

Cognitive behavioural intervention for low self-esteem in dual diagnosis

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Intervention for low self-esteem

- Research part of larger study conducted by Professor Tarrrier 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).

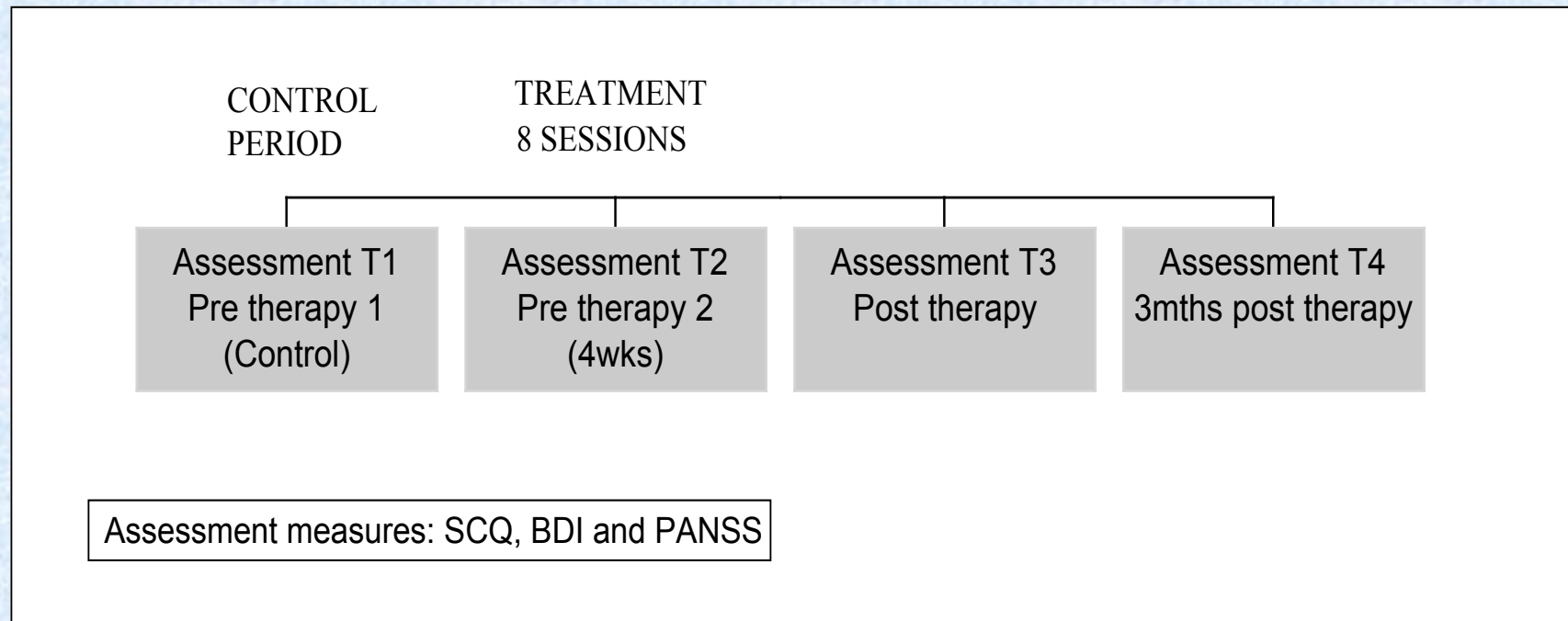
Rationale for research

- ❑ 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



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

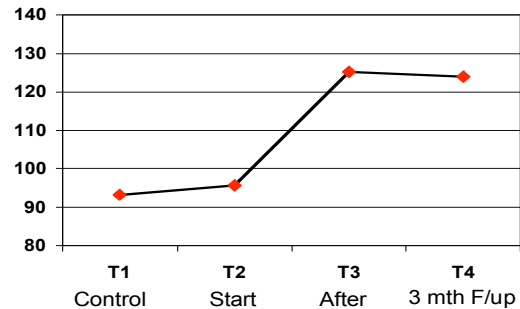
Specific intervention

- 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).

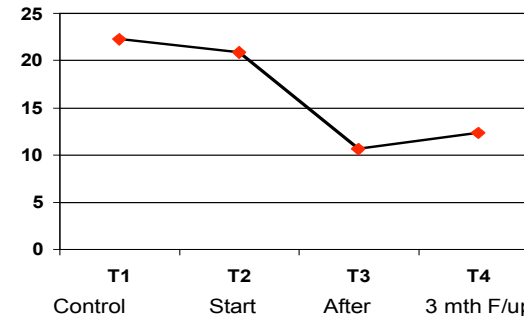
Graphical summary of results

(SCQ): Self- Esteem



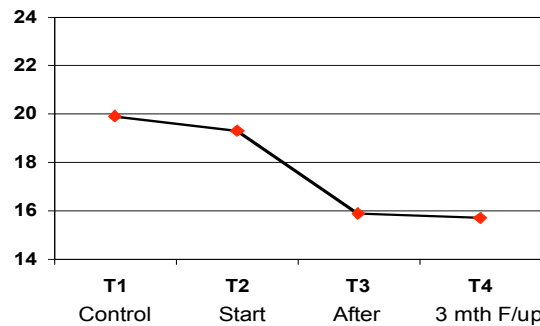
80-99 very low, 100-119 low 120 -140 normal

BDI : Beck Depression Inventory



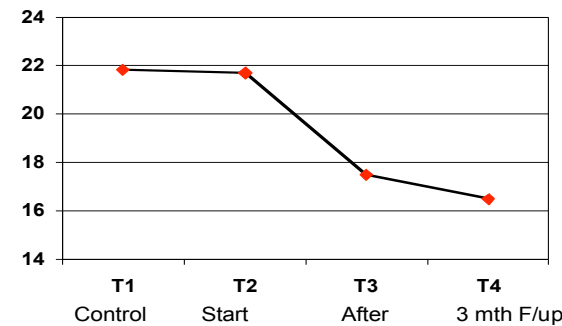
0-9 minimal, 10-16 mild, 17-29 moderate, 30-63 severe

PANSS : Positive symptoms



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

PANSS : Negative symptoms



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

Clinical significant change

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

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

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- **Bradshaw, W and Brekke, J.K (1999) Subjective experience in schizophrenia: factors influencing self esteem, satisfaction with life and subjective distress. American Journal of Orthopsychiatry 69 (2), 254-260**
- **Fennell, M.(1999). Low self esteem. In Tarrier, Wells & Haddock G (eds) Treating Complex Cases Chichester Wiley**
- **Tarrier, N. (2003) The use of coping strategies and self regulation in the treatment of psychosis . In Morrison, A. (Ed.) A Casebook of Cognitive Therapy for Psychosis.**

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- **Tarrier N, Kinney C et al. (2000) Two year follow up of Cognitive Behavioural Therapy in the treatment of persistent symptoms in chronic schizophrenia. Journal of Consulting and Clinical Psychology 68 (5) 917-922**
- **Haddock,G. et al (2003) Cognitive Behavioural Therapy and motivational interviewing for schizophrenia and substance abuse British Journal of Psychiatry Nov. 1834,18-26.**
- **Lecomte T, Mireille et al. (1999) Efficacy of self esteem Module in the empowerment of individuals with Schizophrenia Journal of Nervous and Mental Disorders 187 (7) 406-413.**