

DAY HOSPITAL FOR EARLY INTERVENTION FOR INDIVIDUALS WITH PSYCHOTIC DISORDERS

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SUMMARY

In long-term outcome studies on individuals with first-episode psychosis, improved remission and recovery rates perhaps reflect the improved treatment in dedicated early intervention program. The first episode is a critical period in which individuals with psychosis, as well as members of their families, are confronted with the illness for the first time. Until nowadays, treatment of first psychotic episodes in Croatia has usually been provided in hospital setting. The day hospital provides comprehensive therapeutic approach that refers to early systematic application of all available and effective therapeutic methods in the initial phases of psychotic disorders, and aims to attain and maintain remission and recovery, as well as insight and adherence to treatment. The day hospital is a time-limited structured program that comprises diagnostic procedures, treatment and rehabilitation based on various group psychotherapy and socio-therapy approaches. It is cheaper than hospital treatment and preferred by patients and their families. The importance of involving family members along with patients in the therapeutic process is recognized. The aim of this paper is to present the first day hospital for early intervention and treatment of individuals with psychotic disorder, established within Psychiatric hospital "Sveti Ivan", Zagreb, Croatia.

Key words: psychotic disorders - first episode - day hospital

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INTRODUCTION

Numerous studies of individuals with psychotic disorders point to deficits in cognitive functioning, poor insight, low self-esteem, loneliness, suspiciousness, difficulty accepting treatment, interruption of previous way of life and major changes surrounding their immediate family, poor social functioning and an overall lower quality of life (Popolo et al. 2010, Morgan et al. 2014, Okpokoro & Sampson 2014, Brüne et al. 2018, Carrión et al. 2018, Cotter et al. 2018, Moritz et al. 2018). Historically, schizophrenia was conceptualized as a chronic, progressively deteriorating condition. In a recent systematic review and meta-analysis of long-term outcome studies (Lally et al. 2017), 58% of patients with first-episode psychosis (FEP) met criteria for remission, and 38% met criteria for recovery over mean follow-up periods of 3.5 years and 7.2 years respectively. Improved remission rates perhaps reflect the improved outcomes for patients with FEP treated in dedicated early intervention services over the past two decades. The fact that they have not identified any changes in recovery rates after the first 2 years of follow-up indicates an absence of progressive deterioration (Lally et al. 2017).

Mental illness affects not only the patient but also the members of their family, and often parents are dissatisfied with the effectiveness of treatment which may be linked to high expectations, as well as their own emotional involvement. The importance of involving family members along with patients in the treat-

ment process is well recognized nowadays (Durmaz & Okanlı 2014, Miklowitz et al. 2014, Okpokoro & Sampson 2014, Breitborde et al. 2015, McFarlane et al. 2015, Mueser et al. 2015, Lo et al. 2016, Nilsen et al. 2016, Albert et al. 2017, Ruggeri et al. 2017, Wessels et al. 2017). They expect a quick recovery and return to the "former self", meaning to the level of functioning that was before the first symptoms occurred. Studies have shown that patients with mental disorders have a higher risk of relapse if the family is too involved, hostile, prone to criticism, and dissatisfied - a concept that is known as *expressed emotions* (Okpokoro & Sampson 2014). Providing optimal care improves treatment outcome not only for patients, but also for their families, friends and the society as a whole (Ienciu et al. 2010).

Treatment of patients in early phase of psychosis is very important not only for overcoming the acute symptoms, but also for overall later treatment and attitude towards the illness. This is a critical period in which persons with psychosis, as well as members of their families, are confronted with the illness for the first time. Many questions are raised in this period both by the patient and the members of the family regarding diagnosis, possibilities of treatment, outcomes, and prospects for life. Treatment of first psychotic episodes in Croatia is usually provided in hospital setting (Mayer et al. 2017). Daily hospital treatment reduces hospitalization, regressive behaviour, and also significantly reduces the stigmatization of mental illnesses (Verhaeghe et al. 2008). Treatment on the acute wards is often seen

