Chapter 7

Family Therapy during the Aftercare Treatment of Acute Schizophrenia

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BACKGROUND

With the last few years, the thrust of the community mental health center movement at the national and local levels has generated a treatment model for acute schizophrenia composed of two phases—a brief inpatient phase, measured in days, followed by an extended period of aftercare in the community. In the old system, relatively complete remission of schizophrenic symptoms was the goal, whereas minimal remission of only the most acute and disorganizing symptoms is the goal of inpatient treatment in the new system. The balance of the recovery process, it is believed, can be more effectively achieved once the patient has been returned to community life.

Although this new model emphasized aftercare in the community, it was far from certain what this meant, particularly for the acute, young, first-admission schizophrenic. A number of key questions still remain to be answered concerning effective modes of treatment in community settings. First, what role should antipsychotic drugs play in the aftercare program?

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We know well the impact and significance of these drugs during extended inpatient treatment of schizophrenics. But, given our knowledge of the difficulties involved in continued acceptance by patients of these drugs following discharge, how can they be utilized in community-based treatment of acute schizophrenics, and for how long?

Second, many patients released from community mental health centers still manifest residual symptoms and adjustment difficulties. What models of social therapies are appropriate to deal with the reintegration of such patients into the community, and perhaps prevent future psychotic breakdowns? The issue of psychotherapeutic approaches to schizophrenia has moved to a new arena, and deals with a different stage of the illness. No longer do we ask whether psychotherapy is effective in aiding the patient to reconstitute from psychotic confusion. Now we ask whether, once some partial restitution has been effected, social therapies can play a significant role in the treatment of schizophrenia. Can the interacting roles of drugs and social therapies be utilized to maximize the effects of each? The research project described in this paper represents an attempt to attend to these issues.

**METHOD**

**Design of Study**

The study conducted with my colleagues, Eliot Rodnick and Phillip May, was carried out at the Ventura (Calif.) Mental Health Center. In this center, schizophrenic patients are released to the community after an average of 14 days' hospitalization. A previous study, on a sample of all consecutive schizophrenic admissions over an 18-month period in that center, found that 45% were readmitted for substantial periods within six months of discharge. Further, the majority of readmissions (31%) occurred within three to four weeks. Two other facts were noted: first, patients simply did not take the oral dose of phenothiazines prescribed on discharge; second, they rarely used the outpatient supportive social therapy that was provided. Therefore, we developed an experimental design that focused on the first six weeks after discharge (a critical period, according to the above data), and then studied the relative significance of depot phenothiazine treatment and crisis-oriented family therapy carried out during that critical period. This study involved almost all first-admission schizophrenics in a county of half a million people. The $2 \times 2$ factorial design of the study had two levels of maintenance phenothiazine (high and low dose), and two social therapy conditions (present or absent).