

Addressing Social Difficulties among Young Adults with Psychosis Innovations and Opportunities

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Overview

- What Kind of Social Difficulties do Young Adults with Psychosis Experience? Why Are Social Difficulties Important?
- What Treatments are Available to Address These Social Problems?
- What Are the Remaining Opportunities for Promoting Social & Interpersonal Functioning in Young Adults with Psychosis?



Global Burden of Disease Study 2010: Disability Weight

Illness/Injury	Disability Weight
Schizophrenia: Acute State	0.756
Multiple Sclerosis: Severe	0.707
Spinal Cord Lesion at Neck: Untreated	0.673
Epilepsy: Severe	0.657
MDD: Severe Episode	0.655
Heroin/Other Opioid Depend.	0.641
TBI: Long Term Consequences Severe	0.625
Musculoskeletal Problems: Severe	0.606
Schizophrenia: Residual State	0.576
End Stage Renal Disease: On Dialysis	0.573

Social Difficulties in Psychosis

- Impairments in Social Functioning – a Core Feature of Psychotic Disorders

“The inability of individuals to meet societal defined roles such as homemaker, worker, student, spouse, family member, or friend. In addition, individual’s satisfaction with their ability to meet these roles, their ability to care for themselves, and the extent of their leisure and recreational activities is often subsumed under the rubric of **social functioning**.”

Social Difficulties in Psychosis

- Difficulties with Social Functioning Tend to be Persistent
- Social Dysfunction is a Primary Contributor to Societal Cost of Illness
- Social Difficulties both Influence and are Influenced by Other Aspects of Illness



Social Difficulties in First-Episode Psychosis

- Social Difficulties Present by Onset of Symptoms
 - More limited social networks (Horan et al., 2006)
 - Network more comprised of family with fewer peers (Ericsson et al 1989; MacDonald et al., 2000)
- Poor social adjustment at illness-onset is a strong predictor of adverse long-term outcomes (Mueser, Bellack, Douglas, & Morrison, 1991; Yager & Ehmann, 2006)



Social Difficulties in First-Episode Psychosis

- Better social support is predictive lower rates of re-hospitalization and reduced psychotic symptoms during first years of illness (Norman et al., 2005)
 - Greatest benefit when support comes from non-family peers (Erickson et al., 1998)
- Social difficulties may increase susceptibility of young adults to social/environmental stressors
 - Bullying, Peer Rejection, and Hostility from peers exacerbate psychotic symptoms and increase distress (Campbell & Morrison, 2007; Trotta et al., 2013)



Social Difficulties & Social Cognition

- Social Cognition: The mental processes that underlie social perception and social behavior (Green et al., 2008)
- Diminished in psychosis
- Impairments present early
- Relatively stable over course
- Highly related to social & community outcomes



Social & Social-Cognitive Interventions for Psychosis

- **Social Skills Training for Schizophrenia** (Bellack, Mueser, Gingerich, & Agresta, 2004)
- **Cognitive-Behavioral Social Skills Training for Schizophrenia** (Granholm, McQuaid, & Holden, 2016)
- **UCLA Social and Independent Living Skills Program** (Liberman et al., 1993)
- **Social Cognitive Skills Training** (Horan et al., 2009)
- **Social Cognition and Interaction Training** (Roberts, Penn, & Combs, 2016)
- **Computerized Social Cognitive Training – SocialVille** (Haut et al., 2019; Nahum et al., 2014)



Social & Social-Cognitive Interventions for Psychosis

Two Excellent, Recent Resources:

Fiszdon, J. M., & Davidson, C. A. (2019). Social cognitive interventions. In *Social Cognition in Psychosis* (pp. 269-293). Academic Press.

Lewandowski, K. E., Mesholam-Gateley, R. I., & Keshavan, M. S. (2019). Psychosocial interventions for social dysfunction in psychosis. In *Social Cognition in Psychosis* (pp. 295-319). Academic Press.



