

rethink

severe mental illness

a bibliography of
recovery,
self-management
and
related themes

David Martyn
Self-Management Project Manager
Rethink
197 Kings Cross Road
London
WC1X 9DB
Phone: 020 7713 8986
email: selfmanagement@rethink.org

A bibliography of literature on recovery, self-management and related themes

Introduction

This bibliography has been compiled in support of the development of a self-management programme for people with a diagnosis of schizophrenia or other related diagnoses.

For the most part it consists of the academic and clinical literature. This is supplemented with some government and NGO publications. There is also some material on user perspectives published by voluntary sector and user-led organizations.

It consists largely of journal articles, but also includes reports and some books and book chapters.

It does not include self-help literature. This will be the subject of a later review, and may be expected to be a valuable source of self-management ideas and strategies

Most of the material is from the UK and US, with some items from New Zealand.

Structure

The bibliography has four sections. Each section is designed to contribute to the proposed self-management programme in a different way.

Section 1, *Recovery & Self-Management*, provides an overview of the current state of knowledge on recovery and self-management, including user perspectives, clinical and policy perspectives, and the application of self-management to other health conditions.

Section 2, *Self-Management Themes*, covers the clinical literature on self-management strategies. This literature is notably sparse and covers a narrow range of themes.

Section 3, *Clinical Approaches*, collects the literature on clinical approaches which might inform a self-management programme. Some Psychiatric Rehabilitation and Psychological approaches seem particularly amenable to adaptation to a self-management approach.

Section 4, *Perspectives*, includes some papers which offer theoretical perspectives on psychosis and schizophrenia which may support a self-management approach to living with schizophrenia.

Inevitably, there is overlap between the sections, and some articles and books could have gone in any one of two or three sections.

Annotation

Some of the items in the bibliography are annotated with a brief summary or comment. The bibliography will be periodically updated and an increasing number of items annotated. The intention is to identify key items and annotate these first. The web version of the bibliography will include links to longer commentaries in some cases.

Methodology

An electronic search was carried out using four academic and clinical databases: PsychINFO, Ebsco, Medline and embase. Keywords used were 'self care', 'patient education', 'self-management' and 'recovery', each linked with 'schizophrenia'. Different keywords were used with different databases, taking guidance from the thesaurus of each one. The most relevant-looking articles were chosen by referring to their title and abstract (where available). Articles were obtained and scanned and a further decision made regarding their relevance.

The results of this search formed the core of the bibliography. Useful-looking references from these articles were obtained and added where appropriate. Recommendations, Internet searches, and reading in the process of developing the self-management project provided further useful material.

A note to users

This bibliography is published as a resource to people interested in developing self-management approaches to living with conditions such as schizophrenia and psychosis.

All items in the bibliography are held by the Rethink Self-Management Project. Due to copyright law we cannot provide photocopies of items, but we would be pleased to offer help to others interested in self-management in any way we can.

We would also like to have your recommendations on other items which you think should be included in the bibliography, or receive any other feedback at all.

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1. Recovery & Self-Management

User Perspectives

Clinical / Policy Perspectives

Self-Management

Self-Management Programmes

2. Self-Management Themes

Coping Strategies / Symptom Management

Hearing Voices

Relapse Management / Advance Directives

Medication Management

3. Clinical Approaches

Psychiatric Rehabilitation / Psychosocial Approaches (general)

Psychoeducational Approaches - other than the Liberman project

Psychoeducational Approaches - The Liberman / UCLA Social Skills Training Project

Psychological (mainly CBT-derived) Approaches

Review Articles

4. Perspectives

Perspectives on Schizophrenia and Psychosis

1. Recovery & Self-Management

User Perspectives (including research into user perspectives)

Anon (1989)

How I've managed chronic mental illness

Schizophrenia Bulletin, **15**(4), 635-640

Anon & Bray J (2001)

Being positive about schizophrenia

J Psychiatric & Mental Health Nursing, **8**, 275-280

Baker S & Strong S (2001)

