



Congrès

**INTERVENTION
PRÉCOCE ET
PRÉVENTION DES
PSYCHOSES**

Connaissances
actuelles
et orientations
futures

Conference

**EARLY
INTERVENTION
IN PSYCHOSIS**

Current knowledge
and future
directions

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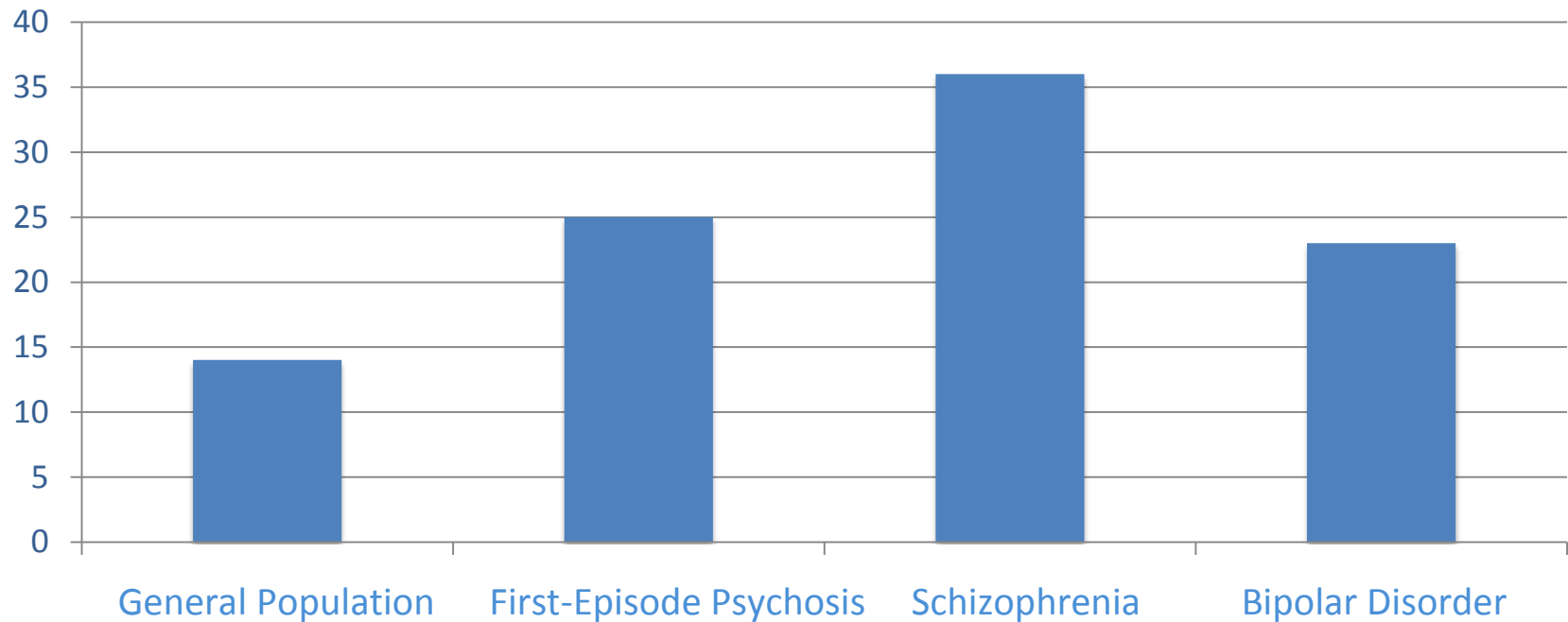
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Social Anxiety and Schizophrenia: Why study this comorbidity?

PREVALENCE OF SOCIAL ANXIETY IN PSYCHOSIS



IMPACT OF SOCIAL ANXIETY IN SCHIZOPHRENIA

Clinically:

- Increases the risk for relapse and hospitalization (Penn, et al., 1994)
- Increased risk of suicide (Cosoff & Hafner, 1998)

Functionally:

Social anxiety affects –

- Employability
- Education
- Interpersonal relationships

Cognitive-Behavioral Therapy for the treatment of Social Anxiety Symptoms: Developing a Novel Group Intervention

CURRENT LIMITATIONS

Current intervention-programs are:

- Too brief
- Do not validate diagnosis of a comorbid condition
- Do not target dysfunctional beliefs about the self
(Birchwood, 2007; Gumley et al., 2004)
- Do not consider the **multifaceted nature of social anxiety**

UNDERPINNINGS OF THE PROPOSED INTERVENTION

- Intervention program specifically adapted to incorporate notion of dysfunctional thoughts, beliefs and attitudes about self as related to the illness.
 - Consideration of the psychotic dimension
- Given high prevalence of cognitive deficits in psychosis, sessions were presented at slower pace.
 - Written summaries key aspects of therapy offered (i.e. grade 8 reading level).