Social Difficulties in Psychosis

- Strong Empirical Evidence for Psychosocial Interventions Promoting Social Skills and/or Social Cognitive Function
(Kurtz & Mueser, 2008; Horan et al., 2009; Kurtz & Richardson, 2012; Fiszdon & Reddy, 2012; Turner et al., 2018)
 - Less Consistent Linkage to Social and Community Outcomes
 - Less Research on Early Intervention/Young Adults, Specifically



Targeted Social Treatments in Early Intervention

- Social Cognition and Interaction Training (SCIT)
 - 20 session, manualized intervention
 - Modules on emotion recognition, attributional style/“figuring it out”, and integration of skills to real-life situations
 - Strong evidence base for improving social cognition in outpatient and inpatient samples
- Young people with FEP demonstrated significant improvements in emotion recognition and an index measure of social/occupational functioning (Bartholomeusz et al., 2013)
- SCIT-VR, An online adaptation, shows initial promise in improving emotion recognition (Nijman et al., 2020; Thompson et al., 2020)



Targeted Social Treatments in Early Intervention

- Cognitive-Behavioral Social Skills Training
 - Group therapy focusing on cognitive skills, social skills, and problem-solving skills
 - RCTs demonstrate improvements in independent living skills
- Individuals with FEP demonstrated improved independent living skills, improved hope, and improved goal attainment after 18 CBSST sessions (Herman et al., 2016)
 - Efforts for Developmental Modifications for Young People



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**GET HELP.
FIND HOPE.**



- Overall Social Functioning Improves after 6 Months
 - Greater Rates of Work & School Involvement
 - No Significant Changes in Social Engagement or Interpersonal Communication
- Social Cognition Improves after 6 Months, but is not Predictive of Cause of Social Functioning

Are There Other Opportunities for Young People with Psychosis?

- Many social interventions have been designed for and/or researched mostly among older adults with chronic illness
- Some evidence suggests that age moderates the effectiveness of SST (Kurtz & Mueser, 2008; Kurtz & Richardson, 2012)
- Targeted, developmentally-informed social interventions during this critical period of illness may optimize outcomes



Emerging Adulthood – Developmental Considerations

- Emerging Adulthood (EA) – A Unique Phase of Life
- The Onset of Mental Illness during a Period Marked by Developmental Transitions and Uncertainty/Instability can:
 - Impact development & maintenance of key relationships
 - Lead to removals from the social environment
 - Limit exposure to normative social experiences

Should we Target Peer Relationships in Early Intervention?

- Relevance of Relationship & Identity Formation during Emerging Adulthood
- Relative Importance of Peer Support and Relationships – Immediate & Long-Term
- Motivation for Peer Relationships Predicts Social Outcomes in First-Episode Psychosis (Moe et al., under review)
- A Supplement – but **not** a Replacement

Social Skills in Other Groups – a Shared Difficulty?

- Social Cognition in Schizophrenia and High-Functioning Autism – “More Convergence than Divergence” (Couture et al., 2010)
 - Particularly among those with relatively prominent negative symptoms (Couture et al., 2010)
 - Some similarity in neural underpinnings (Sugranyes et al., 2011)
 - Similar mentalizing impairments (Chung, Barch, & Strube, 2014)
- Importance of Addressing Various Underpinnings of Social Difficulty
 - “Socially Rejected versus Socially Neglected” (Laugeson, 2013)



Social Skills Training – PEERS

- **The Program for Enrichment and Education of Social Skills** (PEERS; Laugeson, 2011)
 - Developed for People with High-Functioning Autism
 - Modified Version for Young Adults (Laugeson, 2017)
 - Explicit Goal of Making & Keeping Friends
- **Focus on Specific, Concrete Skills/Approaches**
 - Engaging Didactics
 - Supplemental Live Role-Play Demonstrations
 - Metacognitive Processing of Demonstrations
 - Behavioral Rehearsal with Coaching



PEERS for Young Adults with Psychosis – A Pilot Study

- OSU EPICENTER implemented an adapted PEERS intervention in the psychiatric inpatient setting
- The Importance of Early Intervention & Considering Inpatient Psychiatry (Moe et al., 2018; Moe et al., 2021)



PEERS for Young Adults with Psychosis – A Pilot Study

- 4 Skills Lessons
 - Trading Information
 - Starting Conversations
 - Maintaining Conversations
 - Dealing with Verbal Bullying
- Adapted for Inpatient Setting
 - Duration
 - Complementary while Standing Alone
 - Offered 2x per week on Adult Units

Starting Conversations



From Laugeson, 2017



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“What do you think that was like for Dave?”

