



# Social Cognition Intervention for Schizophrenia and Its Classification

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## DESCRIPTION

Efforts to use cognitive remediation in psychosocial intervention for schizophrenia have increasingly incorporated social cognition as a treatment target. A distinction can be made in this work between “broad based” interventions, which integrate social cognitive training within a multicomponent suite of intervention techniques and “targeted” interventions; which aim to enhance social cognition alone. Targeted interventions have the potential advantage of being more efficient than broad based interventions; however, they also face difficult challenges. In particular, targeted interventions may be less likely to achieve maintenance and generalization of gains made in treatment. A novel potential solution to this problem is described which draws on the social psychological literature on social cognition. Over the past twenty years, it has become clear that front line treatments for schizophrenia, in particular medication, do not yield sufficient improvement in functional outcome in this population. Thus, treatment developers have sought new intervention approaches. Prominent among these has been neurocognitive training (we use the term “neurocognitive” rather than “cognitive” to draw a clearer contrast for the reader between neurocognition and social cognition.), which aims to improve basic cognitive functions through compensatory strategies and remediated practice. Although still a relatively young field, research now suggests that neurocognitive training can enhance cognitive functioning among individuals with schizophrenia, and there is growing evidence that it can improve functional outcomes. Importantly, the effect of neurocognitive training on functional outcomes appears to be greatest when it is bundled within a broader treatment package that includes more functionally proximal interventions, such as vocational placement. Recognizing the importance of targeting functionally proximal domains in treatment, some researchers have incorporated social cognition as an intervention target in psychosocial treatment for schizophrenia. Social cognition refers to the mental operations underlying interpersonal functioning. In schizophrenia research, it most often is seen as comprising emotion perception (the ability to infer others’ emotional states), theory of mind (ToM; the ability to infer others’ mental states),

and attributional bias (individual tendencies in explaining the causes of social events).

As a treatment target, social cognition has the advantage of being conceptually more proximal to, and more strongly correlated with, social functioning than are traditional neurocognitive domains. Social cognition also appears to mediate the relationship between neurocognition and social functioning. Thus, social cognition is a highly promising treatment target for improving social functioning in schizophrenia. Despite the promise of social cognitive intervention, this is a young research area that is facing several important obstacles. These include inconsistency in the conceptualization and measurement of social cognition and equivocal support for the efficacy of emerging social cognitive interventions. The current paper addresses one particular problem facing social cognitive intervention research: The generalization and maintenance of treatment gains. Specifically, we examine whether improvements in social cognition generalize to social functioning improvements and are maintained through time, or whether it may be necessary to bundle social cognitive intervention with behavioral interventions, as has been successful in neurocognitive training programs.

To date, social cognitive intervention techniques have combined elements of neurocognitive training with elements of cognitive psychotherapies. Elements adapted from neurocognitive training include highly domain specific computerized drill and repeat practice, as in various face emotion perception training programs. Cognitive therapy elements include graded confidence judgments and psycho education regarding the interaction of thoughts, cognitions, and feelings. However, social cognitive interventions can be distinguished from traditional cognitive therapy in the former’s emphasis on cognitive process rather than content. Where cognitive therapy places relatively greater emphasis on static beliefs, social cognitive therapy places greater emphasis on content neutral processing capacities (e.g., the ability to infer mental and emotional states) and processing biases. Social cognitive interventions can be divided roughly into broad based and targeted interventions. Broad based interventions combine social cognitive treatment with social

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skills training, neurocognitive training, case management, and other intervention techniques. As such, they overlap considerably with the type of successful broad based neurocognitive training packages noted above and have the potential to enjoy the same benefits to generalization and maintenance of gains that are conferred through such intensive

and multilevel intervention packages. On the other hand, targeted social cognitive interventions focus treatment solely on the remediation of one or more social cognitive domains at the exclusion of neurocognition, behavioral social skills training, or other intervention modalities.