



CEDAR Clinical Brief

Center for Early Detection Assessment and Response to Risk

Interventions for Youth at Risk for Psychosis



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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 (founding medical director of 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.



What psychosocial treatments can be helpful for youth at CHR?

Researchers are still developing and studying treatments for youth at CHR. Preliminary evidence suggests that the following types of therapy can be helpful for reducing symptoms, improving functioning and reducing development of fully psychotic symptoms:

- Cognitive behavioral therapy (CBT)
- Family focused treatment
- Omega 3 fatty acids
- Integrated specialized treatment

Low dose antipsychotic medications can also be helpful but are recommended only if distressing and disabling symptoms persist after psychosocial treatments (with less potential for harmful side effects) are tried without sufficient improvement.

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



References

Van der Gaag, M., Smit, F., Bechdolf, A., French, P., Linszen, D.H., ... & Cuijpers, P. (2013). Preventing a first episode of psychosis: Metaanalysis of randomized controlled prevention trials of 12 month and longer-term follow-ups. *Schizophrenia Research*, 1-3.

Valmaggia, L. R., McCrone, P., Knapp, M., Woolley, J. B., Broome, M. R., Tabraham, P., Johns, L. C., Prescott, C., Bramon, E., Lappin, J., Power, P., & McGuire, P. K. (2009). Economic impact of early intervention in people at high risk of psychosis. *Psychological medicine*, 39(10), 1617–1626. <https://doi.org/10.1017/S0033291709005613>.



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

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The Early Psychosis Learning Collaborative (EPLC) is part of an initiative by the Substance Abuse and Mental Health Services Administration (SAMHSA)'s New England Mental Health Technology Transfer Center Network (MHTTC), which provides training, technical assistance, and tool and resource development to enable states and mental health practitioners to provide recovery-oriented practices within the context of recovery-oriented systems of care. To learn more about us, please see: <https://mhttcnetwork.org/centers/new-england-mhttc/eplc-landing-page>