Contents

About the Editors vii
Contributors ix
Foreword xiii
Preface xv

1 An Overview of the Background and Scope for Psychological Interventions in Early Psychosis
   Patrick D. McGorry 1

2 Changing PACE: Psychological Interventions in the Prepsychotic Phase
   Lisa J. Phillips and Shona M. Francey 23

3 Cognitive-Behavioural Therapy for Acute and Recent-Onset Psychosis
   Ron Siddle and Gillian Haddock 41

4 Psychological Intervention in Recovery from Early Psychosis:
   Cognitively Oriented Psychotherapy
   Lisa Henry 63

5 The Dynamics of Acute Psychosis and the Role of Dynamic Psychotherapy
   Johan Cullberg and Jan-Olav Johannessen 81

6 Working with Families in the Early Stages of Psychosis
   Jean Addington and Peter Burnett 99

7 A Group Psychotherapeutic Intervention During Recovery From
   First-Episode Psychosis
   Ashok K. Malla, Terry S. McLean and Ross M.G. Norman 117

8 Cannabis and Psychosis: A Psychological Intervention
   Kathryn Elkins, Mark Hinton and Jane Edwards 137

9 The First Psychotic Relapse: Understanding the Risks, and the
   Opportunities for Prevention
   John F.M. Gleeson 157

10 Suicide Prevention in Early Psychosis
    Paddy Power 175

11 Psychological Treatment of Persistent Positive Symptoms in Young People
    with First-Episode Psychosis
    Jane Edwards, Darryl Wade, Tanya Herrmann-Doig and Donna Gee 191
12 Cognitive Therapy and Emotional Dysfunction in Early Psychosis
   Max Birchwood, Zaffer Iqbal, Chris Jackson and Kate Hardy
   209

13 Principles and Strategies for Developing Psychosocial Treatments
   for Negative Symptoms in Early Course Psychosis
   Paul R. Falzer, David A. Stayner and Larry Davidson
   229

14 Making Sense of Psychotic Experience and Working Towards Recovery
   Rufus May
   245

15 Psychological Therapies: Implementation in Early Intervention Services
   Gráinne Fadden, Max Birchwood, Chris Jackson and Karen Barton
   261

Index  
   281
About the Editors

John F.M. Gleeson is currently Associate Professor in the Department of Psychology, The University of Melbourne and the Northwestern Mental Health Program (a program of Melbourne Health). His major research interests include secondary prevention in psychotic disorders, and he is currently the Chief Investigator of a randomized trial at EPPIC, examining the effectiveness of a multi-modal relapse prevention intervention. He was previously Acting Director of Clinical Programs and Senior Psychologist at ORYGEN Youth Health, which incorporates the EPPIC Program. He has previously held a range of senior clinical and teaching roles at EPPIC since 1994. In 1998 he developed a Graduate Diploma in Young People’s Mental Health, and has lectured extensively, nationally and internationally, on psychosocial treatments in first-episode psychosis.

Patrick D. McGorry is currently Professor/Director of ORYGEN Youth Health, which is linked to The University of Melbourne and the Northwestern Mental Health Program in Melbourne, Australia. He has contributed significantly to research in the area of early psychosis over the past 16 years. Over that time he has played an integral role in the development of service structures and treatments specifically targeting the needs of young people with emerging or first-episode psychosis. More recently there has been a broadening of his focus to cover the full spectrum of mental disorders in young people. In the last 2 years he has published over 50 journal articles and chapters in many well-respected international journals such as the American Journal of Psychiatry, Schizophrenia Research and Archives of General Psychiatry. He is currently the President of the International Early Psychosis Association and an Executive Board Member of the International Society for the Psychological Treatments of the Schizophrenias and other Related Psychoses. He is also a member of the Organizing Committee of the World Psychiatric Association Section on Schizophrenia, the Advisory Board of UCLA Center for the Assessment and Prevention of Prodromal States (CAPPS) and a member of the Editorial Board of Schizophrenia Research.
Contributors

Dr Jean Addington, Associate Professor, Department of Psychiatry, University of Toronto, Center for Addiction and Mental Health, 250 College Street, Toronto, Ontario M5T 1R8, Canada

Karen Barton, Assistant Psychologist, Birmingham Early Intervention Service, Harry Watton House, 97 Church Lane, Aston, Birmingham B6 5UG, UK

