

# Brief Mentalization Based Group Psychotherapy for Schizophrenic Patients. A Pilot Study to Assess Subjective Efficacy

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## Objectives

Several studies have found Mentalization-based treatment (MBT) to be moderately to highly effective in the treatment of borderline personality disorder. Recently, Mentalization-based treatment for psychotic disorder<sup>1</sup> (MBT-P) has been developed to specifically improve social functioning by targeting the social cognitive process called ‘mentalizing”, but it is also expected to reduce positive symptoms, negative and depressive symptoms<sup>1</sup>. Based on our previous experience with a psychotherapeutic program for severe personality disorders<sup>2</sup> (that integrated MBT and other group therapies), since 2012 we have developed a brief mentalization-based form of group psychotherapy (B-MBGT) for psychotic patients at our day hospital (DH). In a previous ambispective study, we found that B-MBGT was safe and well-accepted by patients with severe psychosis<sup>3</sup>. We conducted the present prospective study to assess the subjective efficacy of B-MBGT for schizophrenic patients specifically.

## Method

An observational prospective study to assess the subjective efficacy of B-MBGT for schizophrenic patients. Secondly, we compared the perceived intervention benefit of the B-MGBT with the one of the Integrated Psychological Therapy (IPT, subprogram Module 1, “cognitive differentiation”), an effective and evidence-based comprehensive treatment for schizophrenia<sup>4</sup>. The study sample was selected from all consecutive patients admitted to the DH from April 2014. The DH offers a variety of group therapies as well as individual therapy and psychopharmacologic treatment. The 39 patients finally included in the study met criteria for non-affective psychosis according MINI interview (Sheehan et al., 1998). Then, patients were evaluated according DSM-IV criteria by clinical interview, only those with a diagnosis of schizophrenia, schizophreniform, or schizoaffective disorder or psychotic disorder not otherwise specified (schizophrenic spectrum disorders) were admitted. The therapy assessed in this study, which has been described previously in detail<sup>3</sup> (Lana et al., 2015), was based on the explicit mentalizing techniques described in the MBT manual<sup>5</sup> (Bateman & Fonagy, 2006). The therapy was delivered weekly for a maximum of 12 weeks by two therapists with extensive psychotherapeutic experience at public hospitals and > 10 years of training in psychodynamic psychotherapy. The senior therapist has participated in several MBT seminars taught by Anthony Bateman. The subjective efficacy was assessed by a modified questionnaire on perceived intervention benefit developed by Moritz and Woodward<sup>6</sup> (2007).

## Results

Demographic and clinical characteristics of psychotic patients are described in [table 1](#). Patients had a mean age of 35.9 years (SD = 10.2) and 24 (61.5%) were male subjects. Preliminary results show that B-MBGT achieved higher scores than IPT on 5 subjective efficacy parameters, but only 3 parameters (resistance, useful to daily routine and recommend to others) reached statistical significance; IPT score better on applicability in every-day-life ([table 2](#)).

Table 1. Demographic and clinical characteristics of schizophrenic patients (n=39)

Variable	n	%
Male	24	61.5
Never married	27	69.2
Living with family of origin	26	66.7
Employment- Not working	39	100.0
Education		
College graduate	1	2.6
High school	7	17.9
Job training	5	12.8
School graduate or less	26	66.7
Psychiatric inpatient admission		
Latest 12 months	26	66.7
Lifetime	32	82.1
Any substance use disorder		
Current	12	30.8
Lifetime	19	48.7
Mean		SD
Age	35.9	10.2
Number of psychiatric admissions		
Latest 12 months	0.9	0.9
Lifetime	3.1	2.9

Table 2. Comparison of the perceived intervention benefit of B-MGBT and IPT

	B-MBGT	IPT	Z*	P
1. The group was useful and sensible.	4.3	4.2	-0.28	.78
2. I had to force myself to go to the group regularly.	2.0	2.8	-3.01	.003
3. In every-day life, I do not apply the lessons learned.	2.8	2.4	-2.63	.01
4. The group was an important part of my treatment.	4.2	4.2	-0.04	.97
5. I would have liked to spend the time doing something else.	2.0	2.4	-1.73	.09
6. The training was fun.	4.1	4.4	-1.72	.09
7. A lot of what I learned during group is useful to my daily routine.	4.4	3.7	-2.77	.006
8. The goals and rationale of the group were clear to me.	4.0	4.0	-0.66	.51
9. I would recommend the group to others.	4.6	3.9	-2.74	.006
10. I found it beneficial that mentalization was administered in a group.	4.6	4.7	-1.41	.16

\*Wilcoxon signed-ranks test

## Conclusions

B-MBGT is well-accepted by patients with schizophrenic spectrum disorders and most patients considered the treatment to be beneficial. As far B-MBGT is a potential cost-effective treatment (psychotherapy is usually delivered in combination with antipsychotic drugs, therefore, the length of treatment is an important factor to consider), controlled studies are needed to determine the effectiveness of this therapeutic approach.

## References

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