INTRODUCTION

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

Sarah Levinson, Melissa More, PhD, Bob Bennett, MA, Julia Godzikovskaya, MA, Sarah Eteminan, Ana Padilla, Scott Ewing, Kyle Firek
Felton Institute, San Francisco

The majority of previous research on treatment for psychotic disorders has included inpatient or stabilized outpatient clinical samples (Grantholm 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 assess 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 assessing changes in psychotic symptoms between assessments over a 1-year and 2-year treatment period.

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; M = 20.33, SD = 3.51
- Gender: 70 males (71%), 27 females (28%), 1 Other (1%)
- Ethnicity: 28 White (29%), 32 Latino/Hispanic (33%), 22 Asian American/Disc (23%), 17 Black/African American (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

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

M = 20.33, SD = 3.51

ANCOVA with symptom severity at baseline as covariate reveals significant decreases over 12 months.

CBTp and disorganized symptoms, additional research is necessary to establish the clinical efficacy of CBTp as an effective treatment for disorganized symptoms.

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.

REFERENCES