

Review of psychotherapeutic interventions for people with schizophrenia*

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In recent years, various clinical practice guidelines have been developed for people with schizophrenia recommending different psychotherapeutic interventions. The objective of this study is to identify, review and compare the recommendations in these guidelines on the efficacy of psychotherapeutic interventions in schizophrenia. We conducted a computerized search of the main clinical practice guideline developers and repositories, identifying five different clinical practice guidelines. We extracted descriptive information from each and compared their recommendations on the efficacy of psychotherapeutic interventions. They were evidence-based consensus guidelines developed by multidisciplinary groups. Family intervention, cognitive behavioural therapy (CBT), social skills training, arts therapies, cognitive rehabilitation, psychoeducation, psychodynamic psychotherapy and counselling were recommended in the identified guidelines. There was strong consensus on the efficacy of CBT and family intervention and high-quality evidence supporting their use.

When choosing psychotherapeutic interventions for people with schizophrenia, it is recommended that mental health professionals take clinical practice guidelines into account as well as the setting in which they are being applied, since implementation of health-care interventions is associated with the characteristics of the service system. Schizophrenia treatment should include biological, psychosocial and community interventions.

Keywords: Schizophrenia, treatment, evidence-based interventions, clinical practice guidelines.

Revisión de intervenciones psicoterapéuticas para personas con esquizofrenia

En los últimos años han aparecido varias guías de práctica clínica para personas con esquizofrenia que recomiendan diversas intervenciones psicoterapéuticas. El objetivo de este estudio es identificar, revisar y comparar las recomendaciones sobre la eficacia de las intervenciones psicoterapéuticas en la esquizofrenia de estas guías. Se realizó una búsqueda electrónica sobre la esquizofrenia en los principales elaboradores y repositorios de guías de práctica clínica. Se identificaron cinco guías de práctica clínica. Se extrajeron datos descriptivos de cada una y se compararon sus recomendaciones sobre las intervenciones psicoterapéuticas. Las guías fueron desarrolladas por grupos multidisciplinares, consensuadas y se basaban en la evidencia. El arte terapia, la terapia cognitivo-conductual (TCC), la rehabilitación cognitiva, el asesoramiento, la intervención familiar, la psicoterapia psicodinámica, la psicoeducación y entrenamiento en habilidades sociales se recomendaban en las guías identificadas. Hubo un alto consenso sobre la eficacia de la TCC y de la intervención familiar, así como evidencias de alta calidad que apoyaban su uso.

Al elegir intervenciones psicoterapéuticas para personas con esquizofrenia, se recomienda que los profesionales de la salud mental tengan en cuenta las guías de práctica clínica y el contexto en el que se ofrecerán ya que las características del sistema están asociadas a la implementación de estas intervenciones. El tratamiento de la esquizofrenia debe incluir intervenciones biológicas, psicosociales y comunitarias.

Palabras clave: esquizofrenia, tratamiento, intervenciones basadas en la evidencia, guías de práctica clínica.

Introduction

Although scientific information is more accessible than ever, the numerous references, lack of time and the need to establish the importance of scientific evidence make clear the need for tools to support clinical decision making. However, the quantitative and qualitative development of scientific research in medicine and specifically in the field of psychiatry, make it difficult to keep up with continuously growing and exponentially diversifying knowledge.

Within the field of psychiatry, it is important to focus on schizophrenia, a term used to describe a severe mental illness characterized by the presence of disturbances of perception, thoughts, affect and conduct (National Collaborating Centre for Mental Health, 2010). Schizophrenia is considered a major Public Health issue since sufferers often have a high degree of disability in their personal, social and occupational functioning (National Collaborating Centre for Mental Health, 2010). This may explain the great exponential increase in scientific literature on the mental disorder.

There is a considerable amount of literature on the efficacy of interventions for people with schizophrenia. Efforts are therefore required to extract consistent conclusions since mental health professionals need updated and reliable information

on research developments. This need led to the development of clinical practice guidelines. The Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychotic Disorder (2009) identified four international clinical practice guidelines including recommendations across different modalities.

