Few psychosocial approaches address the negative symptoms of schizophrenia, which shares common features with depression and anxiety. Behavioral activation (BA) is a recommended treatment developed by an interdisciplinary team combining expertise in exercise, technology, recreation, and neuropsychiatry. Drawing from experience in other fields may help develop new treatments in psychiatric rehabilitation to maximize overall outcome. Funded by a Hartford Hospital Auxiliary Special Projects Grant to JC.

31.2 BE OUTSPoken AND OVERCOME STIGMATIZING THOUGHTS (BOOST): A GROUP TREATMENT FOR INTERNALIZED STIGMA IN FIRST-Episode PSYCHOSIS

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Background: Nearly half of individuals experiencing psychotic disorders report moderate to high levels of internalized stigma, which can significantly interfere with the recovery goals of patients. Despite a growing awareness of the negative clinical outcomes of internalized stigma, few interventions have been designed to specifically address this issue in first episode psychosis. Therefore, the goal of the present study was to examine the efficacy of a novel treatment for this specialized population: BOOST (Be Outspoken and Overcome Stigmatizing Thoughts). BOOST is an eight-session group intervention that combines cognitive restructuring, assertive communication and Overcome Stigmatizing Thoughts. BOOST is an eight-session group intervention that combines cognitive restructuring, assertive communication skills, and peer support. The group is co-facilitated by a peer support worker and the development of the intervention integrated service users.

Methods: Participants (N = 15) recruited from an early psychosis intervention clinic received BOOST in a pilot open-label study. Pre- and post-treatment measures included the Internalized Stigma of Mental Illness scale, the Rosenberg Self-Esteem Scale, and the Satisfaction with Life Scale.

Results: BOOST significantly improved internalized stigma, p = .04, Cohen’s d = .76; self-esteem, p = .02, Cohen’s d = 1.2; and satisfaction with life, p = .03; Cohen’s d = 1.2.

Conclusions: Results from this pilot study suggest that in addition to reducing internalized stigma, BOOST effects might transfer to other proximal and distal outcome measures. We will also present the results of a dissemination project within a large-scale psychosis network.

31.3 COMMUNITY-BASED MULTI-SITE RANDOMIZED CONTROLLED TRIAL OF BEHAVIORAL ACTIVATION FOR PATIENTS WITH NEGATIVE SYMPTOMS

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Background: Few psychosocial approaches address the negative symptoms of schizophrenia, which shares common features with depression and anxiety. Behavioral activation (BA) is a recommended treatment option with strong evidence for addressing depression and anxiety in adults with various mental disorders. BA is such a promising candidate for community dwelling individuals with negative symptoms since it not only provides comparable clinical effects to CBT, but also can be delivered more cost-effectively than traditional CBT due to its relatively brief format (Cuijpers, Van Straten, & Warmerdam, 2007; Dimidjian et al., 2006; Ekers, Richards, & Gilbody, 2008; Jacobson et al., 1996). Furthermore, BA is proven its feasibility and preliminary benefits in community dwelling individuals with negative symptoms (Choi et al., 2016). The primary aims of the current study was to investigate whether BA would be more effective than treatment as usual (TAU) to reduce negative symptoms and increase behavior activation level, when delivered by retrained community mental health professionals (e.g., clinical psychologists, psychiatry fellows, psychiatric nurses, social workers) who have limited psychotherapy or BA experiences.

Methods: In a single-blind, multi-site randomized controlled trial, 84 participants with schizophrenia were recruited from community based mental health service institutes. Seventy-two of the participants who met the study inclusion and exclusion criteria were assigned to either an BA or BA + TAU, with assessments of both clinician rated and self-reported negative symptoms, other psychiatric symptoms, and global functioning conducted at baseline, end of the 10-week intervention, and 6-month follow-up. The BA treatment was delivered by qualified mental health professionals including psychiatrists, psychiatry fellows, clinical psychologists, psychiatric nurses, and psychiatric social workers and doctoral level clinical psychology graduate research assistants who received clinical supervision from licensed clinical psychologist. Participating therapists received a full-day training via workshop sessions. While delivering the BA treatment, therapists were provided an on-site consultation meeting and off-site supervision through telephone.

Results: Administering BA to individuals with schizophrenia with mild to moderate negative symptoms was feasible in a community mental health setting. Relative to TAU, BA was associated with moderate to large effects in reducing negative symptoms measured using PANSS, CAINS, and BNSS at the end of 10-week intervention. However, the treatment gains were not maintained at 6-month follow-up.

Conclusions: In individuals with schizophrenia receiving the usual forms of psychiatric rehabilitation in a community mental health setting, BA appears to offer an adjunctive and efficacious approach for addressing mild to moderate negative symptoms. A potential role of treatment duration (i.e., longer than 10 weeks) and levels of clinical expertise should be further investigated to maximize treatment gains.

31.4 ENHANCING STRESS REACTIVITY AND WELL-BEING IN FIRST-Episode PSYCHOSIS WITH INDIVIDUAL COPING AWARENESS THERAPY (I-CAT): PILOT DATA AND EFFICACY STUDY DESIGN

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Background: People with schizophrenia commonly experience stressful life events before developing the illness and before a relapse. An intervention was developed that combines positive psychology and mindfulness approaches to help people learn more adaptive responses to stress. Individual Coping Awareness Therapy (I-CAT) for persons with early schizophrenia was piloted as a feasibility study and an alternative treatment to combat stress.

Methods: Six participants with schizophrenia spectrum disorder diagnoses received treatment with I-CAT at a first episode psychosis (FEP) clinic and were assessed at four time points: baseline, mid-treatment, post-treatment, and three-month follow-up.

Results: Preliminary results showed the largest improvements in the areas of stress management, resiliency, and symptoms. This pilot study found that I-CAT is both feasible and tolerable for persons with early schizophrenia.