RESEARCH AIMS

The main objective of our pilot study:

- To evaluate the feasibility of a manualized cognitive-behavioral group intervention.
- To report the preliminary data on the effectiveness of the intervention.

HYPOTHESIS ?

METHODS

Recruitment: 23 participants

Douglas Institute - Prevention and Early Intervention Program for Psychoses
and First Episode Psychosis Program

- Inclusion Criteria:

- 18 – 50 years old
- Dx Schizophrenia (SCID-I)
- Sx Social Anxiety (Above SA cut off scores)
- Clinically stable (functional)
- Level of Education > 8 years

- Exclusion criteria:

- Participation in psychotherapy
- Medication non-adherence > 6 weeks
- Hospitalization
- SAPS Scores > 3

FEASIBILITY OF THE INTERVENTION

- Recorded by relying on group attendance and qualitative self-report feedback provided by the participants at the time of the post-treatment assessment.
- Questions such as perceived treatment benefits, acceptability and therapeutic gains were asked.

OUTCOME MEASURES

Assessment of Social Anxiety Symptoms

- Social Interaction Anxiety Scale - SIAS (Mattick et Clarke, 1998)
- Social Phobia Inventory - SPIN (Connor et al., 2000)
- Brief Social Phobia Scale - BSPS (Davidson, et al., 1991, 2000)
- SCID-I (Social Phobia Subscale)

Assessment of Psychotic Symptoms

- SAPS
- SANS
- SCID-I

Other Assessments

- The Calgary Depression Scale Schizophrenia (Addington, Addington, & Schissel, 1990)
- Internalized Stigma of Mental Illness Scale – ISMIS (Ritsher et al., 2003)
- Indiana Psychiatric Interview - IPII (Lysaker et al., 2002)

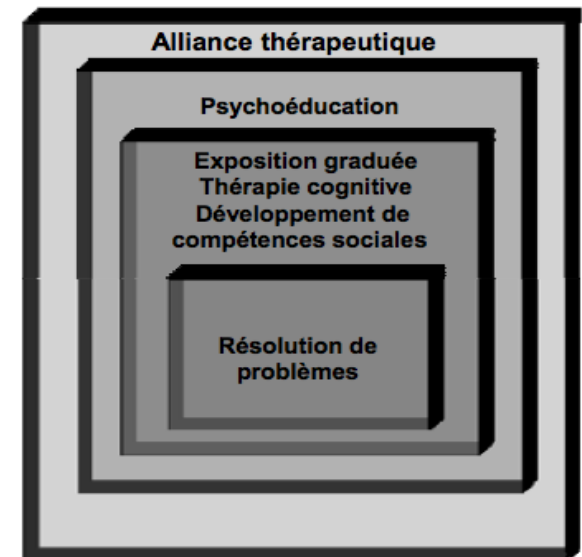
TIMES OF EVALUATION

- T1: Baseline (prior to the onset of group therapy);
- T2: Post-treatment (within two weeks of having completed the 14-week intervention program);
- T3: Follow-up (3-6 months following the post-treatment evaluation).