as restrictive, traumatic, and isolated from the outside world, with lack of empathy and attention from staff, and with insufficient psychological help. Patients who were treated on acute unit often report an unmet need to talk to someone, to get the support of other people; that felt like they were excluded and isolated from the community (Lo et al. 2016). The basic assumption of a day hospital is living in reality, close with family members and social environment during treatment. A day hospital represents a favourable solution for linking the community and traditional institutional psychiatry. Researches show that day hospitals are cheaper than hospital treatment (Sledge et al. 1996), preferred by patients and their families, and clinical and psychosocial outcomes are more effective than home treatment (Harrison et al. 2003). Larivière and colleagues (2010) found that day hospital treatment significantly improves social participation in daily activities and social roles, as well as total social participation of patients with psychotic disorder. Review of the literature in available databases did not reveal any studies investigating day hospital treatment for individuals with psychosis in Croatia.

The first day hospital for individuals with psychotic disorders was established in "Sveti Ivan" psychiatric hospital in 2014. It is part of the comprehensive early intervention program for individuals with psychotic disorders (RIPEPP) which exists since 2005. The hospital has a long tradition in treatment, psychosocial rehabilitation and resocialization of psychotic patients within hospital and out-patient facilities, and within hetero-familial care. During perennial psychotherapeutic work, experiences gained in groups of psychotic patients have been exchanged in regular supervisions and seminars, as well as knowledge about modifications of group analytic therapy, essential for work with this particular population of patients (Restek-Petrović et al. 2012).

THERAPEUTIC PROGRAM IN THE DAY HOSPITAL

The therapeutic program of the day hospital comprises psychodynamically oriented group psychotherapy, multi-family groups, cognitive behavioural workshops, metacognitive training, psycho-education, occupational therapy, socio-therapy and recreational therapy, nutrition workshops, workshops with a social worker and some other socialization techniques in a supportive environment. Activities are carried out by multidisciplinary team of psychiatrist (group analyst), nurse (group therapist), two psychologists (cognitive-behavioral therapists, one is also a trainee in group analysis), nutritionist (trainee in group analysis), social worker and occupational therapist (group therapist).

Comprehensive psychodynamic education of most team members has positively influenced the understanding of patients' psychological functioning, and

contributed to the improvement of communication between patients and staff, and of mutual communication among professionals (Restek-Petrović et al. 2012).

About 15 patients who are homogenous regarding diagnosis (psychotic disorder) and age (late adolescent and young adult) attend the day hospital. The duration of treatment is adjusted to individual needs. Psychodynamic groups are held three times a week for one hour – one small group of 7 to 8 patients, one medium group with all the patients, and a multi-family group counting 20 to 30 participants. The latter two are conducted co-therapeutically.

Psychodynamically oriented group psychotherapy aims to improve emotional regulation and reduce the intensity of symptoms through understanding intrapsychic experiences and emotional acceptance. Persecutory ideas contain an element of grandiosity and may be regarded as a (dysfunctional) symbolic amalgamation of the desire for appreciation/acceptance vs adverse circumstances under which most patients live (alienation from others). For therapists, the balancing act between challenging a self-esteem-relevant, personally meaningful delusional belief and maintaining a good therapy relationship is difficult (Moritz et al. 2018). Similar experiences of group members enhancing cohesion, verbalised in a safe and protective environment, especially in a small group, diminish the sense of discomfort, shame, isolation, seclusion and stigmatization. Group therapy enables communication, counselling, education and learning from others. Therapists are more active, flexible, empathic, supportive, with no restriction on emotional neutrality, and with more containing capacity in contrast to classic analytic group. Working through traumatic experience of psychosis and exchanging experiences about treatment, they receive re-established sense of self and incorporate that experience in personal history. Individuals with more fragmented sense of self and others would struggle to make sense of psychiatric and social challenges and thus struggle to move toward recovery. The treatment enables the processes which allow individuals to form a more integrated sense of self and others (Lysaker et al. 2018). The recovery-oriented treatments should be conceptualized as taking place within the therapeutic intersubjective space, between the clinician and patient (Hasson-Ohayon et al. 2017). A deepening sense of self and others does not first occur in the mind of the therapist to then be shared with the patients. It is understanding that emerges from and within the encounter of unique persons. This allows for the therapeutic relationship to be a vehicle for a reflective dialogue (Lysaker et al. 2018).

Multi-family groups are psychodynamically oriented groups with psychoeducational elements that are conducted co-therapeutically by a group analyst and a group therapist, enabling patients to participate along with their family members. The image of family

dynamics that is formed during these groups becomes vivid and complete. In the group, parents work through initial projection and blame/guilt, negative symptoms, concern for the future and independence of the affected members. They ask whether their children will be "healthy" again, how much support to provide, and to what extent to encourage regressive and dependent positions or how to prevent new episodes. Parents have different expectations of treatment program, and they get authentic answers from other group members to their questions about causes, occurrence, clinical features, treatment, pharmacotherapy and cognitive deficits. Members with more interpersonal experience pass on their knowledge to others. Such groups are a place where for the first time patients can talk about specific problems which they could not discuss within their family environment. They ask questions regarding separation from the primary family, forming romantic relationships, completing their education and finding employment. With the help of a supportive medium-sized group, exaggerated attitudes and behaviours are corrected, and maladaptive patterns of behaviour and communication are improved. This group seems to increase the capacity to anticipate and solve problems; it achieves changes in the family dynamics, as well as in systems of beliefs; it installs realistic hope and supports family members to set boundaries. It also maintains an optimal degree of separation, reduces anger and guilt and builds a therapeutic alliance. It improves the understanding of factors that limit the functional ability of patients (McFarlane et al. 2015, Mueser et al. 2015, Lo et al. 2016, Nilsen et al. 2016, Albert et al. 2017, Ruggeri et al. 2017).

Cognitive-behavioural therapy (CBT) is a widely accepted method of treating individuals with psychotic disorders (Breitborde et al. 2015, Mehl et al. 2015, Chambless et al. 2017, Lincoln & Peters 2018). CBT is provided in the form of once a week psychoeducational workshops with seven different topics: self – concept (increasing self – esteem, recognition of own strengths and weaknesses); emotion recognition and understanding; negative emotions (how to deal with negative emotions – fear, sadness, anger, shame); relationships with others (communication skills, confidence, expectations); planning and goal achievement; stress (experiencing stress, effects of stress) and coping with stress (problem solving, focus on emotions, avoidance).

Unlike CBT which lies its focus on symptoms (frontdoor approach), a metacognitive training has been developed to mainly target cognitive biases that subserve psychotic symptoms (backdoor approach) (Moritz et al. 2005). Metacognition refers to the range of mental activities that allow people to be aware of and reflecting upon their own thoughts, feelings, and intentions, and those of other people, and ultimately formulate connection between these events into a larger complex representations of themselves and others (Inchausti et al.

2016). Metacognitive deficits may vary from those that affect the ability to differentiate reality from fantasy to the capacity to empathize with others, and to think about mental states (Inchausti et al. 2017). Individuals at risk state or early psychosis experience significantly greater metacognitive deficits relative to others (Barbato et al. 2014, Breitborde et al. 2015, Østefjells et al. 2015, Cotter et al. 2017, 2018, Brüne et al. 2018, Moritz et al. 2018). Metacognitive training is carried out by psychologists once a week. It has been observed that a minimum period of 4 months is necessary for metacognitive capacity growth during therapy (de Jong et al. 2016).

Therapeutic community meetings are held twice a week when all the members go through the everyday life of the day hospital community, address problems and try to solve them through open dialogue and communication.

In the psychoeducational workshops that are held once a week, patients give lectures with the support of the therapeutic team on some topic of their interest regarding their illness or symptoms. They gain and extend knowledge and understanding of their symptoms, early signs of relapse, risk factors, and they master presentation as well as computer skills by preparing power point presentations. The workshops are moderated by a group therapist.

Three times a week patients are engaged in occupational therapy. This therapy leads patients through specific activities aimed at reaching their maximum level of functionality and independence in various spheres of everyday life. Therapeutic activities that are used in this occupational therapy program are in the area of self-care, productivity, leisure time, arts, sports, education, social skills, and it also depends on the problems, needs and interests of the patient. Every week during the program patients have physical exercise, as well as sports games, organized and monitored by the occupational therapist. Physical activities conducted in groups are more effective than individual activities (Kemp et al. 2009). The barriers that patients with severe mental health problems have participating in these activities because of low self-esteem, sedation and increased body weight, are overcome via group exercises (Roberts & Bailey 2011). Long-term exercise participation is associated with significant benefits for symptoms, cognition and social functioning in first episode psychosis. However, adherence to unsupervised exercise is low (Firth et al. 2016). Physical activity can improve the metabolic health status even when not associated with a reduction in body weight (DE Hert et al. 2011).