Roads to Recovery: how people with mental health problems recover and find ways of coping

Mind

www.mind.org.uk

Coleman R (1999)

Recovery An Alien Concept

Gloucester, UK: Handsell Publishing

Deegan P (1988)

Recovery: the lived experience of rehabilitation

Psychosocial Rehabilitation Journal, **11**(4), 11-19

Deegan P (1996)

Recovery as a journey of the heart

Psychiatric Rehabilitation Journal, **19**(3), 91-97

Deegan P (1997)

Recovery and empowerment for people with psychiatric disabilities

in Uri Aviram (ed.) *Social Work in Mental Health: Trends and Issues* Haworth Press

deValda M

Hearing Voices: my own experience

pp. 12; photocopied; available from Hearing Voices Network

Gives an account of deValda's own journey, from explaining his voices as telepathy and irruptions from the collective unconscious, to an understanding based on a model of the body/mind as an information processing 'meat machine', via an informal education in existentialism.

deValda argues that people immerse themselves in hallucinations and delusions because they are more acceptable than the traumatic or abusive reality they have experienced, or because of the effect of mind-altering recreational drugs. 'Madness' is a social role learned from books and films, reinforced by the responses of other people.

Armed with the knowledge that the body/mind is capable of creating the experience of voices, and that they are similar to dreaming while awake, the voice hearer is empowered to withdraw from delusory explanations which overvalue the hallucinations.

Houghton J (1982)

Maintaining mental health in a turbulent world

Schizophrenia Bulletin, **8**(3), 548-552

Jacobson N (2001)

Experiencing recovery: a dimensional analysis of recovery narratives.

Psychiatric Rehabilitation Journal, **24**(3), 248-56

Lapsley H, Nikora L & Black R (2002)

"Kia Mauri Tau!" Narratives of recovery from disabling mental health problems

NZ: Mental Health Commission

www.mhc.govt.nz/publications/2002/Kia_Mauri_Tau.pdf

Leete E (1987)

The treatment of schizophrenia: a patient's perspective.
Hospital & Community Psychiatry, **38**(5), 486-91

Leete E (1989)
How I perceive and manage my illness
Schizophrenia Bulletin, **15**(2), 197-200

Leibrich J (ed)
A Gift of Stories: discovering how to deal with mental illness
Dunedin, NZ: University of Otago Press / Mental Health Commission

Leibrich J (2002)
Making space: spirituality and mental health
The Mary Hemingway Rees Memorial Lecture addressed to the World Assembly for Mental Health in Vancouver, July 2001
to be published in *Mental Health, Religion & Culture*, **5**(part unknown), (pagination unknown)

Reeves A (2000)
"Creative Journeys of Recovery: a survivor perspective"
in: Birchwood M, Fowler D & Jackson C (eds), *Early Intervention in Psychosis*, Wiley

Strategies for Living Project (1999)
The Courage to Bare our Souls: a collection of pieces written out of mental distress
London: Mental Health Foundation

Thornhill H (2002)
Recovery from Psychosis: stories of escape, enlightenment and endurance
Presentation to 2002 Mind Conference based on PhD thesis

Unzicker R (1989)
On my own: a personal journey through madness and re-emergence
Psychosocial Rehabilitation Journal **13**(1), 71-77

Clinical / Policy Perspectives

Allot P & Loganathan L (2002)
Discovering hope for recovery from a British perspective: a review of literature
Centre for Community Mental Health, UCE, Birmingham

Anthony W (1993)
Recovery from mental illness: the guiding vision of the mental health service system in the 1990s
Psychosocial Rehabilitation Journal, **16**(4), 11-23

Curtis L (1997)
New Directions: international overview of best practices in recovery and rehabilitation services for people with serious mental illness. A discussion paper.
NZ: Mental Health Commission
www.mhc.govt.nz/publications/1997/New_Directions.htm

Davidson L & Strauss J (1992)
Sense of self in recovery from severe mental illness
British Journal of Medical Psychology, **65**, 131-145

