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THE EMPIRICAL STATUS OF CBT FOR PSYCHOSIS: CONTROLLED EFFICACY, INDICATION AND THERAPEUTIC FACTORS. A SYSTEMATIC REVIEW OF META-ANALYTIC FINDINGS

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A series of meta-analyses points to the benefits of cognitive behaviour therapy (CBT) in the treatment of psychosis. However, there are discrepancies in the controlled efficacy of CBT for psychosis depending on the targeted treatment goal or the control condition applied. This raises questions about its indication and therapeutic ingredients.

The findings of all existing meta-analyses were integrated. Relevant meta-analyses were identified by searching electronic data bases. In order to compare their findings the reported effect sizes were transformed into a standard effect size measure. Moderator analyses were performed regarding different treatment goals and controls. Furthermore, therapeutic components were related to outcome by calculating weighted mean correlation effect sizes in order to identify essential therapeutic factors. The statistical significance of the effect sizes was determined by computing 95% confidence intervals. Homogeneity tests were applied to examine the consistency of the effects and component-outcome relations.

The integration of meta-analytic findings demonstrates considerable differences in the controlled efficacy: CBT for psychosis has long-term effects on persisting positive and negative symptoms, but no effect on acute positive symptoms and limited benefits as an early intervention. Moreover, the advantages compared to non-specific supportive therapies are moderate. Component-outcome relations indicate that cognitive restructuring and coping skills training represent key therapeutic factors. However, component control designs also point to the importance of the therapeutic alliance and motivational processes for therapeutic change. Thus, there is a need to promote analyses of the determinants of a helpful therapeutic relationship and enhanced treatment motivation of people suffering from psychosis.