Effection Dialectical Behavior Therapy on Decrease Negative symptoms of schizophrenia

Mehran Sharifi and Omid Moradi

ABSTRACT
Background and purpose: together with drug treatment can be benefited of dialectical behavior therapy improvement in people with schizophrenia, this study investigates the impact of dialectical behavior therapy on patients with negative symptoms of schizophrenia. Materials and methods: The study population includes all men who have schizophrenia in the center bahar of year 1393. They were randomly chosen including 20 persons. They were divided into two equal groups. (control group n=10 experimental n=10). Both group were tested by thy test case SANS then thy test group for 10 sessions According to the treatment protocol was the Dialectical behavior therapy subjective after the intervention. The incoming data using analysis of covariance (ANCOVA) was analyzed. Result: After ten sessions the experience group showed negative sings less than the controlling group meaningfully (p<0.001). Conclusion: It means that the Dialectical behavior therapy are known as the influencing treatment to decrease the negative signs of schizophrenia.

KEY WORDS: Dialectical behavior therapy, Schizophrenia disorder, Negative symptoms

INTRODUCTION

Any mental disorder, schizophrenia, there are not more complex and more strange. Schizophrenia is not a disorder unit, it is a set of psychosis (Rosenhan, D.L., R. Seligman, 2007). With a different set of symptoms characterized by a sharp kink in perception, thought, action, self-concept and how to interact with others is one of them. This debilitating disorder usually appears in late adolescence or early adulthood, have disrupted the process of socialization and the development of life skills and increasing social isolation and failure in social roles (Rosenhan, D.L., R. Seligman, 2007). Due to the early onset of disease and disruption of life and the need for continuous and sustained attention, memory impairment is a huge and growing cost of health system. Let that patients with schizophrenia have half of psychiatric hospital beds are occupied (Sadock, B.J., 2000). It is often referred to as auditory hallucinations, paranoid or bizarre delusions, or talking and thinking cluttered with significant impairment in social or occupational functioning appears that the annual 1% of the world population is affected (Lee, J.A., 2008). The diagnosis is based on observed behavior (Goldner, E.M, et al., 2002).

Unlike the etymology of the word is from the Greek word, schizein and phren. Schizophrenia is a mental two-piece or multi-piece does not mention And is not similar to the discrete identity disorder. (formerly known as multiple personality disorder or multiple personality known), but a condition in which there is often confusion and chaos (Spencer, A.R., J.S. Nevid, 1991). Some classification systems are based on positive and negative symptoms of schizophrenia are classified. Negative symptoms include slow or shallow emotions, poverty of content of speech or speech, lack of will and apathy, lack of pleasure - social indifference and attention deficit. Positive symptoms include failure associations, hallucinations, bizarre behavior and speech enhancement.

Mental illness breaks treatment programs, including hospitalization and antipsychotic medication, as well as psychological therapies - such as social skills, behavioral, family, group, individual, and social and medical rehabilitation (Khan, A., et al., 2001). Despite extensive research efforts to understand the genetic and biological basis of schizophrenia and with over five decades of new drugs for the disease, has not been able complete solution for the field of pharmacology of severe mental disorder mental offer. treatment failures, residual
symptoms, the treatment and the back are common. For example, the improvement of negative symptoms of schizophrenia with antipsychotic drugs are typically less than 10% (Sim, K., et al., 2006).

The disorder affects mainly cognition, and involved in emotional or behavioral problems. people with schizophrenia symptoms may include additional conditions (diseases, in addition to the original problem), including major depression and anxiety disorders (Leahy, R.L., 1996). briefly schizophrenia and mood disorder that is insecure. The disorder of thought to be difficult to keep and the focus on the formation of concepts becomes apparent.

Dialectical behavior therapy is a type of cognitive-behavioral psychotherapy was developed by Marshall Linhane in the late eighties, the purpose of this treatment was to better treatment of borderline personality disorder, from the beginning of the this therapy to treat other types of mental disorders used (Robins, C.j. and Koons, 2004), dialectical behavior therapy approach, cognitive - behavioral therapy focuses on the psychosocial aspects. this approach is based on the idea that some people are prone to some unusual situations and react emotionally intense manner. situations in relationships, family or friends can be found. dialectical behavior therapy is based on the recognition and protection circuit is based on participation. the treatment is based on a combination of cognitive and behavioral theories. both individually and as a group have done. efficacy of dialectical behavior therapy for borderline personality disorder has been proven. and is also useful in schizophrenia, in this treatment, the improvement of interpersonal skills in the presence of an active and sympathetic therapist emphasized. specific methods of cognitive behavioral therapy for severe mental disorders have been described in detail (Miler, A.M., 2007).