Confusing, Odd

“What do you think Dave thought of Amanda?”

Strange, Oblivious, Self-Absorbed

“Do you think Dave would want to talk to Amanda again?”

Probably Not – Too Weird

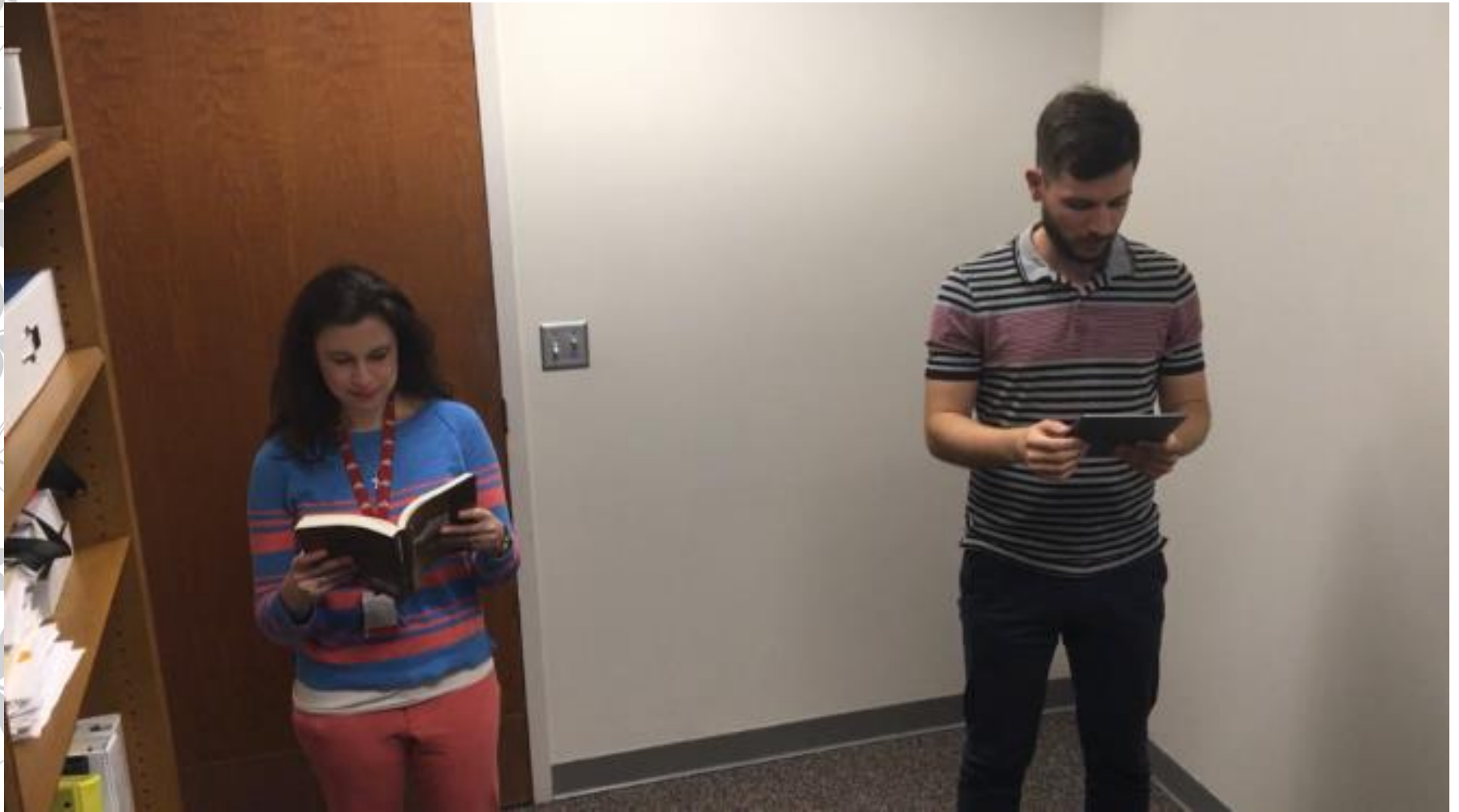


Starting Conversations

1. Look Over Casually
2. Use a Prop
3. Notice a Common Interest
4. Mention the Common Interest
5. Trade Information
6. Assess Interest
7. Introduce Yourself