STRUCTURE OF INTERVENTION

- French or English
- Led by a Therapist and co-therapist (Psychologists / Ph.D. Students)
- 14 weeks / 1.5 hours weekly
 - Week 1: Introduction
 - Week 2: Psychoeducation on Social Anxiety
 - Week 3: Psychoeducation on Stress
 - Week 4: Psychoeducation on Psychosis / Stigma
 - Week 5: Introduction to Cognitive Distorsions
 - Week 6: Cognitive Restructuring
 - Week 7: Social Skills Training – Part I
 - Week 8: Social Skills Training – Part II
 - Week 9: Exposure – Part I
 - Week 10: Exposure – Part II
 - Week 11: Exposure – Part III
 - Week 12: Relapse Prevention
 - Week 13: Maintaining Gains
 - Week 14: Social Activity

Organisation hiérarchique des stratégies d'interventions



Evaluation of Social Anxiety Symptoms: Multidimensional perspective

SYMPTOM DIMENSIONS OF SOCIAL ANXIETY

•Cognitive

- Hyper self awareness (hypervigilance, uneasy)
- Feeling of inferiority (“I don’t measure up”)
- Fear of being negatively evaluated (“They won’t like me”)

• Physiological

- Blushing, sweating, trembling, shaking
- Panic attacks may occur during social interactions

• Behavioral

- Avoidance, poor eye contact, withdrawn, isolation

STABILITY OF SOCIAL ANXIETY OVERTIME

- A recent study showed that anxiety disorders seemed to be the most persistent comorbid condition in a FEP sample across time (Pope et al., 2012).
- These findings suggest that untreated anxiety would show little change over time.

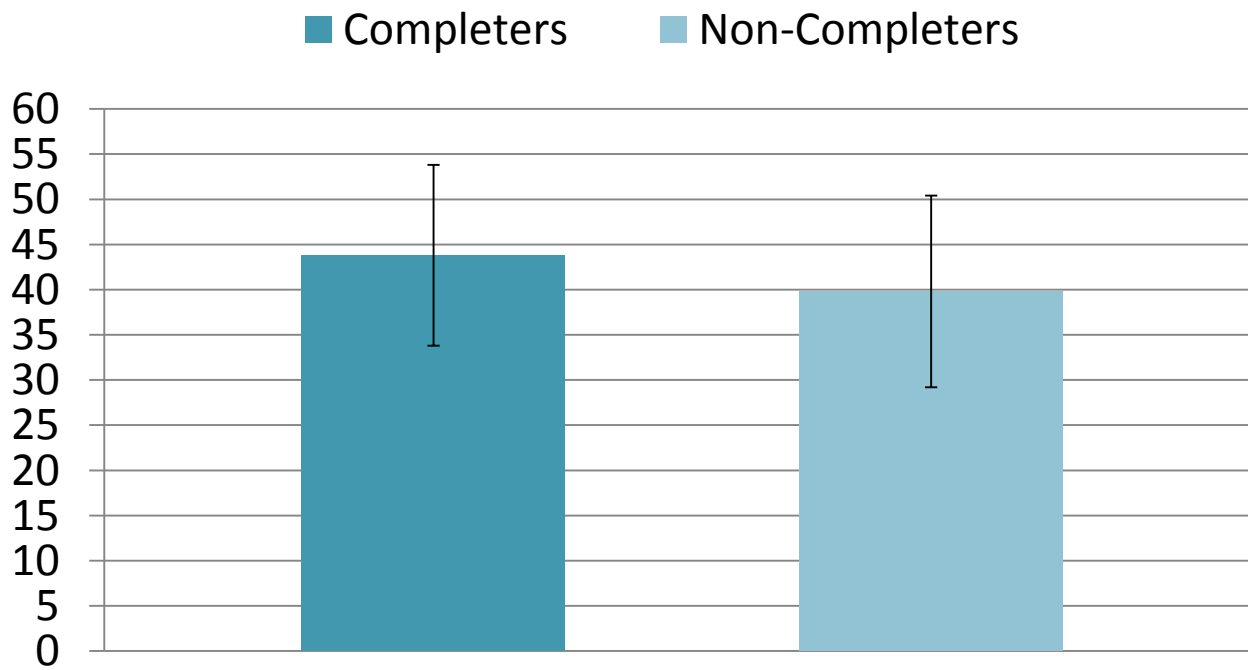
Cognitive-Behavioral Therapy Group for Social Anxiety in FEP: Results – FEASIBILITY

FEASIBILITY OF THE INTERVENTION

- Qualitative data (IPII) - Post intervention assessment:
 - Participants describe the intervention as useful, practical and enjoyable.
 - Participants were generally satisfied with the intervention and highlighted several perceived benefits:
 - Mastery over the discomfort associated with manifestation of anxiety;
 - Increased social exposure;
 - More hopeful about the future.
 - Overall attendance rate of completers was 95%
 - Dropout rate of approximately 10% was slightly below that of other studies.
 - Therapists reported on the ease of implementing manuals could be and the appropriateness of content.