Davidson L & Strauss J (1995)
Beyond the biopsychosocial model: integrating disorder, health and recovery
Psychiatry, **58**, 44-55

Harding C & Zahniser J (1994)
Empirical correction of seven myths about schizophrenia with implications for treatment
Acta Psychiatrica Scandinavica, **90**(suppl 384), 140-146

Harding C, Zubin J & Strauss J (1987)
Chronicity in schizophrenia: fact, partial fact, or artefact?
Hospital and Community Psychiatry, **38**(5), 477-486

Hatfield A & Lefley H (1993)
Surviving Mental Illness: Stress, Coping and Adaptation
NY: The Guilford Press

Jacobson, N & Curtis, L (2000)
Recovery as policy in mental health services: strategies emerging from the states.
Psychiatric Rehabilitation Journal, **23**(4), 333-41

Johnson E (2000)
Recovery principles: an alternative in Maricopa County ...
META Services Inc report
www.metaservices.com/Articles/recovery.pdf

Onken S, Dumont J, Ridgway P, Dornan D & Ralph R (2002)
Mental Health Recovery: what helps and what hinders? A national research project for the development of recovery facilitating performance indicators
US: National Technical Assistance Center for State Mental Health Planning
www.nasmhpd.org/ntac/reports/MHSIPReport.pdf

Ralph R (2000)
Review of recovery literature: a synthesis of a sample of recovery literature
US: National Association of Mental Health Program Directors
www.nasmhpd.org/ntac/reports/ralphrecovweb.pdf

Repper J (2000)
Adjusting the focus of mental health nursing: incorporating service users' experiences of recovery.
Journal of Mental Health, **(9)**6, 575-87

Strauss J, Harding C, Hafez H & Liberman P (1987)
"The role of the patient in recovery from psychosis"
in Strauss J, Böker W & Brenner H (eds) *The Psychosocial Treatment of Schizophrenia* Toronto, Hans Huber Publishers

The importance of this paper is that it reflects on the lack of research into the importance of the active role of the patient in recovery, including factors such as hope, courage, determination and the sense of a coherent self. It seeks a middle way between seeing the sufferer as a helpless victim and as responsible and thus blameworthy for his condition.

Turner D (2001)
Wild Geese: Recovery in NSF
[unpublished – internal report for Rethink]
<http://www.rethink.org/recovery/Recovery-in-NSF.pdf>

Warner R (1994)
Recovery from Schizophrenia
London: Routledge

Self-Management

Faulkner A & Wallcraft J (1999)
Strategies for Living
London: Mental Health Foundation

Martyn D (2002)
The experiences and views of self-management of people with a schizophrenia diagnosis
http://www.rethink.org/recovery/self-management/Initial_Report.pdf

Read J (ed) (2001)
Something Inside So Strong: strategies for surviving mental distress
London: Mental Health Foundation

Self-Management Programmes

Barlow J, Turner A, Wright C & Gray K (2000)
Evaluation of arthritis self-management programmes: executive summary
NHS Executive: www.doh.gov.uk/research/rd3/nhsrandd/timeltdprogs/pcd/funded/completed/a1112es.htm

Cooper J. (2001)
Partnerships for Successful Self-Management: The Lill Project Report.
London: LMCA (Long-term Medical Conditions Alliance)

DoH (2001)
The Expert Patient: a new approach to chronic disease management for the 21st century.
London: Department of Health

Jones FR (2002)
A lay review of the research into the Stanford arthritis self-management course and more recently chronic disease course.
[Unpublished – presented to DoH.]

LMCA (2001)
Supporting Expert Patients: how to develop lay led self-management programmes for people with long-term medical conditions
London: LMCA (Long-term Medical Conditions Alliance)

Lorig K (2001)
Patient Education: A Practical Approach
Thousand Oaks, US: Sage Publications

Lorig K, Sobel D, Stewart A, Brown B, Bandura A, Ritter P, Gonzalez V, Laurent D & Holman H (1999)
Evidence suggesting that a chronic disease self-management program can improve health status while reducing hospitalization: a randomized trial
Medical Care 1999, **37**(1), 5-14

2. Self-Management Themes

Coping Strategies / Symptom Management

Alverson, M & Becker, D (1995)

An ethnographic study of coping strategies used by people with severe mental illness...

