

CEDAR Clinical Brief

Center for Early Detection
Assessment and Response to Risk



Interventions for Youth at Risk for Psychosis

*Michelle Friedman-Yakoobian, Ph.D. & Suzannah
Zimmet, M.D.*

Why is early intervention for youth at clinical high risk (CHR) for psychosis so important?

Young people at CHR are experiencing trouble with noticing their mind playing tricks on them. They may be hearing or seeing things other people can't, or worrying that someone is trying to harm them or something else unusual is going on (such as hearing things on the radio or TV that seem like they are messages just for them). These experiences can bother them a lot and may interfere with school, work, or social life — but they maintain awareness or insight that these experiences are probably coming from their own mind and are not real. When CHR symptoms progress to full psychosis, the person loses insight and develops entrenched beliefs that the symptomatic experiences are real. Providing treatment for youth at CHR who still have insight provides an important opportunity to use therapy rather than medications as a first line of treatment.

What is the evidence?

We now have mounting evidence that there are several treatments for youth at risk for psychosis that have been shown to reduce risk for transition to a full psychotic disorder. These treatments have included cognitive behavioral therapy, family psychoeducation, coordinated specialty programs, and low doses of antipsychotic medications. A meta-analysis by Van der Gaag (2013) of ten studies with 12-month follow-up found a 54% reduction in risk for transition to psychosis in specialized relative to control treatments for CHR. Furthermore, a study on the economic impact of coordinated specialty early intervention for youth at CHR found that, although the service was initially more costly than treatment as usual, the service saved money by the end of the second year (Valmaggia et al., 2009).

What is the role of medication in treating CHR?

Antipsychotic medications are not generally recommended as the first line treatment for youth at CHR. These medications are used only when a young person continues to experience symptoms that interfere with functioning despite engaging in psychosocial (non-medication) treatments first. Dr. Zimmet at the CEDAR clinic recommends that treatment start with a careful, individually-tailored approach based on diagnostic evaluation and case formulation.

She recommends a holistic approach that focuses on five pillars of a young person's wellbeing:

- 1) *Regulating sleep*
- 2) *Ensuring good nutrition*
- 3) *Engaging in regular exercise*
- 4) *Improving social connections*
- 5) *Practicing mindfulness.*

She emphasizes close collaboration with the clinical team to monitor response to treatment. When medications are prescribed, Dr. Zimmet prescribes nutrition and exercise at the same time in order to prevent metabolic side effects that can occur with these medications.

Where can I find additional information about psychosocial treatments for CHR and early psychosis?

The CEDAR Clinic website contains links to several freely available online materials for providing:

- CBT
- family therapy
- psychoeducation

+ more for young people in early stages of psychosis: www.cedarclinic.org

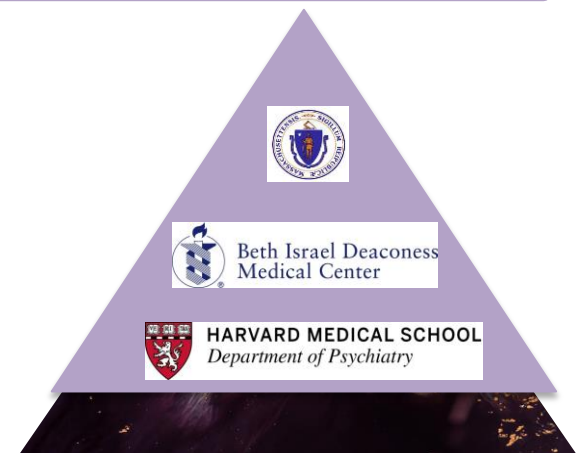
What psychosocial treatments are offered at CEDAR?

The CEDAR clinic offers a variety of psychosocial treatments within a coordinated specialty team.

These include:

- Psychoeducation
- CBT and Acceptance and Mindfulness-Based therapy
- Wellness/ relapse prevention planning
- Family psychoeducation and support
- School/ work coaching

Future CEDAR clinical briefs will provide details about each of these treatments.



📷 Photo by Joel Filipe on Unsplash

📷 Photos by Omar Lopez on Unsplash

📷 Photo by Naassom Azevedo on Unsplash

📷 Photo by Alexis Brown on Unsplash

Do you have questions that you would like us to address in future clinical briefs?

Contact: Emma Parrish at eparrish@bidmc.harvard.edu