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*International Journal of Social Psychiatry* (1995) Vol. 41 No. 3 157-173

OCT 24 1995

## THE TREATMENT OF ACUTE PSYCHOSIS WITHOUT NEUROLEPTICS: SIX-WEEK PSYCHOPATHOLOGY OUTCOME DATA FROM THE SOTERIA PROJECT

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### SUMMARY

**Background:** Today's treatment of acute psychosis usually includes short-term hospitalization and anti-psychotic drug treatment. The Soteria project compared this form of treatment (control) with that of a small, home-like social environment, usually without neuroleptics (experimental).

**Method:** Newly diagnosed, young, unmarried persons with DSM-II schizophrenia were randomly assigned to treatment in two experimental and two control settings. Subjects and families were assessed at admission on 29 independent variables. Treatment environments were studied by means of Moos', COPEs or WAS scales. Three dependent six week psychopathology outcome measures were collected.

**Results:** The groups were comparable on 25 of 29 admission variables. The environments of the two experimental and two control settings were different from each other. The milieus were similar to each other within each condition. At six weeks, psychopathology in both groups had improved significantly, and similarly, and overall change was the same.

**Conclusion:** Specially designed, replicable milieus were able to reduce acute psychotic symptomatology within six weeks, usually without antipsychotic drugs, as effectively as usual hospital ward treatment that included routine neuroleptic drug use.

### INTRODUCTION

The Soteria Project, a study emphasizing the psychosocial treatment of newly identified persons with schizophrenia without neuroleptics in small family-like non-hospital residential settings has not published new outcome data since 1979. This paper will describe and discuss short-term (6 week) psychopathology outcome data from 45 experimental and 55 control patients not previously reported.

Previous reports of outcome from the Soteria Project (Matthews *et al.* 1979; Mosher *et al.* 1975; Mosher & Menn, 1978a) have focused principally on two-year follow-up data from the first cohort of Soteria treated subjects treated in the study's original facility between 1971 and 1976. The present report describes combined results from a second and third cohort of subjects treated in two different project houses between 1976 and 1980 (the original one and a replication facility) in two adjacent counties in the San

Francisco Bay area. The control subjects were treated on the psychiatric wards of two respective counties' public general hospital. The experimental and control cohorts treated in the two different counties were combined in the data analysis because: they were selected and studied in the same way; there were no significant within groups (experimental and control) differences in baseline characteristics across counties; and the two experimental and two control treatment environments were similar to each other. Emanon, the replication facility, closed in 1980. Soteria House closed in 1983 when the last research grant ended.

We have chosen to look at our 6 week outcome data for several reasons:

1. We hypothesized that the experimental subjects, most of whom did not receive neuroleptic drugs between admission and the six week assessment point, would have higher levels of psychopathology as compared with the hospital and neuroleptic treated control subjects. The six week comparison provides the opportunity to compare the influence of a purely psychosocial treatment strategy with that of a psychotropic drug oriented short-term hospital based intervention.
2. Since the advent of short inpatient stays (averaging 10-15 days) in the 1970s, the establishment of truly therapeutic milieus in general hospital psychiatric wards has been seriously hampered. Developing close relationships with line staff on hospital wards who can pass on the setting's "culture," is difficult during such short periods of time. In addition, short stays have made the routine use of neuroleptic drugs almost mandatory for acute symptom control in psychotic patients. While clearly an effective short-term strategy, such patients are at risk for both short and long term drug side effects and toxicities - the most devastating, of course, is tardive dyskinesia (Kane *et al.* 1984).

If a psychosocial intervention could be shown to be effective relatively rapidly (6 weeks in this instance) then a case could be made for expanded use of specially psychosocially oriented treatment milieus, with minimal or no use of neuroleptics, for at least a subset of persons labeled as having schizophrenia. Provision for a true non-neuroleptic treatment option for acute psychosis would avoid or minimize the problems encountered with the use of psychotropic drugs.

3. After more than a decade of experience dealing with acutely psychotic unmedicated individuals we want to focus more attention on the most difficult and creative part of our work in the Soteria Project; the early phase of helping very disturbed and disturbing people get their lives back on track through the use of human relationships and interaction within specially created social contexts.

## RESEARCH DESIGN

### A. Sample selection

All subjects were obtained from two emergency screening facilities that are part of the CMHC complexes containing the hospital wards that admitted and treated the control subjects in the study. Anyone meeting the following basic criteria was a potential study candidate:

- 1) Clearly schizophrenic
- 2) Deemed in need of hospitalization

- (2) No more than one previous hospitalization for 4 weeks or less with a diagnosis of schizophrenia
- (3) Age 18-30 (either sex)
- (4) Unmarried, separated, widowed or divorced
- (5) No complicating medical problem

The selection criteria were designed to provide us with a relatively homogeneous sample of individuals diagnosed schizophrenic, but a group at risk for prolonged hospitalization or chronic disability. Early onset and being unmarried have both been found to be modestly predictive of long term disability (Strauss *et al.* 1977).

#### Initial screening and assessment

Subjects meeting study selection criteria were identified without knowledge of the group which they would ultimately be assigned. Study requirements were explained, and informed consent was obtained from the patient and his family, or significant other, if available. All consenting subjects were then interviewed in detail by the project's independent research evaluator. This assessment included:

#### *M II diagnosis*

The project's research diagnosis must confirm the ER clinician's original diagnosis of schizophrenia for the subject to be included in the study. At 72 hours post-admission a second diagnostic assessment was made. All three diagnosticians had to agree the person had schizophrenia for the subject to be included in the study.

#### *Diagnostic symptom check list*

Four of seven cardinal symptoms of schizophrenia (thought or speech disorder, catatonic motor behavior, paranoid ideation, blunted or inappropriate emotion, disturbance of social behavior and interpersonal relations, hallucinations and delusions) had to be present for inclusion in the study. This scale was used as a screening device in the original large scale collaborative psychopharmacology study of neuroleptics in newly admitted patients. However, only *two* of seven symptoms were required for inclusion in that protocol (Cole *et al.* 1964).

The following measures obtained at admission are *not* used for purposes of inclusion/exclusion:

#### *Center-Strauss-Bartko (1974) Schizophrenia scale*

A five point sign and symptom scale to identify persons with schizophrenia.

#### *Confidence of diagnosis*

A diagnostic interview based 7-point scale that asks the interviewer to rate his/her degree of confidence that the patient is schizophrenic.

On Vaillant's (1964) scale, three variables are included; duration of symptoms (longer or less than 6 months) and presence or absence of confusion and precipitating events.

