Cognitive behavioural intervention for low self-esteem in dual diagnosis

Stephen F. Austin
Center for Cognitive Therapy
St. Hans Hospital
stephen.austin@shh.hosp.dk
Intervention for low self-esteem

- Research part of larger study conducted by Professor Tarrier at the University of Manchester.
- Danish research co-ordinated by Jørn Lykke (Head Psychiatrist) and Irene Oestrich (Head Psychologist)
- Pilot study to investigate the impact of a brief CBT intervention for inpatients with dual diagnosis and low self-esteem
- Interested in relationship between self-esteem, substance abuse and psychotic symptoms.
Dual diagnosis

- Dual diagnosis is defined as a co-occurring psychiatric disorder and substance abuse disorder. Chronic relapsing disorder with persistence over many years (Drake et al 1996).

- Co-morbidity with mental illness and drug abuse is very common: 25-45% of people with mental illness manifest substance abuse disorder within the past 6 months (Mueser et al 1995).

- People with dual diagnosis experience higher homelessness, victimization and HIV infection than people with psychiatric illness alone (Alverson 2000).
Rationale for research

- Low self-esteem is a common condition in the dual diagnosis population and is often non-responsive to medication (Bradshaw 1999, Freeman et al. 1998).
- Research shows that low self-esteem is related to increased substance abuse, depression, positive symptoms and relapse (Lecomte 1999).
- Cognitive therapy is an effective way to increase self-esteem (Fennell 1999).
Rationale for research

- Increased self esteem can act as a protective factor against depression, suicidal behaviour and drug abuse (Lecomte et al 1999).

- High self esteem has been linked with increased social functioning and active coping strategies against positive symptoms (Lecomte et al 1999).

- Important to clarify relationship between self-esteem, substance abuse, and psychotic symptoms and see if any significant gains are maintained.
Definition of self-esteem

- A generic cognitive representation of the self which is derived from specific experiences and which guides subsequent information processing and behaviour.

- Thus the heart of low self-esteem may be seen as a learned, negative global judgment about self which shapes how a person thinks, feels and acts on a day to day basis.

- Low self-esteem is maintained and reinforced by ongoing bias in cognitive processing and by maladaptive behaviour. (Fennell 1999)
Experimental Design

CONTROL PERIOD

TREATMENT 8 SESSIONS

Assessment T1 Pre therapy 1 (Control)
Assessment T2 Pre therapy 2 (4wks)
Assessment T3 Post therapy
Assessment T4 3mths post therapy

Assessment measures: SCQ, BDI and PANSS
Evaluation Instruments

- Robson Self-Concept Questionnaire (SCQ) measures self-esteem and self worth
- Beck Depression Inventory (BDI) measures thoughts feelings and behaviour associated with depression and suicidality.
- Positive and Negative Syndrome Scale (PANSS) measures positive and negative symptoms associated with schizophrenia
Treatment

- **Goal:** Challenge negative schema, produce positive generalisations and improve global self-esteem
- 8 sessions held once weekly over 8 weeks
- Therapy focuses on increasing self-esteem using cognitive behavioural strategies
- Participants do not receive specific strategies to cope with psychotic symptoms or misuse
- Focus on building up positive characteristics and beliefs about self as method of increasing self-esteem and self-efficacy
Specific intervention

- Generate a list of up to 10 desired positive qualities
- Rate (1-100) how much they believe they possess these qualities and generate concrete examples.
- Select 1-2, and monitor behaviour and record evidence for specific positive characteristics
- Re-rate belief in characteristics

Change in self-esteem achieved by addressing negative global bias in thinking and actively building up a positive set of beliefs based on concrete evidence (specific experiences).
Graphical summary of results

**(SCQ): Self-Esteem**

- T1: Control
- T2: Start
- T3: After
- T4: 3 mth F/up

80-99 very low, 100-119 low, 120-140 normal

**BDI: Beck Depression Inventory**

- T1: Control
- T2: Start
- T3: After
- T4: 3 mth F/up

0-9 minimal, 10-16 mild, 17-29 moderate, 30-63 severe

**PANSS: Positive symptoms**

- T1: Control
- T2: Start
- T3: After
- T4: 3 mth F/up

0-14 minimal, 15-21 mild, 22-28 moderate, 29-35 severe, 36+ extreme

**PANSS: Negative symptoms**

- T1: Control
- T2: Start
- T3: After
- T4: 3 mth F/up

0-14 minimal, 15-21 mild, 22-28 moderate, 29-35 severe, 36+ extreme
### Clinical significant change

<table>
<thead>
<tr>
<th>Measure</th>
<th>Time 1 (After)</th>
<th>Time 2 (3mths)</th>
<th>Total number able to display significant clinical change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-esteem (SCQ)</td>
<td>69% (11/16)</td>
<td>69% (11/16)</td>
<td>N= 16</td>
</tr>
<tr>
<td>Depressive symptoms (BDI)</td>
<td>64% (9/14)</td>
<td>64% (9/14)</td>
<td>N= 14</td>
</tr>
<tr>
<td>Positive psychopathology (PANSS)</td>
<td>63% (10/16)</td>
<td>50% (8/16)</td>
<td>N= 16</td>
</tr>
<tr>
<td>Negative psychopathology (PANSS)</td>
<td>56% (9/16)</td>
<td>63% (10/16)</td>
<td>N= 16</td>
</tr>
</tbody>
</table>
Participant feedback

- Treatment was easy to understand and implement the strategies suggested.
- Working on issues/characteristics selected by themselves increased motivation and interest
- Practical outcomes including coping better with symptoms and sense of control in daily life
- More active in daily routine, positive outlook on future and potential goals
- Changes: More help/support in completing homework and implementing strategies after treatment was completed (booster sessions)
Preliminary findings

- Intervention had a significant clinical effect on increasing self-esteem and reducing depressive symptoms and psychopathology associated with schizophrenia.

- Further evidence of the mediating role that self-esteem may play in substance abuse and psychopathology within dual diagnosis populations.

- Significant impact on negative symptoms which continued to improve after treatment was completed.

- Future studies with larger numbers, control group and different populations/formats need to be carried out in a range of clinical settings to help clarify effectiveness (or utility) of this treatment.
Future studies

- Conduct further studies in a range of clinical settings and health professionals with longer term follow-up
- Examine a range of outcomes: symptoms, misuse, vocation and social engagement
- Incorporate changes to intervention: motivational component (Haddock 2003) and increased staff support
- Explore different measures of self-esteem (Tarrier 2004)
- Further research allow judgement about effectiveness or clinical utility of intervention for dual-diagnosis
Selected References


Selected References

