Psychological Approaches in Early Intervention in Psychosis Services

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The Model and Ethos of EIPS

Early Intervention in Psychosis Services are designed to provide intensive support to young people aged 14-35 experiencing a first episode of psychosis during the 3-year ‘critical period’ following the onset of illness. The aim is to reduce the period of untreated illness to reduce the likelihood of social, educational, and occupational disruption and improve long-term prognosis through reducing relapse, hospital admission, and suicide risk, which is particularly high for this client group.

EIPS are recovery-focused and consider recovery in a broad sense – it is not just about symptom reduction but also about emotional well-being; reducing distress; increasing confidence and self-esteem; reducing unhelpful or harmful behaviours and risk (often to self); increasing coping and social resources; maximising social and occupational functioning; improving relationships, and supporting clients to obtain or maintain secure housing, finances, education and employment.

Psychological Models for Understanding Psychosis

There are a number of psychological approaches that can be helpful in understanding and working with experiences of psychosis, some examples include:

**Stress Vulnerability Model**: proposes a direct relationship between vulnerability (of biological, psychological and/or social origin) and the level of stress experienced. It suggests that our capacity for coping with stress is reduced by underlying vulnerability, and that anyone can become unwell if their level of stress exceeds their capacity for managing this. This model helps us to think about reducing stress or reducing vulnerability (i.e. increasing social resources/coping capacity).

**Cognitive Behavioural Models**: tend to suggest psychotic symptoms arising as a consequence of thinking and attention biases when attempting to make sense of unusual/anomalous internal or external experiences. This can also include confusion between internal and external stimulus and between different sensory modalities. This model informs an approach of thought challenging and evidence gathering to encourage the client to question faulty conclusions and assumptions.

**Cognitive Analytic Models**: whilst not specific to psychosis, CAT might consider psychotic experiences to have arisen as a consequence of early experiences and relational patterns that have been internalised and are being replayed in the way that the person relates to themselves. The form and content of psychotic experiences would be viewed as meaningful (e.g. the person’s relationship with their voice(s) may be similar to past or current relationships, or ‘wished for’ care). Intervention would involve identification of unhelpful relational patterns and developing new ways of coping and relating to self and others. It may also involve working with underlying trauma, where appropriate.

It’s not just about Psychotherapy!

While clients come to EIPS because they are experiencing psychotic symptoms, we work with individuals in the context of their lives and also provide intervention and/or support with:

- Depression and anxiety
- Trauma and abuse
- Low self-esteem and confidence
- Personality issues (i.e. learned patterns of coping and relating to self and others)
- Eating issues/disorders
- Drug and alcohol misuse
- Physical health (including smoking cessation)
- Relationship difficulties
- Education and occupation
- Housing and benefits
- Social activity, social integration and developing supportive networks
- Managing/reducing risk of self-harm and suicide

Psychological Therapies in EIPS

Given the complex range of problems and difficult experiences that people present to EIPS with, medication alone is often not enough to enable recovery. Most people under the care of EIPS require a psychologically informed approach to their care, and many would benefit from formal psychological therapy.

In EIPS, we are able to offer a number of forms of psychological therapy including:

- Cognitive Behavioural Therapy (CBT), including mindfulness and compassion-focused approaches
- Cognitive Analytic Therapy (CAT)
- Behavioural Family Therapy (BFT)
- Eye Movement Desensitisation Reprocessing (EMDR)
- Confidence Building and Self Esteem groups
- Systems Training for Emotional Predictability and Problem Solving (STEPS)

Service Considerations

- Psychological approaches play a crucial role in the approach to care in EIPS
- Specialist psychological skills are in high demand by staff and clients
- Psychological approaches can help to reduce symptoms, distress and the likelihood/severity of relapse; improve coping and relationships; and help to address underlying issues or trauma
- Psychological therapy is not helpful or appropriate for all clients, however psychological supervision/consultation can inform clinical care planning and risk management
- No current capacity for ‘early detection’ work to minimise the risk of transition in to psychosis for people at ‘ultra-high risk’ of psychosis

Bridging the gap between CAMHS and Adult Mental Health Services

EIPS works with clients as young as 14 years old, overlapping with services provided by CAMHS. Clients under the age of 16 (in Dudley) or 17 (in Walsall) retain their CAMHS Consultant Psychiatrist and access to CAMHS therapeutic services, but their care is held within the EIPS by a specialist EIPS CAMHS worker/nurse offering the client access to all services offered by EIPS. As clients remain with EIPS for at least 3 years, continuity of care is maintained for young people with psychosis during the transition from CAMHS into Adult Mental Health Services; usually the only change is the change of Consultant Psychiatrist, which they are supported with by their Care Co-ordinator.