# Integrating Motivational Interviewing and Cognitive Behavioral Therapy to Address Functional Deficits in Individuals Living with Schizophrenia Negative Symptoms

Reddy, L. F., Glynn, S. M., McGovern, J. E., Sugar, C. A., Reavis, E. A., & Green, M. F. (2023). A novel psychosocial intervention for motivational negative symptoms in schizophrenia: Combined Motivational Interviewing and CBT. The American Journal of Psychiatry, 180(5), 367–376.

- Negative symptoms include experience-related deficits (decreases in desire for close relationships, decreases in motivation, and decreases in pleasure) and expression deficits (decreases in the outward expression of emotion and speech).
- Can we develop an intervention that addresses motivation to improve experience-related functional deficits?
- > 12 sessions (with 3 boosters) —manualized, group (or individual)
- Randomized trial—MI+CBT vs stress management (MBSR)
- 3-4 sessions of Motivational Interviewing with a focus on identifying a personal goal
- 8-9 sessions of Cognitive Behavioral Therapy specifically to address defeatist beliefs

### **MI-CBT Intervention**



## Typical Participant-Generated Goals

### Instrumental/Occupational

- Apply for jobs (n=3)
- Reconnect with schooling (n=2)
- Complete 1 month of school
- Find a volunteer position
- Apply to PhD program
- Build security business
- Work on screenplays

### Social / Interpersonal

- Complete a parenting class
- Attend a cooking class
- Engage with local AA
- File for divorce
- Reconnect with family

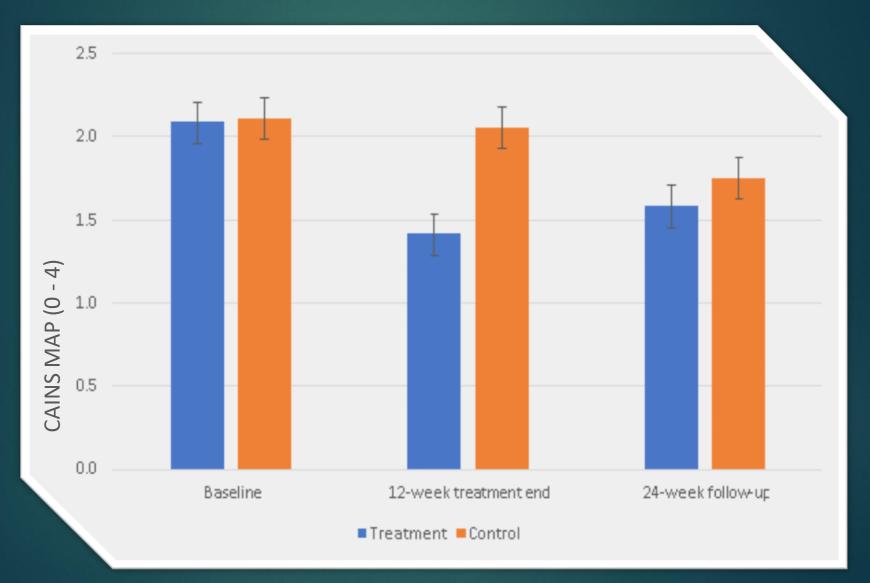
### Other

- Lose weight using community resources (n=4)
- Move to preferred neighborhood

## Original Study (Reddy et al., 2023)

	MI-C		Cont			<u>Analysis</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	$\frac{X^2}{0.12}$	<u>df</u> 1, 79	<u>p</u>
Sex					0.12	1,79	ns
Male	39	95%	36	95%			
Ethnicity					0.19	1,76	ns
Hispanic	4	10%	5	13%			
Race					0.86	3, 76	ns
Asian	2	5%	1	3%			
Black	23	56%	20	53%			
White	13	32%	14	37%			
Other	1	3%	2	5%			
	Mean	<u>SD</u>	Mean	<u>SD</u>	<u>F</u>	<u>df</u>	<u>p</u>
Age	54.8	8.8	54.1	8.2	0.17	1,75	ns
Education	12.7	1.7	13.1	1.2	1.10	1,75	ns
Sessions (0-12)	9.3	3.1	10.0	2.2	0.64	1, 75	ns
Homework (0-10)	5.8	3.7	6.7	3.6	0.54	1,75	ns
MCCB	32.9	12.8	33.3	9.6	0.03	1, 74	ns
UPSA-2	36.8	6.6	36.3	5.7	0.13	1,76	ns

### The American Journal of Psychiatry



## Adaptations

### Flexible – need motivation or functional deficit

### Ex: for recently housed Veterans:

- Treating individuals rather than groups
- Increasing the motivational interviewing
- Focusing on community integration
- Not focusing on a specific psychiatric diagnosis

### Research/Measurement-based Care

- Motivation and Negative Symptoms
- Access to Resources and Neighborhood factors
- Stages of Change (URICA)
- Defeatist Attitudes Scale (DAS)
- Self-efficacy
- Quality of Life
- Global/Role/Social Functioning

## Adapting for FEP and early phase psychosis

- Strength-based and recovery-oriented
- Focus on resilience and establishing a meaningful life
- Individualized "tailored" emphasis on goals, ideals, and preferences
- Emphasis on technology, social/peer connection, and dynamic interactions to increase engagement
  - Moderated chat room
- Adapted by, and delivered in collaboration with, a Peer Support Specialist (PSS)
  - Language is important
  - Mutuality
  - Shared decision-making

## Participant Feedback

"The assignments and interviews really help us dissect our thoughts and goals and put them back together under a positive light. I enjoyed having someone professional to talk with about these thoughts and goals along with the feedback provided which allowed me to reflect on and continue to make choices that help me reach success."

"Opened my eyes – turned vision into reasoning things out;"

"I'm glad I took part in this; I came in with a preconceived notion about goal setting. A whole lot more things have come in to view for me as a result of coming in here. Opening my mind in here cracked the door open to getting sober. Twelve weeks is a short time, but it was enough for me to get going."

## Takeaways

- Can be delivered virtually
- Can be delivered in group or individual format
- Monthly boosters recommended
- Unique intervention in that there is essentially no focus on psychopathology, psychoeducation, or assessment of symptoms – instead, clinician must use a strength-based, functional, recovery lens of what the participant wants in life and how to get there (without discussing mental illness)
- ► Important that the clinician is proficient in MI and CBT to implement skills need to be adapted to apathy/cognitive difficulties, etc. Weekly supervision/fidelity checks recommended

## Questions?

## Case Presentation

### Sessions 1-4: Identify and refine goal, initiate behavioral plan

• Goal: Connect with family – communicate frequently/effectively. Prepare for parents/daughter to visit.

### Sessions 5-6: Build commitment, focus on strengths and social support

Continue to elicit motivation, reflect on positive exchanges

### Session 7-9: Examine patterns of thoughts/feelings/behaviors

- Bringing to light unhelpful thought patterns around being black sheep of family, perfectionism
- Interrupting cycle of feeling shame/isolating and being unreliable

### Session 10-11: Apply structured problem-solving method

Addressed recovering from financial scam

### Session 12-15: Maintain progress, generalize gains to other domains

- Managing physical and mental health to minimize interference on relationships
- New goals: get a pet, work on computer skills

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