

Cognitive Behavior Therapy in First-Episode Psychosis With a Focus on Depression, Anxiety, and Self-Esteem

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Although several reviews show that cognitive behavioral therapy (CBT) is an effective treatment for patients with chronic psychosis, the effects of CBT on patients with a first-episode psychosis are less clear. Patients undergoing a first-episode psychosis are unique in that not only are they struggling with the symptoms of the disease, but also the realization of the diagnosis. Understanding how the disease will impact their lives with respect to changes in social goals, roles, and status can also lead to depression, anxiety and low self-esteem. The main aim of the present study is to describe two clinical cases in order to demonstrate the application of CBT in first-episode psychosis patients in an early stage of their psychosis. The two cases are individuals who were in an ongoing CBT trial for first-episode psychosis patients with symptoms of social anxiety, depression, and low self-esteem. Individual case formulations based on these symptoms were developed. Psychoeducation, normalizing, evaluation of negative automatic thoughts and dysfunctional schematic beliefs, and focusing on the negative consequences of safety behavior were the main treatment targets in attempting to improve the patients' symptoms and functioning. Both patients showed improvement in depressive symptoms, self-esteem, and general functioning. The cases described suggest that treatment designed to target depression, anxiety, and self-esteem in patients with first-episode psychosis could have potential beneficial effects; specific studies of this approach are recommended.

ACCORDING to current treatment guidelines (National Institute for Health and Clinical Excellence, 2009), it is of importance to establish comprehensive treatment programs combining pharmacological and psychosocial interventions for patients with first-episode psychosis. Such programs have demonstrated improvement in prognosis and promoted recovery and social/occupational functioning (Craig et al., 2004; Garety et al., 2006; Hegelstad et al., 2012; Jeppesen et al., 2005; McGorry, Killackey, & Yung, 2008; Thorup et al., 2005).

Cognitive behavioral therapy (CBT) for psychosis has received increased interest over the last decade. Several reviews show that CBT is an effective treatment for patients with chronic psychosis with regard to improvement of hallucinations, delusions, negative symptoms, recovery,

depressive symptoms, social anxiety, insight, and number of relapses (Bustillo, Lauriello, Horan, & Keith, 2001; Gould, Mueser, Bolton, Mays, & Goff, 2001; Haddock, Morrison, Hopkins, Lewis, & Tarrier, 1998; Rector & Beck, 2001; Tarrier, 2005; Tarrier & Wykes, 2004; Turkington, Dudley, Warman, & Beck, 2004; Wykes, Steel, Everitt, & Tarrier, 2008; Zimmermann, Favrod, Trieu, & Pomini, 2005). Several national guidelines also recommend CBT as a routine treatment for patients with a psychotic disorder (Lehman et al., 2004).

However, most of the existing CBT studies have been performed on samples of patients with a long-established diagnosis of schizophrenia/psychotic disorder. Relatively few studies have been performed among patients in the early stages of a first-episode psychosis. This is significant as the needs and goals of a patient with a first-episode psychosis may be quite different from a patient with a long history of psychosis and involvement with mental health services. First-episode psychosis patients, besides experiencing hallucinations and delusions, often also suffer from "emotional dysfunction." Emotional dysfunction has been described in the literature as symptoms of depression,

Keywords: cognitive behavioral therapy; first-episode psychosis; depression; anxiety; low self-esteem

1077-7229/13/43–54\$1.00/0

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anxiety, and reduced self-esteem. The emotional sequelae associated with receiving a chronic mental illness diagnosis has also been underexamined in the literature for those who are newly diagnosed and experiencing a first episode of psychosis. The importance of emotional dysfunction in first-episode psychosis is reflected by the fact that studies show the highest prevalence rate of suicide and suicidal behavior the first year after the start of treatment (Barrett et al., 2010; Melle et al., 2006; Verdoux et al., 2001). Similarly, people experiencing a first-episode psychosis are likely to experience significant levels of internalized stigma (Brohan, Gauci, Sartorius, & Thornicroft, 2011) and difficulty adjusting to the labels or diagnoses that are given to them. Such emotional processes may be an important target for treatment intervention in first episode psychosis (Birchwood, 2003; Birchwood and Trower, 2006; Morrison, 2009a).

