CME

Individual Resiliency Training: An Early Intervention Approach to Enhance Well-Being in People with First-Episode Psychosis

Piper S. Meyer, PhD; Jennifer D. Gottlieb, PhD; David Penn, PhD; Kim Mueser, PhD; and Susan Gingerich, MSW

ABSTRACT

Early intervention treatment programs have begun to play an increasingly important role in improving long-term outcomes for people with psychosis. These programs focus on helping people achieve recovery through reducing the risk of relapse, improving illness self-management skills, and making progress toward a meaningful life. This article describes Individual Resiliency Training (IRT), the individual therapy component of the Recovery After Initial Schizophrenia Episode Early Treatment Program (RAISE-ETP). As part of a comprehensive specialty care program for people with first-episode psychosis (FEP), IRT uses a strengths-based approach that focuses on progress toward individual recovery goals, as well as improving social functioning and overall well-being. IRT addresses recovery by engaging in illness self-management, Cognitive Behavior Therapy for Psychosis, and psychiatric rehabilitation skills. Two illustrative cases show how people can use information and skills within the IRT modules to make progress toward recovery and learn individualized skills to address common challenges. Within a coordinated specialty care program, IRT provides strategies and skills that promote recovery and resiliency, and shows promise toward improved illness outcomes for people with FEP. **[*Psychiatr Ann*. 2015;45(11):554-560.]**

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Piper S. Meyer, PhD, is the Center Director, Minnesota Center for Chemical and Mental Health, University of Minnesota School of Social Work. Jennifer D. Gottlieb, PhD, is a Research Assistant Professor, Center for Psychiatric Rehabilitation, Departments of Occupational Therapy, Psychiatry, and Psychology, Boston University. David Penn, PhD, is the Linda-Wagner Martin Distinguished Professor, Department of Psychology, University of North Carolina. Kim Mueser, PhD, is the Executive Director, Center for Psychiatric Rehabilitation, Department of Occupational Therapy, Boston University. Susan Gingerich, MSW, is an Independent Trainer and Consultant.

Address correspondence to Piper S. Meyer, PhD, Minnesota Center for Chemical and Mental Health, 1404 Gortner Avenue, 170 Peters Hall, St. Paul, MN 55108; email: psmeyer@umn.edu.

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Over the last decade, there has been an increased emphasis on the early identification and intervention of people with psychosis.[1-3] As a result, several specialized clinical programs for early psychosis have been developed and evaluated across the world.[4-8] Treatment programs for people with first-episode psychosis (FEP) have included a combination of pharmacologic and psychosocial interventions to address specific developmental and clinical characteristics of people with FEP.[9] Implications of these specialty treatment programs for FEP include the potential to improve community functioning, decrease symptoms, and reduce the risk of relapse and long-term disability.[2]

FEP usually emerges during late adolescence or early adulthood at a time of significant educational, vocational, and social milestones for young people. Early intervention programs must be designed to address these common issues associated with the developmental stage and vulnerabilities. In addition, people with FEP who enter a specialized treatment program have an average duration of untreated psychosis (DUP) that is greater than 1 year.[10-12] This is another challenge for early intervention programs as a longer DUP is associated with worse treatment outcomes and increased symptom severity.[1]

Early intervention programs are charged with the task of how to best address the unique clinical characteristics of people with FEP. In comparison to their peers, people with FEP have impairments in cognitive functioning, poorer psychosocial functioning, and an increased likelihood of abusing substances.[13-15] Recovery for people with FEP can be difficult, with evidence suggesting an increased likelihood of relapse that is often associated with medication nonadherence.[16] Despite these challenges, people with FEP engage in treatment and achieve developmentally appropriate goals aligned with recovery, including employment, education, and interpersonal relationships.[17]

Successful engagement of people with FEP must address the common challenges and create a pathway toward individual recovery. Coordinated specialty care programs provide targeted treatment at critical periods to decrease vulnerability to relapse along with services that will help a person move closer to recovery. Early intervention approaches must balance symptom reduction and a return to functional recovery with personal choice as part of engagement and recovery. In addition to pharmacotherapy, most multidisciplinary FEP programs provide individualized treatment planning, a family intervention (because many people with FEP are in close contact with family members), education about psychosis, relapse prevention planning and treatment for suicidal thinking, substance abuse treatment, and programs to improve independent living skills, and social and vocational functioning.[9,18,19]

Early intervention approaches must balance symptom reduction and a return to functional recovery.

