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A pilot group evaluating the preliminary effect of Metacognitive Training Program (MCT) on people with schizophrenic spectrum disorders, based on improvement in cognitive insight

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Introduction

Introduction: Evidence has accumulated that cognitive biases, such as jumping to conclusions, are involved in the pathogenesis of schizophrenia positive symptoms, particularly delusions. A training approach, which has been made available since 2005, entitled metacognitive training for schizophrenia (MCT), targets these specific biases. MCT is a structured cognitive program which incorporates elements of psycho-education, cognitive remediation and CBT. It is delivered by a healthcare specialist in a group of 3–10 schizophrenia spectrum patients. This program is available in over 15 languages. Cognitive insight is related to: (a) higher the patients' capacity and willingness to observe their mental productions and to consider alternative explanations and (b) lower patients' overconfidence in the validity of their beliefs. Schizophrenic patients were found that they probably have deteriorated capabilities to reflect their own thinking process and even lacked awareness on how they think in reacting to daily challenges. Hence, they would suffer significant difficulties in coping with daily challenges in the context of ADL, work, leisure and also social performance. Non-pharmological intervention should be explored and implemented to improve patient's cognitive insight so as to prevent cognitive traps from their daily living.

Objectives

Objective: To investigate the preliminary effect of Metacognitive Training Program (MCT) on people with schizophrenic spectrum disorders based on improvement in cognitive insight.

Methodology

Methodology: A trial MCT group was held in Occupational Therapy Department of KCH during October 2012 to examine a preliminary effect of the program on patient's cognitive insight and acceptance on the program. The outcome measure used was the Beck Cognitive Insight Scale (BCIS). A total of 9 participants (4 in-patients and 5 day / out patients) were engaged in the program with an average of 77.9% attendance.

Result

Result: 7 out of the 9 participants showed improvement in the BCIS score which indicated improvement on cognitive insight after the MCT training. Written feedback showed satisfactory acceptance towards the program content in terms of perceived efficacy, fun and also applied knowledge to real life situation. Conclusion: This trial group demonstrates positive result of improving cognitive insight and also patients' acceptance toward the MCT program. A RCT study will be conducted to further examine its efficacy in various aspects.