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CAMH conducting a 'real-world' pilot focused on helping clients with schizophrenia



Schizophrenia is a debilitating illness that can severely impair an individual's ability to function. While medication can effectively address symptoms such as delusions and hallucinations, innovation is needed to tackle the functional and negative symptoms of the illness.

Dr. Sean Kidd, Independent Clinician Scientist & Head of Psychology Service, at the Centre for Addiction and Mental Health (CAMH) is conducting a pilot study of a 'real-world' application of an intervention called Cognitive Adaptation Training (CAT). It is an evidence-based approach providing customized home-based assistance for patients with schizophrenia to improve daily functioning.

Originating from a program from the University of Texas in San Antonio, CAT addresses the memory and attention of problem-solving deficits that may challenge clients with schizophrenia from getting dressed and out the door to a job or school.

Using CAT, a case manager visits and assesses each client and works with clients on routine activities that could involve packaging clothes for each day of the week and setting up voice alarms with encouraging words, or reminders to take something as simple as a transit pass when they travel.

"Since the launch of the program in 2011, four CAMH clinicians have been trained in CAT, serving as a resource to case managers who work with clients," said Dr. Kidd. "Initially, the CAT clinicians setup a client's routine over the course of the first few months. Afterwards, the case managers maintain the routine with ongoing assistance from our CAT clinicians. In doing so, this has enabled a cost-effective approach to sustaining the program."

CAT has shown to be effective in past trials. When conducted at the University of Texas, it led to improvements in a range of areas, including employment, but the gains did not last after the study ended. It was observed that the project was labour intensive with increased staff involvement but any improvements in patient functioning were lost 6-9 months after the trial ended and CAT clinicians were withdrawn.

The real-world adaptation has had remarkable results, reported by patients, clinicians and families. Patients with schizophrenia, who for years required family support for management of daily routines, have been able to function more independently. Because of its impact, the project team has created a CAT manual with a DVD for families.

Using a proven evidence-based approach and combining it with a practical, real-world application and evaluating the modified program has already proven to benefit CAMH patients. Currently, the CAT program is being run out of one CAMH site but further research and evidence is needed to determine the success of the program and the possible expansion of CAT to other CAMH sites.

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