I28   Implementing Cognitive Behavioral Therapy for Psychosis (CBTp) With Forensic Patients: The Identification of Barriers to Positive Treatment Outcomes

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Learning Overview: The goals of this presentation are: (1) to review the literature on the effectiveness of CBTp in forensic populations relative to non-forensic populations; and (2) to review the ways in which forensic patients with schizophrenia differ from their non-forensic counterparts, particularly with respect to factors that may act as barriers to positive treatment outcomes.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by educating clinicians on factors that are likely to impact treatment outcomes when implementing CBTp. It will also serve to advance research on utilizing CBTp with forensic patients by qualitatively synthesizing the literature.

It is generally established that patients with schizophrenia have impairments in both neurocognition and metacognition. It is posited that deficits in neurocognition may place an individual at greater risk of developing deficits in metacognition. According to cognitive theories of psychosis, hallucinations and delusions develop, in part, because of metacognitive deficits. Recent research has begun to target these deficits in psychosocial treatments, such as CBTp. CBTp attempts to reduce positive symptoms by targeting the underlying cognitive biases thought to underlie them. Research generally indicates that CBTp is effective in reducing positive symptomatology, with medium- to large-effect sizes. However, very little research has investigated the efficacy of CBTp in forensic samples. Research in forensic populations is often undertaken with the purpose of identifying risk factors for violence. Research examining in what ways forensic and non-forensic patients with schizophrenia differ in any other regard, particularly with respect to neurocognition and metacognition, is lacking. The efficacy of psychosocial interventions for psychosis in forensic samples should be examined independently of non-forensic samples, as forensic patients often have numerous comorbidities, which may influence the severity of metacognitive and neurocognitive deficits and therefore impact treatment effectiveness.

Of the research that has been conducted, the findings generally indicate that CBTp is less effective for this group than non-forensic patients with schizophrenia with little overall change. The implication of the following factors on metacognition will be reviewed as it pertains to forensic populations: comorbid personality disorders, history of violence, and substance use. Taken together, each of these factors independently are associated with deficits in metacognition, either directly or indirectly through associated deficits in neurocognition, though greater research is needed in these areas. As such, it is hypothesized that forensic patients with schizophrenia may represent a subgroup of patients that are more resistant to CBTp due to greater impairment in metacognition.

CBTp, Schizophrenia, Treatment Outcomes