Psychosocial Rehabilitation Journal, **18**(4), 115-28

Buccheri R, Trygstad L, Kanas N & Dowling G (1997)

Symptom management of auditory hallucinations in schizophrenia. Results of 1-year follow up.

Journal of Psychosocial Nursing & Mental Health Services, **35**(12), 20-28

Carr V (1988)

Patients' techniques for coping with schizophrenia: an exploratory study.

British Journal of Medical Psychology, **61**, 339-352.

Carter D, Mackinnon A & Copolov D (1996)

Patients' strategies for coping with auditory hallucinations.

Journal of Nervous & Mental Disease, **184**(3), 159-64

Falloon I & Talbot R (1981)

Persistent Auditory Hallucinations: Coping Mechanisms and Implications for Management

Psychological Medicine, **11**, 329-339

Frederick J & Cotanch P (1995)

Self-help techniques for auditory hallucinations in schizophrenia.

Issues in Mental Health Nursing. **16**, 213-224.

Holmes E & River L (1998)

Individual strategies for coping with the stigma of severe mental illness.

Cognitive and Behavioral Practice, **5**, 231-239

Sayer J, Ritter S & Gournay K. (2000)

Beliefs about voices and their effects on coping strategies.

Journal of Advanced Nursing, **31**(5), 1199-1205.

see also (under: *Psychological (mainly CBT-derived) Approaches*)

Tarrier N (1994)

"Management and Modification of Residual Positive Psychotic Symptoms"

in Birchwood M & Tarrier N (eds.) *Psychological Management of Schizophrenia* Wiley

Hearing Voices

Romme M & Escher S (1993)

Accepting Voices

London: Mind Publications

Romme M & Escher S (1999)

Making Sense of Voices

London: Mind Publications

Relapse Management / Advance Directives

Baker C (1995)

The development of the self-care ability to detect early signs of relapse among individuals who have schizophrenia.

Archives of Psychiatric Nursing, **9**(5), 261-8

Herz M (1985)

Prodromal symptoms and prevention of relapse in schizophrenia.

Journal of Clinical Psychiatry, **46**(11 Sec 2), 22-5

Kennedy M, Schepp K & O'Connor F (2000)

Symptom self-management and relapse in schizophrenia.

Archives of Psychiatric Nursing, **14**(6): 266-275

O'Connor F (1991)

Symptom monitoring for relapse prevention in schizophrenia.

Archives of Psychiatric Nursing, **5**(4), 193-201.

Medication Management

Perkins R & Repper J (1999)

Compliance or informed choice.

Journal of Mental Health, **8**(2), 117-29

3. Clinical Approaches

Psychiatric Rehabilitation / Psychosocial Approaches (general)

Anthony W, Cohen M, Farkas, M & Gagne C (2002)
Psychiatric Rehabilitation (2nd Edition)
Boston, US: Center for Psychiatric Rehabilitation

Anthony W & Liberman RP (1986)
the practice of psychiatric rehabilitation: historical, conceptual and research base
Schizophrenia Bulletin, **12**(4), 542-559

Watts F & Bennett D (eds) (1991)
Theory and Practice of Psychiatric Rehabilitation
Chichester, UK: John Wiley & Sons

Wing J (1987)
"Psychosocial Factors Affecting the Long-Term Course of Schizophrenia"
in Strauss JS, Böker W & Brenner H (eds) *The Psychosocial Treatment of Schizophrenia* Toronto, Hans
Huber Publishers

The importance of this paper is that it defines the multidimensional nature of clinical management of scz and lists factors partially under the control of sufferers – ie those factors amenable to self-management.

see also (under: *Review Articles*):

