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Short report

Decreasing self-reported cognitive biases and increasing clinical insight through meta-cognitive training in patients with chronic schizophrenia

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ABSTRACT

Background and objectives: The aim of this study was to assess the impact of meta-cognitive training (MCT) on cognitive biases, symptoms, clinical insight, and general functioning among low-level functioning persons diagnosed with chronic schizophrenia who were attending a daily Community Social Support Group Program; we compared the treatment-as-usual (TAU) condition with the MCT + TAU condition.

Methods: Forty-four patients diagnosed with chronic schizophrenia were allocated to either the MCT + treatment-as-usual condition or the treatment-as-usual (TAU) condition. Delusion and hallucination severity, cognitive biases, clinical insight, and global functioning were assessed pre- and post-treatment (clinical trial NCT02187692).

Results: No significant changes were found in symptom severity as measured with the PSYRATS. Conversely, a medium to large effect size was observed for delusional ideation changes when assessed by the self-report measure (Paranoia Checklist). MCT was found to ameliorate cognitive biases as measured by the self-report scale at large effect size, however, no changes in jumping to conclusions (the Fish Task) and theory of mind deficits ("Reading the Mind in the Eyes" Test) were found in the behavioral tasks. MCT increased insight at large effect size. No changes in global functioning were found between the two conditions.

Limitations: Low intensity intervention. No follow-up assessment was provided. Only PSYRATS was assessed blind to patient allocation.

Conclusions: MCT has a beneficial effect on low-functioning chronic schizophrenic patients in ameliorating cognitive biases and increasing clinical insight.

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1. Introduction

Cognitive behavioral therapy for psychosis (CBTp) is recommended by international guidelines as a part of routine care for schizophrenia (e.g. Kreyenbuhl, Buchanan, Dickerson, Dixon, & Schizophrenia Patient Outcomes Research, 2010). Current findings show that CBTp reduces symptoms (see the recent meta-analysis by van der Gaag, Valmaggia, & Smit, 2014), helps to increase clinical insight (Pijnenborg, van Donkersgoed, David, & Aleman, 2013), and improves the quality of life (e.g. Bechdolf et al., 2010) among patients with schizophrenia. However, CBTp is still not available to many patients (e.g. Kuipers, 2011). Thus, there is growing interest in providing less intensive well-structured treatment that can be more accessible to patients (e.g. Ross, Freeman, Dunn, & Garety, 2011; Waller et al., 2013; Warman, Martin, & Lysaker, 2013).

Moritz and Woodward (2007) developed meta-cognitive training for schizophrenia (MCT), whose primary goal is to ameliorate cognitive biases by increasing cognitive awareness (meta-cognitive competence). MCT is based on CBTp principles, however, MCT takes on the form of group training with no individual case

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formulation. It is focused on thinking patterns irrespectively of the content (meta-level), whereas the CBTp aims to cope with individual dysfunctional thoughts, emotions, and behavior.

A number of studies have shown that MCT significantly reduces cognitive biases and improves positive symptoms (Aghotor, Pfueller, Moritz, Weisbrod, & Roesch-Ely, 2010; Balzan, Delfabbro, Galletly, & Woodward, 2015; Favrod et al., 2014; for a review see: Moritz, Andreou, et al., 2014; Moritz, Kerstan, et al., 2011; Moritz, Veckenstedt, et al., 2011; Moritz, Veckenstedt et al., 2014; Moritz et al., 2013; Moritz, Veckenstedt, Randjbar, Vitzthum, & Woodward, 2011), with only one exception to date (van Oosterhout et al., 2014). Some studies have also shown that MCT increases clinical insight among patients with schizophrenia (Favrod et al., 2014). Therapeutic changes after MCT persist over at least a 6-month follow-up period (Favrod et al., 2014; Moritz et al., 2013), or even gradually increase during a 3-year follow-up period (Moritz, Veckenstedt, et al., 2014).

The studies above were mostly conducted among patients with a relatively short duration of illness and with active symptoms. However, as has been suggested by some meta-analyses (Zimmermann, Favrod, Trieu, & Pomini, 2005), CBTp is less effective for chronic patients (Cohen's d = 0.27) as compared to acute and younger patients (Cohen's d = 0.57).

In this study, we aimed to investigate whether MCT is an effective treatment program for patients with chronic schizophrenia and with low general functioning. We were interested in the influence of MCT on: 1) psychotic symptoms; 2) cognitive biases; 3) clinical insight; and 4) general functioning.