The objective of this paper is to review the recommendations in clinical practice guidelines on psychotherapeutic interventions for people with schizophrenia. Our aim was first of all to carry out a review of the literature on clinical practice guidelines for schizophrenia within the last five years. We then go on to describe and compare the consensus on the psychotherapeutic intervention recommendations contained in the selected clinical practice guidelines.

Material and Methods

We conducted a computerized search of the main clinical practice guideline developers and repositories in February 2013. When there was a website search engine available, we used the term schizophrenia. Where the website was organized by topics, we screened all clinical practice relating to mental health. Otherwise, we screened all clinical practice guidelines found on the website. Further details about the search are provided in table 1.

TABLE 1. SEARCH STRATEGY FOR CLINICAL PRACTICE GUIDELINES ON SCHIZOPHRENIA MANAGEMENT.

<i>Terms</i>	Schizophrenia
<i>Date</i>	February 2013
<i>Clinical practice guideline developers and repositories</i>	<ul style="list-style-type: none"> - Agència d'Informació, Avaluació i Qualitat en Salut - American Psychiatric Association - Guia Salut - National Guideline Clearinghouse - National Institute for Health and Clinical Excellence - New Zealand Guidelines Group - Scottish Intercollegiate Guidelines Network
<i>Limits</i>	<ul style="list-style-type: none"> - Published in last 5 years - Topic: schizophrenia management - Published in English or Spanish

A total of 129 references were identified but only four met the established inclusion criteria. We also reviewed the references contained in the identified literature and conducted manual searches. One additional clinical practice guideline met the inclusion criteria.

Five clinical practice guidelines were selected. We extracted the following information from each one: author; date; country; title; main topic; and recommendations for psychotherapeutic interventions.

Results

Table 2 shows the main characteristics of the five clinical practice guidelines identified:

- Conducted by multidisciplinary groups.
- Recommendations evidence-based and agreed by consensus.
- Target population mainly adults with schizophrenia.
- Include recommendations for schizophrenia across all type of interventions.
- Most include recommendations for primary and secondary care.
- Most were developed in Europe.

TABLE 2. DESCRIPTION OF THE FIVE CLINICAL PRACTICE GUIDELINES IDENTIFIED

<i>Date</i>	<i>Authors</i>	<i>Title</i>	<i>Country</i>	<i>Setting</i>	<i>Target population</i>
2009	Murcia Health Service	Treatment of schizophrenia in mental health centres	Spain	Secondary care	Adults with schizophrenia
2009	Working Group of the Clinical Practice Guide-line for Schizo-phrenia and Incipient Psy-chotic Disorder	Clinical practice guidelines for schizophrenia and Incipient Psychotic Disorder	Spain	Secondary care	Adults with schizophrenia
2010	NICE	The NICE guidelines on core interventions on the treatment and management of schizophrenia in adults in primary care and secondary care	United Kingdom	Primary and second-ary care	Adults with schizophrenia
2011	Verma	Ministry of Health Clinical Practice Guidelines: Schizo-phrenia	Singapore	Primary and second-ary care	Adults with schizophrenia
2013	NICE	Psychosis and schizophrenia in children and young people	United Kingdom	Primary and second-ary care	Children and adolescents

Note. NICE: National Institute for Health and Clinical Excellence.

The clinical practice guidelines used in this review are marked with an asterisk (*) in the reference list

The recommended psychotherapeutic interventions identified were: Arts Therapies; Cognitive Behavioural Therapy (CBT); Cognitive Rehabilitation; Counselling; Family Intervention; Psychodynamic Psychotherapy; Psycho-education; and Social Skills Training. Table 3 compares the recommendations on psychotherapeutic interventions extracted from the five clinical practice guidelines included in this review.

TABLE 3. PSYCHOTHERAPEUTIC INTERVENTIONS RECOMMENDED IN CLINICAL PRACTICE GUIDELINES AND QUALITY OF RECOMMENDATIONS.