Starting Conversations



From Laugeson, 2017



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Preliminary Results

- 19 Adult Inpatient Participants, Ages 18 – 35
 - Attended an Average of 3 Groups
 - Range = 2 to 7 sessions
 - Average LOS = 12.3 days

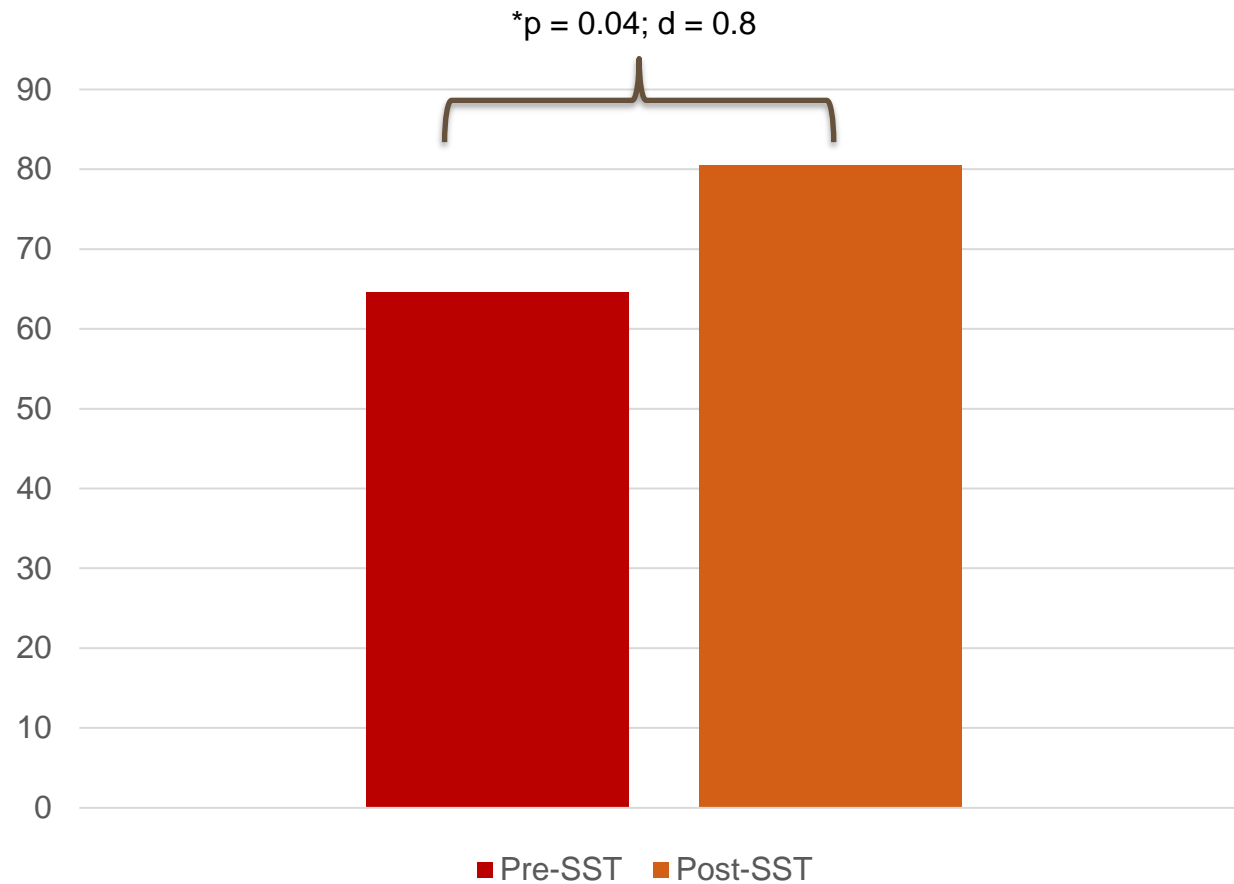
Participant Demographics

	<u>Mean (Standard Deviation)</u>
Mean Age	27.25 (3.76)
Gender (%)	
<i>Male</i>	14 (74)
<i>Female</i>	5 (26)
Psychiatric Diagnosis ¹	
