Evaluation of a Social Cognition Training Programme for Adult Schizophrenia Outpatients

Lo PMT, Ho SCY, Shum ICS, Law CKM  
Occupational Therapy Department, Castle Peak Hospital

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Introduction
Persons with schizophrenia have dysfunctional social cognitive processes during daily social interaction including impaired ability to correctly perceive others’ emotions or thoughts and tendency to attribute causes of negative events to others’ faults. These dysfunctional processes create hindrance for them to relate well with others and possibly led to conflicts or social withdrawal which greatly impede their social functioning. Social Cognition and Interaction Training (SCIT) is one of the trainings that targets these dysfunctional social cognitive processes. It is a structured and manualized group intervention, of 19 sessions, which introduces various social cognitive strategies to enhance social cognitive functioning.

Objectives
To evaluate the feasibility and effectiveness of SCIT

Methodology
21 participants (mean age = 29.05 years, SD = 9.3) were recruited from outpatient occupational therapy service in Castle Peak Hospital. All were diagnosed with schizophrenia-spectrum disorders. Four series of group were implemented from Dec 2013 to Sept 2014. Facial emotion identification test and Social Cognition Screening Questionnaire were used to assess emotion perception ability, theory-of-mind ability, jump-to-conclusion tendency and paranoid attributional style. All assessments were administered at baseline and post-intervention. Data were analyzed using repeated-measures analyses of variance and Wilcoxon signed-rank tests (for non-normal distribution) to assess changes. Participants’ subjective feedback of the programme was gathered by satisfaction survey and qualitative feedback.

Result
17 out of 21 participants (i.e. 81%) completed the programme and pre-and post-assessments. The average attendance rate was 72.5%. Participants had statistical significant improvement in emotion perception ($t=-2.468, p=0.025$) and theory-of-mind ($t=-3.656, p=0.002$). Fewer tendencies to adopt paranoid attributional style was observed. Subjectively, participants had positive feedback on usefulness of the programme with a mean level of overall satisfaction of the programme at 4.7 using a 5-point scale. To conclude, SCIT is a feasible programme in adult schizophrenia outpatients with the satisfactory completion rate and positive feedback. Preliminary data showed its effectiveness in enhancing social cognitive processes which are fundamental in social functioning. SCIT is, therefore, incorporated as one of routine programmes of our service. Further examination on the effectiveness of SCIT on improving functional outcomes, using a randomized-controlled design, would be implemented.