Arts therapies:*NICE* (2009):*

- For negative symptoms during the acute phase or later[A].
- Should be provided by registered arts therapists, in groups, and combine psychotherapeutic techniques with activity to promote creative expression, which is often unstructured and led by patients[A].
- To promote recovery, particularly in people with negative symptoms[A].

NICE (2013):*

- For negative symptoms during the acute phase or later[B].
- Should be provided by registered arts therapists, in groups, and combine psychotherapeutic techniques with activity to promote creative expression, which is often unstructured and led by patients[A].
- To promote recovery, particularly in patients with negative symptoms[B].

Cognitive Behavioural Therapy (CBT):*Murcia Health Service (2009):*

- For persistent positive symptoms. That is, when symptoms respond slowly to treatment[A].
- To develop illness insight[B].
- Should last at least 6 months and include more than 10 planned sessions[B].

NICE (2009):*

- Offer CBT during the acute phase or later, including inpatient settings[A].
- Should be delivered on a one-to-one basis over at least 16 planned sessions[A].
- Offer CBT to assist in promoting recovery in people with persisting positive and negative symptoms and for people in remission[A].

NICE (2013):*

- When transient or attenuated psychotic symptoms or other mental state changes associated with distress, impairment or help-seeking behaviour are not sufficient for a diagnosis of psychosis or schizophrenia, consider individual CBT with or without FI[B].
- Should be delivered on a one-to-one basis over at least 16 planned sessions[A].
- To all patients, particularly for symptom reduction during the acute phase or later[A].
- To assist in recovery in patients with persisting symptoms and for those in remission[A].
- For patients who have not responded adequately to treatment and in close contact with family, if FI has been undertaken suggest CBT[A].

Verma (2011):

- Administered in combination with routine care, should be considered for patients with schizophrenia, particularly those with persistent negative and positive symptoms[A].



Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychotic Disorder (2009):

- To treat persistent psychotic symptoms despite adequate drug treatment[A].
- To treat positive symptoms[A].
- To raise insight and treatment adherence[A].
- To prevent illness progression, drug use and reduce symptoms in incipient psychosis[A].
- To accelerate recovery and hospital discharge in the acute phase together with standard care[A].

Cognitive rehabilitation:

Verma (2011):

- Cognitive remediation may be considered to improve attention, memory and executive function among people with schizophrenia[A].
- Cognitive remediation should be provided by occupational therapists within the framework of a psychiatric rehabilitation programme, with a functional goal in mind[A].

Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychotic Disorder (2009):

- To improve cognition[A].
- In the daily environment[A].

Counselling:

Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychotic Disorder (2009):

- To develop the therapeutic alliance[C].

Family intervention:

Murcia Health Service (2009):

- Provided as a basic part of treatment to reduce relapses and hospitalizations and improve prognoses and quality of life. Should be aimed at families living or in close contact with patient and should always be offered in first episodes; to people who have recently relapsed and to families of those with persistent symptoms[A].

NICE (2009):*

- To all families in close contact with patients during the acute phase or later[A].
- Should include patients if practical, 10 planned sessions, family's preferences, last between 3 months and 1 year and have a supportive, educational or treatment function and include negotiated problem solving or crisis management work[A].
- Particularly useful for families of patients who have recently relapsed or are at risk of relapse and/or with persisting symptoms[C].



NICE (2013):*

- For all patients together with individual CBT[A]
- Should include the patient if practical, last between 3 months and 1 year, include at least 10 planned sessions, consider family's preferences and the relationship between the parent or carer and the patient and have a specific supportive, educational or treatment function and include negotiated problem solving or crisis management work[A].
- To all families for preventing and reducing relapse during the acute phase or later[A].
- To families to promote recovery[A].
- For families of patients who have recently relapsed or are at risk of relapse and/or persisting symptoms[B].
- For patients who have not responded adequately to treatment and in close contact with family, if CBT has been undertaken suggest FI[A].
- If the child or young person and their parents or carers wish to try psychological interventions alone, then offer family intervention with individual CBT[A].

