



# Psychodynamic therapy for schizophrenia – THE LEADERS GUIDE

Produced by the Editorial base of the Cochrane Schizophrenia Group  
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from

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## Background explanation

Thank you for giving this guide a go. The idea behind this is to make things easier for you when you lead the journal club.

Journal clubs are often difficult to conduct and far removed from clinical life. Even if the leaders do prepare well, those turning up may be more in need of lunch, coffee or a social time than practical academic stimulation and the implicit pressure to read a difficult paper.

This suggested design is an attempt to allow for those needs, whilst getting the very best out of the session.

This journal club design should really help those attending see that this research may have some clinical value.

### What you will need to do is:

- ☒ Have a good read of this
- ☒ Then read the review to which this is attached.
- ☒ Distribute the review to those attending well before the club
- ☒ Make more copies for those turning up on spec
- ☒ Do not really expect many to have read the review



### PRINTING GUIDE

Pages 1-4 - one copy for you

Pages 5-6 - one copy for each participant - distributed at **start** of journal club

Page 7— one copy for each participant distributed at **end** of journal club

Page 8 - one copy for you to collate feedback

Full review for everyone

Try to find a colour printer that does double sided printing

### Special points of interest:

- This should take no longer than 1 hour to prepare
- First time you undertake a journal club in this way it may be a bit nerve-racking

but...

- It should be fun to conduct and attend
- It should begin and end on the practical day-to-day clinical situation

### Inside this guide:

Part 1.1 Setting the scene	2
Part 2.1-2 Critical appraisal	2-3
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## The three parts

### Part 1. Set the clinical scene (5 mins)

Be clear, but really make the participants feel the pressure of the situation...just like you would in clinical life

### Part 2. Critical appraisal of the review (20 mins)

Get participants to list what is needed from the review before service user and parents arrive, get them to talk, split into groups—with a feeling of urgency.

### Part 3. Use of evidence in clinical life (20 mins)

Having distilled the evidence use role play to see how the participants would use what they have learned in everyday life.

## Part 1.1 Setting the scene – Ruth

### Introduce participants in the journal club to their scenario

Ruth is a rather withdrawn, diffident 19 year old, from upper middle class background, who lives with her parents. She has suffered from her second episode of schizophrenia.

For both episodes she was only treated with medication after some time because her parents were not happy that any drugs were

used for her odd ideas and experiences.

At her parents request you are seeing them all in clinic today. Ruth has let you know that her parents feel strongly that in-depth psychotherapy is indicated and that simply “drugging over” the problem is not.



### Questions for participants:

Q 1. What do you think Ruth may ask?

A 1. [Suggestion] “What do you think is best?”

Q 2. What do you think Ruth means by ‘best’?

A 2. **List** the suggestions from journal club participants as these are what Ruth will come back to in the role play

Q 3. What do you think Ruth’s parents will ask?

A 3. Again, list answers.



*Take time to read and think about the review - this is the only time-consuming bit*

## Part 1.2 Setting the scene – the Journal club

### Complicate the scenario by adding the need to attend this journal club

Knowing you are due to see Ruth and her family in less than an hour you are nevertheless compelled to attend journal club.

You have not had time to read the paper and need some lunch.

By a stroke of luck the paper for discussion focuses on the value of psychodynamic psychotherapy for people with schizophrenia.

### Questions for participants:

Q 1. If you had not had this paper fall into your lap where might you have gone for reliable information?

A 1. There are now lots of answers to this - The Cochrane Library, Clinical Evidence, NICE Technology Appraisals.

Anything that has a **reproducible method** by which results are obtained.

## Part 2.1 Critical appraisal of the review

### For every review there are only three important questions to ask:

1. Are the results valid?

2. What are the results?

3. Are the results applicable to Patient?

You now have only 20 mins to get participants through this large review. To do this quickly is not easy, especially as many will not have read the paper in preparation.

**Suggestion:** Ask participants what salient facts they want to know - especially considering their tight time-scale.

**Remind** them that Ruth and parents now arrive in about 20 mins.

You should be able to fit most of the suggestions supplied by participants into the three categories of question outlined above.

Read 2.2 as this give more detail of the issues that will, in some shape or form, be supplied by the participants.

If they are not lively—give them a hand.

Do not panic. Bright journal club attendees will come up with all the answers—your job is to help focus their efforts and categorise their answers.

Do not be worried by silence.

### LIST 1:

1.

2.

3.

4.

5.

### List 2:

1.

2.

3.

4.

5.



Participants will think of most of the issues - you just need to catch them and write them on a board or flip chart

## Part 2.2 The three parts of appraising a review

### 1. Are the results valid?

*There is no point looking at the result if they are clearly not valid.*

#### a. Did the review address a clearly focused issue?

Did the review describe the population studied, intervention given, outcomes considered?