Adams C / Cochrane Schizophrenia Group (2000)
Psychosocial interventions for schizophrenia
Effective Health Care, **6**(3), (August 2000)
www.york.ac.uk/inst/crd/ehc63.pdf

Bustillo J, Lauriello J, Horan M & Keith S (2001)
The psychosocial treatment of schizophrenia: an update
American Journal of Psychiatry, **158**(2), 163-175

Psychoeducational Approaches

Ascher-Svanum H (1989)
A psychoeducational intervention for schizophrenic patients.
Patient Education & Counseling, **14**(1), 81-87

Falloon I (2000)
Problem solving as a core strategy in the prevention of schizophrenia and other mental disorders
Australian and New Zealand Journal of Psychiatry, **34**(Suppl): S185-S190

Gallagher R & Nazarian J (1995)
A comprehensive cognitive-behavioral/educational program for schizophrenic patients.
Bulletin of the Menninger Clinic, **59**(3), 357-71

Halford W, Harrison C, Kalyansundaram, Moutrey C & Simpson S (1995)
Preliminary results from a psychoeducational program to rehabilitate chronic patients.
Psychiatric Services, **46**(11), 1189-91

McGorry P (1995)
Psychoeducation in first-episode psychosis: a therapeutic process.
Psychiatry, **58**(4), 313-28

Macpherson R, Jerrom B & Hughes A (1996)

A controlled study of education about drug treatment in schizophrenia.
British Journal of Psychiatry, **168**(6), 709-17

Rund B, Moe L, Sollien T, Fjell A, Borchgrevink T, Hallert M & Naess P (1994)
The psychosis project: outcome and cost-effectiveness of a psychoeducational treatment programme for schizophrenic adolescents.
Acta Psychiatrica Scandinavica, **89**(3), 211-8

Toprac M, Rush A, Conner T, Crismon M, Dees M, Hopkins C, Rowe V & Shon S (2000)
The Texas medication algorithm project patient and family education program: a consumer-guided initiative.
Journal of Clinical Psychiatry, **61**(7), 477-86

Vaccaro J & Roberts L (1992)
"Teaching Social and Coping Skills"
in Birchwood & Tarrier (eds) *Innovations in the Psychological Management of Schizophrenia* Wiley

Psychoeducational Approaches - The Liberman / UCLA Social Skills Training Project

Liberman R, Mueser K, Wallace C, Jacobs E, Eckman T & Massel H (1986)
Training skills in the psychiatrically disabled: learning coping and competence
Schizophrenia Bulletin, **12**(4), 631-647

Offers a conceptual model for social skills and competence as a basis for social skills training. Offers two models of social skills training – the Basic Model and the Problem Solving Model. Introduces the social skills training 'modules'. Gives an extensive account of skills training in vocational rehabilitation in the context of a 'Job Finding Club'. Source article of medication and symptom management modules

Liberman R, Wallace C, Blackwell G, Kopelowicz A, Vaccaro J & Mintz J (1998)
Skills training versus psychosocial occupational therapy for persons with persistent schizophrenia
American Journal of Psychiatry, **155**(8), 1087-91

Liberman R, Wallace C, Blackwell G, Eckman T, Vaccaro J & Kuenel T (1993)
Innovations in skills training for the seriously mentally ill: the UCLA Social and Independent Living Skills modules
Innovations & Research, **2**(2), 43-60

Wallace C, Liberman R, MacKain S, Blackwell G & Eckman T (1992)
Effectiveness and replicability of modules for teaching social and instrumental skills to the severely mentally ill
Am J Psychiatry **149**(5), 654-658

The following papers on aspects of the Liberman/UCLA project are also held. These papers report tests of the usability and effectiveness of the modules in different settings. The overall impression is that this approach to 'training' people in self-management remains unproven.