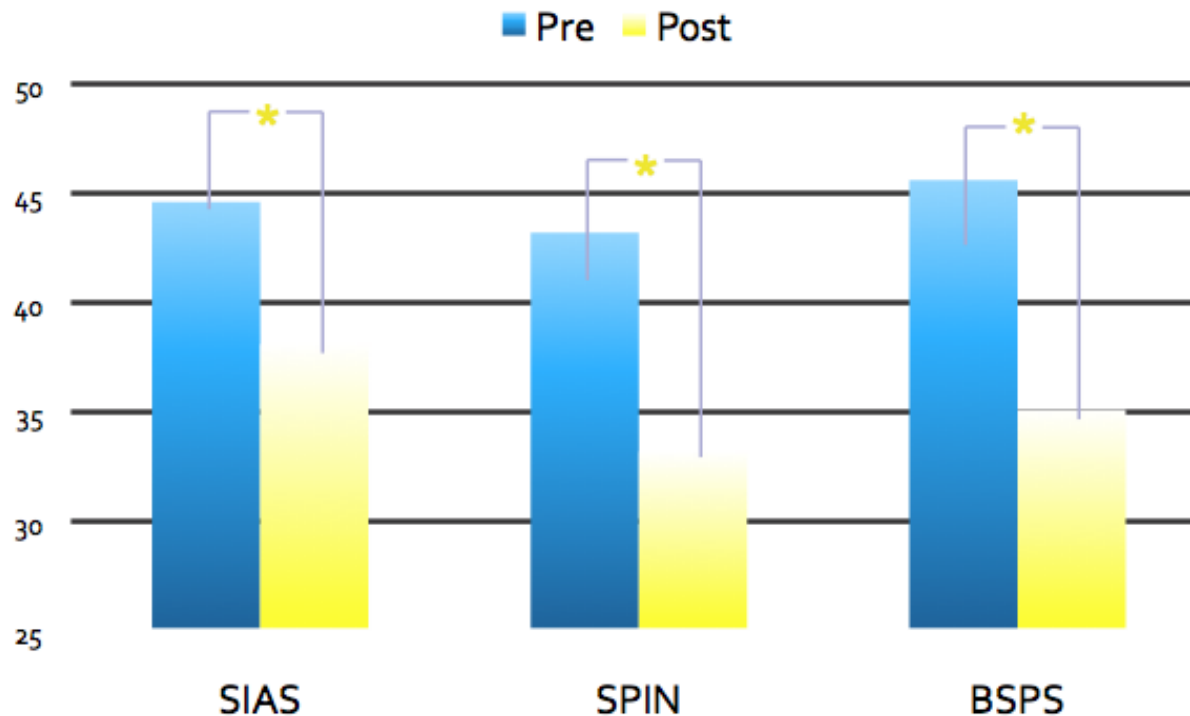
Cognitive-Behavioral Therapy Group for Social Anxiety in FEP: Results – PRELIMINARY EFFECTIVENESS

COMPLETERS VERSUS NON COMPLETERS SOCIAL ANXIETY SYMPTOMS



No significant difference between completers and non-completers at baseline on all measures of social anxiety, psychotic Sx and general psychopathology

