The impact of cognitive behavioral therapy on psychotic symptoms within a community-based early intervention for psychosis

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INTRODUCTION

- The majority of previous research on treatment for psychotic disorders has included inpatient or stabilized outpatient clinical samples (Granholm et al. 2007), despite the fact that the majority of individuals with schizophrenia receive regular care through community-based treatment programs.
- Significant prior research supports the clinical efficacy of Cognitive Behavioral Therapy for Psychosis (CBTp) as an effective treatment for reducing the severity of schizophrenia-related symptoms (Hutton & Taylor, 2013).
- In order to asses the impact of CBTp on psychotic symptoms, most studies utilize baseline and 1-year follow up assessments, and as a result, fail to document the gradual changes in psychotic symptoms that may occur throughout the first year of treatment (Rector & Beck, 2001).

OBJECTIVES

- The current study will address the gap in the current literature by investigating changes in psychotic symptoms that occur in patients of a community-based 2-year early psychosis treatment program that utilizes CBTp as the primary intervention.

HYPOTHESIS

- Clients will demonstrate consecutive reductions in psychotic symptoms between assessments over a 1-year and 2-year treatment period.

METHODS

Participants

- PREP clients across 5 counties with baseline, 6 month, and 12 month clinician evaluations completed.
- N = 98
- Age: range 14 to 31 years old; M = 20.33, SD = 3.51
- Gender: 70 males (71%), 27 females (28%), 1 Other (1%).
- Ethnicity: 28 White (29%), 27 Latino/Hispanic (28%), 22 Asian American/Descent (23%), 17 Black/African America (18%).

Design

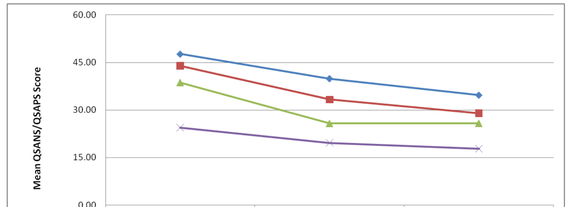
- The present study has a quasi-experimental design.
- The study uses data obtained by PREP clinicians.
- Data on client symptom severity was obtained at baseline (prior to receiving CBTp treatment), 6 and 12 months of treatment.
- Preliminary data was obtained for clients who completed all assessments during a 2-year program.

Measures

- Quick Assessment of Negative Symptoms scale (Q-SANS) to assess negative symptoms, and the Quick Assessment for Positive Symptoms scale (Q-SAPS) to assess positive symptoms, 2 items to assess distress associated with positive symptoms, and 3 items to assess disorganized symptoms.

RESULTS

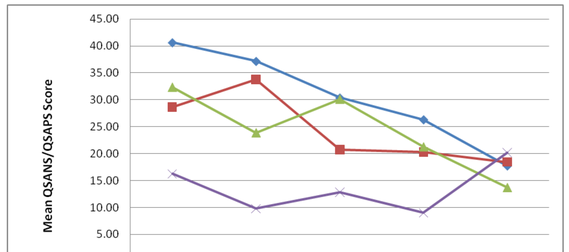
Symptom Reduction Over a 1-Year Treatment Period



	Baseline	6 Months	12 Months
Negative	47.67	39.88	34.64
Positive	43.93	33.30	28.99
Distress	38.61	25.73	25.80
Disorganized	24.45	19.65	17.74

All symptom changes were statistically significant (P's < 0.5; one-tailed paired t-tests), except for distress and disorganized symptom changes between 6 and 2 months.

Symptom Reduction Over a 2-Year Treatment Period



	Baseline	6 Months	12 Months	18 Months	24 Months
Negative	40.64	37.18	30.38	26.33	17.75
Positive	28.67	33.77	20.73	20.27	18.43
Distress	32.32	23.89	30.11	21.29	13.75
Disorganized	16.25	9.79	12.83	9.00	20.17

Results are preliminary. Statistical significance not reported due to small sample size (N=16).

CONCLUSIONS

- Clients demonstrated an ongoing reduction in positive and negative symptoms throughout 2 years of treatment, while distress symptoms significantly decreased only during the first 6 months. Preliminary data suggest that the greatest reduction in distress symptoms occur during the 2nd year of treatment.
- Therefore, future outpatient clinics are cautioned against designing programs that provide treatment for less than 2 years, as this may deprive clients of much needed symptom relief.
- Disorganized symptoms only significantly reduced during the first six months of treatment, while preliminary data demonstrated a significant increase in disorganized symptoms at the end of the treatment. These results suggest that the present clinical intervention may not be effectively addressing disorganized symptoms.

LIMITATIONS

- Lack of a control group
- High levels of both clinical and research staff turnover that lead to inconsistencies in data collection
- High client drop out rate

FUTURE DIRECTIONS

- Replications utilizing an experimental design are warranted.
- Based on the present findings as well as the lack of prior research on CBTp and disorganized symptoms, additional research is necessary to establish the clinical efficacy of CBTp as an effective treatment for disorganized symptoms.

PREP Prevention and Recovery in Early Psychosis

- PREP is aimed at transition age youth experiencing early onset psychosis. It has treated over 300 individuals in 5 CA counties.
- PREP uses CBTp as the primary intervention.
- PREP also offers algorithm-based medication management, individual placement and support, multi-family groups, cognitive remediation, and strength-based care management.

References

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