Schizophrenia is a common and often disabling major mental illness. It accounts for a high proportion of idiopathic psychotic illnesses. Schizophrenia and bipolar disorders together have a lifetime prevalence that may exceed 3% of the general population. The treatment of these disorders has been revolutionized by modern pharmacotherapies 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, 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 tolerability of most psychotropic agents limits their long-term acceptance and thus their actual effectiveness (Baldessarini, 1994). The fact that medications alone may not be able to optimize coping abilities or address the personal, social and functional complications 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 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 symptom-oriented assessments. Psychosocial treatments that are widely employed and increasingly investigated for patients with psychotic disorders include individual, group and family therapies.

There are many specific identifiable benefits of psychosocial approaches. They include:
1. support and encouragement arising from interactions with others havin experiences;
2. education of patients and their families to encourage collaboration in ti
3. more effective identification and management of adverse effects of me that tend to limit its acceptance;
4. increased compliance with recommended medication;
5. enhanced detection of early signs of impending illness and improved sl at minimizing stressors contributing to recurrence risk; and
6. improved interpersonal and family relationships affected by the illness, 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 ine with unmotivated psychotic patients (Grinspoon et al., 1972; May, 1968). Moreover, the approach lost favor in the 1960s through the 1980s as antipsychotic drugs be effective against acute psychotic symptoms and in limiting risk or severity relapses (Baldessarini and Tarazi, in press). In recent years, individual, group family therapies for schizophrenia have emphasized support and education. In the success of cognitive-behavioral techniques for depressive and anxiety dis encouraged their adaptation to the treatment of psychotic disorders. Clinical i over the past two decades has provided support for all of these approaches, b evidence exists that one is consistently superior to others for all outcome me:

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

Group therapy for schizophrenia was attempted as early as the 1920s and, lik individual therapy, was furthered by the development of socials skills trainin; 1921). A trend emerged toward commonly using systematic programs such a UCLA Social and Independent Living Skills Modules (Wallace et al., 1992). treatments broadened the scope of social skills training and offered highly str educational training protocols that teach patients a range of skills in commun functioning, including symptom management, communication skills and mec management, with a substantial likelihood of generalizability. Other approac group therapy for psychotic patients have also been studied, but their potenti advantages and disadvantages largely remain to be clarified (Huxley et al., 2( and Zemet, 1983).
Family therapy has shown particular promise in schizophrenia since the 1960s. This treatment emerged from awareness that families experience considerable stress living with a psychotic relative, and that distress and negative attitudes within families are strongly associated with risk of clinical worsening (Berkowitz et al., 1984; Nugter 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 psychotic 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; rare comparisons of individual versus family therapy, the latter has usually yielded better outcomes (Huxley et al., 2000). Another intuitively plausible, but poorly tested, 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 optimal indications for specific indications, 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 be cost-effective, particularly by decreasing hospitalization and increasing functioning and ability to work. The number and scientific quality of relevant studies 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 redress a growing imbalance between biomedical and psychosocial approach contemporary psychiatric therapeutics.

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**References**


Baldessarini RJ, Tohen M, Tondo L (2000), Maintenance treatment in bipolar disorder. Arch Gen Psychiatry 57(5):490-492 [comment].


Hogarty GE, Anderson CM, Reiss DJ et al. (1986), Family psychoeducation, skills training, and maintenance chemotherapy in the aftercare treatment of schizophrenia. I. One-year effects of a controlled study on relapse and expressed emotion. Arch Gen Psychiatry 43(7):633-642.

Hogarty GE, Anderson CM, Reiss DJ et al. (1991), Family psychoeducation, skills training, and maintenance chemotherapy in the aftercare treatment of schizophrenia. II. Two-year effects of a controlled study on relapse and adjustment Environmental-Personal Indicators in the Course of Schizophrenia (EPICS) F Group. Arch Gen Psychiatry 48(4):340-347 [see comments].


Lazell EW (1921), The group treatment of dementia praecox. Psychoanalytic 8:168-179.


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