Verma (2011):

- Patients and their family members should be educated about the illness, its course and prognosis as well as the efficacy of the various medications, the anticipated side effects and costs. Family interventions should also incorporate support, problem-solving training and crisis-intervention[A].
- Early psycho-education and family intervention should be offered to patients with schizophrenia and their families[A]

Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychotic Disorder (2009):

- To reduce burden, improve social functioning and reduce costs[A].
- For patients moderately or severely impaired and, especially, for those with long-term disorder[A].
- For families who live together or who are in contact with patients, especially those who have relapsed or present relapse risk, and with persistent symptoms[A].
- To avoid relapses and improve prognosis[A].
- Should be in groups of family members of similar patients, consider expressed emotion and include patients. Should be added to standard treatment and not last less than 6 months[A]
- Should include information about the disease along with different strategies[A].
- Should last more than 9 months and include program commitment, support and development of skills[B].

Psychodynamic psychotherapy:

NICE (2009):*

- To help understand the experiences of patients and their relationships[C].

Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychotic Disorder (2009):

- To help understand the experiences of patients and their relationships[C].



Psycho-education:

Murcia Health Service (2009):

- To reduce relapses, improve adherence, increase satisfaction and patient knowledge[B].
- It is preferable to include it within family intervention, but in some cases may be the only option available, so it should be offered as basic intervention[B].

Verma (2011):

- Patients and their family members should be educated about the illness, its course, and prognosis as well as the efficacy of the various medications, the anticipated side effects and costs. Family interventions should also incorporate support, problem-solving training and crisis-intervention[A].
- Early psycho-education and family intervention should be offered to patients with schizophrenia and their families[A].

Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychotic Disorder (2009):

- Recommended in treatment plans[B].
- To transmit information gradually depending on patients' and families' needs[C].

Social skills training:

Murcia Health Service (2009):

- For patients with difficulties in daily life/occupational tasks[A].
- Along with psychotherapeutic groups to improve symptoms long-term[A].
- Provided in groups to improve social interaction[B].
- To improve medication and symptom management[A] and independent living skills[B].

Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychotic Disorder (2009):

- The problem-solving model is recommended for severely or moderately impaired patients[A].
- For patients with difficulties in social interactions[B].

Note. NICE: *National Institute for Health and Clinical Excellence* (*the grade of recommendation for both NICE clinical practice guidelines has been estimated considering the quality of the evidence they were based on). A=high-quality and robust recommendation based on randomized controlled trials or meta-analyses; B=medium-quality recommendation based on methodologically correct clinical studies but not randomized controlled trials or meta-analyses OR non-robust high quality recommendation; C=low-quality evidence recommendations based on non-clinical studies and/or expert opinions.

The clinical practice guidelines used in this review are marked with an asterisk (*) in the reference list.

Art Therapy

Art therapy focuses on a therapeutic relationship in which strong emotions can be expressed and processed (American Psychiatric Association, 2004).

Previous experience or skill in art is not a requirement and the therapist is not primarily concerned with an aesthetic or diagnostic assessment of the patients' images. The main aim is to enable a patient to effect change and growth on a personal level through the use of art in a safe and facilitating setting.

Arts therapies are recommended for the treatment of negative symptoms during the acute phase of illness or later on to promote recovery. Arts therapies should be provided in groups by registered art therapists and combine psychotherapeutic techniques with activity in order to support creative expression, which is often unstructured and led by patients (National Collaborating Centre for Mental Health, 2010, 2013).

CBT

CBT is a psychotherapeutic intervention based on: (1) The influence of cognition on feelings and behavior; (2) The monitoring, assessment and measurement of cognition; and (3) The change in behaviour being mediated by cognition (Dobson & Dozois, 2001).

There are different approaches to CBT (Mahoney, 1995): (1) Coping skills training; (2) Problem-solving therapies; and (3) Restructuring therapies.

