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Knowledge Bites Lunch 'n' Learn

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Psychological Interventions with Youth At-Risk for Psychosis

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At-Risk for Serious Mental Illness

- ▶ Most serious mental illnesses begin in adolescence or early adulthood.
- ▶ We have been conducting studies with youth at risk for serious mental illness since 2008.
- ▶ Most of our studies involve youth at clinical high risk (CHR) of developing psychosis.

- ▶ Goals are to:
 - ▶ Determine predictors & mechanisms of developing psychosis.
 - ▶ Develop interventions to prevent psychosis.

Clinical-High Risk for Psychosis

- ▶ No current or past diagnosis of psychotic disorder
- ▶ Meet well established criteria for being at risk of developing psychosis
 - ▶ Attenuated Psychotic Symptom Syndrome
 - ▶ Subthreshold psychotic symptoms
 - ▶ Symptoms have to have been present in the past year
 - ▶ Genetic Risk and Deterioration Syndrome
 - ▶ First degree relative with a psychotic illness plus a recent significant decline in functioning

Attenuated Psychotic Symptoms

- ▶ Attenuated or subthreshold psychotic symptoms
 - ▶ Unusual thought content
 - ▶ Suspiciousness
 - ▶ Grandiosity
 - ▶ Perceptual abnormalities
 - ▶ Disorganized communication
- ▶ Tenacity - how much insight
- ▶ Distress - how distressed they are
- ▶ Interference with their life

Presenting Concerns & Difficulties of those at CHR

- ▶ Range of comorbid diagnoses especially depression & anxiety.
- ▶ Social, role and premorbid functioning deficits often equivalent to those seen in first episode patients.
- ▶ Poor cognitive performance
- ▶ Reports of increased early trauma, bullying and perceived discrimination compared to healthy controls.

Outcomes

- ▶ Approximately 15-20% develop psychosis within 2 years
 - ▶ Unfortunately most follow-ups are 2 years or less
- ▶ Outcomes for those who do not develop psychosis
 - ▶ In remission from attenuated psychotic symptoms
 - ▶ Fluctuating attenuated psychotic symptoms
- ▶ Plus CHR youth often have other poor outcomes.