The National Institute of Mental Health (NIMH) program Recovery After an Initial Schizophrenia Episode (RAISE) was initiated to develop and evaluate coordinated specialty care for first-episode psychosis to improve the trajectory of schizophrenia in real-world community settings. The RAISE Early Treatment Program (RAISE-ETP) was funded through a contract from the NIMH as part of the RAISE program. NAVIGATE, the comprehensive FEP intervention was developed and compared to community care in a large-scale cluster randomized trial. More information about the RAISE-ETP trial can be found in the literature.[20]

NAVIGATE is a coordinated specialty care program including a multidisciplinary treatment team that delivers four key interventions: individualized medication treatment, a family education program, Individual Resiliency Training (IRT), and Supported Employment and Education (SEE). The goal of NAVIGATE is to help people with FEP improve functional capacity in their lives and achieve personal goals while also helping them and their family members negotiate the complex mental health care system.

In NAVIGATE, people participate in at least one intervention but they can stop or restart an intervention at any time. The NAVIGATE pharmacologic treatment focuses on individual medication management that includes a computerized decision-support system (called COMPASS) for the prescriber. The family education program aims to provide families with information about psychosis and help families understand and provide support for the client, and if needed offer families skills training in improving communication and problem solving. The goal of the SEE program is to help clients achieve work and educational goals. A more detailed description of these interventions can be found in Mueser et al.[21]

TREATMENT CONCEPTUALIZATION OF IRT

The stress vulnerability model, the recovery model, psychiatric rehabilitation, and cognitive-behavioral therapy (CBT) comprise the conceptual framework of the IRT intervention. The philosophy of recovery is cultivated within each of the IRT components through a core set of integrated strategies that emphasize the skills of shared decision-making, motivational enhancement, psychoeducation, CBT for psychosis (CBTp), a

strengths-based perspective, and goal orientation.[21]

Two key interventions served as a model for IRT: Illness Management and Recovery (IMR),[22] and Graduated Recovery Intervention Program (GRIP).[23] IMR is a well-established evidence-based practice that focuses on teaching illness self-management skills, improving psychosocial functioning, and helping people achieve personal goals.[24] GRIP is a flexible CBT intervention for people with FEP that focuses on improving functional recovery through wellness management, coping with persistent symptoms, relapse prevention, and education and treatment for substance abuse.[23]

In IRT, trained clinicians (preferably with a master's degree) meet weekly with a client for about 1 hour and follow a standard session structure **(Table 1)**. The overarching premise of IRT is for people to achieve their individual recovery goals and experience improvements in role functioning, well-being, and social functioning. IRT addresses recovery by engaging in illness self-management, CBTp, and psychiatric rehabilitation skills **(Figure 1)**. There are several unique features in IRT to address specific issues related to FEP. These include a strengths-based treatment focus centered in positive psychology that is infused in all of the modules and cognitive behavioral strategies to teach restructuring techniques and to help a client process the psychotic episode and combat self-stigmatization.

IRT MODULES

The IRT curriculum is divided across 14 modules, some of which are categorized as "standard" modules (meaning they comprise the core curriculum in which each client ideally participates) and "individualized" modules (special topics clients can choose that address specific problems or goals). Each module provides handouts for the clients and a set of clinical guidelines for the therapist (including specific module goals such as "learn a skill for challenging inaccurate or unhelpful thoughts that block personal goals"). The clinical guidelines provide instructions and tips for clinicians on how to teach the information and skills in the module. The handouts include worksheets to use in session, suggestions for skills practice, and handouts for home practice.