It is recommended for the treatment of positive psychiatric symptoms (Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009), persistent psychotic symptoms (National Collaborating Centre for Mental Health, 2010, 2013; Servicio Murciano de la Salud, 2009; Verma *et al.*, 2011; Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009) and general symptoms (Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009). It is considered to help develop insight (Servicio Murciano de la Salud, 2009; Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009) and treatment adherence, prevent illness progression and drug use, and speed up recovery in the acute phase (Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009). Recommendations state that it should be delivered on a one-to-one basis, for more than six months and include at least 16 planned sessions (National Collaborating Centre for Mental Health, 2010, 2013; Servicio Murciano de la Salud, 2009).

Cognitive Rehabilitation

Among other cognitive deficits, patients with schizophrenia may have impairment of attention, processing speed and working memory (Bowie & Harvey, 2005; Heinrichs, 2005). These deficits have been seen as predictors of functioning

and treatment response (Green, Kern, & Heaton, 2004) and vulnerability indicators for the development of the disease (Eack *et al.*, 2010; O'Connor *et al.*, 2009; Weiser *et al.*, 2007) and increasingly, cognitive interventions that aim to deal with such deficits are being developed. There are many ways to categorize these cognitive rehabilitation interventions (Tomas, Fuentes, Roder, & Ruiz, 2010; Velligan, Kern, & Gold, 2006), and the Canadian Psychiatric Association (2005) identified the following types: (1) Restorative; (2) Compensatory; and (3) Environmental.

Cognitive rehabilitation is recommended for improving cognition in patients with schizophrenia and in a broad variety of clinical conditions as well as in the setting of patients' daily-life functioning (Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009). It is specifically recommended for improving attention, memory and executive functioning (Verma *et al.*, 2011). It may be provided by occupational therapists within the structure of a psychiatric rehabilitation programme aimed at improving functioning (Verma *et al.*, 2011).

Counselling

This term is used to describe an intervention that combines psychodynamic, cognitive-behavioural and interpersonal strategies (Winston, Rosenthal, & Pinsker, 2004). It aims to decrease internal divergences that lead to mental health problems by promoting adaptive thoughts and behaviours throughout the therapist-patient relationship. The clinician engages actively in this relationship where shows emotional support attitudes.

It is recommended that a therapeutic alliance be developed through the provision of emotional support and collaboration (Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009).

Family Intervention

Families also have to deal with the consequences of a disease that may be long-term. Interventions should therefore take family, their needs and their role in the patient's management into account (Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009).

Family interventions involve a number of different objectives (Pharoah, Rathbone, Mari, & Streiner, 2010) and these are summarized in figure 1. They work by decreasing expressed emotion, stress and family burden, and strengthening family capacity to cope with daily-life problems while keeping up medication compliance.