Gyngdan and Hansen (2009) the research showed that in psychotic patients, combination of medication and cognitive behavioral therapy compared with pharmacotherapy, leading to more sustainable recovery and reduce the recurrence (Kingdon, D.G., D. Turkington, 2006). Graham and Hall (2002) the study found that compared CBT with other psychotherapy are more effective in reducing the symptoms of schizophrenia (Amir Pour, L., et al., 2010). this results with the study Kingdon and Turkington (2006) on 422 patients with schizophrenia, in addition to medication, received 3 months individual therapy cognitive behavioral, and 9 months were followed up, repeated and confirmed (Alford, B.A., 1986).

Amirpour and et al (1389) in a study found cognitive behavioral therapy in reducing anxiety, paranoia and Persecutory delusions injury efficacy beliefs are necessary. and the treatment can be in clinics and hospitals to be used as an effective treatment for the symptoms of schizophrenia (Kinderman, P., R.P. Bentall, 1996).

Currently, dialectical behavior therapy, cognitive modeling - behavior that are used for schizophrenia, development of cognitive skills, emotional, and behavioral factors in providing patient. dialectical behavior therapy skills through effective coping mechanisms, the ability of patient to achieve positive results in reducing maladaptive behaviors facilitates the systematic increase (Robins, C.j. and Koons, 2004). These results are promising and support the extensive research in the treatment of cognitive - behavioral therapy for psychosis is constant along psychotic patients in clinics and hospitals, psychiatric drug therapy is used (Cather, C., et al., 2005). unfortunately, the iran country is still a major emphasis on therapeutic interventions in patients psychotic drug treatment and nonpharmacologic interventions or not, or if you use a very small, limited, non-exclusive and is and not focused on psychotic symptoms. Therefore, the use of cognitive behavioral therapy in the treatment of experimental projects seem necessary. Therefore, the present study to determine the efficacy of dialectical behavior therapy in reducing the negative symptoms of schizophrenia has been done.

Methodology and statistical sample:

Research methods used in the research in is category of experimental studies that using a pretest-posttest control group. our study population were all patients with schizophrenia admitted in the bahar center of Sanandaj in 2014. and of mentioned sample 20 patients randomly selected from the population: and through random sampling in both control and experimental groups were replaced. Participants ranged in age from 31 to 60 years. Sessions Includes two 45-minute sessions per week as a person. After the end of therapy sessions from both groups were post-test. Data with the analysis of covariance sided and were analyzed using spss statistical software.

Research Tools/Research instrument:

Scale for Assessment of Negative symptoms (SANS): This scale for assessment of negative symptoms by Andreasen (1984) is designed. Signs that essentially Occur in schizophrenia. Consists is 20 questions. Negative symptoms include affective flattening and uniformity, alogia, avolition-apathy, anhedonia-asociality and attention deficit measures. Method of scoring the six-point Likert method (0-none to severe 5) respectively. On this scale the researcher to use this tool needs to consider the appropriate time period. This tool has been prepared in such a way, which generally can be months before the assessment time also covers. The use of this test requires a standard clinical interview for the assessment of negative symptoms. Attention deficit disorder is important when a negative sign, the researcher recommended that to identify the participants style of speaking and answering questions, first talk with a neutral theme for 5 to 10 minutes to start. then the researcher can
begin to ask specific questions about various negative symptoms, cases should be investigated, in the interview guide was prepared, in addition to using a clinical interview, researchers must also use information from other sources, such as direct observation, reports received from family subjects, reports from nurses and told his subjects, the last item of each of the major groups of negative symptoms, are covered by a total score. the total score shall be based on the nature and severity of the symptoms observed in the different species. was fulfilled reliability of this scale %79 , was assessed the reliability %78 (Zimmermann, G., et al., 2005). Iranian sample mean test-retest reliability coefficient of this scale and internal consistency %87 of the two methods have been reported. Also have reported reliability coefficient %77 (Patel, A., et al., 2010).