The first seven modules encompass core treatment targets for people with FEP. The standard modules focus on the more common issues in FEP, and are designed to benefit most people with FEP. The remaining seven modules are categorized as individualized modules as they are selected based on the individual goals of the person, problems, and areas of concern. The standard modules proceed in a recommended order to help a client build the key skills in IRT; however, IRT clinicians can use modules out of order as needed to address individual needs.

Standard IRT Modules

The standard modules focus on helping a person begin the recovery process, improving illness self-management, and improving functioning. The first four modules described below are repeated in NAVIGATE'S Family Education curriculum, so that family members can learn the same information and support their loved one in the process of recovery.

Orientation. During the orientation, IRT clinicians provide clients with an overview of the NAVIGATE treatments and review the goals of IRT. IRT clinicians discuss the IRT modules and topics and how the information and skills could be helpful. If a person is distressed, the IRT clinician teaches the skill of relaxed breathing and practices it in session.

Assessment and goal setting. In this module, a client develops a personal definition of recovery and resiliency. They review individual character strengths and how to apply those strengths to areas of life that are selected for change. These strengths can be helpful in working toward goals, and expanding the use of character strengths (ie, using them in new ways) has been shown to increases positive emotions.[25] Information is gathered during this module to inform the development of an individual meaningful goal. Helping people pursue meaningful goals is not only the foundation of IRT but also offers an opportunity to help a person make progress toward recovery.

Education about psychosis. This module focuses on providing psychoeducation to address gaps in knowledge regarding the symptoms and treatments for psychosis. IRT clinicians present an overview of the stress-vulnerability model to destigmatize mental illness. IRT clinicians encourage people to learn more about their illness to facilitate informed and shared decision-making.

Relapse prevention planning. Relapse can be common in people with FEP. In this module, clients learn to identify early warning signs and triggers associated with relapse. They develop a relapse prevention plan and are encouraged to share and practice the skills in this plan with supportive family members and friends.

Processing the episode. Because of the traumatic nature of psychotic symptoms, as well as some aspects of its treatment (eg, involuntary hospitalization, forced medication), some people avoid thinking about or talking about the details of what happened. This module, with the aid of a "typical" young adult's narrative about his episode and recovery ("Michael's Story") helps people with FEP more systematically recount and "process" the details of their episode, sorting out aspects of their experience that may have been confusing or particularly upsetting, and subsequently challenging inaccurate and self-defeating beliefs about the experience. By the end of the module, clients have learned a cognitive restructuring

approach to modify self-stigmatizing beliefs they may have about their psychotic episode, which leads to an increased positive attitude toward facing life's future challenges.

Developing resiliency: part 1. Throughout the IRT modules, clients are encouraged to build their resiliency story. The narrative of resilience is woven across the standard and individualized modules, creating opportunities for clients to define their own resilient qualities, identify past personal stories of resiliency, and build resilience through enhancing personal strengths and highlighting the good things that happen every day.

Building a bridge to your goals. In this module, IRT clinicians review progress toward goals and review the individualized modules with clients. People with FEP can identify one or more individualized modules to review and address additional concerns or help them learn additional skills to move forward in their recovery.

TABLE 1.

Individual Resiliency Training Session Organization

Structure of the Session	Minutes
1. Set agenda and check-in	2-3
2. Review previous session	2-3
3. Review home practice	5-7
4. Follow up on goals	5-10
5. Teach new material (using motivational, educational, and cognitive-behavioral therapy strategies)	20-25
6. Summarize and provide feedback	2-3
7. Collaboratively set-up home practice and include supportive persons	5-10

Individualized IRT Modules

In IRT, the modules are designed to address individual areas of concern. At the end of the standard modules, people review their progress in IRT. The client and IRT clinician collaboratively assess which of the modules could be helpful in achieving goals.