<i>Schizophrenia</i>	12 (63)
<i>Schizoaffective Disorder</i>	3 (15)
<i>Bipolar Disorder with Psychotic Features</i>	3 (15)
<i>Unspecified Schizophrenia-Spectrum or</i>	1 (5)
<i>Other Psychotic Disorder</i>	

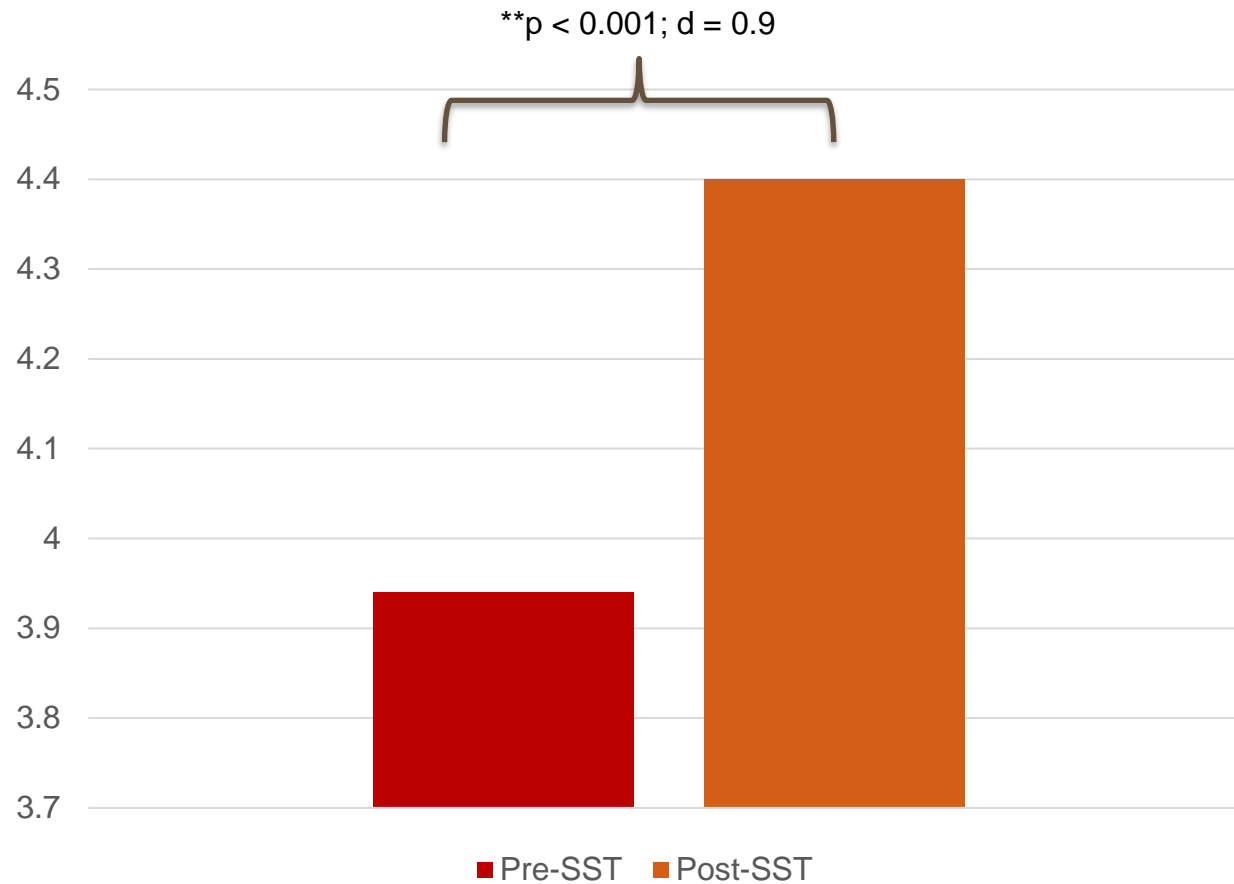
Social & Symptom Measures

- Self-Efficacy Scale for Schizophrenia - Social (McDermott, 1995)
- Social Skills Performance Assessment (Patterson et al., 2001)
- Brief Symptom Inventory – Inpatient Version (Derogatis et al., 2003)

