

Talk to Your Doctor: Combining Psychotherapy with Medications

*The most rewarding part of my job as a psychiatrist is practicing **psychotherapy**, particularly when I'm able to help patients with severe mental health conditions like schizophrenia. I am disappointed when I hear people suggest that psychotherapy is really not the right treatment for patients with schizophrenia.¹ My goal in this article is to inform patients, their families and practitioners that psychotherapy can be a very important part of a patient's recovery plan from schizophrenia. The list of possible therapies studied as a treatment for schizophrenia is vast, and choosing a type of therapy depends on you and your unique personal therapeutic goals.*

Cognitive Behavioral Therapy (CBT) is the most widely studied therapy for schizophrenia, and involves first being more aware of your thoughts (cognitions), feelings and behaviors. You then work with your therapist to normalize and understand that some of your previous or current symptoms of schizophrenia (such as delusions, hallucinations or disorganized thinking) are part of your psychiatric condition. You can share these troubling experiences without being judged and use CBT to improve your understanding and coping skills. Published studies report that patients receiving CBT show improvements in positive (i.e. psychotic) symptoms (hallucinations, delusions), negative symptoms (lack of motivation, blunted facial expression, social withdrawal), functioning, mood, hopelessness, and social anxiety.²



Justin McCutcheon, MD

Supportive therapy (ST) can provide you with a warm, supportive relationship where current problems can be discussed freely and worked on in partnership with your provider. It is generally less structured than other forms of therapy, and the scientific evidence for its effectiveness is not as strong as other treatments.³

Social Skills Training (SST) is a therapy focused on learning and practicing specific social skills in an effort to improve your life, and also involves making and achieving your individual goals towards recovery (i.e. getting a job, meeting new people, increasing enjoyable activities).⁴

Cognitive Remediation (CR) works to improve or to find "workarounds" to the problems in thinking that often occur due to schizophrenia. Examples of CR goals could be improving concentration, memory, social awareness, or the ability to "think about your thinking" (metacognition).⁵

Psychoeducation (PE) provides information to patients, and Family Intervention (FI) provides information to patients and their families about the diagnosis, realistic expectations and common issues or conflicts.⁶

Psychodynamic Psychotherapy involves exploring your past life experiences and increasing your understanding into how previous emotional conflicts may be (unconsciously) influencing your current behavior. Studies show psychodynamic psychotherapy can provide improvements in a "target problem," symptom level, and social functioning.⁷ However, it might not be suitable for all patients.

Psychotherapy can be a very important part of a patient's recovery plan from schizophrenia.

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CURESZ FRIENDSZ



Mary Beth De Bord

Are you Looking for a Mentor?

CURESZ is pleased and honored to announce the launch of its Friendsz program.

Designed to support caregivers of loved ones with severe brain diseases and disorders, Friendsz pairs caregivers of loved ones recently diagnosed with schizophrenia and other serious psychiatric brain disorders and illnesses with mentors who have walked the journey of diagnosis and recovery from schizophrenia or severe mental illness alongside a loved one.

Prospective mentors are initially interviewed by a CURESZ staff member and given the opportunity to ask questions about the Friendsz program and share their caregiving story. Each prospective mentor is provided with a Guidebook for mentoring. After he or she has had the opportunity to review the Guidebook, a CURESZ Foundation staff member meets with the prospective mentor over video chat to discuss the Guidebook and ask the mentor various questions to insure that the mentor is knowledgeable about things to say and others to avoid, such as not offering a mentee medical advice.

Following a successful video interview, the prospective mentor is paired with a mentee. CURESZ uses its best efforts to pair mentors and mentees with similar backgrounds. Background information includes the age of family member with schizophrenia, location, religion, and the career backgrounds of the caregiver and the loved one struggling with schizophrenia.

By sharing their own caregiving experience with mentees, mentors provide a valuable resource and can be a meaningful bridge to educate and empower caregivers to shoulder the family burden that all caregivers experience. Mentors may share the ways and resources that they found helpful to educate themselves on their loved one's illness as well as their own coping strategies for physical, mental and emotional support. Although mentors are not medical doctors or therapists and do not provide any medical or therapeutic support, they can provide hope to caregivers on their own journey of supporting a loved one with schizophrenia or related mental illnesses. While schizophrenia and related severe mental illnesses are chronic illnesses, there is hope for recovery and the prospect of a happy and meaningful life.

Mary Beth De Bord, a lawyer and CURESZ Board Member, is the leader of Friendsz. She has many years of caregiving experience. Other Friendsz mentors come from many different ethnic backgrounds, vary widely in age, and have held careers in diverse fields. Our newest mentors include a nurse, a retired owner of a construction company, a former educator, and a documentary filmmaker.

Since the launch of Friendsz, CURESZ has received an overwhelming number of requests for mentors. We hope more caregivers will consider becoming a Friendsz mentor and also will share this exciting opportunity with other families.



Mary Beth De Bord, JD,
Lawyer, CURESZ Board
Member, and Leader
of Friendsz

Interested in becoming a
CURESZ mentor or mentee?

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Contact Mary Beth De Bord
at curesz.org/contact-us

A Mom Shares her Experience with Friendsz

My daughter was diagnosed with a psychiatric brain disorder in the summer of 2015 when she was 17 years old. The following five years have at times been a blur and to say that it has been isolating is an understatement. Her psychiatric physician Stephen Rush (a CURESZ Board Member) told us about the new Friendsz program through CURESZ and I have been paired with Gayle, from Nevada. Even though it has been a short time since we have started our friendship, she already seems like an old friend, someone who has walked in my shoes and understands every emotion I have felt in the past five years. I'm so thankful for Gayle, her empathy and wisdom. I look forward to our friendship growing in the months to come.

