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# Can a nonviolent communication program help adults with schizophrenia communicate more effectively?

**Submission date**
18/11/2026

**Recruitment status**
No longer recruiting

**Registration date**
18/11/2026

**Overall study status**
Ongoing

**Last Edited**
18/11/2026

**Condition category**
Mental and Behavioural Disorders

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[X] Record updated in last year

## Plain English summary of protocol

Background and study aims
Some people with schizophrenia find it hard to express what they need or to talk through disagreements. This study asks whether adding group communication training to usual care helps adults with schizophrenia communicate more effectively. It also looks at changes in pulse measurements relating to stress and in psychiatric symptoms.

Who can participate?
Patients aged 19 to 64 years who had a diagnosis of schizophrenia and were receiving care at one of two psychiatric hospitals or two community mental health centres in South Korea. They needed to have taken their prescribed antipsychotic medication consistently for 3 months and to be able to read and answer a questionnaire themselves.

What does the study involve?
Each hospital or centre was assigned by chance to one of two groups. Everyone continued their usual care. People at the two training sites were offered ten 1-hour group sessions. They practised describing what happened, talking about feelings and needs, making requests, and listening to others. At three visits, participants are asked to complete a communication questionnaire, speak with a trained assessor and wear a clip on one earlobe for a 1-minute pulse recording. The visits take place before training, just after it ends and 4 weeks later.

What are the possible benefits and risks of participating?
The group sessions offer practice in expressing feelings and needs and in listening to other people. How much this helps is uncertain. Talking about personal experiences may feel uncomfortable. The ear clip may cause brief discomfort. Participants can take a break or stop taking part at any time. Their usual care continues.

Where is the study run from?
Chungnam National University (South Korea)

When is the study starting and how long is it expected to run for?
August 2026 to November 2026

Who is funding the study?
Investigator initiated and funded

Who is the main contact?
Hong gyu Park, hgdear@gmail.com

# Contact information

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Principal investigator

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# Additional identifiers

# Study information

### Scientific Title
A cluster-randomised controlled trial of nonviolent communication program for communication skills, stress and psychiatric symptoms in adults with schizophrenia

### Study objectives
To assess whether adding a nonviolent communication programme to usual care improves communication skills in adults with schizophrenia compared with usual care alone.

Secondary objectives are to assess changes in physiological measures related to stress and in psychiatric symptom severity.

## Ethics approval required
Ethics approval required

## Ethics approval(s)
Approved 02/06/2026, Chungnam National University Institutional Review Board (Room 301, Administration Building Annex (E7-1), Chungnam National University, 99 Daehak-ro, Yuseong-gu, Daejeon, 34134, Korea, South; +82 (0)42 821 5293; irb@cnu.ac.kr), ref: 202511-SB-228-01

## Primary study design
Interventional

## Allocation
Randomized controlled trial

## Masking
Blinded (masking used)

## Control
Active

## Assignment
Parallel

## Purpose
Treatment

## Study type(s)

## Health condition(s) or problem(s) studied
Schizophrenia

## Interventions
The institution was the unit of randomisation. Sealed Envelope’s online randomisation tool (https://www.sealedenvelope.com/) was used to randomise the four participating institutions. Randomisation was stratified by institution type. The two psychiatric hospitals formed one stratum, and the two community mental health welfare centres formed the other. Within each stratum, one institution was allocated to the nonviolent communication program plus usual care and the other to usual care alone. Individual participants were subsequently recruited into the study arm assigned to their institution.

The intervention arm received a group nonviolent communication programme in addition to usual care. Ten 60-minute sessions were delivered between 18 August and 27 October 2026. The programme manual uses discussion, paired practice and role-play to teach participants to describe observations, express feelings, identify needs, make requests and listen to others with empathy.

The control arm continued the usual care provided by its institution during the study.

Both arms followed the same assessment schedule. Outcome assessors were blinded to group allocation. Participants and intervention providers knew the allocation.

### Intervention Type
Behavioural

### Primary outcome(s)
1. Communication skills measured using the total score on a 30-item Korean self-report communication skills scale. Each item is rated from 1 to 5. Total scores range from 30 to 150, with higher scores indicating better communication skills. Measured at baseline (before the intervention), immediately after the intervention, and 4 weeks after the intervention.

### Key secondary outcome(s)
1. Device-reported heart rate variability index (HRV index) measured using a 1-minute optical pulse recording at the earlobe using the OMNIFIT MINDCARE system at baseline (before the intervention), immediately after the intervention (after 10 weeks), and 4 weeks after the intervention.

2. Stress resistance standard deviation of normal-to-normal intervals (SDNN), in milliseconds, measured using a 1-minute earlobe pulse recording using OMNIFIT MINDCARE at baseline (before the intervention), immediately after the intervention, and 4 weeks after the intervention.

3. Low-frequency to high-frequency power ratio (LF/HF ratio) measured using a 1-minute earlobe pulse recording using OMNIFIT MINDCARE at baseline (before the intervention), immediately after the intervention, and 4 weeks after the intervention.

4. Psychiatric symptom severity measured using the total score on the 18-item Brief Psychiatric Rating Scale (BPRS), assessed by interview and observation. Each item is rated from 0 to 6. Total scores range from 0 to 108, with higher scores indicating more severe symptoms. Measured at baseline (before the intervention), immediately after the intervention, and 4 weeks after the intervention.

### Completion date
24/11/2026

## Eligibility

### Key inclusion criteria
1. Aged 19 to 64 years and either admitted to a psychiatric ward at a participating hospital or registered with a participating community mental health welfare centre
2. Schizophrenia diagnosed by a psychiatrist according to Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria
3. Stable use of prescribed antipsychotic medication for the preceding 3 months, as confirmed by the treating physician.
4. Able to communicate and to read and answer the questionnaire independently
5. Voluntary written informed consent from the participant, with written consent from the representative specified in the protocol

### Healthy volunteers allowed
No

### Age group
Adult

### Lower age limit
19 Years

### Upper age limit
64 Years

### Sex
All

### Total final enrolment
36

### Key exclusion criteria
1. Comorbid intellectual disability or an organic mental disorder
2. Unstable symptoms that impeded group participation. This criterion required at least one of the following in the preceding 2 weeks
2.1. Close observation for a high risk of harm to self or others, as judged by the treating physician
2.2. Documented severe agitation or aggression requiring seclusion, restraint or emergency intervention
2.3. Acute psychotic deterioration with a Brief Psychiatric Rating Scale score of 6 or higher on hallucinatory behaviour or unusual thought content
2.4. Delirium, disorientation, severe thought disorganisation, catatonia, substance intoxication or withdrawal that prevented communication or group participation, as judged by the physician or documented in the clinical record
3. Diagnosed hypertension or cardiovascular disease that could affect heart rate variability, with related treatment or medication within the preceding 6 months

### Date of first enrolment
14/08/2026

### Date of final enrolment
14/08/2026

## Locations

### Countries of recruitment
Korea, South

## Sponsor information

### Organisation
Chungnam National University

### ROR
https://ror.org/0227as991

# Funder(s)

**Funder type**

**Funder Name**
Investigator initiated and funded

# Results and Publications

**Individual participant data (IPD) sharing plan**
Researchers may request anonymised participant-level data underlying the published findings from Professor Moonhee Gang (mhgang@cnu.ac.kr). Each request will be considered individually. Data may be released only after the required written consent for third-party sharing and ethics review have been obtained.

**IPD sharing plan summary**
Available on request