Effectiveness of Activity Therapy for Improving Psychosocial Skills for People with Schizophrenia

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Effectiveness of Activity Therapy for Improving Psychosocial Skills for People with Schizophrenia

Ellie McIntyre & Annie Ryan

Ask: Research Question
Is activity therapy effective for improving psychosocial function among patients with schizophrenia within inpatient settings?

Acquire: Search Terms

Databases: ProQuest, PubMed, ClinicalKey

Search Terms: Inpatient, mental health, art therapy, activity therapy, occupational therapy, schizophrenia, functional outcomes, activity group therapy, interpersonal relationships

Acquire: Selected Articles

Crawford et al. (2012): Randomized controlled trial. Compared group art therapy, other activities therapy, and a control group of standard care alone as treatment for people with schizophrenia.

Tatsumi et al. (2011): Randomized controlled trial. Compared the effects of occupational therapy with a cooking activity group and a control group on the symptoms of patients with schizophrenia. The study also assessed if the patient could build a relationship with a therapist; measured by the patient’s seating preference.

Hoshii et al. (2013): Randomized controlled trial. Compared the effects of subject-chosen activities to therapist-chosen activities in occupational therapy for the improvement of symptoms for people with schizophrenia.

Appraise: Study Quality

Crawford et al. (2012): Level II. n=417; randomly assigned to either art therapy (n=140), activity groups (n=140), or standard care alone (n=137). Longitudinal study, outcomes assessed at 12 months and 24 months after baseline. Limitations in attendance to groups; some participants did not attend any sessions, few attended regularly.

Tatsumi et al. (2011): Level II. n=38; randomly assigned to OT group with cooking (n=19) or control group (n=19). Utilized the common standardized assessment, Profile of Mood States (POMS) and a functional assessment of relationship building. The study was done in a single-department hospital in Japan, unclear if results can be generalized to US population.

Hoshii et al. (2013): Level II. n=59; participants assigned to either subject-chosen activity group (n=30) or therapist-chosen activities (n=29). Used Canadian Occupational Performance Measure (COPM) to identify motivating subject-chosen activities. Not generalizable to population because the small sample was only taken from one hospital.

Appraise: Study Results

Crawford et al. (2012): Of the 417 participants that were randomized into groups, 361 followed up at 12 months, and 355 followed up at 24 months; attrition rate was similar across arms. Outcomes were measured on the Global Assessment of Functioning Scale (GAF) and on the Positive and Negative Syndrome Scale (PANSS), results were not statistically significant. The POMS score of anger/hostility significantly decreased (p<0.05) for the OT group after intervention. The angle of seating location from the interviewer significantly decreased after intervention in the OT group only (p=0.02). The distance from the interviewer significantly decreased for both groups, greater significance for the OT with cooking group (p=0.02) (shown in figure above).

Hoshii et al. (2013): After six months of occupational therapy results showed that suspiciousness, hostility, and preoccupation items were significantly improved on the PANSS for the subject-chosen activity group (p<0.05). The GAF scores also significantly improved in the subject-chosen activity group after therapy (p<0.05).

Apply: Conclusions for Practice

Activity therapy with cooking can be effective in reducing hostility and anger in patients with schizophrenia. Occupational therapy with subject-chosen activities could improve the symptoms of suspiciousness, hostility, and preoccupation for this population. Activities that are motivating and allow autonomy for patients may be beneficial for improving psychosocial skills among people with schizophrenia at inpatient facilities.

References:

