



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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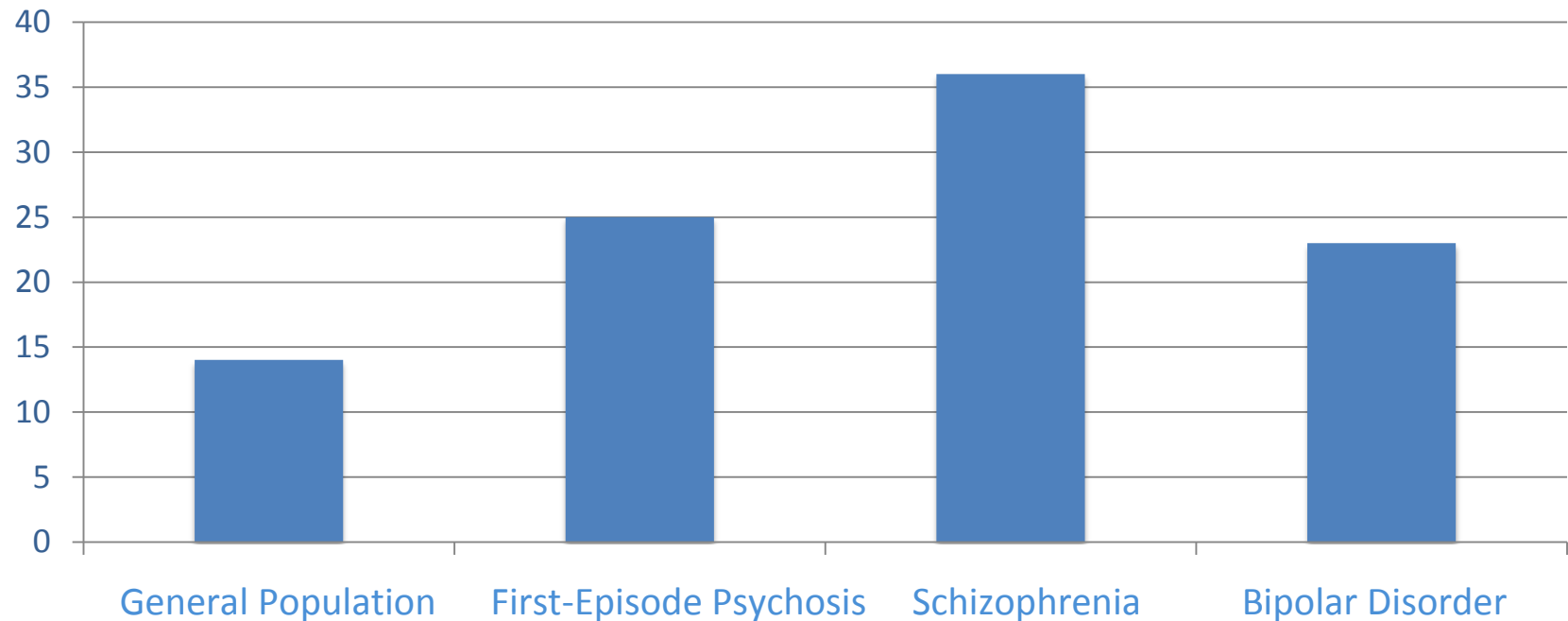
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# Social Anxiety and Schizophrenia: Why study this comorbidity?

# 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)

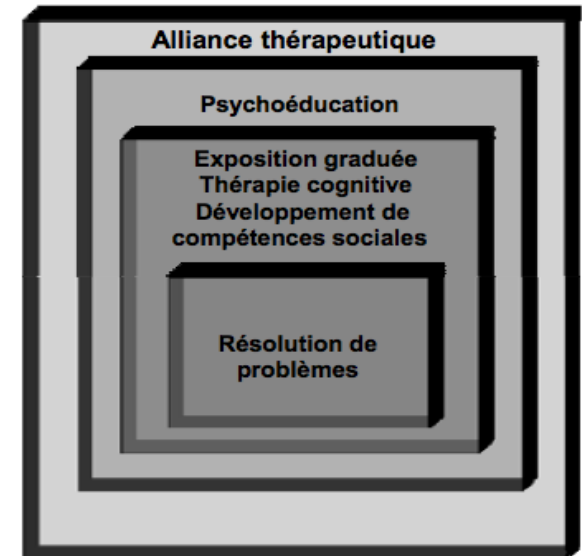
## TIMES OF EVALUATION

- 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.



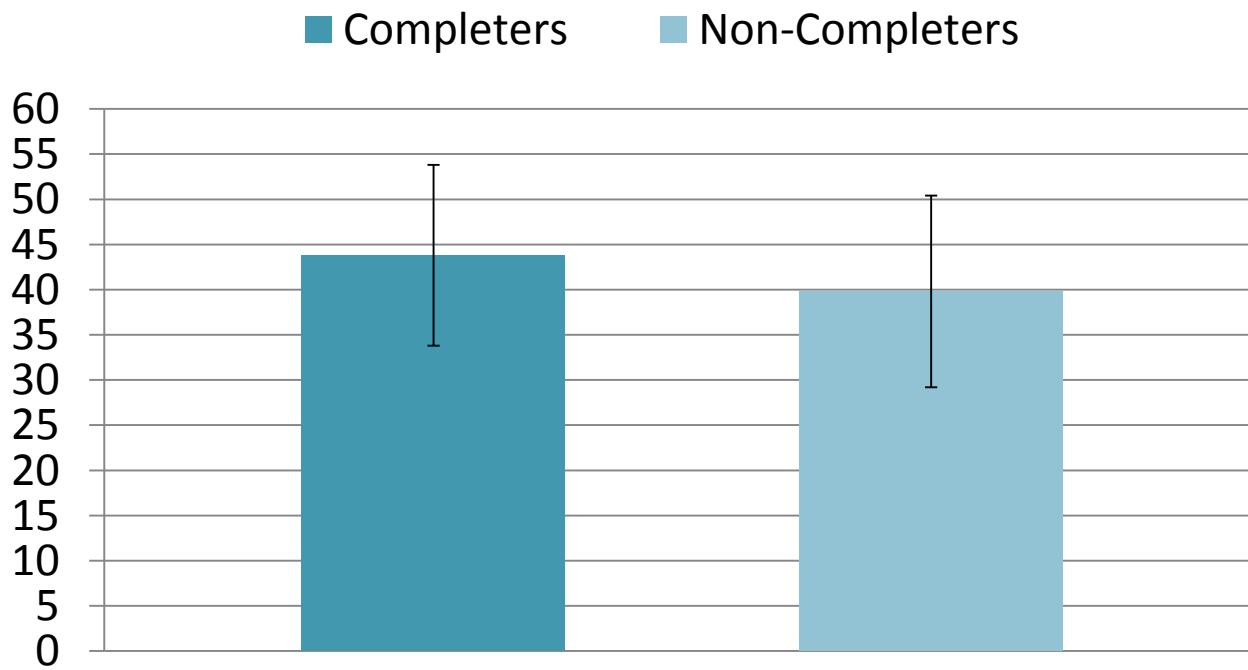
# Cognitive-Behavioral Therapy Group for Social Anxiety in FEP: Results – FEASIBILITY

## 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.

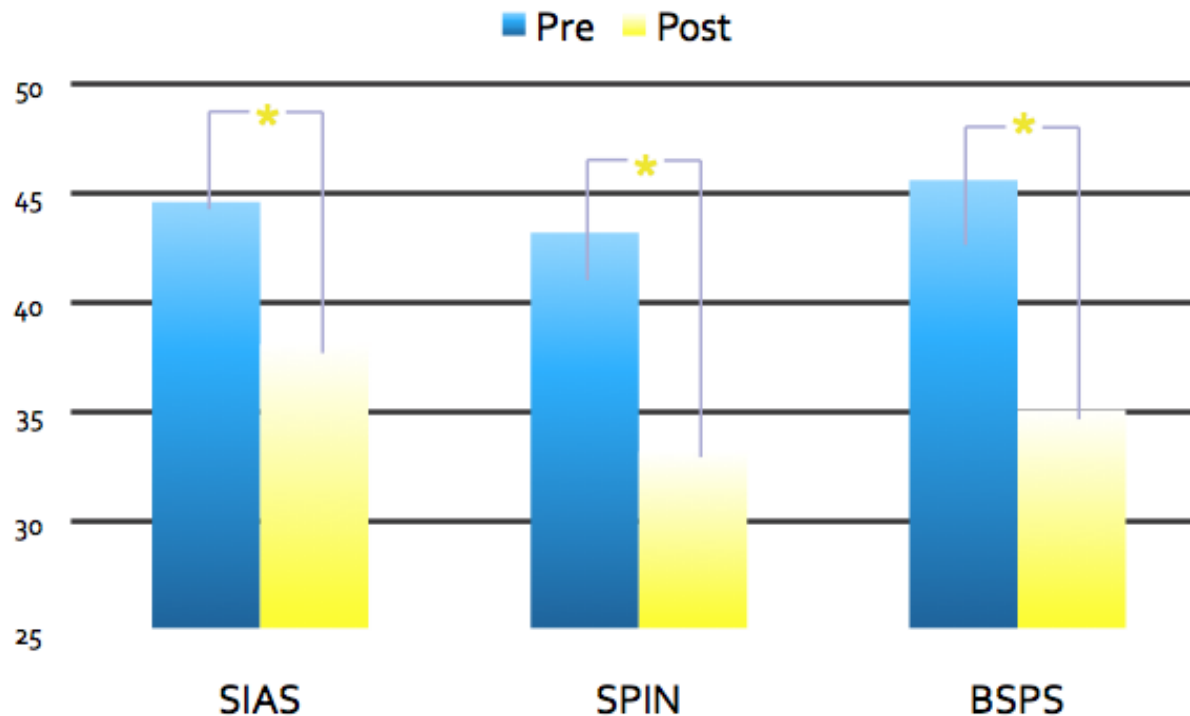
# Cognitive-Behavioral Therapy Group for Social Anxiety in FEP: Results – PRELIMINARY EFFECTIVENESS

## 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

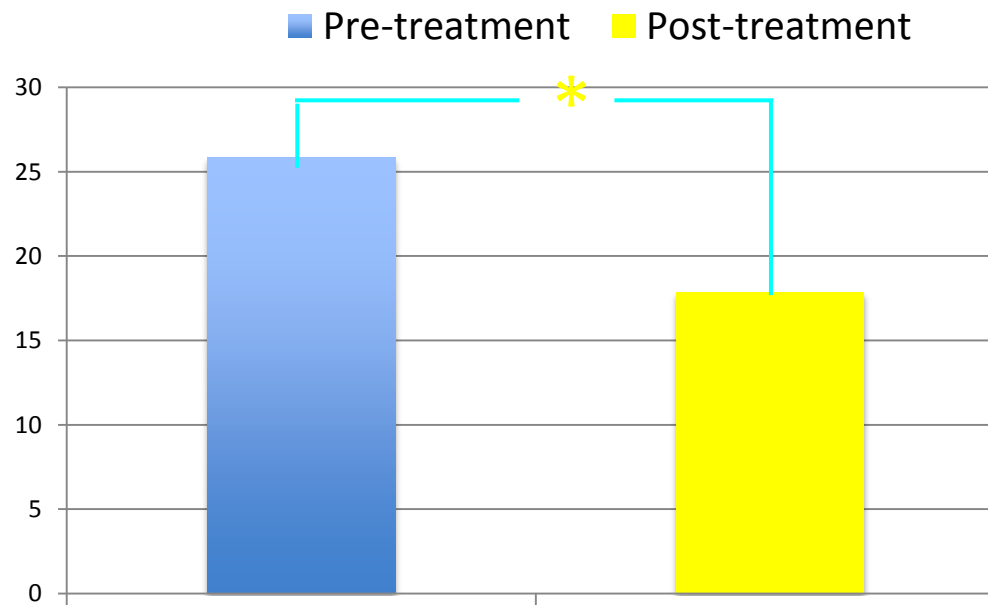
## GROUP CBT COMPLETERS SOCIAL ANXIETY SYMPTOMS



