Third wave strategies for emotion regulation in early psychosis: A pilot study

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ABSTRACT

Aim: Emerging evidence supports the priority of integrating emotion regulation strategies in cognitive behaviour therapy for early psychosis, which is a period of intense distress. Therefore, we developed a new treatment for emotion regulation combining third wave strategies, namely, compassion, acceptance, and mindfulness (CAM) for individuals with early psychosis. The purpose of this study was to examine the acceptability, feasibility, and potential clinical utility of CAM.

Method: Participants were 17 out of 27 approached individuals from the First Psychotic Episode Clinic in Montréal who were offered CAM, which consisted of eight-weeks 3h. weekly manual guided group sessions. Measures of adherence to medication, symptoms, emotional distress, insight, social functioning, and mindfulness were administered at baseline, at treatment, and at 3-month follow-up. A short feedback interview was also conducted after the treatment. Results: Of the 17 participants, 14 completed the program, and 8 a follow-up interview (53.17%). Two group feedback indicated that participants found the interventions acceptable, and helpful. Quantitative results suggest the intervention was feasible and associated with a large increase in emotional self-regulation, a decrease in psychological symptoms, especially anxiety, depression, and somatic concerns, and improvements in self-care.

Conclusion: Overall results support the acceptability, feasibility and potential clinical utility of the new developed treatment. A significant increase in emotional self-regulation and a decrease in affective symptoms were found. No significant changes were observed on measures of medication, insight, chronic, and social functioning. Controlled research is warranted to validate the effectiveness of the new treatment.

Introduction

Two recent systematic reviews found that mindfulness and meditation strategies are useful adjuncts to usual treatment for psychotic disorders in reducing hallucinations, delusions, and increasing feelings of self-efficacy (Davis and Kurthau, 2012; Heggart and Sarris, 2013), another recent meta-analysis found that mindfulness strongly moderates the effectiveness of mindfulness-based treatments for multiple psychiatric disorders and medical conditions (Khoury et al., submitted). To date, few studies have tested the treatment effects of mindfulness strategies in early psychosis, which is a period of intense distress. Learning emotion regulation strategies might prove useful in diminishing distress associated with psychotic experience. As such, we developed an 8-versions group-based treatment for individuals with early psychosis using 3h. strategies: namely compassion, acceptance, and mindfulness (which we called CAM).

Method

Participants

17 out of 27 approached individuals from the first psychotic episode clinic at the Louis-H Lattre Hospital in Montréal (Canada) accepted to participate in this study. Inclusion criteria consisted of: a diagnosis within the schizophrenia-spectrum, currently followed by the first episode clinic, fluent in French, no known organic disorder or mental retardation, and capacity to offer informed consent. Among the recruited, 12 provided data after the treatment, and 10 provided data at follow-up (i.e., three months later). Average age was 25; 8 men and 4 women, 8 with 12h. of education, 4 with other types of education. Average therapy attendance among the participants was 6.17 sessions (SD = 1.54) out of 8.

Instruments

Brief Psychiatric Rating Scale Expanded. The BRPS (Galassi et al. 1996) is a 24 item semi-structured interview assessing the presence and presence of psychotic symptoms on a 3 point Likert scale. It relates scores, positive symptoms, negative, symptoms, anxiety, depression, and unusual thinking, as well as overall score. Emotional self-report questionnaire for the Cognitive Emotion Regulation Questionnaire (GERQ, Gendreau & Kraaij; 2007). This measure is a self-report questionnaire that can be divided into positive and negative emotion regulation scales.

Social Functioning Scale. The MS (Birchwood et al. 1998) is widely used to assess many dimensions of social functioning in people with serious mental illness.

Psychological distress. The Psychological Distress Manifestation Measure Scale (PDMM; Paskin et al. 2008) is a short self-report questionnaire with 11 items (range of 1-6).

Freeburg Mindfulness Inventory (FMI) - short version. To measure the level of mindfulness, we used the Freeburg Mindfulness Inventory – short version (Jiscic et al. 2020).

Cognitive Insight: In evaluat the participants’ ability to understand their symptoms and their behaviour, we used the Beck Cognitive Insight Scale (BCI; Beck et al. 2006). It comprises 12 items measuring recognition, openness to feedback, and judgement bias. The complete scale.

The purpose of this pilot study was to determine the treatment’s acceptability by participants, its feasibility and potential clinical utility. Our main hypothesis was that the treatment would be rated feasible and acceptable. We hypothesized that CAM would be 1) feasible and favourably received, and associated with improvements in 2) emotional self-regulation: 5 symptoms, particularly affective ones; 4) insight, 5) distress; and 6) maintained at 3-month follow-up.

Results

Table

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean (SD)</th>
<th>Effect size (η²)</th>
<th>Pre vs. Post (p value)</th>
</tr>
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<tbody>
<tr>
<td>Negative</td>
<td>11.80 (12.82)</td>
<td>0.69</td>
<td>0.064</td>
</tr>
<tr>
<td>Positive</td>
<td>11.80 (12.82)</td>
<td>0.69</td>
<td>0.064</td>
</tr>
<tr>
<td>Total</td>
<td>11.80 (12.82)</td>
<td>0.69</td>
<td>0.064</td>
</tr>
</tbody>
</table>

Quality of life scoring tools: 3.5out of 4.5. "Life happiness, interpersonal relationships, and school performance improved significantly while stress and anxiety decreased, but the impact was moderate for work and health."

Conclusion

Overall results support the feasibility of the new developed treatment, supporting our first hypothesis. The majority of the participants found the treatment positive and helpful. As expected, participants reported large improvements in regulating negative emotions (specifically self-blaming, rumination, and catastrophizing), and moderate to large improvements on affective symptoms (specifically depression, anxiety, and somatic concerns). Most of the results were stronger at 3-month follow-up than immediately following the 8-week CAM sessions, suggesting that the treatment might be more beneficial in the long run, as found in many CBT for psychotic studies. The CAM group provided for emotional regulation appears acceptable, feasible, and shows promise in terms of potential clinical treatment for early psychosis. Further studies are warranted in order to determine its efficacy in improving acceptance, compassion, and mindfulness practice, and diminishing distress and symptoms.