Professor Max Birchwood, Director, Early Intervention Service and Director of Research and Development, Northern Birmingham Mental Health Trust and School of Psychology University of Birmingham, Harry Watton House, 97 Church Lane, Aston, Birmingham B6 5UG, UK

Dr Peter Burnett, Medical Director, ORYGEN Youth Health, Parkville Centre, Locked Bag 10/35 Poplar Road, Parkville, Victoria 3052, Australia

Professor Johan Cullberg, Professor of Psychiatry, Stockholm Center of Public Health, PO Box 17533, Stockholm, Sweden

Dr Larry Davidson, Associate Professor of Psychiatry and Director, Program for Recovery and Community Health, Yale University School of Medicine and Institution for Social and Policy Studies, Yale Program for Recovery and Community Health, Erector Square, Bldg #6W, Suite #1C, 319 Peck Street, New Haven, CT 06513, USA

Jane Edwards, Deputy Clinical Director, ORYGEN Youth Health, Parkville Centre, Locked Bag 10/35 Poplar Road, Parkville, Victoria 3052, Australia

Kathryn Elkins, ORYGEN Youth Health and Department of Psychiatry, The University of Melbourne, Parkville Centre, Locked Bag 10/35 Poplar Road, Parkville, Victoria 3052, Australia

Dr Gráinne Fadden, Consultant Clinical Psychologist, MERIDEN Programme, SMBMHT, Academic Unit, 71 Fentham Road, Erdington, Birmingham B23 6AL, UK

Dr Paul R. Falzer, Clinical Assistant Professor of Psychiatry, Program for Recovery and Community Health, Yale University School of Medicine and Institution for Social and Policy Studies, Yale Program for Recovery and Community Health, Erector Square, Bldg #6W, Suite #1C, 319 Peck Street, New Haven, CT 06513, USA

Dr Shona M. Francy, Coordinator/Psychologist, PACE Clinic, ORYGEN Youth Health and Department of Psychiatry, The University of Melbourne, Parkville Centre, Locked Bag 10/35 Poplar Road, Parkville, Victoria 3052, Australia
CONTRIBUTORS

Donna Gee, Research Therapist, ORYGEN Youth Health, Parkville Centre, Locked Bag 10/35 Poplar Road, Parkville, Victoria 3052, Australia

Dr John F.M. Gleeson, Associate Professor, Department of Psychology, The University of Melbourne and the Northwestern Mental Health Program, Parkville Centre, Locked Bag 10/35 Poplar Road, Parkville, Victoria 3052, Australia

Dr Gillian Haddock, Reader in Clinical Psychology, University of Manchester, Tameside General Hospital, Fountain Street, Ashton-u-Lyne OL6 9RW, UK

Kate Hardy, Assistant Psychologist, South West Yorkshire Mental Health NHS Trust, Early Intervention Project, Ravensleigh Cottage, 28a Oxford Road, Dewsbury, UK

Lisa Henry, Research Fellow and Clinical Psychologist, ORYGEN Youth Health and Department of Psychiatry, The University of Melbourne, Parkville Centre, Locked Bag 10/35 Poplar Road, Parkville, Victoria 3052, Australia

Tanya Herrmann-Doig, c/o Chris Mackey & Associates, Clinical Psychology Services, 28 Villamanta St, Geelong West, Victoria, Australia

Mark Hinton, Consultant Clinical Psychologist, Early Intervention Services, Camden and Islington Mental Health and Social Care Trust, St Pancras Hospital, 4 St Pancras Way, London NW1 0PE, UK

Dr Zaffer Iqbal, Senior Clinical Research Fellow, University of Birmingham and Leeds Mental Health Teaching NHS Trust, CPPP Services, 17 Blenheim Terrace, Leeds LS2 9HN, UK

Dr Chris Jackson, Early Intervention Service, 97 Church Lane, Aston, Birmingham B6 5UG, UK

Professor Jan-Olav Johannessen, Chief Psychiatrist, Rogaland Psychiatric Hospital, Postboks 1163, 4095 Stavanger, Norway

Professor Ashok K. Malla, Professor of Psychiatry, University of Western Ontario, PEPP–London Health Sciences Centre, 375 South Street, London, Ontario N6A 5G6, Canada