Thank you, CURESZ, for understanding that psychiatric brain disorders affect not just the patient, but everyone who loves and supports them.

Debbie T. June 4, 2020

EXPERT INTERVIEWS

A View from the Bench

An Interview with Judge Carol Aiken, *Probate Commissioner, 31st Judicial Circuit, State of Missouri*

Over the years, Judge Aiken has seen many cases involving people with schizophrenia. She has noticed a general shift toward deinstitutionalization, and a lessening of the stigma.

Greetings from Missouri! I have served as a judge in the probate court in Greene County, Missouri for the past 23 years. In Missouri, the probate court handles adult guardianships cases. Many of my cases involve people with a schizophrenia diagnosis so I have become very familiar with the area's mental health resources. Springfield, the county seat for Greene County, is a typical Midwestern city of about 175,000 residents and is widely respected for its many programs for the mentally ill.

In the past two decades that I have been on the bench, there has been an enormous shift away from institutionalization of individuals with a mental illness. Virtually all of the state hospitals have closed with an emphasis on independent supported living options and outpatient programs.

In Greene County, we are fortunate to have very progressive mental health services. The main provider is Burrell Behavioral Health. It provides numerous programs, including outpatient treatment, independent living options, and community activities. There are apartments designed for residents with mental health diagnoses with counselors and case managers on site. Recently, a retired physician funded the development of a tiny home community called Eden Village. It has provided stable housing for some of Springfield's chronically homeless, almost all of whom carry a mental health diagnosis.

There has also been an emphasis on reducing the number of people who are involuntarily detained in a hospital's psychiatric unit. The county, along with Burrell Behavioral Health, is funding a new rapid access mental health facility. The goal is to provide law enforcement and first responders with an around-the-clock mental health care center to take people to instead of transporting them to the hospital or jail. Unfortunately, the state has recently made cuts to budgets for treatment programs and housing assistance for the mentally ill. I fear that these cuts will greatly affect housing options for individuals with schizophrenia and other mental illnesses.

The guardianship laws in Missouri have also been recently amended to require that judges place as few restrictions as possible on a person who is in need of a guardian. Historically, when a person is placed under guardianship, they lose many of their personal rights. This includes the right to determine where they will live, the right to vote, marry, drive and enter into a contract. The emphasis now is to very narrowly carve out the restrictions placed on an individual.

This change is of great benefit for those with schizophrenia. It greatly reduces the stigma attached to a guardianship proceeding. The court can tailor the guardian's powers to be used only when the mentally ill individual needs hospitalization and refuses to go. This situation usually arises when the person stops taking medication. The guardian then has the authority to admit the individual to the hospital to receive the needed assistance. With such restrictions in place, guardianships can be viewed in a much more positive light, to be used only in emergency situations.

I am hopeful in the coming new decade that great strides will be made not only in the treatment for individuals with schizophrenia but also in the services and assistance provided for them.



Carol Aiken, Probate Commissioner,
31st Judicial Circuit, State of Missouri

VIDEO HIGHLIGHT



HOW COMMON IS TARDIVE DYSKINESIA

(Part 2 of 4)

In this video, Dr. Henry Nasrallah (CURESZ Executive Vice President and Scientific Director) and Bethany Yeiser (CURESZ president) discuss the incidence of tardive dyskinesia (TD).

With older antipsychotic medications (also called "first-generation antipsychotics" or "typical" antipsychotics) about 5% of patients develop tardive dyskinesia after one year of exposure, and 5% every subsequent year. After ten years, over 50% of patients on first-generation antipsychotic medication develop TD.

Nowadays, the majority of persons with psychotic disorders are treated with the newer class of medications ("second-generation antipsychotics" also referred to as "atypicals") which are associated with less acute Extra Pyramidal Side Effects (or EPS, such as muscle rigidity, dystonia and tremors) as well as less akathisia (restlessness). In addition to causing less EPS, these newer medications also cause TD at a much lower rate of about 1% a year.

Clozapine was the first atypical medication and causes no EPS at all. Yet studies show that long-term treatment with clozapine may cause TD, although prior exposure to other antipsychotics may be the reason.



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In my clinical practice I usually use CBT for many of my patients. I have studied and learned other forms of therapy, but have found CBT to be the most flexible and efficient way to help my patients thrive. One patient of mine with schizophrenia ("Jeff") has offered some comments about how psychotherapy has helped in his recovery journey, and I will close this article with his comments. It's been a pleasure working with "Jeff" and I am incredibly proud of his progress!

"Therapy has helped me understand myself and my symptoms much better. I used to see the world as a much scarier place and feel much more paranoid than I do now. I still hear voices every day, but thanks to therapy I understand them, I react to them in a totally different way, and they bother me much less. Once I'm able to use CBT to tackle an issue that's bothering me I notice a significant drop in my stress level. I'm much better able to keep calm in situations where there are a lot of people, noises, and bright lights. In therapy I get a space to discuss things that are very difficult for me to talk about. Building trust was essential for me, and it gave me the opportunity to get these things off my chest. Finally, there have been times in my life where it would have been very easy to just "give up," but doing this therapy has helped me maintain hope and motivation. I don't feel like I'm "cured," but I'm handling my life so much better than I used to!"

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Please consider making a donation to the CURESZ Foundation online at CURESZ.org

Your contribution will help provide education and referrals to persons with schizophrenia, their families, and those who work with the seriously mentally ill. CURESZ informs the general public to better understand this serious brain disorder, and to provide scientific advances showing that there is hope for recovery, and a return to a fulfilling and normal life. The CURESZ Foundation is a 501(c)(3) nonprofit organization. All contributions are tax deductible.

"We are committed to helping individuals to cope with and recover from schizophrenia."

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