Anzai N *et al* (2002)
Training persons with schizophrenia in illness self-management: a randomised controlled trial in Japan
Psychiatric Services, **53**(5), 545-547

Chambon O & Marie-Cardine M (1998)
An evaluation of social skills training modules with schizophrenia inpatients In France.
International Review of Psychiatry, **10**(1), 26-29

Eckman T & Liberman R (1990)
A large-scale field test of a medication management skills training program for people with schizophrenia
Psychosocial Rehabilitation Journal, **13**(3), 31-35

Eckman T, Liberman R, Phipps C & Blair K (1990)
Teaching medication management skills to schizophrenic patients.
Journal of Clinical Psychopharmacology, **10**(1), 33-8

Eckman T, Wirshing W *et al* (1992)
Technique for training schizophrenic patients in illness self-management: a controlled trial.
American Journal of Psychiatry, **149**(11), 1549-55

- Meder J, Morawiec M & Sawicka M (1998)
Evaluation of the medication management module in Poland.
International Review of Psychiatry, **10**(1), 62-66
- Schaub A, Behrendt B & Brenner H (1998)
A multi-hospital evaluation of the medication and symptom management modules in Germany and Switzerland.
International Review of Psychiatry, **10**(1), 42-46
- Smith T, Hull J, MacKain S, Wallace C, Rattenni L, Goodman M, Anthony DT & Kentros MK (1996)
Training hospitalized patients with schizophrenia in community reintegration skills.
Psychiatric Services, **47**(10), 1099-103
- Stenberg J-H, Jaaskelainen I & Royks R (1998)
The effect of symptom self-management training on rehospitalization for chronic schizophrenia in Finland.
International Review of Psychiatry, **10**(1), 58-61

Psychological (mainly CBT-derived) Approaches

Rowan T & O'Hanlon W (1999)
Solution-Oriented Therapy for Chronic and Severe Mental Illness
John Wiley

Revised edn. for release Sept. 2003 by O'Hanlon W, Rowan T & Miller R: see www.amazon.com

Tarrier N (1994)
"Management and Modification of Residual Positive Psychotic Symptoms"
in Birchwood M & Tarrier N (eds.) *Psychological Management of Schizophrenia* Wiley

Detailed description of the Coping Strategies Enhancement method

Tarrier N & Birchwood B (in preparation 2002)
"Psychotic Disorders"
in Hawton et al *Cognitive Behaviour Therapy: A practical guide (2nd edition)*

Details four different CBT-derived approaches to working with people with schizophrenia

- 1 Coping Strategies Enhancement
- 2 Working with delusions and beliefs about voices using cognitive methods such as questioning the evidence for them and suggesting alternative interpretations of experiences
- 3 Relapse management through identifying relapse signature
- 4 Family work

see also (under: *Review Articles*):

Adams C / Cochrane Schizophrenia Group (2000)
Psychosocial interventions for schizophrenia
Effective Health Care, **6**(3), (August 2000)
www.york.ac.uk/inst/crd/ehc63.pdf

Bustillo J, Lauriello J, Horan M & Keith S (2001)
The psychosocial treatment of schizophrenia: an update
American Journal of Psychiatry, **158**(2), 163-175

Haddock G, Tarrier N, Spaulding W, Yusupoff L, Kinney C & McCarthy E (1998)
Individual cognitive-behaviour therapy in the treatment of hallucinations and delusions: a review
Clinical Psychology Review, **18**(7), 821-838

Hodgkinson B et al / Joanna Briggs Institute (1999)
The effectiveness of individual therapy and group therapy in the treatment of schizophrenia
Best Practice **3**(4)
www.joannabriggs.edu.au/best_practice/bp9.php

Rector N & Beck A (2001)
Cognitive behavioural therapy for schizophrenia: an empirical review
Journal of Nervous and Mental Disease, **189**(5), 278-287

Review Articles

Adams C / Cochrane Schizophrenia Group (2000)
Psychosocial interventions for schizophrenia
Effective Health Care, **6**(3), (August 2000)
www.york.ac.uk/inst/crd/ehc63.pdf

Bustillo J, Lauriello J, Horan M & Keith S (2001)
The psychosocial treatment of schizophrenia: an update
American Journal of Psychiatry, **158**(2), 163-175