The content of therapy sessions:

First session: the first session began with the introduction the therapist, the express purpose of treatment and attract the attention and participation of the patient. then of each subject the negative symptoms of schizophrenia assessment Scale implementation by SANS. to establish the relationship between therapist and patient in this session are sufficient to describe what was the nature of the symptoms of this disorder.

Second session: The material presented in the previous session and the relative familiarity of patients with symptoms that its focus was on treatment for patients with therapy strategies that dialectical're have been described.

Third session: this meeting was more focused on the premise that patients experience these symptoms better cope. special dialectical strategies were applied. and tried to make them understand that some of the deficiencies in mental and social functioning due to negative symptoms.

Fourth session:at the beginning of the meeting reviewed the contents of such meetings before, and the patients were asked, in one or more of the situations being able to identify and reduce the symptoms point, more sessions were conducted dialectical strategies.

Fifth and sixth sessions: in these sessions, the patient was asked to test her own negative symptoms. the course work for each patient depending on the type and nature of the signs he was doing, then, problem solving is a dialectical techniques to deal with the situation described.

Seventh and eighth session: During these meetings, we tried to simplify the language of the changes that had been established in patients with symptoms, the discussion has been made, the therapist describes irrational interpretations that patients of their symptoms are the payment. and stressed that this misinterpretation creates negative emotions in sick. using stylistic strategies to help patients to provide interpretations replacement position.

Ninth session: During this session, the follow previous discussions, we tried to understand that after the admission of patients to the house, in case of recurrence of symptoms, how they can use the strategies learned in therapy.

Tenth session: in the final session of the intervention, the patients were assessed with the post-test, and with them the risk of recurrence of symptoms, after stopping treatment as well as to supplement the treatment of drug treatment and the need to seek medical prescriptions after the improvement was stressed.

Findings/ Results:

Table 1: The findings the descriptive variables including mean and standard deviation

<table>
<thead>
<tr>
<th>Std. deviation</th>
<th>mean</th>
<th>Symptoms</th>
<th>Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>17/4</td>
<td>2/91</td>
<td>Affective flattening</td>
<td>Negative symptoms</td>
</tr>
<tr>
<td>8/9</td>
<td>4/9</td>
<td>alogia</td>
<td></td>
</tr>
<tr>
<td>8/9</td>
<td>4/12</td>
<td>Avolition-apathy</td>
<td></td>
</tr>
<tr>
<td>12/3</td>
<td>4/32</td>
<td>Anhedonia-asociality</td>
<td></td>
</tr>
<tr>
<td>4/9</td>
<td>2/51</td>
<td>Attention deficit</td>
<td></td>
</tr>
</tbody>
</table>

According to Table 2, The number of participants in the study 70 percent of grade school and lower degree, 60 percent of grade school till high school, and 70 percent of high school is to diploma.

Table 3: Comparison means in of the two control and experimental groups in the pre-test and post-test

<table>
<thead>
<tr>
<th>Post-test</th>
<th>Pre-test</th>
<th>Frequencies</th>
<th>group</th>
<th>variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Std. Deviation</td>
<td>mean</td>
<td>Std. Deviation</td>
<td>mean</td>
<td>10</td>
</tr>
<tr>
<td>89/3</td>
<td>23/2</td>
<td>88/9</td>
<td>19/31</td>
<td>Negative symptoms</td>
</tr>
<tr>
<td>52/4</td>
<td>14/02</td>
<td>85/2</td>
<td>20/77</td>
<td>Experimental</td>
</tr>
</tbody>
</table>
As shown in Table 3. The mean pre-test score of the experimental group 85.2. After the post-test intervention has decreased to 52.4. but, The mean pre-test control group 88.9, Which is in post-test 89.3.

Table 4: results of the analysis of covariance for control and experimental groups.

