

Psychosocial Interventions and Psychotherapies for First Episode Psychosis and Schizophrenia



There are several psychosocial interventions and psychotherapies for providers to consider in treating individuals with first episode psychosis and schizophrenia.¹ Providers are encouraged to perform thorough clinical evaluations and use shared decision making to individualize treatment goals and plans based on patient capabilities, needs, and preferences.¹

Specialized early intervention services are recommended for individuals with first episode psychosis. Symptoms of psychosis include delusions, hallucinations, disorganized speech and behavior, functional impairment, deteriorations in performance, and cognition. A first episode of psychosis may precede schizophrenia, be related to another medical condition, or be substance or medication induced. Cognitive behavioral therapy for psychosis in combination with pharmacotherapy is recommended for individuals with prodromal and early psychosis.¹



The following psychosocial interventions and psychotherapies are recommended for schizophrenia:¹

- Assertive Community Treatment
- Individual Placement and Support model of supported employment
- Psychosocial interventions for patient and family





The following psychosocial interventions are suggested for schizophrenia:¹

- Telephone-based care management to reduce rehospitalization
- Aerobic exercise added to treatment as usual to reduce symptoms
- Yoga offered as an adjunct to other evidence-based treatments for positive and negative symptoms



The following evidence-based psychosocial treatments are suggested for use in combination with pharmacotherapy:¹

- Skills training for individuals with schizophrenia evidencing severe and persistent functional impairments and/or deficits in social, social-cognitive, and problem-solving skills
- Psychotherapies and psychotherapeutic interventions in combination with pharmacotherapy for individuals with schizophrenia:
 - Cognitive behavioral therapy or cognitive behavioral therapy for psychosis
 - Acceptance and mindfulness-based therapies
 - Metacognitive therapy
 - Positive psychology interventions
- Cognitive training programs for the treatment of cognitive impairment and negative symptoms for individuals with schizophrenia
- Cognitive behavioral therapy for psychosis in combination with pharmacotherapy in individuals with prodromal and early psychosis

Resources



Military OneSource provides 24/7 support and information on housing, financial, legal, medical, and psychological services.

- State-side: 800-342-9647
- Overseas: 800-342-9647
- Collect: 484-530-5908

<https://www.militaryonesource.mil>



988 Suicide and Crisis Lifeline and the associated **Military/Veteran Crisis Line** provides free and confidential support for individuals in crisis. If you or someone you know is struggling or in crisis, call or text 988 or <https://988lifeline.org>; you can also press 1 or text 838255 to chat live with a counselor focused on military and veteran callers (<https://www.veteranscrisisline.net>).



inTransition offers specialized coaching and assistance for active duty service members, National Guard members, reservists, veterans, and retirees to help callers with their mental health care as they transition between systems of care.

- State-side: 800-424-7877
- Overseas: 800-748-81111 (in Australia, Germany, Italy, Japan, and South Korea only)

<https://www.health.mil/inTransition>

References

- 1 Veterans Affairs and Department of Defense. (2023). *VA/DOD clinical practice guideline for the management of first-episode psychosis and schizophrenia* (Version 1.0). <https://www.healthquality.va.gov/guidelines/MH/scz/>

NOTE: This content is derived from the *2023 VA/DOD Clinical Practice Guideline for the Management of First-Episode Psychosis and Schizophrenia*.