Concludes that different interventions affect different issues. Outcomes studied included relapse, social functioning, ability to obtain employment, and pervasive positive and negative symptoms

- Social skills training improves social functioning but has no effect on relapse prevention. However, participation in an ongoing group reduced relapse, perhaps through the side effect of symptom monitoring.
- Family therapy and assertive treatment reduced relapse but had no effect on other issues
- Place-and-train offers the most effective help in obtaining employment.
- Psychotherapy and CBT, including symptom awareness, stress management, coping strategy enhancement, problem-solving interventions, and developing social and vocational initiatives in the community, shows improvements in hallucinations and delusions, and improved social functioning

Haddock G, Tarrrier N, Spaulding W, Yusupoff L, Kinney C & McCarthy E (1998)
Individual cognitive-behaviour therapy in the treatment of hallucinations and delusions: a review
Clinical Psychology Review, **18**(7), 821-838

Hodgkinson B *et al* / Joanna Briggs Institute (1999)
The effectiveness of individual therapy and group therapy in the treatment of schizophrenia
Best Practice **3**(4)
www.joannabriggs.edu.au/best_practice/bp9.php

Merinder L (2000)
Patient education in schizophrenia: a review
Acta Psychiatrica Scandinavica, **102**(2), 98-106

Focuses on knowledge and compliance, and seems excessively medically oriented for self-management purposes. His conclusions that the quality of the education programme influences outcomes, that the typical disabilities of people with schizophrenia (in attention, memory, concept formation etc.) needs to be taken in account, and that education needs to include a behavioural component, not be purely didactic, are of interest.

NICE (2002)
Schizophrenia: Core interventions in the treatment and management of schizophrenia in primary and secondary care. Clinical Guideline 1.
London: National Institute for Clinical Excellence

Rector N & Beck A (2001)
Cognitive behavioural therapy for schizophrenia: an empirical review
Journal of Nervous and Mental Disease, **189**(5), 278-287

Wallace CJ (1998)
Social skills training in psychiatric rehabilitation: recent findings
International Review of Psychiatry, **10**(1), 9-19

Reviews six evaluations of the effectiveness of social skills training. He concludes that social skills training can be effective when well-targeted (at skills which the individual lacks, and which would contribute towards achieving a desired goal, but other factors, such as the individual's environment, his compliance with medication, and his use of alcohol and drugs, are equally important.

4. Perspectives

Perspectives on Schizophrenia & Psychosis

British Psychological Society (2000)
Recent Advances in Understanding Mental Illness and Psychotic Experiences
British Psychological Society
www.understandingpsychosis.com

Ciampi L (1987)
"Towards a Coherent Multidimensional Understanding and Therapy of Schizophrenia: Converging New Concepts"
in Strauss JS, Böker W & Brenner H (eds) *The Psychosocial treatment of Schizophrenia* Toronto, Hans Huber Publishers

The importance of this paper is that it is explicit about the continuing multiplicity of theories about scz, and seeks to integrate them and draw lessons for therapy from what is known. Conclusions include:

- simplification of therapeutic setting,
- clear and unambiguous communication,
- realistically positive expectations shared by sufferers, carers and professionals,
- negotiation of clear, concrete and attainable goals, avoiding overtaxation by aiming for one change at a time.

Johns L & van Os J (2001)
The continuity of psychotic experiences in the general population
Clinical Psychiatry Review, **21**(8), 1125-1141

Landsverk S & Kane C (1998)
Antonovsky's sense of coherence: theoretical basis of psychoeducation in schizophrenia
Issues in Mental Health Nursing, **19**(5), 419-31

Munich R (1997)
Contemporary treatment of schizophrenia.
Bulletin of the Menninger Clinic, **61**(2), 189-221

Roberts G (1999)
"The Rehabilitation of Rehabilitation: a Narrative Approach to Psychosis"
in Roberts G & Holmes J, *Narrative in Psychiatry and Psychotherapy*, OUP