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A BROAD-BASED REMEDIATION APPROACH: THE INTEGRATED NEUROCOGNITIVE THERAPY (INT)

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**Objective:** Cognitive functions have a decisive influence and prognostic value for functional recovery. The NIMH MATRICS initiative established a consensus on neuro-cognitive and social cognitive domains relevant for the treatment of schizophrenia. Against this background we developed the Integrated Neurocognitive Therapy (INT) covering all MATRICS domains. INT is strongly based on therapeutic principles of the Integrated Psychological Therapy (IPT) designed by our research team several years ago. INT is partly computer based and intends to reconstitute and compensate neuro-cognitive and social cognitive functions.

**Methods:** INT was evaluated in an international multi-site RCT with centers in Switzerland, Germany, and Austria. The Swiss National Science Foundation supported this study. INT was compared with a treatment as usual control condition (TAU). INT patients received 30 therapy sessions twice a week. 169 schizophrenia outpatients participated in the study.

**Results:** Using an ANOVA model, INT groups show superior effects after therapy and 1-year follow-up in proximal outcomes of neuro- and social cognition. Significant effects are evident in most of the MATRICS-domains. Additionally, significant effects in more distal outcomes are evident for INT patients in psychosocial functioning and negative symptoms after therapy and at follow-up. A low drop-out rate of 12% of the INT patients indicates a high acceptance by the patients.

**Conclusions:** Results support evidence for the efficacy of INT in proximal and distal outcome dimensions. Further evaluations on INT have to investigate its relevance for different psychotic populations such as young early psychotics and more chronic older patients.