

COGNITIVE BEHAVIOUR THERAPY (CBT) TO REDUCE NEGATIVE SYMPTOMS IN DISORGANIZED SCHIZOPHRENIA - A CASE STUDY

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ABSTRACT

The aim of this case study is to find the effectiveness of CBT in reducing negative symptoms. The subject of this case is a 19 years old female, who diagnosed with disorganization schizophrenia for one year and was prescribed antipsychotic medication but have not get any psychological therapies yet. The methodology used a single case experiment design. Data collection method are observation, interview and psychology tests. To measure the effectiveness of intervention used Scale for The Assessment of Negative Symptoms (SANS). Intervention given 12 meetings for 3 months with the combination of cognitive therapy and cue exposure. The subject exhibited significant improvement in her negative symptoms especially in anhedonia-asociality. SANS total score decrease from 18 to 12 and got remarkable insight about how to behave in social life.

Keywords: Disorganized Schizophrenia, Cognitive Behavioural Therapy, Negative Symptoms.

INTRODUCTION

In Indonesia, schizophrenic have not received optimal medication and therapy. In Indonesian National Psychiatrist Conference in 2019, declared more than 80% schizophrenia patients are not optimal treated. In addition to pharmacological therapy, schizophrenia patients also have to get psychological therapy for a schizophrenia is clinical syndrome as a result of numerous factors.

The results of the study Rector & Beck (2002) said that negative symptoms of schizophrenia such as affective flattening and alogia was a manifestation from lack of expression of emotion. Some negative symptoms in schizophrenia more reflect cognitive dysfunction, emotional and behaviour, so intervention techniques that involving all areas is needed.

Kaplan et al (2010) defines CBT is a therapeutic intervention aimed at reducing a disturbing and maladaptive behaviour by changing cognitive processes. CBT for schizophrenia has been widely accepted as a valuable intervention. Turkington et al (2007) said that CBT provides significant long-term improvements in the overall clinical symptoms.

LITERATURE REVIEW

1. Definition of Disorganized Schizophrenia

Disorganized schizophrenia (Nevid et al., 2006) characterized by disorganization of behaviour, incoherent conversation, often hallucinations, affective flat or not appropriate, and delusions that involves sexual or religious theme.

2. Negative Symptoms of Schizophrenia

Andreasen (1984) defines negative symptoms includes a variety of the deficit behaviour such as :

- a. Affective Flattening or Blunting : manifested as a characteristic impoverishment of emotional expression, reactivity, and feeling.
- b. Alogia : refer to the impoverished thinking and cognition that often occur in subjects with schizophrenia. Subject with alogia have thinking processes that seem empty, turgid, or slow.
- c. Avolition - Apathy : a characteristic lack of energy, drive, and interest. Subjects are unable to mobilize themselves to initiate or persist this completing many different kinds of tasks. The avolition symptom complex often leads to severe social and economic impairment.
- d. Anhedonia-Asociality : refer to difficulties in experiencing interest or pleasure, or a lack of involvement in social relationships.
- e. Attention : lack of focusing attention and may only be able to focus sporadically and erratically.

3. CBT in Schizophrenia

CBT specifically has been described as an effective intervention in reducing positive symptoms (especially in controlling delusions and hallucinations), symptoms concern with emotional disturbances, enhancing the feeling of control upon the illness and increasing self-esteem (Bechdolf et al., 2011). Recent studies support the effectiveness of CBT in schizophrenia, either during the acute phase or in the case of a medication resistant disorder.

MATERIAL AND METHODS

The subject of this case is a 19 years old female, who diagnosed with disorganization schizophrenia for one year and was prescribed antipsychotic medication but have not get any psychological therapies yet. Delusion and hallucinations showed a good result with antipsychotic medication and hospitalized for 2 months. She presented with an abundance of negative symptoms. She was socially isolated, emotionally withdrawn, had blunted affect, could not form friendships and relationships, and difficult to be entertained (SANS Pre-test Score = 18). The main goals of this intervention were decided by subject and therapist. Subject would like to be more sociable, to be able to communicate with other people, to reduce her stress while socializing, to be able to engage herself in entertaining and back to university.

This research is using a single case experiment design to evaluate the effects of a treatment or intervention. Data collection method using interview, observation and psychology tests. CBT was given 12 meetings within 3 months. CBT techniques used are the combination of cognitive therapy and cue exposure. Pre-test and post-test used Scale for the Assessment of Negative Symptoms (SANS). Data analysis method used descriptive qualitative study analysis, that compare the state of subject before and after intervention.

The intervention has 5 distinct phases:

1. Case conceptualization - Establishment of the therapeutic relationship (rapport).
2. Understanding the disorder - Case formulation.
3. Positive self-formulation, recording and interpretation of automatic thoughts, reducing negative symptoms and combating inactivity.
4. Focusing specifically on in-depth training in social skills and cognitive techniques, as well as understanding the link between thought and emotion, and interpretation of the way her behaviour is affected.
5. End of treatment - Giving a feedback & termination.

Intervention Results

After completing the intervention, the subject demonstrated a decline in anhedonia – asociality symptoms. SANS total score decrease from 18 to 12. She’s got remarkable insight about how to behave in social life and also increasing her self-confidence to start a conversation with people. She starts to making plans about her willingness to go back to university and dream about the future. However, she has not show an adequate improvement in affective flattening symptom.

TABLE 1 : SANS Pre- test and Post- test Result

No.	Negative Symptom	Pre Test	Post Test
1.	Affective Flattening	5	4
2.	Alogia	3	2
3.	Avolition-Apathy	3	2
4.	Anhedonia-Asociality	5	3
5.	Attention	2	1
	Total Score	18	12

DISCUSSION

Pharmacotherapy and CBT are already considered treatments of choice in the UK official guidelines (NICE, 2002). However, in Indonesia there are no such structures for patients with psychosis, since that requires planning, funding and educated personnel (therapists), as well as fully organized and equipped centers in order not only for the patient population to be supported with therapeutic means, but the efficacy of CBT to be verified both experimentally and empirically, as far as both positive and negative symptoms of the disorder are concerned (Langer et al., 2012). From this study case, there are several things that affect the success of this intervention : 1) Motivation of subject to achieve her goals, 2) Therapist skill, 3) Environment that support to do an activities especially family support and facilities that support the treatment plan. More intervention or follow-up sessions would be considered to achieve a better result.

CONCLUSION

The results of this CBT intervention, as well as of other studies exhibit that the application of CBT can reduce the negative symptoms of schizophrenia. Moreover, CBT would probably be more beneficial for the patients and the Health System as well, if follow-up sessions were applied, even less frequently.

RECOMMENDATIONS

For further studies about this topic, it would be very interesting to apply this therapeutic approach to a larger population of patients with chronic psychosis, for a number of reasons. First, it is necessary to increase the validity and credibility of the intervention. Additionally, it would have a result in improvement of a particular patients quality of life. Finally, it would reduce the financial cost of their health care, since the recurrence of the disorder, which leads to possible hospitalization or additional medication, is definitely more costly for the health system, than the cost of the CBT intervention itself. CBT approach in group setting also can be considered since that approach is less cost and time efficient.

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