#### b. Did the authors select the right sort of studies for the review?

The right studies would address the review's question, have an adequate study design

#### c. Do you think the important, relevant studies were included?

Look for which bibliographic databases were used, personal contact with experts, search for unpublished as well as published studies, search for non-English language studies

#### d. Did the review's authors do enough to assess the quality of the included studies?

Did they use description of randomization, a rating scale?

### 2. What are the results?

#### a. Were the results similar from study to study?

Are the results of all included studies clearly displayed?

Are the results from different studies similar?

If not, are the reasons for variations between studies discussed?

#### b. What is the overall result of the review?

Is there a clinical bottom line?

What is it?

What is the numerical result?

#### c. How precise are the results?

Is there a confidence interval?

### 3. Can I use the results to help Patient?

#### a. Can I apply the results to Ruth?

Is Ruth so different from those in the trial that the results don't apply?

#### b. Should I apply the results to Ruth?

How great would the benefit of therapy be for Ruth?

Is the intervention consistent with Ruth's values and preferences?

Is the intervention consistent with Ruth's parents values and preferences?

Were all the clinically important outcomes considered?

Are the benefits worth the harms and costs?

*There is no point proceeding to the second question if journal club participants think the results are not valid*



**"Well, Doc, what do you think is best?"**

## Part 2.3 Doing the appraisal

Having managed the interactive session with the participants - acquiring the three questions that need to be addressed by those appraising a review and some idea of how to answer each of those questions - now divide the room into three.

Apportion one of the questions per group and ask each group to get a feel for the whole review (1 min) but to focus on answering their particular question for the rest of the participants (5 mins or so).

Encourage talking to each

other.

Move round the room to help the groups if they seem to need it.

Have your copy of the review marked up with where they may look for answers - although in a good review it should be obvious.

Stop the flow after about 10 minutes and ask each group to report in turn.

#### **Do Group 1 really think that the review uses valid methods? Why?**

After the first group's report you may want to ask

everyone to vote whether to proceed or not.

If they agree to proceed —see if you can **get Group 2 to give you the clinical bottom line.**

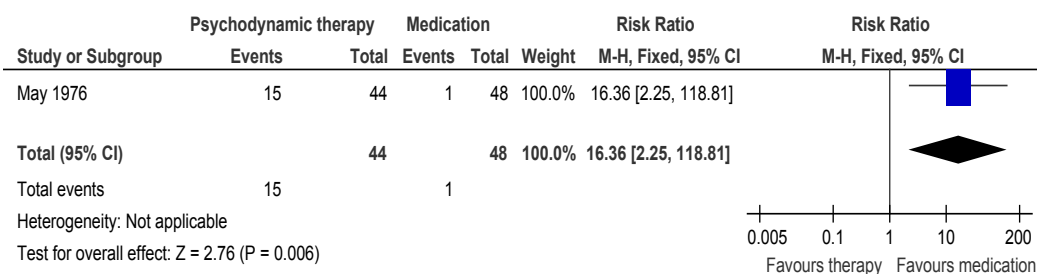
We suggest that the Graph providing data for 'Outcome 1.5: Treatment not considered successful (by team)' best fits Patient's request of information about getting 'better' or 'what's best'.

And from **Group 3** get some feel of how applicable the findings are.



## Part 2.4 Putting Risk into words

COMPARISON: Psychodynamic therapy vs antipsychotic medication  
Outcome 1.5: Treatment not considered successful (by team)



This is one outcome chosen from several - the one that perhaps gets closest to what Ruth was asking regarding 'best'. This is only an outcome considered 'best' by the team - we know nothing of what patient [or parents] thought.

Can the journal club participants put this across in words? The risk of Ruth being considered as improved by the team if given psychodynamic therapy was - in one trial from a long time ago - one sixteenth of that if treated with antipsychotic

drugs.

About one in 50 were considered better if given psychodynamic therapy without medication, compared with one in three.

## Part 3. Ruth arrives with her parents

This is the most important part of the journal club - the *practical application* of what knowledge you have gained.

This is one way of doing it. Set out chairs in consultation style.

Do not call for volunteers - just nominate someone to be the clinician, others Ruth and you could be a parent.

Make sure that the clinician feels they can have time to ask their [relieved for not being singled out] colleagues for help [remember - this has got to be a combination of practical and fun].

Back on page 2 there are suggestions for what Ruth and her parents may ask - use them.

**Well, what do you think is best?**

See if the role-play participants can put across in a supportive way the best

evidence as they understand it.

There is no perfect way to do this - but perhaps something like this:  
"The best evidence we have is not perfect but there is the evidence that for people not too dissimilar to you, the risk of not being better is 16 times greater if you have the psychodynamic psychotherapy rather than medication."