In line with this, Haddock and Lewis (2005) describe the importance of developing treatments that are specific to the different phases of psychotic illness. Specific treatment is especially important in first-episode psychosis as symptoms can change rapidly at this stage, and also because this early stage of the disorder can result in major changes in the patient's life. Rather than applying treatment that is standard across all stages of psychotic illness, treatment programs for first-episode psychosis patients need to be individually tailored to meet the specific needs of each patient.

To our knowledge, eight randomized clinical trials (RCT) have examined the effect of CBT on patients with a first-episode psychosis (Edwards et al., 2006; Fowler et al., 2009; Haddock et al., 1999; Jackson et al., 2008; Jolley et al., 2003; Lewis et al., 2002; Power et al., 2003; Tarrrier et al., 2004). In four of these studies, the main aim was to reduce positive psychotic symptoms (Haddock et al., 1999; Jolley et al., 2003; Lewis et al., 2002; Tarrrier et al., 2004), while the other four studies aimed specifically to reduce suicidality, cannabis use, posttraumatic symptoms and improve social recovery among first-episode psychosis patients, respectively (Edwards et al., 2006; Fowler et al., 2009; Jackson et al., 2008; Power et al., 2003). There is a tendency that studies targeting specific symptoms show better outcome results than studies targeting general psychotic symptoms. Fowler and colleagues reported important benefits among patients with nonaffective psychosis who had social recovery problems, while Jackson et al. proved that CBT is an effective method in helping people adopt to the traumatic aspects of a first-episode psychosis. Power and colleagues showed that CBT is effective in the management of suicide ideation. In a review focusing on CBT and first-episode psychosis, Morrison concludes that there is only modest support for the evidence of the effectiveness of CBT for patients with first-episode psychosis and that the evaluated studies have flaws both in study design and with regard to

the extent that the treatment approach and intended goals are relevant to the concerns of patients with first-episode psychosis (Morrison, 2009b). Furthermore, studies examining the effect of CBT for patients with a first-episode psychosis should target specific difficulties for this group of patients, such as depression, anxiety, low self-esteem, PTSD, and a reduction of distress and problematic behavior associated with positive psychotic symptoms.

Few of the aforementioned first-episode psychosis studies have specifically targeted problems related to emotional dysfunction. There has been an increased interest in the role of emotions or emotional dysfunction in psychosis during the last decade. The term "emotional dysfunction" is used interchangeably with symptoms of mood and anxiety disorders, including PTSD, negative schematic beliefs, and reduced self-esteem. According to Birchwood (2003), Birchwood and Trower (2006), and Morrison (2009a), CBT for patients with a first-episode psychosis should aim at developing a case formulation based on the patient's emotional dysfunction, as these problems are common in patients with first-episode psychosis and are related to the development, and the maintenance, of positive (e.g., hallucinations and delusions) and negative (e.g., flat affect and apathy) symptoms.

Depression in schizophrenia has a prevalence rate varying between 7% and 75% and is associated with poor outcome, frequent relapse, rehospitalization, and increased suicidality (Caldwell & Gottesman, 1990; Heila et al., 1997; Herz & Lamberti, 1995; Romm et al., 2010; Roy, Thompson, & Kennedy, 1983). The rate of social anxiety disorder in the first year following a first episode of psychosis has been reported to be between 43% and 50% (Cosoff & Hafner, 1998; Pallanti, Quercioli, & Hollander, 2004; Romm et al., 2012). Low self-esteem in individuals with psychotic disorder is also common and may be related to poor clinical outcomes (Barrowclough et al., 2003; Bowins & Shugar, 1998; Romm et al., 2011). Self-esteem is a complex concept comprising appraisal of self-worth based on personal achievements and the anticipated evaluation of others. In psychotic disorders low self-esteem has been implicated both in the development of delusions and the maintenance of psychotic symptoms (Bentall, Corcoran, Howard, Blackwood, & Kinderman, 2001; Garety, Kuipers, Fowler, Freeman, & Bebbington, 2001). Smith et al. (2006) found that low mood, low self-esteem, and negative schematic beliefs can contribute to the development of symptoms of psychosis.

Thus, there is a strong case to be made for provision of CBT for patients with first-episode psychosis that focuses on emotional dysfunction in addition to positive symptoms (Birchwood & Trower, 2006). We aim to demonstrate that CBT focusing on different aspects of emotional dysfunction can be a helpful intervention for patients with first-episode psychosis. Two case studies are included.

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