Dr Rufus May, Clinical Psychologist, Bradford Assertive Outreach Team, Bradford District Community Trust, 48 Ash Grove, Bradford BD7, UK

Terry S. McLean, Clinical and Education Leader, PEPP–London Health Sciences Centre, WMCH building, 392 South Street, London, Ontario N6A 4G5, Canada

Professor Patrick D. McGorry, Director, ORYGEN Youth Health (incorporating EPPIC), Department of Psychiatry, The University of Melbourne, Parkville Centre, Locked Bag 10/35 Poplar Road, Parkville, Victoria 3052, Australia
Ross M.G. Norman, Departments of Psychiatry and Epidemiology and Biostatistics, University of Western Ontario, London Health Sciences Centre, 392 South Street, London, Ontario N6A 4GS, Canada

Lisa J. Phillips, Coordinator/Psychologist, PACE Clinic, ORYGEN Youth Health and Department of Psychiatry, The University of Melbourne, Parkville Centre, Locked Bag 10/35 Poplar Road, Parkville, Victoria 3052, Australia

Dr Paddy Power, Lead Consultant Psychiatrist & Honorary Senior Lecturer, Lambeth Early Onset (LEO) Service, South London and Maudsley NHS Trust, 108 Landor Road, London SW9 9NT, UK

Dr Ron Siddle, Consultant Grade Cognitive Behaviour Therapist, Manchester Mental Health and Social Care Trust, Department of Clinical Psychology, North Manchester General Hospital, Delaunays Road, Crumpsall, Manchester M8 5RB, UK

David A. Stayner, Clinical Assistant Professor of Psychiatry, Yale University School of Medicine and Director of Program Development, Yale Program for Recovery and Community Health, Erector Square, Bldg. #6W, Suite #1C, 319 Peck Street, New Haven, CT 06513, USA

Darryl Wade, Clinical Psychologist, ORYGEN Youth Health, Parkville Centre, Locked Bag 10/35 Poplar Road, Parkville, Victoria 3052, Australia
From its origins in Melbourne over a decade ago, the idea of creating specialized services for early intervention in psychosis has grown to encircle the globe. It is an idea that has been actualized in the creation of new service configurations, new psychotherapies and psychotherapeutic perspectives, and a new and growing body of knowledge to inform clinical care. The idea that new onset psychosis and even pre-illness onset prodromal states might best be managed in specialized settings and by specially trained teams may in time rank along with the deconstruction of the asylum as a major turning point in our thinking about the management of serious mental illness. How has this new therapeutic movement taken hold so quickly? What are its essential elements?

Two critical observations derived from longitudinal research set the stage for the current focus on early psychosis. First was the observation that in all societies where investigators looked, substantial time (12 to 18 months) typically elapsed between the onset of psychotic symptoms and the time a person found their way to a clinician who could institute appropriate treatment. Furthermore, many studies seemed to indicate that patients with the longest duration of untreated psychosis responded more slowly and less completely once treatment was begun.

Second, modern first-episode psychosis studies established the fact that once patients with a first psychotic episode were identified and treated, most had a rapid and robust initial treatment response. Among the most demoralizing findings, however, was the additional observation that given available treatments and treatment systems, within a year or two the vast majority of patients went on to suffer a relapse. After the first relapse, once again, most or nearly all went on to have one or more subsequent relapses. With each turn of this cycle, the quickness and completeness of treatment response was truncated leaving clinicians treating these individuals feeling powerless to turn back the tide of what could sometimes seem like an inexorable march towards chronicity. Based on watching far too many young persons transformed over the span of a few years into ‘chronic patients’, some hypothesized that repeated or prolonged periods of psychosis itself heralded a deteriorative neurobiological process that proceeded irreversibly in only one direction. While research has not, on balance, upheld a ‘biological toxicity’ hypothesis of prolonged psychosis, it is clear that by whatever mechanism, prolonged and repeated episodes inflict suffering and dismantle lives.

Together, duration of untreated psychosis and first episode studies point to an inescapable conclusion: our health systems fail to get patients with a first episode of psychosis into treatment and in most instances fail to prevent recurrences and deterioration. It is from the imperative to do better that early psychosis research and service development derive their momentum.

As this volume makes clear, psychosocial interventions are at the center of the array of services that must be developed to create a comprehensive system of care for persons who have suffered a first episode of psychosis. The treatment approaches described are both