Psychoeducational and Cognitive Behavioural Group Treatment Programs in Kraepelin’s former hospital from 1995-2015

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Introduction
Emil Kraepelin (1923) founded the psychiatric hospital in Munich in the 19th century and was one of the first to develop psychopathological entities that consider the interrelationships between physical and mental states in mental illness. This hospital has a long and successful history in psychopharmacotherapy, marked by the former department heads Hanns Hippius (1971–1994) and Hans-Jürgen Möller (1994–2012) and the current head, Peter Falkai (2012–present). Programs that view individuals as capable of taking an active role in managing their illness have gained importance in Europe, the United States and in this hospital too. This article reviews the psychological and biological underpinnings of the implementation of these programs and their evaluation from 1995 to 2015.

Methods:
The stress-coping-vulnerability (Nuechterlein et al. 1992 modified by Schaub et al. 2015 see figure 1) and transtheoretical models (Prochaska et al. 1992) currently form the basis for combined treatment programs that include psychopharmacotherapy and psychotherapy. Group psychotherapy has been offered since 1995 including psychoeducational and cognitive behavioral strategies (Beck et al. 2009) for patients and their relatives. Cognitive interventions include both CBT for psychosis (CBTp) (Kingdon et al. 2004) and cognitive remediation (Moritz et al. 2012; Nuechterlein et al. 2014) with influences from both the United States as well as Europe. Meta-analyses have demonstrated the effectiveness of psychoeducational interventions in schizophrenia (Xia et al. 2011) and cognitive-behavioral strategies in the latter Jones et al. 2012] and major depression (Cuijpers et al. 2015). We investigated neuropsychological functioning in affective disorders and schizophrenia (Schaub et al. 2013) and set up three cognitive psychoeducational treatment programs. Implementing psychoeducational programs was the first step to establish cognitive behavioral psychotherapy and dispel the myth of schizophrenia for patients. Programs are also provided for patients with mood disorders, substance use disorders, or both.

Overview of Psychoeducational and Cognitive Group Treatment in Psychiatric Disorders
Treatment-specific groups: Coping-orientated treatment in schizophrenia (Schaub et al. 2016), cognitive-psychoeducational treatment programs in bipolar disorder (Schaub et al. 2004), in depression (Schaub et al. 2013), in elderly patients with depression (Maerker & Forstmeier 2013). Metacognitive training (Moritz et al. 2012) and groups for training eating habits in anorexia nervosa (Born et al. 2015)

Contents: Psychoeducation: Providing information about the illness and its treatment on the basis of the stress-vulnerability-coping model: Symptom management, establishing rewarding activities; Recognizing and changing dysfunctional cognitions in illness and self-confidence; Relapse prevention.

Organisation
Group leader: 1 psychologist; Group members: 8–13 patients; Duration: 12 sessions, 2/ week, for 75–90 min
Treatment manual, information and work sheets, homework assignments, video-based supervision: Groups for relatives of patients with schizophrenia or affective disorders; Consulting hours for children of patients with psychiatric illness (Schaub und Frank 2010)

Ward-specific groups: Groups cover depression, schizophrenia, and substance abuse on illness-specific wards. Limited weekly to n = 18 persons. The programs listed refer to 6 of 10 wards including patients with schizophrenia, mood disorders, mental and behavioral disorders due to the use of psychoactive substances and an acute ward.

Results
More than 1000 patients with schizophrenia or mood disorders (380 schizophrenia, 563 major depression, and 110 bipolar) have participated in illness management groups to learn about their illness and its treatment, and to learn skills to manage their illness. Patients have expressed satisfaction with the programs, and research has supported their effectiveness. Since 2012 Peter Falkai focused on optimizing the treatment process and reducing the duration of hospital stay. 20 years after the introduction of these programs, the number of inpatients was 50% higher than in 1995 and the duration of the hospital stay decreased by about 50%. Additionally, 65 patients with schizophrenia or alcohol and drug dependence are treated in our outpatient clinic. The most common diagnosis among the 2806 inpatients was mood disorders (F3; 40%), followed by mental and behavioral disorders due to the use of psychoactive substances (F1; 25%), and schizophrenia, schizotypal personality disorder, and delusional disorders (F2; 15%).

Conclusions
Individuals with severe disorders can benefit from psychoeducational and cognitive treatment programs if the programs are adapted to the level of neuropsychological functioning and compensate for cognitive deficits and emotional overload. These findings suggest that providing information about the illness and coping skills for patients and relatives are important for treatment outcome.