EARLY DETECTION AND COGNITIVE THERAPY FOR PEOPLE AT HIGH RISK OF DEVELOPING PSYCHOSIS

A TREATMENT APPROACH

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ABOUT THE AUTHORS

Paul French is co-ordinator of a specialist clinical team based at Bolton, Salford & Trafford Mental Health Trust offering cognitive interventions for people who are considered at high risk of developing psychosis. He has worked in mental health since 1989 and has always been interested in the provision of services for people with psychosis having worked in a variety of inpatient and community settings. More recently, he has developed a research interest in working with people at high risk of developing psychosis. He has published a number of articles relating to early psychosis and particularly the provision of psychological interventions in early psychosis.

Anthony P. Morrison is a reader in psychology at the University of Manchester and is also programme co-ordinator for a specialist programme of care for people with early psychosis in Bolton, Salford & Trafford Mental Health Trust. He has published a number of articles on cognitive therapy for psychosis and experimental studies of cognitive processes in psychosis. He has been involved in a number of treatment trials for cognitive therapy for psychosis and has a special interest in the cognitive theory of and therapy for hearing voices. More recently, he has developed a research interest in working with people at high risk of developing psychosis and the links between trauma and psychosis. He was awarded the May Davidson Award 2002 for his contributions to clinical psychology.

FOREWORD

For too long, services to people with psychosis have been crippled by the dead hand of the Kraepelinian 'dementia model' of psychosis. Even in these enlightened times in mental health care, containment-oriented care pervades our services. Thus, in contrast with every other area of health care, the language of prevention has barely registered in psychiatry. Recent years have, at last, witnessed a sea change in our thinking and the concept of 'early intervention' in psychosis has forced its way on to the scientific and services agenda.

The possibility of detecting and treating emerging psychosis is at the core of this new approach, ignited by the pioneering work of Alison Yung and Patrick McGorry in Melbourne. This paradigm is informed by the concept of 'indicated prevention', in which a group of individuals has been identified, by virtue of the presence of low-level or precursor psychotic symptoms, to be at high risk of transition to psychosis. Neuroleptic medication has been the mainstay of early treatment in the research hitherto. Concerns have been raised, however, about the ethics of drug treatment at such an early stage and whether service users find it acceptable. Available evidence suggests that service users are reluctant to consent to treatment trials involving medication and, if they do so, tend to drop out early. What has been badly needed is an effective and acceptable *verbal*-based therapeutic strategy to provide treatment options for the researcher and clinician.

French and Morrison have developed just such an approach. In this book, they present their cognitive treatment model in a very engaging and lucid way, making maximum use of clinical material and case examples. What I particularly like about their approach is that the therapeutic focus is not solely on emerging psychotic thinking, but is formulation driven, based on an agenda set by the client him/herself, which usually embraces problems of social interaction and social cognition. What is also clear from reading this book is that the clients they treat are *already* help-seeking but their ambiguous presentation leads to an inconsistent and *ad hoc* response from services because of the absence of a treatment protocol. French and Morrison's theoretical framework is coherent and well articulated and brings to bear cognitive and interpersonal factors that we know to be active in established psychosis. The therapy they describe has been validated in a well-controlled randomised trial showing that

psychosis can be prevented, or at least delayed, in a substantial majority of those at risk of transition to psychosis.

Paul French and Tony Morrison deserve our congratulations and thanks for moving back this important frontier, which only a few years ago would have been regarded as an impossible dream.

Max Birchwood

Professor of Clinical Psychology, University of Birmingham, and Director of Early Intervention Services; Director of Research and Development at the Northern Birmingham Mental Health Trust
September, 2003

INTRODUCTION

There has been a great deal of concern regarding the validity of the diagnosis of schizophrenia (Bentall, 1990) and this concern is magnified in the early course of the development of psychosis. The utility of the diagnosis is also questionable in terms of treatment, and a symptom-based approach appears to be more suitable. It has been suggested that the concept of schizophrenia is not particularly useful when considering people at risk of developing psychosis. Significantly, many people at risk of developing psychosis are concerned with the onset of 'madness' and, unfortunately, the diagnosis of schizophrenia is perceived as encapsulating the essence of what the term 'madness' entails. Clearly, this is neither accurate nor helpful, although the label is frequently viewed in this way and the media often serve to enhance this notion. An alternative approach is to utilise the broader concept of psychosis, and this is the approach that has been adopted by many groups who are working with people in the early phase of psychotic disorders. Therefore, in this book we will use the term 'psychosis' in preference to terms such as schizophrenia. We recognise that, for some people, 'psychosis' can be as stigmatising and pathologising a label as 'schizophrenia'. However, we adopt the term as a short hand for unusual perceptual experiences and beliefs, and do not assume that such phenomena are abnormal or pathological. On the contrary, as illustrated in Chapter 7, we view such experiences as part of the continuum of normal experience, and we assume it is the interpretation or appraisal of such phenomena that causes any distress or disability. Therefore, we are not trying to prevent people from experiencing unusual beliefs or perceptual phenomena, as we recognise that they can be functional and important in people's lives. Rather, we are trying to help people to reduce distress and disability, should they choose to do so.

The treatment we describe is a psychological treatment, cognitive therapy (CT), and in this book we outline the specific strategies we have developed for working with a client group who are at risk of developing psychosis. The treatment is heavily influenced by the literature on anxiety disorders, as many of the processes involved in the development and maintenance of distress resulting from psychotic experiences are similar to those present in anxiety disorders (for example, misinterpretations, preoccupation with threat, selective attention and metacognition).