



## **CLINICAL EXPERIENCE IN APPLYING COGNITIVE-BEHAVIORAL THERAPY FOR THE MANAGEMENT OF PATIENTS WITH SCHIZOPHRENIA IN A HOSPITAL SETTING: ASSESSMENT OF EFFICACY, THERAPEUTIC OUTCOMES, AND PSYCHOSOCIAL IMPLICATIONS**

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**Abstract.** *Schizophrenia is one of the leading causes of long-term disability, accounting for nearly 40% of all cases of mental disorder-related impairments. This high prevalence of functional limitation is largely attributable to gaps in secondary and tertiary prevention strategies, which often fail to address the complex psychosocial and cognitive needs of these patients. In many psychiatric settings, psychotherapeutic interventions are underutilized or inconsistently applied due to insufficient understanding of their principles and potential benefits. Nevertheless, accumulating clinical evidence supports the effectiveness of structured psychotherapeutic programs, particularly cognitive-behavioral therapy (CBT), in improving symptom management, functional outcomes, and quality of life in individuals with schizophrenia. Implementing such approaches in hospital settings provides an opportunity to complement pharmacological treatment, enhance coping strategies, and reduce the risk of relapse.*

**Key words:** *schizophrenia, cognitive-behavioral therapy, mental disorders, psychotherapeutic interventions, hospital psychiatry*

### **Introduction**

Longitudinal and prognostic studies consistently demonstrate that patients with schizophrenia exhibit a genetically mediated hypersensitivity to social stressors, highlighting the critical role of psychosocial factors in triggering psychotic relapses. Conversely, social competence and adaptive functioning serve as protective factors, contributing to the stabilization and prevention of psychotic episodes [1-3]. Delusions and hallucinations represent one of the most severe components of the psychiatric symptom spectrum, occurring in approximately 74% of individuals with schizophrenia



[4,5]. Among these, persistent delusional ideas-second only to relational delusions in prevalence-are documented in nearly half of patients presenting for initial psychiatric care, often serving as primary indications for hospitalization [6-9]. Delusional experiences emerge from underlying neurobiological dysfunctions, which interact with the individual's personality, cognitive style, and life experiences. While psychopharmacotherapy addresses the biological substrate of schizophrenia, it does not fully target the cognitive and personal mechanisms that sustain delusional thinking. Therefore, pharmacological treatment alone, despite its effectiveness in controlling psychotic symptoms, is often insufficient to achieve high-quality remission, particularly regarding persistent paranoid beliefs. Complementary psychotherapeutic interventions are required to optimize treatment outcomes [10-14].

A growing body of evidence supports the use of cognitive-behavioral therapy (CBT) in this context. CBT has been shown to reduce delusional severity, including in cases resistant to medication, and to alleviate associated distress [15-18]. Meta-analyses of 13 randomized controlled trials involving over 1,300 patients with schizophrenia indicate that CBT contributes to a reduction of psychotic symptoms in 20-40% of cases and improves coping and functional outcomes in 50-60% of patients [19-21].

From a theoretical perspective, the content of paranoid delusions is shaped both by primary brain dysfunction and the individual's personality and premorbid experiences. Patients interpret unusual perceptual experiences in the context of their worldview, past experiences, and emotional states. Freeman, a pioneer in CBT for paranoid delusions, defined delusions as "the most plausible explanation a patient can generate based on prior life experiences, knowledge, emotional state, memories, and cognitive processes" [22,23].

Cognitive-behavioral psychotherapy allows patients to verbalize and examine their experiences, reducing stress while complementing pharmacological treatment [24]. During therapy, clinicians recognize that deeply held beliefs often change gradually. Although full modification of delusional content may require extended intervention, behavioral patterns associated with dysfunctional beliefs can often be altered more rapidly through CBT than with medication alone [25].

Practical application of CBT in schizophrenia includes reducing anxiety linked to pathological beliefs, improving social engagement, and facilitating functional rehabilitation. Social activation of the patient frequently emerges as an early indicator of therapeutic progress [26,27].



In conclusion, the most effective management of schizophrenia integrates psychotherapy within a multimodal treatment framework, encompassing pharmacological, psychotherapeutic, and social interventions. CBT, particularly when implemented in inpatient settings, has demonstrated significant efficacy as an adjunct to medication, enhancing social adaptation, functional capacity, and overall treatment outcomes.