Dealing with negative feelings. In this module, clients learn a simplified, step-by-step cognitive restructuring skill as a self-management strategy for reducing a variety of negative thoughts and feelings associated with psychotic symptoms, negative symptoms, anxiety, depression, as well as trauma. This "5 Steps of Cognitive Restructuring (CR)" model[26] allows for either the development of an alternative, more accurate thought or the creation of an "action plan." If the client decides that his/her initial thought is accurate and doesn't require modification, an action plan can be created to deal with lingering upsetting situations. This action plan option allows for distress reduction and enhanced coping regardless of whether or not cognition is modified.

Coping with symptoms. Symptoms of depression and anxiety are commonly associated with increased distress in people with FEP.[27,28] As a result, people with FEP have the highest risk of suicide the first year after starting treatment.[29] This module provides common behavioral coping strategies and suggestions for minimizing distress associated with common symptoms including depression, anxiety, hallucinations, paranoia, and sleep problems.

Substance use. Substance use is common among people with FEP, with rates from 22% to 50%.[14,30-32] In this motivational enhancement-based module, which can be used with people at all

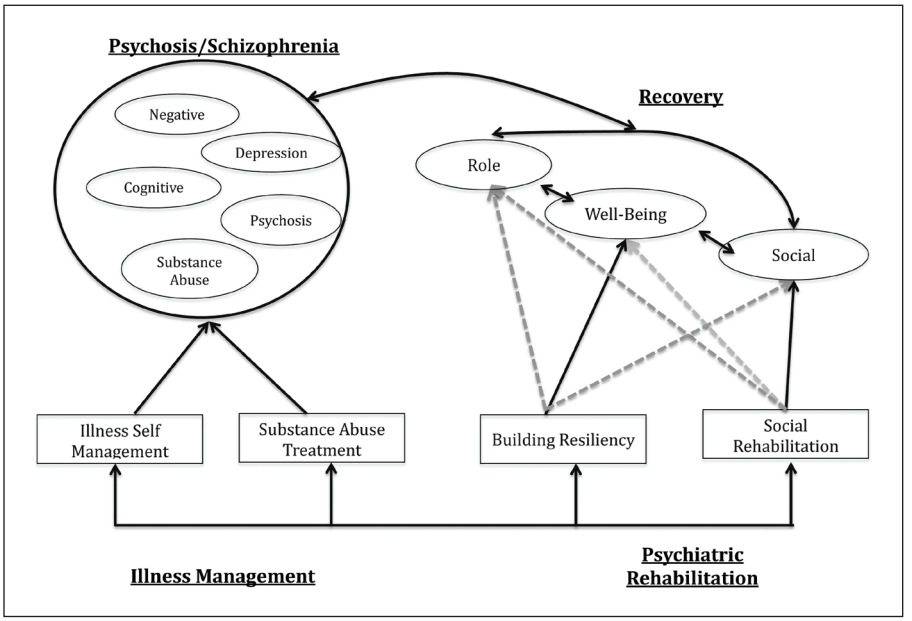

Figure 1. Individual Resiliency Training treatment targets.

stages of change, IRT clinicians provide education about the general effects of drug substances, the common reasons for using, the negative effects on symptoms and personal goals, as well as skills to manage high-risk situations (eg, being offered a substance by a friend), and to cope with symptoms that may precipitate a substance-use relapse. IRT clinicians can review this module with a client to enhance motivation to cut down or stop using and to develop strategies to prevent relapses of drug substance use.

Having fun and developing good relationships. Many people struggling with FEP describe difficulties engaging in and establishing interpersonal relationships as part of their recovery,[33] as well as difficulties structuring leisure time and enjoying themselves, often as a result of negative symptoms. This module offers people with FEP information on establishing new friendships and re-connecting with friends. In the "having fun" section of the module, there are opportunities to enhance motivation to expand or discover new leisure activities and interests in order to increase opportunities to meet people with similar interests and to experience positive emotions. Over the course of the module, clients have opportunities to practice skills both inside and outside of the session in order to improve integration of the skills into their daily routines.

