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Talk Therapy Lifts Severe Schizophrenics

By **BENEDICT CAREY**

People with severe [schizophrenia](#) who have been isolated, withdrawn and considered beyond help can learn to become more active, social and employable by engaging in a type of talk therapy that was invented to treat depression, scientists reported on Monday.

These new findings suggest that such patients have far more capability to improve their lives than was previously assumed and, if replicated, could change the way that doctors treat the one million patients for whom the disorder is profoundly limiting.

The therapy — a variant of cognitive behavior therapy, which focuses on defusing self-defeating assumptions — increased motivation and reduced symptoms. In previous studies, researchers have used cognitive techniques to help people with schizophrenia manage their [hallucinations](#) and sharpen their attention and memory. The new study is the first to rigorously test using the therapy to combat so-called negative symptoms — the listlessness, exhaustion and emotional flatness that trap many people in solitary lives, playing out their days smoking in front of the TV or holed up in their homes.

Dr. Bob Buchanan, a psychiatrist at the University of Maryland School of Medicine who was not involved in the study, said the results looked impressive. “This is a group of patients who have tried just about everything — drug treatments as well as psychosocial ones — and many clinicians and systems of care have essentially given up on them. If there’s an intervention out there that can make a difference, I think that’s an incredibly important development.”

In [the study](#), appearing in the current issue of *The Archives of General Psychiatry*, researchers at the University of Pennsylvania enrolled 31 people from community health clinics in Philadelphia in a therapy program that included weekly sessions, each about an hour in length, in addition to their normal medication regimen. Each person set a goal, whether to find a job, start a relationship or go back to school. Aided by the therapist, the person then took incremental steps toward that goal, going out for coffee, visiting a local bookshop or volunteering at a community center.

“It took a long time to get patients engaged,” said Dr. Aaron T. Beck, a psychiatrist and one of the authors. “We used video games a lot at the beginning, just to give them a sense of some mastery.” Dr. Beck invented cognitive therapy decades ago, about the same time another therapist, Albert Ellis, was developing similar techniques.

The therapists in the study, all either [psychiatrists](#) or Ph.D.’s, all working from manuals guiding the technique, helped their patients correct self-defeating beliefs, like “taking even a small risk is foolish because the loss is likely to be a disaster,” and “making new friends isn’t worth the energy it takes.” After about six months, the patients began to show measurable improvement. After 18 months the benefit was clear, on the Global Assessment Scale, a standard scale tracking overall functioning.

“They made a jump of about 10 points on that scale, on average, which we consider to be moving a whole level up in terms of functioning,” said Paul M. Grant, the study’s lead author. A comparison group of 29 patients who received standard treatment — medication, and case management services as needed — showed no such improvement.

Dr. Grant’s co-authors were Gloria A. Huh, and Dr. Neal M. Stolar, along with Dr. Beck, of the University of Pennsylvania, and Dimitri Perivoliotis for the Veterans Affairs San Diego Healthcare System.

Measures of emotional vitality and sociability were not changed much. But motivation improved significantly, and some who got the cognitive therapy altered their lives for the better, in significant ways. One woman, who had been frequently hospitalized before the study, began making coffee at the clinic as a part of therapy, then took her cart to a community clinic, parlaying that into a job as a cook. She has not returned to the hospital since.

Still, the course of therapy was extraordinarily long compared with what is usually offered. A standard course for depression lasts three or four months. That may make the approach difficult for strapped institutions to provide, some experts said. And it is not clear whether community therapists will be as effective as the University of Pennsylvania’s highly trained team.

“You have to understand that this is not like therapy for depressives,” who usually get better sooner or later anyhow, Dr. Beck said. “These people do not get better; no one had any good therapy for them.”