<table>
<thead>
<tr>
<th>Partial Eta Squared</th>
<th>Sig</th>
<th>F</th>
<th>Mean Square</th>
<th>df</th>
<th>Sum of Squares</th>
<th>variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.89</td>
<td>0.000</td>
<td>74.796</td>
<td>6030.590</td>
<td>2</td>
<td>1261.815</td>
<td>Corrected Model</td>
</tr>
<tr>
<td>0.073</td>
<td>0.001</td>
<td>9.123</td>
<td>938.1</td>
<td>1</td>
<td>968.1</td>
<td>Intercept</td>
</tr>
<tr>
<td>0.005</td>
<td>0.001</td>
<td>69.967</td>
<td>5641.547</td>
<td>1</td>
<td>5253.665</td>
<td>pretest</td>
</tr>
<tr>
<td>0.793</td>
<td>0.001</td>
<td>65.158</td>
<td>5253.765</td>
<td>1</td>
<td>5641.547</td>
<td>group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>80.631</td>
<td>1</td>
<td></td>
<td>1370.735</td>
<td>Error</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>20</td>
<td></td>
<td>113827.000</td>
<td>Total</td>
</tr>
</tbody>
</table>

As seen in Table 4. Interaction between pre-test and post-test and experimetal conditions in the two groups, Is a significant difference (p≤0.001). Eta squared is 0.89. The 0.89 percent change scores schizophrenia is caused by the method of treatment. The post-test scores in the experimental group showed a significant decrease. Which indicate a significant effect of dialectical behavior therapy, In reducing the negative symptoms of schizophrenia are impaired.

Discussion and Conclusion:

Findings showed dialectical behavior therapy are effective in reducing negative symptoms of schizophrenia. When applying dialectical techniques on several factors must be considered in patients with this disorder. an important point regarding the patient's Intelligence development. Because of these factor affects the to Abstract thinking and analytical ability. Generally for clients with schizophrenia in comparison with other clients analytical thinking and especially his analysis. are relatively new processes that are expected to apply this treatment methods are divided into simpler steps patients can simply use them. The best thing is that the patient's mind not full with abstract concepts. These patients are more willing to behavioral approach is pragmatic and direct react. From limitations Research Can be noted: Since the patients were hospitalized in the medical center may be the hospital and the nurses and doctors aside participants the research findings will also be affected. It is suggested that future studies on the efficacy of dialectical behavior therapy be considered both positive and negative symptoms of schizophrenia.

The results showed that the use of dialectical behavior therapy reduced the rate of rejection symptoms in people with schizophrenia. It can be said in explanation of the procedure the patient to discuss teaching strategies to be dragging their negative symptoms. These symptoms can be a way of coping with life's critical situations arise. The patient wants by resorting to them will be available to the tensions that can not bear to be away. However, since this method is ineffective coping. After a while this method of coping, for the patient becomes a major problem. This finding is consistent with results from previous research. Such as research on positive and negative symptoms in patients with schizophrenia were included. And the effect of Cognitive therapy was compared with supportive medical treatment. The results of this study emphasized that cognitive therapy has potential as a complementary therapy (Bell, V., et al., 2006). The research on the impact of cognitive - behavioral therapy showed this treatment is more effective in comparison with mental health training puts on positive symptoms. And meta-analysis of the relationship, the result showed that cognitive behavioral therapy and significant impact on the symptoms of schizophrenia (Wykes, T., et al., 2007; Lecardeur, L., et al., 2009). The study also found that cognitive - behavioral therapy can be effective in reducing positive symptoms of schizophrenia (Turkington, D., et al., 2008). In another study confirmed that cognitive rehabilitation therapy, effective in improve cognitive and social functioning of people with schizophrenia. In another study it was found that affects cognitive - behavioral therapy in reducing clinical symptoms of Schizophrenia (Sobhani, M., 2009). Since dialectical behavior therapy used in this study is mainly to reduce the negative sign of Dialectical strategies, validation strategies, problem-solving strategies, stylistic strategies, case management strategies, was used, therefore is noted the main components of these techniques that reduce the negative symptoms of this disorder.

The results of this study, it follows that Dialectical behavior therapy in which the debate about the negative symptoms. Helping the patient to identify ways to challenge them, with the right decision for these It seems that for this group of patients hefty. But given that, In this method to directly confront and challenge the symptoms are paid directly. Significantly more patients to recognize and understand the topics listed. Also, with continuing incentive for members to attend more meetings.

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