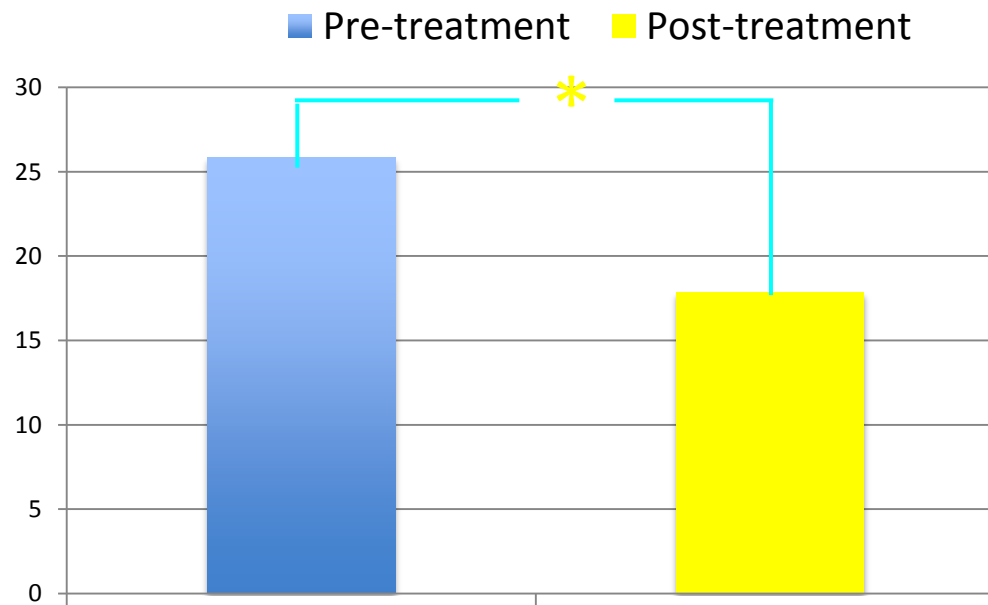
GROUP CBT COMPLETERS SOCIAL ANXIETY SYMPTOMS



* 2-tailed sig.

At the end of the 14-week group intervention there appears to be a significant reduction in the severity of social anxiety symptoms

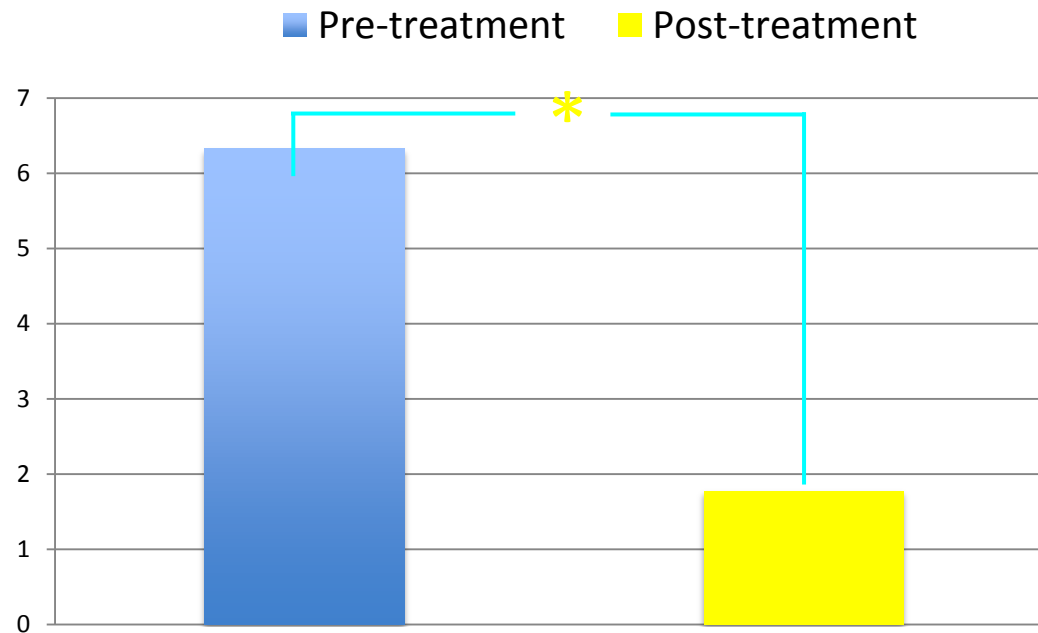
GROUP CBT COMPLETERS PSYCHOTIC SYMPTOMS (SANS)



* 2-tailed sig.