You may already have gathered other suggestions for questions Ruth's parents may want answered on page 2 - if so it may be best to use them.  
Here is one example:  
Ruth's parents may not accept your first answer and say  
**"Is this not what doctors mean by 'better' rather than people you are giving the drugs to?"** or/and **"We have done our research and found a Cochrane Review** [remember what you

are reading is free to download for many] - **it says readmissions are clearly decreased by in-depth therapy"**

These are both good points and need to be addressed. Again there is no right answer but think about how to say that they are correct, except that their word 'clearly' is not justified [an opportunity to try and explain confidence intervals in the context of a clinical consultation].

You may want to try and encourage the clinician to negotiate on having an agreement that medication is used but also, if Ruth wants it, some psychodynamic therapy on top - after all the evidence from the review suggests that there is no difference if this combination is used.

Systematic reviews do not stop debate - they generate informed debate.

**These are very limited data. This, however, is often the case. The systematic review does not finish debate - it informs it.**

**This review can be used to support both sides of an argument and, as always, it is the *judicious* use of best evidence that is needed and that is the clinical skill.**

### Box 1. Additional questions

#### ☒ What other reviews may help this situation?

There are several issues going on. Reviews on stopping antipsychotics may be of use - these could be the overviews of cohorts of people who stop medications or even the Cochrane reviews of trials of antipsychotic withdrawal - but provide compelling evidence that continuing medication is a good idea if a person wants to avoid relapses. Reviews of other psychotherapies may be of use - CBT reviews show some very mild effects. A review of family therapy does suggest a real effect when it comes to decrease of relapse and that this may be mediated by better compliance with medication.

#### ☒ Do you think the parents are right to be worried about the adverse effects of the drugs?

All antipsychotic drugs have many adverse effects - the new generation of drugs as well as older ones. They cause issues with movement disorders, metabolic disturbances, anticholinergic problems, cognitive functioning and many others.

#### ☒ Do you think the parents are right not to be worried about the adverse effects of therapy?

....just because they are not measured does not mean that they do not exist - you could suggest some (addiction, tolerance, withdrawal effects....)



This can be part of a store of  
**Critically Appraised Topics**  
- see CATmaker online



The Cochrane Library



### Special points of interest:

- The idea of this is to lead you from the clinical situation, through the research and back to the real-world clinical situation again
- You may or may not have read the paper - but even if you have not that does not mean that you cannot get something out of this



- Make sure you participate, and speak up - you will have to in the real clinic
- There is no perfect way of doing this - each person has an individual way of interacting and conveying information

# Psychodynamic therapy for schizophrenia

## - HANDOUT FOR PARTICIPANTS

Produced by the Editorial base of the Cochrane Schizophrenia Group  
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## Service users will arrive soon

What do you think service users may ask?

List:

- 1.
- 2.
- 3.
- 4.
- 5.

If you had not had this paper fall into your lap where might you have gone for reliable information?

What key points do you need to know to see if this review can help?\*

- 1.
- 2.
- 3.
- 4.
- 5.

\*Service users arrive in 30 mins



After discussion do you want to change the key points you need to know to see if this review can help?\*

1.

2.

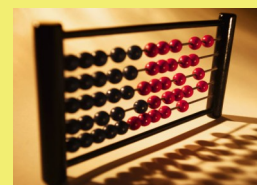
3.

\*Service users arrive in 10 mins

Can you extract numbers that will be useful to you and service users?

Clue: focus on what you think service users may ask - main effects and adverse effects - graph 1.5 may be a good one to use

1. Can you put relative risk into words?



The arithmetic is not complicated

2. Is there any improvement *attributable* to use of psychodynamic therapy?

3. Can you put that into words?

Service users arrive

Is there a good use of words you would want to use?



### Special points of interest:

- Best evidence suggests that clinically focused problem-based learning “has positive effects on physician competency” even long into the future.<sup>1</sup>

1. Koh GC, Khoo HE, Wong ML, Koh D. The effects of problem-based learning during medical school on physician competency: a systematic review. *CMAJ* 2008; 178(1):34-41. (free online)



This can be part of a store of  
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# Psychodynamic therapy for schizophrenia

## - PARTICIPANTS' CRIB SHEET

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**Please return to:**

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## Thank you

This is one of 40 Cochrane Schizo-  
phrenia Group Guides for Journal  
Clubs

A full list is found on

<http://szg.cochrane.org/journal-club>

# Psychodynamic therapy for schizophrenia

## - FEEDBACK

### Date and place of journal club

#### 1. How many attended?

About

#### 2. What was the background of the people attending? (please tick)

Health care professionals

Consumers

Policymakers

Undergraduate

Postgraduate

Others

#### 3. Marks out of ten compared with usual journal club

(10=much better, 5=same, 0 = much worse)

#### Free text feedback