Making choices about smoking and nutrition and exercise. Given the challenges young adults with psychosis experience as a result of antipsychotic medication side effects such as metabolic syndrome, as well as substantially increased rates of nicotine use, these two modules provide education on the advantages of reducing tobacco use and/or engaging in increased healthy lifestyle related to diet and exercise. Over the course of the modules, clients learn and practice common strategies to increase healthy choices related to smoking, nutrition, and exercise, and to address common concerns related to changing unhealthy behaviors. Patients build an individualized plan to sustain healthy lifestyle choices that includes coping strategies to address common concerns associated with changing behavior (eg, dealing with cravings for food or weight gain associated with antipsychotic use) and strategies associated with sustaining long-term lifestyle changes (eg, nicotine replacement or establishing a walking routine).

Developing resiliency: part 2. This module is a continuation from the standard resiliency module in which people build resiliency through the experience of positive emotions. The concept of resiliency in IRT is based on the broaden-and-build theory research, which states that experiencing positive emotions is associated with broadening a person's thoughts and attention, leading to increased opportunities to build personal supports.[34] People learn specific skills to increase positive emotions that provide opportunities to build resources, increase support systems, and enrich well-being. The topics, based on positive psychology interventions, emphasize techniques that use a behavioral approach to increase the experience of positive emotions.[35,36] These topics focus on building gratitude, prolonging pleasure through savoring, enhancing positive relationships, increasing kindness, and improving well-being.

ILLUSTRATIVE CASES

The following cases describe the feasibility, benefits, and challenges of IRT. The first case focuses on implementing the standard IRT modules and the second case describes the individualized modules. Each person was enrolled in a research study and completed assessments over the course of 2 years. They were encouraged to participate in all NAVIGATE interventions (IRT, family education, psychopharmacology, and SEE). The clinicians providing IRT were associated with a community mental health clinic. As part of the research project, the IRT clinicians participated in ongoing IRT training, supervision, and fidelity review and feedback from IRT developers/consultants (PSM and JDG) based on audiotaped IRT sessions.

IRT Standard Modules

A 17-year-old student with extreme paranoia, who had difficulties in school and in other social settings, was hospitalized when she would not leave her room after feeling confused, delusional, upset, and fearful of her symptoms. When she enrolled in the NAVIGATE program, she had recently been discharged from the hospital and described symptoms of paranoia, anxiety, and difficulty concentrating. She agreed to participate in all NAVIGATE interventions including medication management, family education, SEE, and IRT. During the *Orientation* module after providing an overview of IRT, she shared with her clinician that she had a goal of graduating from high school, which was important to her because she would be the first person in her family to earn a high school diploma. In the *Assessment and Goal-Setting* module, she explored her strengths, which included kindness, gratitude, curiosity, and appreciation of beauty. By the end of the module, she mapped out a plan to graduate from high school, which was broken down into two short-term goals of learning strategies to help improve her concentration in class and identifying help/supports to improve her scores on science tests.

In the *Education about Psychosis* module, she met regularly in family sessions with her mother to discuss her symptoms and medications for psychosis. After describing some of the symptoms she experienced in school, she had several questions about wheth-

er people, particularly her classmates, could notice psychotic symptoms. As a result of what she learned in IRT, she and her mother collaboratively developed coping strategies she could use when feeling stressed in class. In the *Relapse Prevention Planning* module, she established a plan with the IRT clinician, and practiced how she would contact her mother at school if she noticed an early warning sign. When developing the *Relapse Prevention Plan*, she expressed that a relapse was highly unlikely but agreed it could be helpful in the event of recurring symptoms, especially at school.

