

symptoms and may experience side effects due to the biochemical and anatomical nonselectivity of classic neuroleptics.

Unlike these conventional neuroleptics, atypical antipsychotics have shown superior efficacy in ameliorating negative symptoms in large double-blind multicenter trials with only a low incidence of EPS and minimal effects on prolactin. Six drugs are currently considered as first-line therapy in patients with negative symptoms, Clozapine, Risperidone, Olanzapine, Amisulpride, Quetiapine and Ziprasidone. Clozapine is still the only drug with clear efficacy in severely treatment-refractory schizophrenic patients.

It is still a matter of debate whether these drugs treat only secondary negative symptoms due to acute psychosis, EPS or depression or schizophrenia-specific primary deficit symptoms. The advantages of the new generation – atypical antipsychotics may at least partially be explained by their serotonin – dopamine antagonistic properties and their preferential action on mesolimbic dopaminergic pathways.

S15.02

NEW DEVELOPMENTS IN PSYCHOSOCIAL REHABILITATION OF SCHIZOPHRENIA PATIENTS

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The contribution provides a critical outline of the current position of psychological interventions in the treatment and rehabilitation of schizophrenia patients. Four cognitive behavioral treatment approaches have emerged as preeminently effective or at least especially promising as adjuncts to pharmacotherapy, i.e. the training of social skills, cognitive training programs for the remediation of neurocognitive deficits, psychoeducative, coping-oriented interventions with patients and their families, and cognitive behavioral therapy of residual symptoms. These approaches are discussed with regard to their efficacy in reducing relapse rates, psychopathology as well as cognitive and social disability. Open questions and possibilities for the further development of these approaches are considered and prognostications are made concerning the future of psychotherapy research in schizophrenia, notably in the light of changing conditions in public health care systems.

S15.03

MOTIVATIONAL EMPOWERMENT – A NEW APPROACH TO COGNITIVE REHABILITATION IN CHRONIC SCHIZOPHRENIA

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Long-term course and prognosis of schizophrenic disorders are not only determined by the disorder *per se* but are also influenced by the individual's interaction with the symptoms. Psychopathology and motivational models, such as self-concept, self-expectancies, outcome-expectancies, and locus of control, are involved in coping which often results in a chronic course because of patient's resignation.

Our pilot study on the vocational rehabilitation of schizophrenia patients has shown that external control beliefs, uninfluenced by negative symptoms, predicted vocational outcome to the same extent as negative symptoms alone. External locus of control (by powerful others/by chance) correlated significantly with negative self-concept ($-.52/--.57$; $p < .001$), depressive-resigned coping ($.51/.61$; $p < .001$), and poor vocational outcome ($-.51/--.54$; $p < .001$).

In the present study, we aim at evaluating the impact of external locus of control, pessimistic outcome-expectancies, negative syndrome and depressive coping strategies on neuro-cognitive remediation in schizophrenia. Moreover, we intend to specify the concepts of depression, negative syndrome, and resignation. *Motivational Empowerment Training* will be applied to modify the patients' control beliefs, attributional styles, learned helplessness and self-image in such a manner that they are able to deal with their resources more competently and achieve an improved quality of life. *Motivational Empowerment Training* is a manual-guided cognitive-behavioral therapy supporting beneficial personal motives which may have a positive effect on the long-term course of schizophrenia.

- (1) Kuntze M., Kupper Z., Kunz B., Hoffmann H. (1999) Motivational empowerment in chronic schizophrenia. Poster "Third International Conference on Psychological Treatments of Schizophrenia". Oxford, UK.
- (2) Kuntze M (2000) *Motivational Empowerment Training – A manual-guided cognitive-behavioral therapy supporting beneficial personal motives in chronic schizophrenia patients*. Bern, CH.

S15.04

EVALUATION OF A NEW METHODOLOGY OF COGNITIVE-EMOTIONAL SOCIAL SKILLS TRAINING PROGRAMMES FOR SCHIZOPHRENIC PATIENTS

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In the presented multicenter study, the effectiveness of three newly developed social skills training programmes (experimental groups), which include cognitive-emotional interventions and specific rehabilitation topics in residential, vocational and recreational areas, is compared with a conventional social skills training programme (control group) in terms of community functioning, cognitive abilities and psychopathology. These new programmes represent an extended scope of the social skills training subprogramme of the Integrated Psychological Therapy for Schizophrenic Patients (IPT). A sample of 143 patients with a diagnosis of schizophrenia or schizoaffective disorder (ICD-10) was selected. Treatment covered a 24-week interval, followed by a follow up of 48 weeks.

The results showed higher global treatment effects (effect sizes) in the experimental groups as compared to the control group on the factors that were obtained from a factor analysis over all dependent variables. All groups improved significantly in community and cognitive functioning. Therapy effects were more rapidly in the experimental groups. Furthermore the results indicated that psychopathology could be decisively reduced only by the new programmes. The obtained improvements were maintained at the follow up in all groups. Especially patients treated with the new programmes showed some further amelioration. Relapse rates and duration of hospitalisation diminished in experimental and control groups. In view of these effects, the new social skills training programmes could be included in standard treatment and might replace more conventional programmes in future.