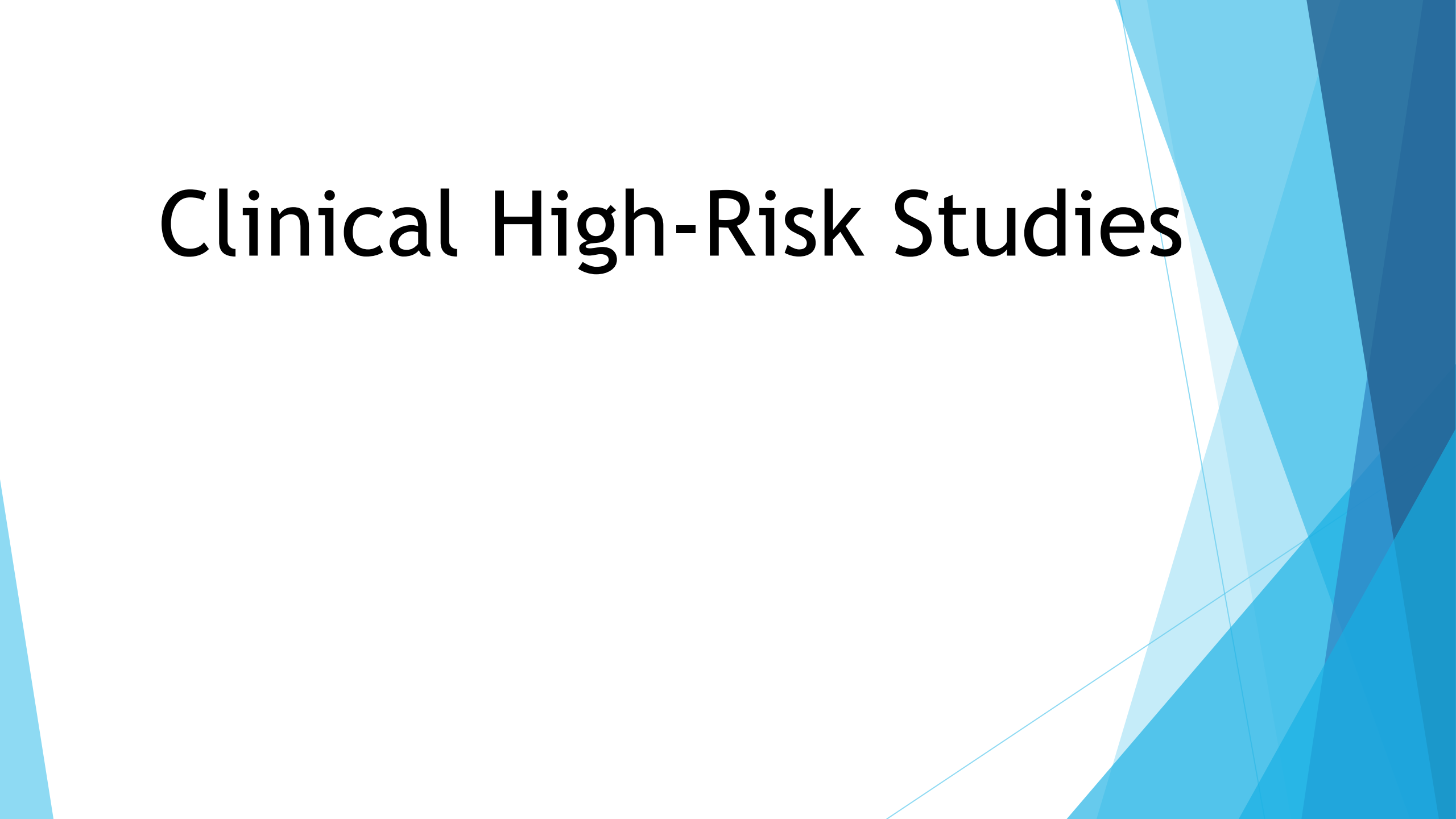
Clinical Heterogeneity in CHR

- ▶ Approximately 15- 20% go on to develop full blown psychotic illness.
- ▶ Heterogenous outcomes
 - ▶ Attenuated symptoms
 - ▶ Other psychiatric disorders
 - ▶ Poor functioning even when attenuated psychotic symptoms remit
 - ▶ Neurocognitive difficulties

Revised Research Goals

- ▶ Determine predictors & mechanisms of developing psychosis.
- ▶ Develop interventions to prevent psychosis.
- ▶ Develop and test interventions that may help the wide-range of outcomes experienced by these young people at risk of psychosis.
- ▶ Treatment specific for the problem.

Clinical High-Risk Studies

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UPLIFT

- ▶ To examine the effects of family treatment in improving symptoms in CHR youth (12-25).
- ▶ Random assignment to: Family-Focused Treatment or Enhanced Care

UPLIFT treatment

- ▶ Family-focused treatment
 - ▶ 18 sessions; 12 weekly, 6 bi-weekly
 - ▶ Engagement & psychoeducation, communication training, problem-solving skills training
- Or
- ▶ Enhanced care
 - ▶ 3 weekly sessions of psychoeducation
 - ▶ 5 monthly sessions of individual support

Emerging Adults: STEP-CHR

- ▶ To determine how much and what kind of therapies are most effective for helping CHR youth (12-25) to address their concerns such as attenuated psychotic symptoms, depression, anxiety, or social functioning.
- ▶ To develop manualized therapies that would be available in Calgary clinical services.
- ▶ Treatment available for up to 18 months.
- ▶ Assessments at baseline, 2, 6, 12 and 18 months.

STEP-CHR Treatments

- ▶ Step 1: Psychoeducation and supportive therapy
 - ▶ (a) 8 weekly individual sessions, or (b) 8 weekly group sessions, or (c) individual sessions followed by group.
- ▶ Step 2: Individual cognitive-behavioral therapy (CBT) or group Cognitive-behavioral Social Skills Training (CBSST)
 - ▶ (a) 12 weekly individual sessions, or (b) weekly group therapy for 6-18 weeks, or (c) individual followed by group or (d) 8 sessions of CBT and daily tDCS for 3 weeks.
- ▶ Family stepped care (follow UPLIFT manuals)
 - ▶ Step 1: 3-4 psychoeducation sessions
 - ▶ Step 2: Up to 14 sessions of communication training and skills training

Transcranial Direct Current Stimulation (tDCS)