Socio-recreational therapy supports the optimal development of individual preferences and releases the unrealized potential of personality, enhances re-socialization, and motivation and relaxation through different activities.

Workshop with the social worker gives patients the opportunity to acquire knowledge and information on

their rights within social welfare system. This workshop is held once a week.

Through nutritionist workshops we educate patients about balanced nutrition and preparing delicious, yet healthy meals. Also, through power point presentations, patients are taught how to introduce healthy living habits, re-examining the truths and mistakes about food and nutrition. This workshop is especially important for people taking pharmacotherapy to help prevent possible increase in body mass by proper diet with aim to prevent metabolic syndrome. It is held by the nutritionist once in two weeks.

Blood pressure, as well as waist circumference and body mass index are measured once a week. Upon onset and at regular intervals, serum lipid levels and blood glucose fasting are checked.

The mind and the body, mental and physical are unacceptable dichotomies such as psychotherapy and pharmacotherapy.

EMBRACING PSYCHOTHERAPY

The associative process is ability to link ideas together just like contemporary psychotherapy links similar approaches especially in treatment of individuals with psychotic disorder. The metacognitive therapy derived from the CBT theoretical basis speaks today analytical language about cohesion of self, intersubjectivism, as well as psychodynamically oriented group psychotherapy. The classic CBT was adapted to the needs of treating people with psychotic disorder and was transformed into CBT for psychoses (Morrison & Barratt 2010). At the same time, a metacognitive training was developed (Gaweda et al. 2009), and metacognitive reflection and insight therapy have recently been used as well (Lysaker et al. 2018). Similarly, a group analysis has transformed its analytical bases into a more flexible and efficient approach (Restek-Petrović et al. 2012, Mayer et al. 2017). The role of the patient and his family has changed from passive to being equal partners in treatment.

As Lysaker and colleagues said: “We do reject any suggestion that wellness in the face of mental illness comes from being a passive recipient of care... Patients must be active agents who direct their own recovery during all phases of illness and that this requires the rejection of stigma, as well as a non-hierarchical therapist-patient relationship in which therapist’s role is best understood as one of a co-participant or consultant“ (Lysaker et al. 2018). This requires the clinicians to “give up” the knowing attitude and let themselves be taken by surprise (Hasson-Ohayon et al. 2017). The process is about making meaning of often complex and painful material. Recovery is not just “fixing” something, it requires individuals to make sense, in the moment and over time, of the experiences that surround mental illness. Sense and meaning have to be made (Lysaker et al. 2018). Recovery can and does mean

different things to different people (Drake & Whitley 2014). No matter how ill a person can be at a particular moment, individuals with serious mental illness can recover in a personally meaningful manner regardless of the limitation imposed upon an individual’s life by the disorder (Leonhardt et al. 2017).

CONCLUSION

The treatment in our day hospital takes place in a safe, cohesive environment, with a smaller number of members, where the patients are directly involved in decision making about their treatment, and where their empowerment, emancipation and development of therapeutic alliance is encouraged. The sense of belonging, understanding, acceptance and usefulness, change their former feelings of isolation, insignificance, inferiority, and thus changes a negative image of themselves. Mirroring, as well as positive feedback from others, motivate patients for a change. We pay special attention to the issues of stigmatization and self-stigmatization. Therefore patients accept changes brought on by mental illness more easily, and consequently stumble less upon the question of acceptance of mental illness in society. We are convinced that outpatient early intervention program in the day hospital allows patients and their families to overcome difficult issues in dealing with psychotic disorder, as well as to attain and maintain remission and recovery.

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Contribution of individual authors:

Daniela Šago was involved with paper design, writing and multiple edits of the manuscript drafts.

Igor Filipčić was involved with paper design, and reviewed the manuscript drafts.

Vanja Lovretić was involved with paper design and manuscript preparation.

Nina Mayer was involved with paper design and the manuscript review.

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