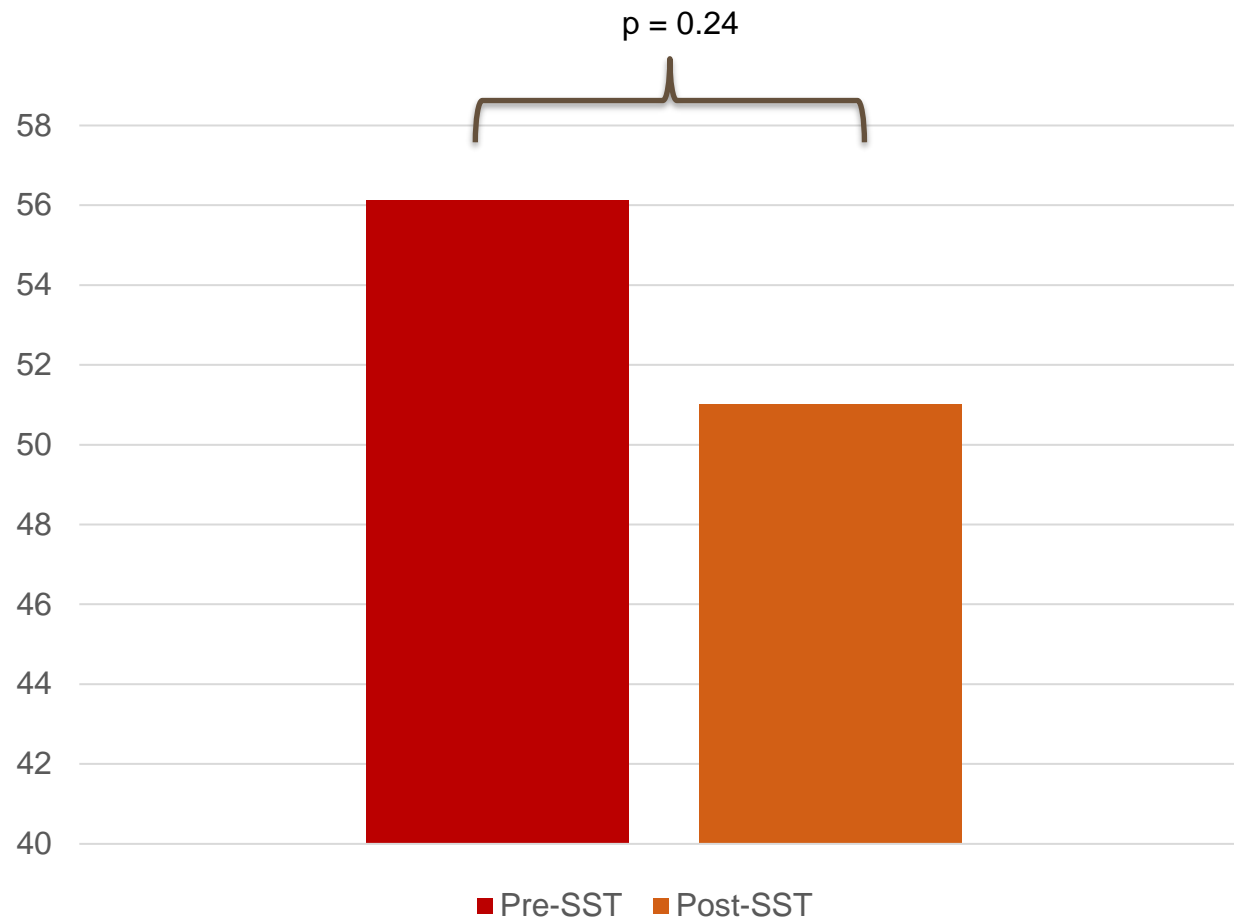
Pre-post SF - SESS



Pre-post SF - SSPA



Pre-post SF - BSI



Limitations & Implications

- A Brief, PEERS-Based Approach May Contribute to Improvements in Aspects of Social Functioning
- Very Preliminary, Uncontrolled Pilot Data
- Broader QI Data Indicate Favorable Perception among Inpatient Participants
- Inpatient Psychiatry – Opportunities for Intervention

