INTENSIVE TREATMENT OF THE CHRONIC SCHIZOPHRENIC*
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The chronic hospitalized schizophrenic represents a major problem area which has been particularly resistant to various attempts at mitigation. This paper describes the development and eventually successful operation of an Intensive Therapy Unit** which was designed to rehabilitate chronic schizophrenics to a degree that would enable them to function adequately outside the hospital.

The I.T.U. was authorized by the New York State Department of Mental Hygiene and launched at Brooklyn State Hospital on November 5, 1962. Described here are the experiences accumulated during the first two years, with emphasis on efforts to find answers to the following: How long can such patients be kept out of the hospital? What is the best time interval for such intensive therapy? Have older forms of therapy been neglected or not fully explored and used? How important are drugs?

Organization of the I.T.U.

One hundred beds were allocated to the I.T.U. experiment—50 female patients in one ward and 50 male patients in another. Only chronic schizophrenics (catatonic, paranoid, or mixed) aged 18 to 45, and hospitalized for two or more years, were selected. Organic disease, epilepsy, alcoholism and previous lobotomy ruled out any patient for admission to the I.T.U. All patients reaching the I.T.U. had one thing in common—they had failed to respond adequately to any or all of the standard treatments previously employed.

As originally conceived, 400 patients a year were to be treated, which meant a turnover four times yearly for the 100 beds available. Movement of the patients was either a return to the wards from which they had come or release from the hospital on convalescent or leave status.

The personnel assigned to man the I.T.U. were a supervising psychiatrist in charge of the unit, assisted by a senior psychiatrist; two psychiatric social workers; four registered nurses; three head staff attendants and 17 attendants; two occupational

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**Hereafter referred to as I.T.U.
therapists and one recreational therapist; and two practical nurses. In addition, a number of volunteers participated: four psychologists, four graduate student social workers, and from six to eight student nurses, all under direct supervision of the two psychiatrists. Volunteers included, there was a ratio of about one “therapist” for each two patients on the wards.

**Material and Method**

A total of 535 chronic schizophrenic patients were treated during the two-year period reviewed here. Evaluation of each patient was undertaken immediately after admission to the I.T.U. Since the majority were often overmedicated on arrival, dosage was either reduced or the drug withdrawn in order to make an objective assessment of each patient.

It was not unusual to find the patients fearful, angry or disgruntled about being shifted from their wards to the I.T.U. Their misgivings had to be dispelled, first by the social workers through a process of orientation which was repeated a few days later by the charge nurses.

During the first week one of the psychiatrists saw each patient for a brief period of individual psychotherapy, and thereafter saw them once a week in group sessions. Patients were grouped under the care of a psychologist plus a social worker or charge nurse and permitted to select a form of occupational therapy to their liking.

Adjustments in type and/or dosage of medication were made on the basis of presenting symptoms. Drugs were employed to good advantage in establishing rapport with patients. Testing of a number of compounds led to the selection of a few that yielded the most consistent improvement: chlorpromazine (thorazine), thioridazine (mellaril) and perphenazine (trilafon) for the catatonic, very agitated, disturbed or anxious, and for the paranoid; imipramine (tofranil), amitriptyline (elavil), and nortriptyline (aventyl) for the depressed, apathetic, sluggish or retarded patients. Every effort was made to tailor dosage to the needs of each patient so as to obtain optimum effect.

An open-door policy was instituted and maintained as the basic operating format for the I.T.U. Activities were planned to keep the patients occupied in a realistic way for as many of their