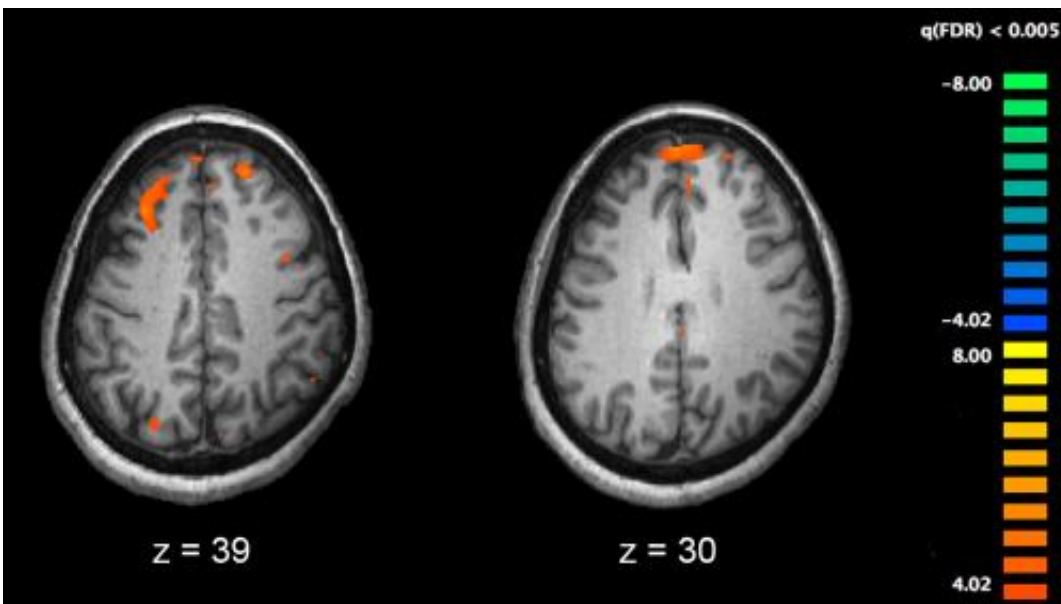


# Recovery-oriented cognitive therapy shows lasting benefits for people with schizophrenia

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Functional magnetic resonance imaging (fMRI) and other brain imaging technologies allow for the study of differences in brain activity in people diagnosed with schizophrenia. The image shows two levels of the brain, with areas that were more active in healthy controls than in schizophrenia patients shown in orange, during an fMRI study of working memory. Credit: Kim J, Matthews NL, Park S./PLoS One.

Recovery-oriented cognitive therapy can lead to lasting improvement among individuals with schizophrenia, even among those with the most chronic illness, according to a study out today. While those with more chronic illness took longer to show benefits, they did improve and start

to succeed at achieving their goals, according to research published online in *Psychiatric Services in Advance*.

The authors note that despite decades of research about recovery among people with schizophrenia, the view of schizophrenia as progressive and deteriorating is still common in the [mental health care](#) community.

Researchers from the University of Pennsylvania, led by Paul M. Grant, Ph.D., looked at the effects of 18 months of recovery-oriented cognitive therapy and effects six-month later compared to standard [treatment](#). Participants in the study included 60 outpatients with schizophrenia or schizoaffective disorder. Participants were randomly assigned to standard treatment or recovery-oriented cognitive therapy. They were assessed at baseline and 6, 12, 18 and 24 months by researchers blind to the treatment.

The researchers found significant benefits for those in recovery-oriented cognitive therapy compared to standard treatment. Those with less [chronic illness](#) began to show improvement sooner, some as early as six months, with the most prominent benefits evident at the end of active treatment at 18 months. The benefits were maintained at the 24-month follow-up. Those with more chronic illness, however, did not show significant improvements until the 24-month follow-up.

The authors note that people with low-functioning [schizophrenia](#) are often profoundly isolated and disengaged, experiencing a loss of interest in the outside world and future goals. Recovery-oriented cognitive therapy begins with working to engage the patient. The therapist works with the individual to identify personal, meaningful goals, for the future, such as obtaining a specific job, reconnecting with family, or pursuing independent community living. The therapist then works with the individual on overcoming obstacles and preventing relapse.

The standard treatment consisted of antipsychotic medication and additional services from the local community [mental health](#) center such as case management, supportive counseling, housing services, peer support and vocational rehabilitation.

The study found that improvements were maintained across the follow-up period after therapy was completed, supporting the idea that recovery-oriented cognitive [therapy](#) "produces an enduring change in beliefs and skills that enables individuals to continue to maintain gains without their therapist," the authors note.

The authors conclude that "even individuals with the most seemingly recalcitrant [illness](#) can improve and start to succeed at achieving their personally meaningful chosen goals" and suggest that "clinicians should not give up on these individuals when it seems that they are not improving as quickly as hoped. More intensive treatment (more frequently than once a week) might quicken their recovery response."

Provided by American Psychiatric Association

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