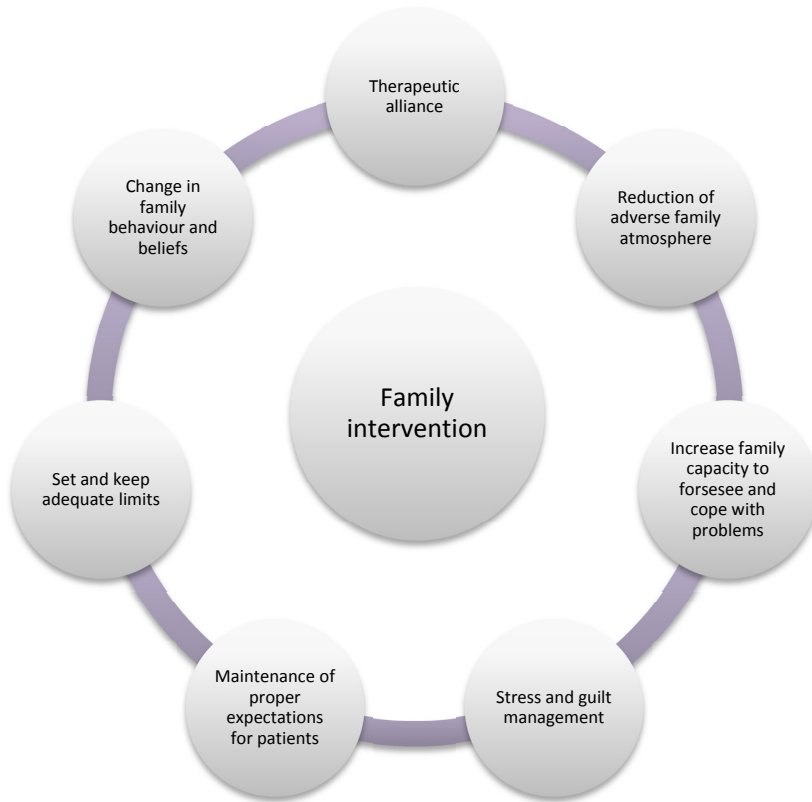


Figure 1. Objectives of family intervention

Family intervention is recommended as a basic part of treatment for families living with patients or in close contact with them (National Collaborating Centre for Mental Health, 2010; Servicio Murciano de la Salud, 2009; Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009) and, in particular, for families of patients who have recently relapsed, are at-risk of relapse or present persisting psychiatric symptoms (National Collaborating Centre for Mental Health, 2010, 2013; Verma *et al.*, 2011; Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009). It should be offered with the aim of reducing relapses and hospitalizations, improving prognoses and quality of life (Servicio Murciano de la Salud, 2009), reducing burden, improving social functioning and reducing costs (Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009). It should include education about illness, support,

problem-solving and crisis-intervention (Verma *et al.*, 2011; National Collaborating Centre for Mental Health, 2010; National Institute of Mental Health, 1987; Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009). Family interventions should consider patients, consist of 10 planned-sessions and last from 3 months to 10 years (National Collaborating Centre for Mental Health, 2010, 2013).

Psychodynamic Psychotherapy

Psychodynamic psychotherapy has been considered as one of the “talking therapies” (Xia, Merinder, & Belgamwar, 2011). Sessions are based on a psychodynamic or psychoanalytical model and aim to develop a therapeutic alliance and ways of coping with defence mechanisms and internal conflicts. The techniques used include working with transference and strategies that are explorative, insight-based, supportive or directive (Xia *et al.*, 2011).

It is considered useful in terms of helping clinicians to have a better understanding of patients’ experiences and their social relationships (Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009; National Collaborating Centre for Mental Health, 2010).

Psycho-education

Psycho-education is a therapeutic approach (Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009) that involves interaction between clinicians and patients. It aims to provide the patient with specific information in order to boost comprehension and awareness of their illness and training in strategies to deal with daily-life problems that stem from their illness (Pharoah *et al.*, 2010).

It is recommended as a component of treatment plans either for patients or families (Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009). Some of the clinical practice guidelines recommend it should be provided as part of family intervention, although it may be offered as a basic intervention when it is the only option available (Servicio Murciano de la Salud, 2009; Verma *et al.*, 2011). The provision of psycho-education is recommended gradually according to patients’ and relatives’ needs and illness phase (Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009). It aims to reduce relapses, improve adherence and increase satisfaction and patient knowledge (Servicio Murciano de la Salud, 2009).

Social Skills Training

Social skills training involves behaviour-therapy-based strategies to teach people how to communicate and then accomplish objectives and fulfil needs for affiliative relationships and tasks required for living independently (Kopelowicz, Liberman, & Zarate, 2006). There are three different models of social skills interventions (Bellack & Mueser, 1993): (1) Motor skills; (2) Social problem solving; and (3) Cognitive resolution.

The social problem-solving model is recommended for patients who are moderately or severely ill and, in general terms, social skills training is recommended for patients with social interaction problems (Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009) and/or difficulties in daily life or occupational tasks (Servicio Murciano de la Salud, 2009). The aim is to improve medication and symptom management and independent living skills (Servicio Murciano de la Salud, 2009). When provided in groups, the aim is to improve symptoms in the long-term and social interaction (Servicio Murciano de la Salud, 2009).

Discussion

The objective of this paper was to review the recommendations in clinical practice guidelines on psychotherapeutic interventions for people with schizophrenia, with a view to helping mental health-care professionals keep abreast of the latest findings on the efficacy of such interventions by providing concise evidence published by experts in the field and directions for using the new information in daily practice.