Exciting Developments & Future Research

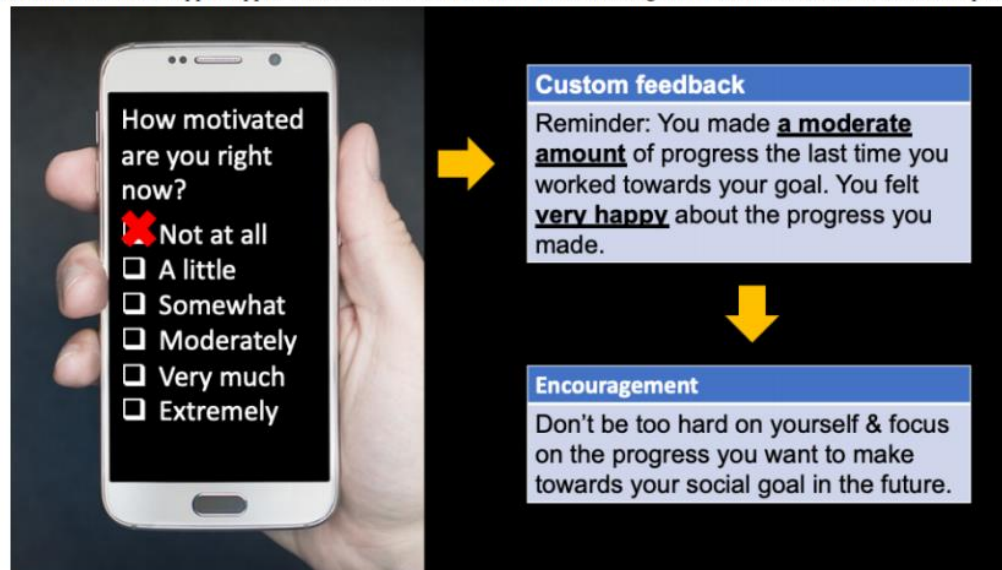


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Exciting Developments & Future Research

- Digital & mHealth approaches
 - Motivation and Skills Support (MASS) smartphone app (Fulford et al., 2020; Fulford et al., 2021)

Figure 1. Motivation and Skills Support app content: feedback and validation and encouragement to address social motivation impairment.



Exciting Developments & Future Research

- Digital & mHealth approaches
 - HORYZONS – moderated, online social intervention (Alvarez-Jiminez et al., 2019; Ludwig et al., 2020)



Exciting Developments & Future Research

- Despite Increased Efforts, “both pharmacological and psychological treatments have had only incremental success at rehabilitating community and daily living [for people with schizophrenia].” (Wojtalik et al., 2017)
- Translational approaches
- Social Dysfunction in Psychosis has Neurobiological Bases – but Brain-Behavior Mechanisms of Social Processes are Under-Studied



Coming Attractions: A Multi-Level Research Approach



Brain
(fMRI)



Self-
Report



Behavioral/Performa
nce-Based

- Leveraging Translational Science to Target the “Right Stuff”
- What are the Specific Patterns of Neural Dysfunction underlying Social Cognition in Early Psychosis?
- How do Brain and Behavioral Measures of Social Cognition Relate to Social and Functional Outcomes?



Implications – Thinking Broadly

- Socially-Focused Interventions for Young Adults Are an Important Part of Early Intervention
- Potential Benefit of Developmentally-Informed Approaches or Modifications
- Additional Research with Young Adult & First-Episode Samples is Needed
 - Importance of Outcome Measurement
 - Can we identify individuals who would benefit the most?





Thank You

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