At the end of the 14-week group intervention there appears to be a significant reduction in negative symptoms

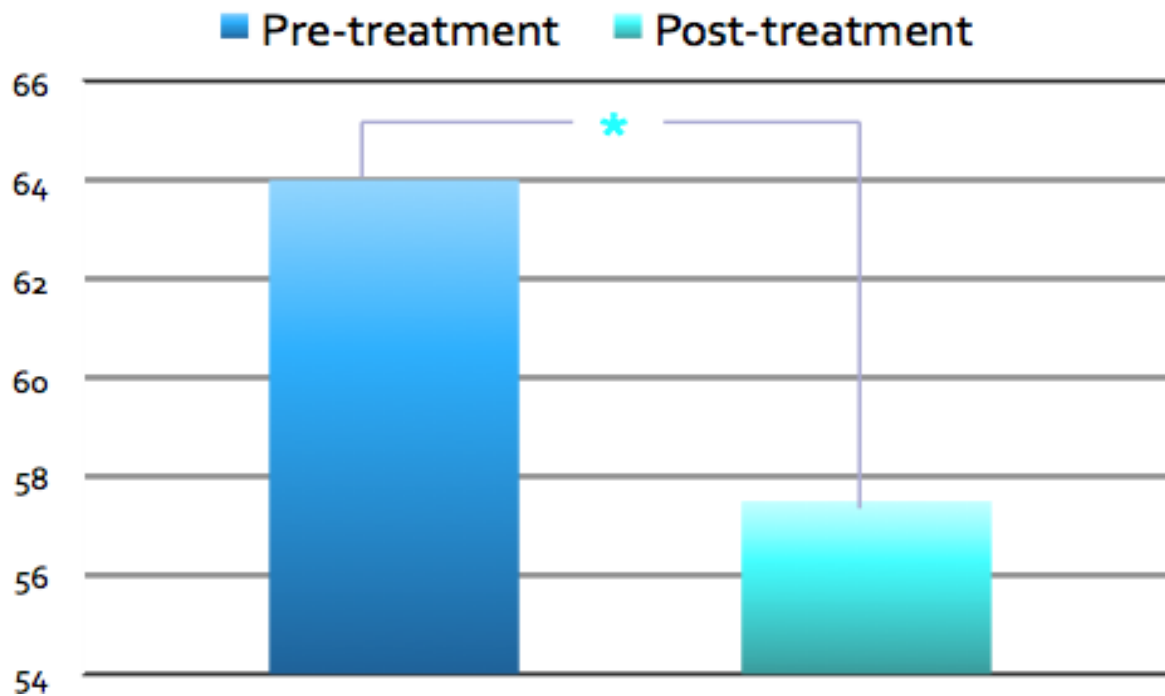
GROUP CBT COMPLETERS DEPRESSION (CDSS)



* 2-tailed sig.

At the end of the 14-week group intervention there appears to be a significant reduction in symptoms of depression

COMPLETERS VERSUS NON COMPLETERS STIGMA



At the end of the 14-week group intervention there appears to be a significant reduction in levels of stigma

PRELIMINARY RESULTS - EFFECTIVENESS

Variables	Treatment Outcomes	
	Effect size <i>d</i>	Mean Effect size
Social Anxiety Measures		
SIAS (N=28)	1.04	0.97
SPIN (N=27)	0.93	
BSPS (N=27)	0.95	
Psychotic Symptomatology		
SAPS (N=18)	0.17	0.41
SANS (N=15)	0.64	
General Psychopathology		
CDSS (N=13)	1.25	0.89
ISMI (N=18)	0.53	
BCIS (N=16)*	0.08 *	

FOLLOW-UP

- The results of the analyses revealed that symptoms of *social anxiety remained significantly lower when compared to baseline (pre-intervention) ratings*
 - SPIN [t(14) = -4.81, p = .014]
 - BSPS [t(14) = 2.27, p = .039]
 - SIAS result was no longer significant [t(14) = 1.81, p = .091] *
* 2-tailed significance
- Improvements on the ISMI at follow-up remained significant [t(9) = 2.55, p = .031]

OVERVIEW OF FINDINGS

- No symptomatic differences at baseline (pre-treatment) between completers (n=23) and non-completers (n=3).
- 95% attendance rate in completers (n=23).
- Qualitative data highlights participants describe the intervention program as useful, practical and enjoyable.
- Preliminary results point to symptomatic reduction following the intervention.
 - Social anxiety, Negative Sx, Depression, Self-Stigma

CONCLUSIONS

- The proposed group manualized intervention is feasible (i.e. easily implementable and accurate content).
- Preliminary results on the effectiveness of the intervention support the need for a randomized control trial.
- Future research should examine the relative efficacy of this brief manualized CBGT intervention for the treatment of social anxiety and psychotic symptoms in a larger randomized controlled trial.



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