\* 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

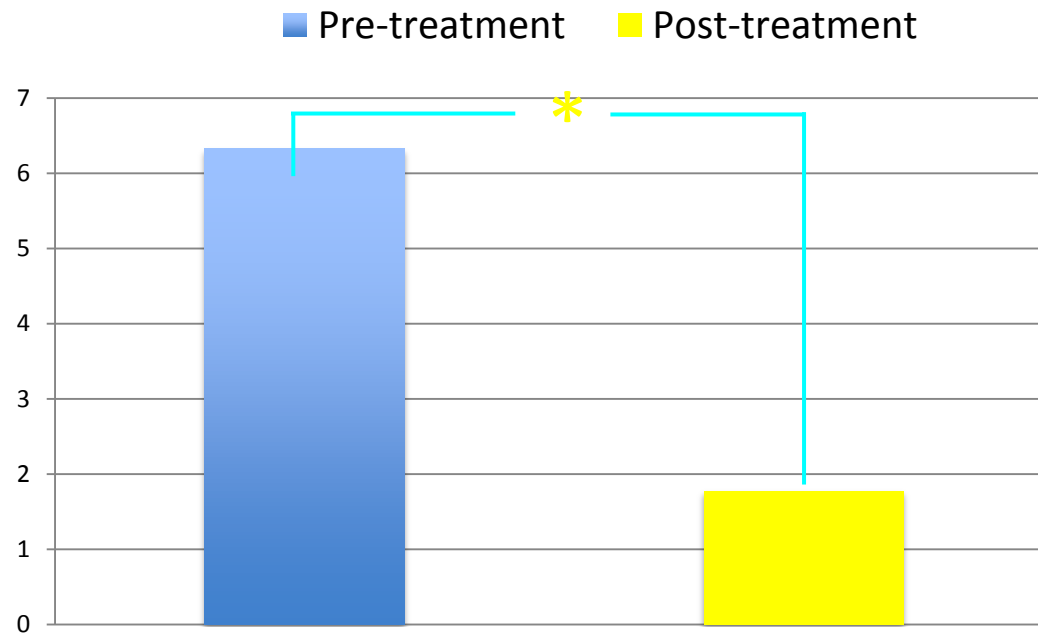
## GROUP CBT COMPLETERS PSYCHOTIC SYMPTOMS (SANS)



\* 2-tailed sig.

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

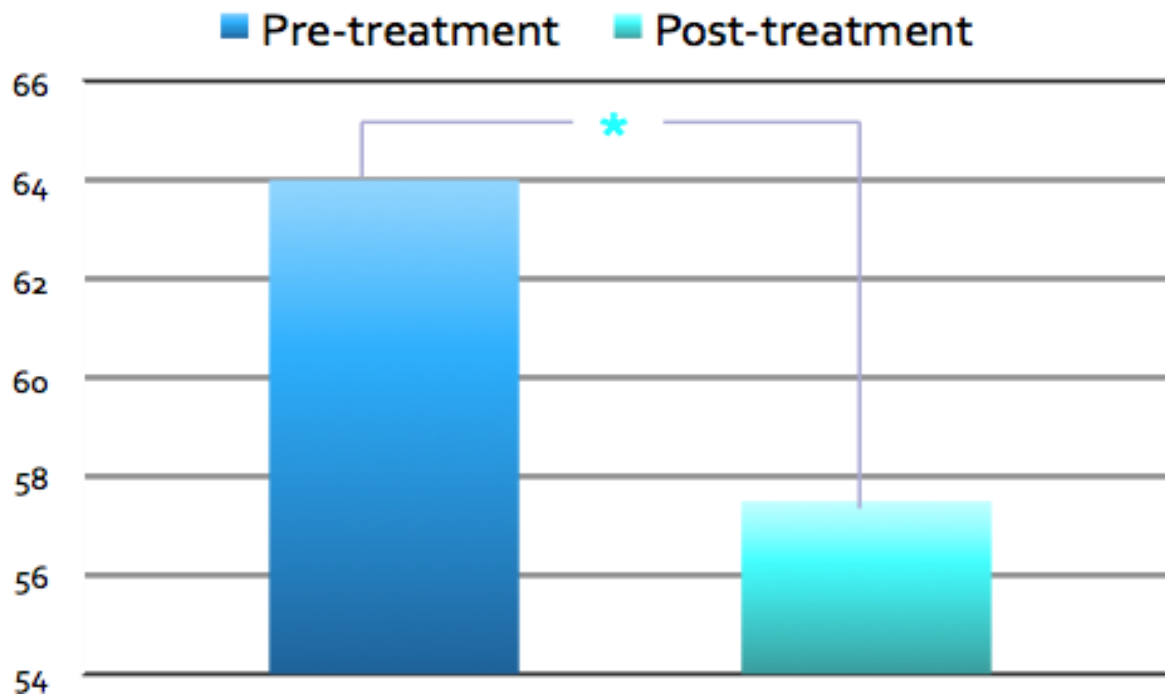
## GROUP CBT COMPLETERS DEPRESSION (CDSS)



\* 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
<b>Social Anxiety Measures</b>		
SIAS (N=28)	1.04	0.97
SPIN (N=27)	0.93	
BSPS (N=27)	0.95	
<b>Psychotic Symptomatology</b>		
SAPS (N=18)	0.17	0.41
SANS (N=15)	0.64	
<b>General Psychopathology</b>		
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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