**The purpose of the study.** A study of the effectiveness of the use of cognitive behavioral therapy in patients with schizophrenia in the hospital.

### **Research materials and methods**

The effectiveness of cognitive-behavioral therapy (CBT) was analyzed in 12 women diagnosed with paranoid schizophrenia (F20.0) aged 18 to 53 years (median age  $29 \pm 10$  years). Hospitalization was primarily due to exacerbation of the disease (82%) or poor-quality remission (18%). A control group of 8 patients aged 17-49 years (mean age  $27 \pm 10$  years) received standard psychopharmacotherapy only. Paranoid schizophrenia was confirmed in both groups.

CBT was applied during the acute phase and the correction of attack symptoms for hospitalized patients, while patients admitted with suboptimal remission began therapy from the initiation of treatment. Inclusion criteria were: maintenance of orderly behavior, absence of alcohol or substance abuse, no severe somatic disorders, and no significant intellectual impairment.

Therapeutic interventions included:

Communication skills training

Self-esteem enhancement

Establishment of stable social relationships

Psychoeducational programs

Symptom management and coping strategies

Specific CBT techniques such as “guided discovery,” focusing on core cognitions and behaviors, and cognitive restructuring strategies were employed. Given the social context of patients, psychosocial interventions also targeted immediate family members, including individual and family counseling.

Individualized CBT sessions were tailored to the heterogeneity of schizophrenia and focused on the specific cognitive and emotional needs of each patient.

### **Results and Discussion**

Initial findings indicated that patients in the main group demonstrated faster positive clinical dynamics compared to the control group. The average day of



stabilization was 51 in the CBT group versus 70 in the control group. Patients receiving CBT exhibited:

- Formation of socially acceptable behaviors

- Increased independence and social competence

- Greater engagement in overcoming disease-related difficulties

- Improved life satisfaction

Family interventions resulted in enhanced family relationships and reduced conflicts, which contributed to better patient outcomes.

CBT addressed cognitive distortions common in delusional patients, including:

- Egocentric interpretation: linking external events to oneself

- Attribution deviations: perceiving internal feelings or symptoms as external hostile forces

- Misinterpretation of intentions: assuming negative intentions from others

Patients recorded their automatic thoughts during sessions and as homework. Clinicians guided them in identifying cognitive errors and exploring alternative interpretations. Techniques included evaluating pros and cons of beliefs, generating alternative explanations, and perspective-taking exercises. Restructuring dysfunctional cognitive schemas contributed to symptom reduction and decreased risk of relapse.

Our experience aligns with published data indicating that CBT can be delivered effectively both individually and in group formats, although group CBT for paranoid delusions remains less studied. Evidence suggests that combining CBT with psychopharmacotherapy yields better outcomes than medication alone.

Art Therapy Intervention

In addition to CBT, patients participated in structured Art therapy, aimed at:

- Enhancing compliance with treatment

- Increasing self-esteem

- Restoring positive interpersonal skills

- Encouraging emotional expression, including negative emotions

- Preventing autistic-like withdrawal behaviors

- Developing creativity

Sessions were conducted 1-2 times per week with materials such as sketchbooks, pencils, watercolors, gouache, pastels, and clay. Free choice of artistic materials allowed patients to interact dynamically with reality, fostering sensory engagement and emotional expression. The psychotherapist guided the patient with empathy, helping them reconnect with reality through visual activity.



### **Conclusions**

Cognitive-behavioral psychotherapy (CBT) has been shown to enhance adherence to pharmacological treatment by promoting flexibility and reducing resistance to prescribed medications. Its structured approach, clearly defined work hypotheses, and development of individualized therapy plans make CBT particularly compatible with multidisciplinary care teams. This alignment allows psychotherapists to coordinate effectively with other branches of psychiatric services, facilitating a more integrated and medically informed approach to patient care. Due to its systematic methodology and evidence-based framework, CBT is well suited for broader implementation across various psychiatric settings.

In parallel, Art therapy interventions serve as a valuable component of psychotherapeutic correction. Regular engagement in creative activities contributes to improvements in both physical and social functioning, enhances self-esteem, and fosters the discovery of new creative abilities. Participation in Art therapy supports patients in returning to work, overcoming apathy, and cultivating initiative, thereby promoting an active and purposeful lifestyle. Furthermore, these interventions facilitate the restoration of positive interpersonal skills, encouraging constructive social interactions and reinforcing overall psychosocial adaptation.

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