PsiAN's Comment on the American Psychiatric Association's Draft Practice Guideline for the Treatment of Patients with Schizophrenia

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This comment by the Psychotherapy Action Network aims to redress glaring omissions in the APA Draft Schizophrenia Treatment Guideline (posted here: APA Draft Guideline), as well as to raise concerns about several of its existing recommendations. Although PsiAN has come out strongly in favor of a reconsideration of the entire guidelines project in other venues, we will focus our comments here specifically upon the proposed Guideline for the Treatment of Schizophrenia only. Regarding this Guideline, we wish to express our concerns regarding the biased, unnecessarily restrictive, and thus potentially harmful impact of this next offering in the APA's guideline pipeline. More specifically, we feel that neglecting to endorse psychodynamic psychotherapies and other treatments with a significant record of success deprives patients of options that are potentially life-saving, and for which there is ample documentation regarding their utility and acceptance. Further, we express concern that recommending medication as a first-line remedy that requires potentially lifetime maintenance contradicts evidence that long-term use of antipsychotics is detrimental to the functional outcome, quality of life, and longevity of many patients, including those diagnosed with schizophrenia.

Although funding for clinical trials and long-term outcome studies of the effectiveness of psychodynamic psychotherapies for the treatment of psychotic disorders is virtually non-existent (as reflects systemic biases in favor of short-term, relatively easy-to-implement, research protocols), abundant research does in fact exist to support the effectiveness of psychodynamic psychotherapies and psychoanalysis for the treatment of psychotic disorders including schizophrenia. In the words of Gottdiener, "meta-analytic research has found that individual psychodynamic psychotherapy is associated with significant improvement in individuals with schizophrenia" (2006, p. 584). The classic RCT studies of Karon and VandenBos (1981) and May (1968) indicated significant gains in patients receiving individual therapy, consistent with meta-analyses such as that

of Mojtabai, et al, (1998) that found that individual psychotherapy not only enhanced the positive effects of medication management, but that psychotherapy was responsible for the largest effect size. Gottdeiner & Haslam (2002) implemented a study aimed specifically at teasing out the effect sizes of the various aspects of multi-modal treatments and specific forms of psychotherapy and found that "individual psychodynamic psychotherapy was associated with significant improvements when used with medication and even when used without medication" (p. 586).

More recent studies of the effectiveness of psychoanalytic treatments uphold these earlier research findings. For example, the clinic known as 388 in Quebec City, which is devoted to the psychoanalytic treatment of individuals with severe manifestations of schizophrenia, has been able to document a 78% reduction in hospitalizations, along with extraordinary success in maintenance of self-supported housing (82%), work success (71%), and complete financial independence (56%) after three years (http://www.gifric.com/388-2016-resultatscliniques.htm), significantly better than controls. These research findings should come as no surprise to the experienced clinician, for whom there is an acute awareness of the fact that histories of trauma, abuse and neglect precede the development of psychosis for the vast majority of patients, and for whom there is a recognition that the resolution of the sequelae of trauma is essential for recovery from psychosis (Read, J. and Ross, C, 2003), even as most of the treatments recommended by the Guideline fail even to consider childhood trauma as a constituent of current suffering (Read and Fraser, 1998; Agar, Read & Bush, 2002), and in fact, appear to recommend against working through the sequelae of past trauma in their recommendation that the one talk therapy they recommend, supportive therapy, be "present-centered." (APA Draft Guideline, p. 145, l. 3811).

Meanwhile, additional treatment modalities with significant track records for success in treating schizophrenia have likewise been neglected in the Guideline. Open Dialogue, for instance, which originated in Finland but which now is being replicated in cities across the US, demonstrates marked success in reducing psychosis and returning people to prior levels of functioning within their communities. Indeed, follow-up studies indicate that after 2 years, "82% [of patients} had no, or only mild, psychotic symptoms remaining; and only 23% were on disability allowance." (Seikkula & Olson, 2003). Long-term follow-up of patients who were treated with Open Dialogue manifested "a decreased need for treatment, and with better work capacity," and that "/o/ver decades, the outcomes were more sustained than with other FEP treatments." Indeed, Open Dialogue is just one of many treatments that have proven remarkably useful, as documented by clinical trials and outcome studies, but which the Guideline failed to include among those that were recommended. Because Guidelines are interpreted both by insurance companies and by the general public as lists of the treatments that work the best for remediating their concerns, it is highlight likely that it will be looked to

as a source for recommendations, but will function as one that neglects to include treatments that have been shown to be as good as, if not better than, those the APA recommends.

In addition, the recommendation for first-line and indefinite use of medications is irresponsible, if not tragic, in its own right. Most clinicians who work with individuals who have been diagnosed with schizophrenia in psychotherapy are aware of the World Health Organization studies that documented a correlation between medication use and poor outcome in mental health treatment, and many prominent current researchers of treatment outcomes for individuals diagnosed as schizophrenic have suggested that "/t/he current longitudinal data suggest not all schizophrenia patients need to use antipsychotic medications continuously throughout their lives" (https://www.ncbi.nlm.nih.gov/pubmed/17502806). Martin Harrow, perhaps the pre-eminent researcher on schizophrenia treatment outcomes, concluded that "there are at least eight major studies which fail to find better outcomes for schizophrenia patients treated on a long-term basis with antipsychotics. These negative results from multiple large well-documented long-term studies are a clear warning sign" (Harrow & Jobe, 2018). In their own studies, they found that patients with schizophrenia not prescribed antipsychotics had significantly better work functioning, a major marker of success in independent living, than those on medication (Harrow, Jobe, Faull & Yang, 2017). In fact, stated more bluntly, Harrow noted that, "I conclude that patients with schizophrenia not on antipsychotic medication for a long period of time have significantly better global functioning than those on antipsychotics" (American Psychiatric Association annual meeting, 2008)

These few cursory comments regarding the failure of the APA Guideline for the Treatment of Schizophrenia to provide an aid to therapists and patients who seek optimal treatment suggest that this draft is in need of significant revision to minimize the harm it has the potential to cause to the general public and to the field. We at PsiAN suggest that it be withheld until treatments that have proven successful for large numbers of individuals can be fully researched using methods appropriate to their subject matters.

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