Outpatient Treatment of Schizophrenics
Social Skills and Problem-Solving Training

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Introduction

In the United States, over 1% of the population carries a diagnosis of schizophrenia. Schizophrenics occupy one-third to one-half of all psychiatric hospital beds (Goodwin & Guze, 1979), and compared to other psychiatric patients, require longer inpatient treatment, show lower levels of adjustment following discharge, and return more frequently to the hospital.

The diagnosis of schizophrenia implies a distinct deterioration from previous levels of day-to-day functioning. It is characterized by a variety of behavioral excesses and deficits. There may be disruption in nearly all aspects of functioning including overt behavior, thought processes, affect, and perception. Schizophrenics may manifest bizarre, stereotypic motor behaviors such as rigidity, postures, and grimaces. Disordered thinking may be evident in loosening of associations, neologisms, and blocking. Delusions, usually involving persecution or control by an external agent, are commonly found. Affective responding tends to be expressionless (flat) or markedly inappropriate to the ongoing interpersonal context. Sensory faculties may also be affected, as evidenced by auditory, visual, olfactory, or haptic hallucinations.

To date, no single pathognomonic explanation of schizophrenia has been...
CHAPTER 17

established. The most widely accepted theories assume that some combination of organic and psychosocial factors account for the development of the disorder. Studies of risk rates in twins have shown higher rates of schizophrenia in identical as compared to nonidentical twins (Allen, Cohen, & Pollin, 1972; Fischer 1971; Gottesman & Shields, 1966), providing support for a genetic vulnerability, and current research focuses specifically on a neurotransmitter-biochemical basis for the disorder. Psychosocial factors usually postulated include (a) exposure to stress (defined in various ways such as adverse life events), along with (b) an inability to adequately cope with stressors.

In the past, the accepted treatment for schizophrenia was long-term institutionalization, often spanning a period of many years. However, extended hospitalization fosters what is known as the institutional syndrome (Barton, 1966; Gruenberg, 1967; Hansell & Bensen, 1971); as a result of the schizophrenic disease process, poor premorbid adjustment and dependence tolerated within the institutional milieu, patients become apathetic and appear unable to initiate goal-directed behavior. As the length of hospitalization increases, the likelihood of release from an institution decreases (Paul, 1969). In time, some patients actually prefer continued hospitalization over discharge (Wing, 1962).

Over the last two decades, however, the care of chronic schizophrenics has changed dramatically. More and more, community-based outpatient facilities, rather than long-term institutions, provide treatment to the chronically ill individual. A number of factors have contributed to this change, including the discovery of phenothiazines, the advent of community mental health centers, and legislation upholding the civil rights of psychiatric patients. Phenothiazines, which often control elements of overt psychosis including hallucinations, delusions, and agitation, revolutionized the treatment of schizophrenics. With the period of acute psychosis made more brief with medication, patients now tend to be discharged from hospitals relatively quickly. A series of court decisions upholding the rights of psychiatric patients for humane treatment have also facilitated outpatient treatment of schizophrenics. Lawmakers have increasingly invoked the “principle of the least restrictive alternative” in setting guidelines for patient care. Consequently, many state statutes (a) specify the circumstances under which an individual can be committed; (b) place limits on the length of time the courts can order inpatient or outpatient treatment; and (c) insist that courts examine alternatives to long-term hospitalization prior to commitment (Chambers, 1975).

Although biochemical intervention ameliorated many of the behavioral excesses of schizophrenics, such as hallucinations, delusions, and bizarre gestures, it did little to improve the quality of life of many patients. Adjustment still remains poor for many schizophrenics following discharge from the hospital. Some patients leave institutions for boarding houses or nursing homes where the institutional syndrome is perpetuated, whereas others exhibit interpersonal deficits and poor problem-solving skills that impair their quality of life. Medication often has little effect on the behavioral deficits and inadequate coping skills that preceded the disease, that contributed to its onset, or that remain even following the alleviation of overt psychotic behaviors. With the advent of community health centers and the