In the *Processing the Episode* module, she described how upset she felt when her paranoia was the worst before her hospitalization. She felt embarrassed and was afraid to tell anyone about what was happening to her. As a result, she endorsed self-stigmatizing beliefs such as "I am to blame for what happened" and "I am crazy and always will be." She believed people at her school were calling her "crazy" and she struggled to fight against this belief. When compiling the details of her story, she shared how she knew her delusional thoughts were related to her psychosis but she would still catch herself in a group of people and the paranoid thoughts would "pop" into her head. By the end of the module, she reviewed her self-stigmatizing beliefs and was able to modify her those beliefs substantially, "last year I went through a difficult time but now I am back at school and on my way to graduate." After recounting her story, she completed the "Finding the Good Things in Each Day" in the *Exercise in the Resiliency* module. She recounted pleasant experiences with her mother, watching the sunset, and enjoying a cup of coffee on a cold winter morning. At the end of the Standard IRT modules, she and the IRT clinician focused on finding new ways to help her concentrate more efficiently when working with her science tutors. She was close to graduating and already planning a celebration with her family.

IRT Individualized Modules

A 26-year-old man entered the NAVIGATE program after he had described hearing unrecognizable voices and believing that his thoughts were going to cause the end of the world. He also described a long history of anxiety symptoms, which had impaired his ability to learn in school. At the beginning of IRT, he was living with his parents; however, during the course of treatment his parents divorced and his father moved out of the house. He as well as both of his parents participated briefly in the family education sessions. He participated in medication management and met with the SEE specialist. During the Standard IRT sessions, he developed a goal of completing a training program, and created a *Relapse Prevention Plan* with his mother in the family sessions. After completing the *Assessment and Goal-Setting* module, he felt distressed by his anxiety and panic symptoms, so his IRT clinician began addressing strategies to cope with his anxiety symptoms by completing the *Coping with Symptoms* module. He developed some initial coping strategies that reduced his distress but continued to describe some ongoing concerns about worrisome and often irrational thoughts related to his religious beliefs. As a result, the IRT clinician recommended moving to the *Dealing with Negative Feelings* module to teach the steps of cognitive restructuring. He struggled at times understanding how to identify and develop evidence for and against his thoughts. The IRT clinician practiced the cognitive restructuring steps with him over several sessions until he became more familiar and comfortable using the skill. Over the course of treatment, he would routinely use the "5 Steps of CR" skill when he would feel challenged or worried about a distressing thought.

After completing all of the standard modules (as well as the *Coping with Symptoms* and the *Dealing with Negative Feelings* individualized modules), he expressed a desire to improve his social connections. He had begun taking classes at a local community college related to his goal of becoming a computer programmer, and had met students of a similar age with like interests, but often felt uncomfortable around them. Throughout the *Having Fun and Developing Good Relationships* module, he identified skills that would be helpful in reducing his social anxiety and practiced these skills during study sessions and social encounters with other students. He also explored fun activities he enjoyed and discovered an interest in music, which he then pursued, and began to write songs that he shared with friends.

As his social interactions increased, he began to drink alcohol socially. He revealed in IRT sessions that he had questions about how the alcohol use would affect his symptoms and prescribed medication. During the *Substance Use* module, he practiced refusal skills in social situations and began to monitor his alcohol intake. In the *Resiliency* module, he completed the gratitude visit where he shared a song he had written for his mother as a thank you for her support during his recovery. He used the Individualized IRT modules to increase support and progress toward his recovery of becoming a computer programmer. At the end of IRT, he had completed three college courses, was working part-time at a clothing retail store, and was going out regularly with friends to have fun and play music.

CONCLUSIONS

IRT, designed to work in conjunction with a multidisciplinary treatment

team to provide a comprehensive range of treatment options within the NAVIGATE program. IRT was uniquely developed to promote recovery from FEP through the development of strengths, skills, and resiliency factors. Via CBT and illness self-management techniques, IRT addresses multiple domains of impairment that contribute to future relapse and poorer long-term outcomes in young adults who are experiencing psychosis. Results from the RAISE ETP trial provide support for both the feasibility and tolerability of the IRT intervention and also suggest that IRT was an important contributor to improved outcomes.[37] As the emphasis on FEP continues to grow and support programs are disseminated more broadly, the IRT intervention promotes recovery and resiliency from psychosis and contributes to improving the trajectory of the illness.

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