2. Methods

2.1. Participants

Forty-four patients with an established diagnosis of schizophrenia according to ICD-10 criteria (n = 27 – paranoid schizophrenia, F20.0; n = 1 – undifferentiated schizophrenia, F20.3; sixteen patients were diagnosed as schizophrenia (F20) with no subtype specified), with no neurological diseases, took part in the study after informed consent had been obtained. Diagnosis was based on medical records and was not additionally verified for the purpose of the study. All patients were recruited from a daily Community Social Support Group Program (CSSGP) in Warsaw, Poland. The CSSGP is a mental health service for patients with severe and chronic mental health problems. All patients attending the CSSGP exhibit social cognition deficits and have difficulties in everyday, independent functioning. All participants were being treated with antipsychotics at the time of being assessed (for details see Table 1). This study was approved by a local bioethics committee and was registered at ClinicalTrials.Gov (NCT02187692). Consort flow chart is presented in the Fig. 1.

The MCT + treatment-as-usual (TAU) group consisted of 23 patients; mean age was 50.41 (SD = 10.79) years old, mean length of illness was 22.96 (SD = 10.05) years, last inpatient hospitalization was, on average, 5.62 (SD = 4.68) years prior to the study.

The treatment-as-usual (TAU) group consisted of 21 patients; mean age was 51.65 years old (SD = 10.25), mean length of illness was 20.61 (SD = 10.44) years, last inpatient hospitalization was 5.30 (SD = 4.28) years prior to the current study.

2.2. Study design

Key outcomes were evaluated pre-intervention (up to one week before intervention) and post-intervention (up to one week after intervention). Assessments were conducted by trained investigators, but only the PSYRATS was assessed blind to patient allocation. Patients were assigned (drawing the number '1' meant the patient was allocated to TAU; drawing the number '0' meant the patient was allocated to TAU + MCT) to one of two conditions: either treatment-as-usual (TAU) or TAU + MCT. MCT was

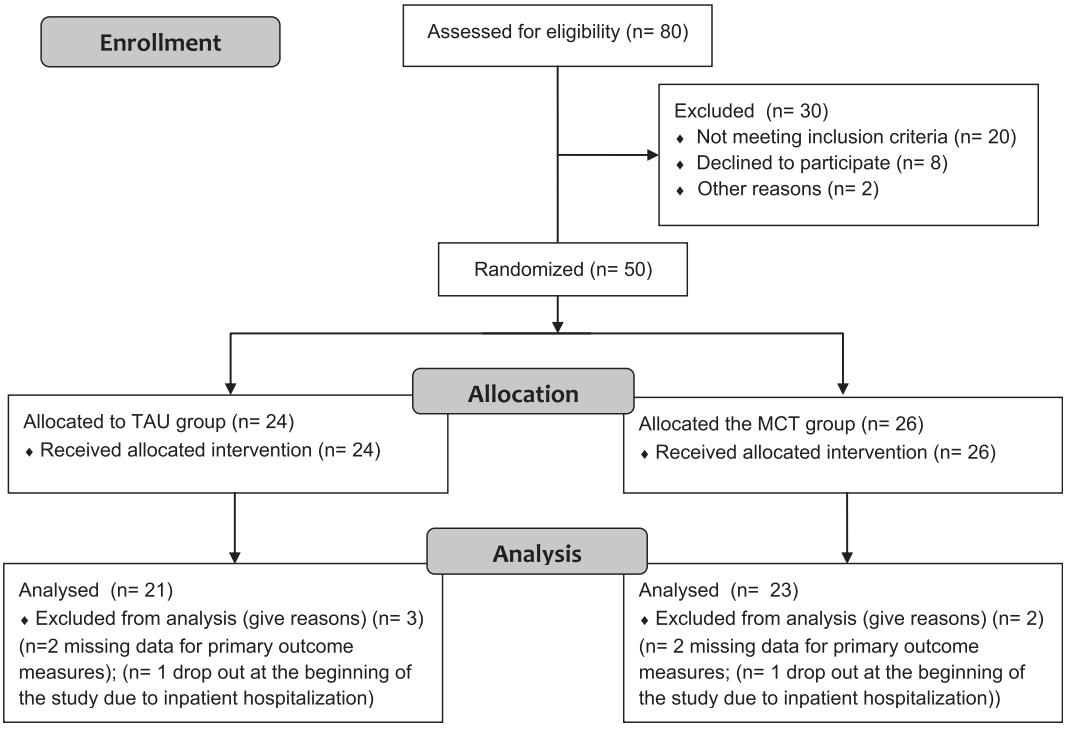

Fig. 1. CONSORT flow diagram.

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