In considering the use of skills training, the Work Group determined that the benefits outweighed the harms because no harms were identified in the systematic evidence review. Patient values and preferences vary somewhat because of individual preferences, although the patient population demonstrated a general acceptance of skill interventions. Skills training interventions are widely available in VA, including the national rollout of social skills training,

The Work Group systematically reviewed evidence related to this recommendation. Therefore, it is categorized as *Reviewed, New-added*.(193-202, 204) The Work Group's confidence in the quality of the evidence was very low. The body of evidence had some limitations relating to the small sample sizes across the evidence base and a range of methodological flaws, including problems with masking and blinding of the outcome assessor and lack of follow-up. Another important weakness in the evidence was the absence of consideration for more proximal outcomes of skill performance. It should be noted, however, that in a meta-analysis of conventional social skills training (published before the search window for the current CPG systematic evidence review and, therefore, not impacting the strength of the recommendation), skills training produced significant effects on proximal measures of skill (i.e., evidenced in role-play tests) and more distal measures of community functioning.(205) Thus, the Work Group made the following recommendation: We suggest offering skills training for individuals with schizophrenia evidencing severe and persistent functional impairments and/or deficits in social, social-cognitive, and problem-solving skills.

Additional research should focus on how best to encourage the generalization of newly learned skills by individuals with schizophrenia to their everyday environments. Future work must examine the effectiveness of remote delivery of skills training using virtual technology.

Recommendation

25. There is insufficient evidence to recommend for or against transcranial direct current stimulation and repetitive transcranial magnetic stimulation for individuals with schizophrenia.
    (Neither for nor against | Reviewed, New-added)

Discussion

Evidence on the effectiveness of transcranial direct current stimulation (tDCS) in reducing negative symptoms in schizophrenia or other psychotic disorders (e.g., schizoaffective disorder, delusional disorder) included one SR with 15 constituent RCTs. These RCTs reported 16 trials comparing tDCS+TAU to sham+TAU.(206) An analysis of 14 trials reporting negative symptoms showed a significant reduction in these symptoms as measured by the PANSS negative subscale scores in the active group versus sham groups, with follow-up for up to three months. These findings were also maintained in trials of individuals with a diagnosis of schizophrenia only and in trials using two treatment sessions per day. When evaluating adverse effects, no statistically