-up. Therefore, once again contrary to what was thought, supportive therapy faired better than expected and no significant difference was found between CBT and ST.

Conclusion

Overall, contrary to expectations both cognitive behavioural therapy and supportive therapy aid in the treatment of schizophrenia to a similar degree. However, the literature presented does seem to demonstrate that perhaps cognitive behavioural therapy and supportive therapy may be more effective in treating specific symptoms and aspects of schizophrenia compared to the other. For example, Tarrier et al. (2000) demonstrated that CBT was more effective in treating the positive symptoms associated with schizophrenia, whereas ST was more effective in treating the negative symptoms. Additionally, Tarrier et al. (2001) showed that CBT was better at treating hallucinations than ST was. However, this finding contradicted the results of Penn et al. (2008) who found that ST was more effective in treating auditory hallucinations than CBT. Therefore, perhaps ST is more effective in treating auditory hallucinations specifically than CBT, whilst CBT is more effective in treating hallucinations in general. The current literature does not allow us to draw a firm conclusion,

therefore further research into CBT, ST and their effect on hallucinations both visual and auditory is needed.

Furthermore, future research would do well to ensure that the psychologists/therapists used to assess patients with schizophrenia in these studies have had their competence adequately assessed. Moreover, it would be ideal for future studies to have participant pools larger than 100 (as some discussed did), however, this may not be practical due to the difficulty researchers can face in obtaining patients with schizophrenia to participate.

However, the studies discussed present a strong base on which future research can build and thus add to the much-needed knowledge base all mental health professionals need to successfully treat patients with schizophrenia so that they can attain a better quality of life.

References

American Psychological Association (2022). Cognitive behavioural therapy (CBT). Retrieved January 9, 2022, from https://dictionary.apa.org/cognitive-behavior-therapy

American Psychological Association (2022). Supportive psychotherapy. Retrieved January 9, 2022, form https://dictionary.apa.org/supportive-psychotherapy

Correll, C. U., & Schooler, N. R. (2020). Negative Symptoms in Schizophrenia: A Review and Clinical Guide for Recognition, Assessment, and Treatment. Neuropsychiatric Disease and Treatment, 2020(16), 519-534. https://doi.org/10.2147/NDT.S225643

Jauhar, S., McKenna, P. J., Radua, J., Fung, E., Salvador, R., & Laws, K. (2018). Cognitive–behavioural therapy for the symptoms of schizophrenia: Systematic review and meta-analysis with examination of potential bias. British Journal of Psychiatry, 204(1), 20-29. https://doi:10.1192/bjp.bp.112.116285

Jauhar, S., Johnstone, M., & McKenna, P. J. (2022). Schizophrenia. *The Lancet*, *399*(10323), 473-486. https://doi.org/10.1016/S0140-6736(21)01730-X

Li, Z., Guo, Z., Wang, N., Xu, Z., Qu, Y., Wang, X., . . . Kingdon, D. (2015). Cognitive–behavioural therapy for patients with schizophrenia: A multicentre randomized controlled trial in Beijing, China. Psychological Medicine, 45(9), 1893-1905. https://doi:10.1017/S0033291714002992

Penn, D. L., Meyer, P. S., Evans, E., Wirth, R. J., Cai, K., & Burchinal, M. (2008). A randomized controlled trial of group cognitive-behavioral therapy vs. enhanced supportive therapy for auditory hallucinations. Schizophrenia Research, 109(1-3), 52-59. https://doi.org/10.1016/j.schres.2008.12.009

Tarrier, N., Kinney, C., McCarthy, E., Humphreys, L., Wittkowski, A., Morris J. (2000). Two-year follow-up of cognitive--behavioral therapy and supportive counseling in the treatment of persistent symptoms in chronic schizophrenia. *Journal of Consulting and Clinical Psychology*, *68*(5), 917-922. https://doi.org/10.1037/0022-006X.68.5.917

Tarrier, N., Kinney, C., McCarthy, E., Wittkowski, A., Yusupoff, L., Gledhill, A., . . . Humphreys, L. (2001). ARE SOME TYPES OF PSYCHOTIC SYMPTOMS MORE RESPONSIVE TO COGNITIVE-BEHAVIOUR THERAPY? *Behavioural and Cognitive Psychotherapy, 29*(1), 45-55. https://doi:10.1017/S1352465801001060

Tarrier, N., Lewis, S., Haddock, G., Bentall, R., Drake, R., Kinderman, P., . . . Dunn, G. (2018). Cognitive–behavioural therapy in first-episode and early schizophrenia: 18-month follow-up of a randomised controlled trial. *British Journal of Psychiatry, 184*(3), 231-239. https://doi:10.1192/bjp.184.3.231

World Health Organization (2022). Schizophrenia. Retrieved January 9, 2022, from https://www.who.int/news-room/fact-sheets/detail/schizophrenia