We identified five updated clinical practice guidelines on schizophrenia management which included recommendations for psychotherapeutic interventions. There was a strong consensus for the use of CBT and family intervention in the management of people with schizophrenia, with these two interventions recommended in all five clinical practice guidelines (National Collaborating Centre for Mental Health, 2010, 2013; Servicio Murciano de la Salud, 2009; Verma *et al.*, 2011; Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009), most with the highest grade of recommendation, meaning that there is high-quality evidence supporting their use in that sample population. Counselling was found to have the least consensus (Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009). There was one low-grade recommendation based on expert opinion rather than on high-quality evidence. The rest of the interventions were recommended in no more than three out of the five clinical practice guidelines identified (see table 4).

TABLE 4. FREQUENCIES OF QUALITY FOR PSYCHOTHERAPEUTIC INTERVENTIONS RECOMMENDED IN CLINICAL PRACTICE GUIDELINES.

	<i>Murcia Health Service (2009)</i>	<i>NICE (2009)</i>	<i>NICE (2013)</i>	<i>Yerma (2011)</i>	<i>Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychotic Disorder (2009)</i>	<i>A</i>	<i>B</i>	<i>C</i>
<i>Family intervention</i>	[A]	[A][A][C]	[A][A][A][A][A][A][A]	[A][A]	[A][A][A][A][A][A][B]	17	2	1
<i>Cognitive Behavioural Therapy</i>	[A][B][B]	[A][A][A]	[A][A][A][A][A][B]	[A]	[A][A][A][A][A][B]	14	4	-
<i>Social skills training</i>	[A][A][A][B]	[A][A][A]	[A][B][B]	[A][A]	[A][B]	4	3	-
<i>Arts therapies</i>		[A][A][A]	[A][B][B]			4	2	-
<i>Cognitive rehabilitation</i>				[A][A]	[A][A]	4	-	-
<i>Psycho-education</i>	[B][B]			[A][A]	[B][C]	2	3	1
<i>Psychodynamic psychotherapy</i>		[C]			[C]	-	-	2
<i>Counselling</i>					[C]	-	-	1

Note. NICE: National Institute for Health and Clinical Excellence

When analysing the recommendations on psychotherapeutic interventions in the clinical practice guidelines, mental health professionals should take the setting where they are to be applied into account. The implementation of health-care interventions is associated with the characteristics of the service system (Schoenwald & Hoagwood, 2001). Arts therapies are recommended in two clinical practice guidelines (National Collaborating Centre for Mental Health, 2010, 2013), but both of these were developed in the UK and considered evidence from there. In contrast, the two UK guidelines do not recommend cognitive rehabilitation, while this is recommended with confidence in the practice guidelines from Singapore (Verma *et al.*, 2011) and Spain (Working Group of the Clinical Practice Guideline for Schizophrenia and Incipient Psychosis Disorder, 2009).

While reviewing only psychotherapeutic interventions, this paper may be offering a reductionist view of the interventions available for the management of people with schizophrenia. It is important to bear in mind that, when caring for this sample population, biological, psychosocial and community interventions should be combined. Interventions should be multidisciplinary and multilevel, and there should be a continuous-update process on advances involving new interventions for people with schizophrenia within all those levels.

Interventions should be developed in phases, with clear and plausible objectives, with important and priority factors clearly defined at all stages. Young people presenting first-episode schizophrenia frequently show poor adherence to treatment in general terms. Therefore, the intervention might be aimed at improving treatment adherence in these patients, while in long-term patients, adherence may already be good and there might be other treatment needs (Mas-Expósito, Mazo, San Emeterio, Teixidó, & Lalucat, 2012), such as coping with residual psychiatric symptoms or looking for a job.

To sum up, there is a wide range of evidence-based psychotherapeutic interventions that are effective in people with schizophrenia. They need to be continuously updated and implemented at multiple levels, bearing in mind patients' needs and targeting recovery.

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