- Study takes up to 5 weeks
- Week 1
 - short clinical assessment, introductory individual CBT session
- Weeks 2, 3 and 4
 - 5 daily tDCS sessions - 20 mins during which they complete a CBT worksheet
 - 2 individual CBT sessions each week
- Week 5
 - End of study clinical assessment

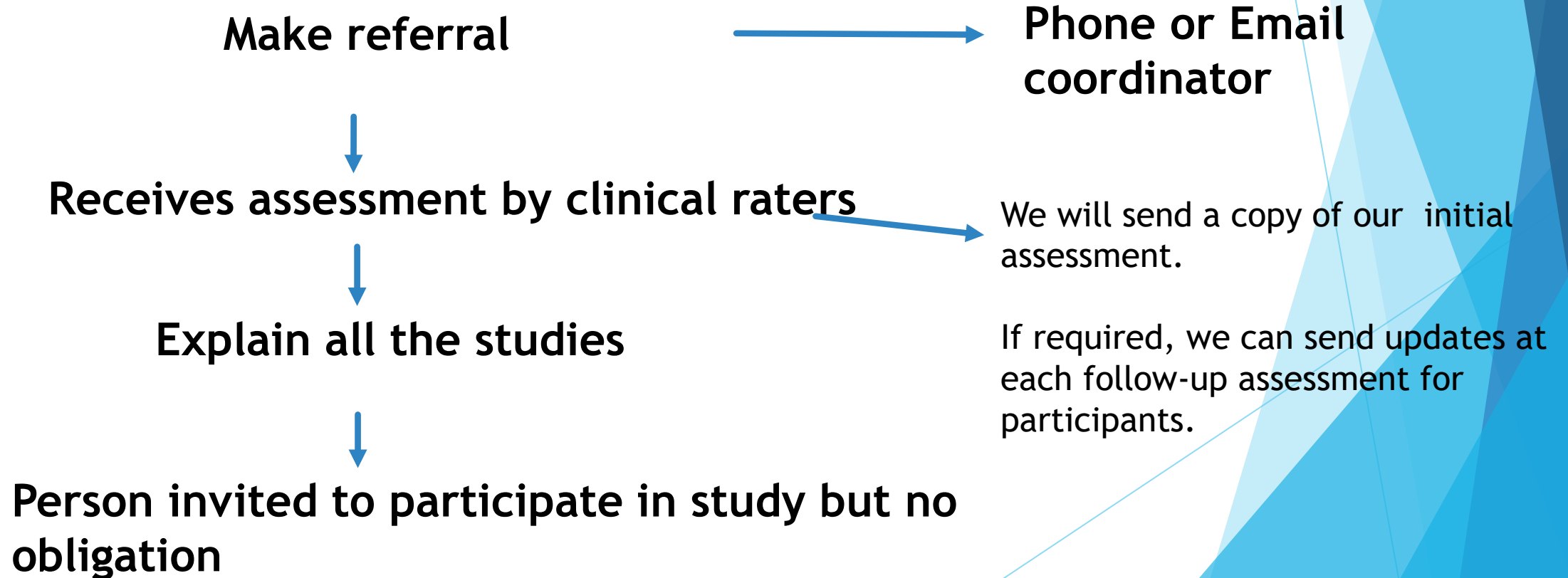
ProNET

- ▶ Start in October
- ▶ Examining heterogenous outcomes with aim of developing treatments
- ▶ 2-year monitoring study
- ▶ Monthly clinical assessments in year 1, then at 18 & 24 months
- ▶ 2 biomarker assessments with scan, EEG and blood draw
 - ▶ Occurs in the first 3 months of study
- ▶ Also eligible for psychosocial treatment studies

Brain and Mental Health Research Clinics

- ▶ The Brain & Mental Health Research Clinics in the University of Calgary work with professionals in the health care system towards improvement of patient experiences and increased awareness of health research.
- ▶ Our Research Program has been approved to become a Brain and Mental Health Research Clinic:
 - ▶ **The At-Risk for Mental Illness Research Clinic**
- ▶ We offer
 - ▶ Timely comprehensive clinical assessments to determine level of risk
 - ▶ Reports for the referral source
 - ▶ Option to enter any of our ongoing studies

At-Risk for Mental Illness Research Clinic



Questions

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