

## Introduction

- ❖ Psychosis occurs when someone has difficulty knowing what is real and what is not. It is commonly associated with mental health conditions like schizophrenia [1]
- ❖ Clinical high risk (CHR) includes people experiencing **subclinical symptoms of psychosis**, a **genetic/familial history of psychosis**, and/or **recent onset of brief psychotic symptoms**
- ❖ People at CHR often experience other conditions, such as depression. Early intervention is crucial for addressing symptoms and functioning in this population [2,3]
- ❖ **Social functioning** and **motivation** are key predictors of outcomes for those at CHR [3,4]
- ❖ Throughout the US, coordinated specialty care clinics provide detection and treatment services to those experiencing CHR
- ❖ Currently, occupational therapy (OT) is not nationally recognized as a treatment service for those at CHR [5]

## Study Aims

- ❖ To examine relationship between social motivation & pleasure in adults meeting CHR criteria
- ❖ To promote OT's role in CHR identification, treatment, & advocacy

## Methods

### Participant population

- ❖ 15 participants (at least 18 years of age) who met CHR criteria

### Measures

- ❖ Demographics, social implications of COVID-19 pandemic
  - ❖ Ex.: "Has the COVID-19 pandemic affected your social life?"
- ❖ **CHR symptoms**: Assessed through PRIME Screen [6]. Higher scores reflect more frequent/severe symptoms.
  - ❖ Ex.: "I think I might feel like my mind is 'playing tricks' on me."
- ❖ **Motivation and Pleasure**: Assessed through the Motivation and Pleasure Scale-Self Report (MAP-SR) [7]. Assesses impairments among social, work, school, and recreational domains. Higher scores reflect more motivation and pleasure.
  - ❖ Ex.: "In the past week, *how often* have you experienced pleasure from being with other people?"
- ❖ **Social Anhedonia** (i.e., lack of social pleasure): Assessed through the Social Anhedonia Scale, Brief Version (SAS-BRIEF) [8]. Higher scores reflect more severe social anhedonia.
  - ❖ Ex.: "Making new friends isn't worth the energy it takes."
- ❖ **Depression**: Assessed through the Personal Health Questionnaire (PHQ-8) [9]. Higher scores reflect more severe symptoms.
  - ❖ Ex.: "How often in the past 2 weeks were you bothered by feeling down, depressed, or hopeless?"

### Procedure

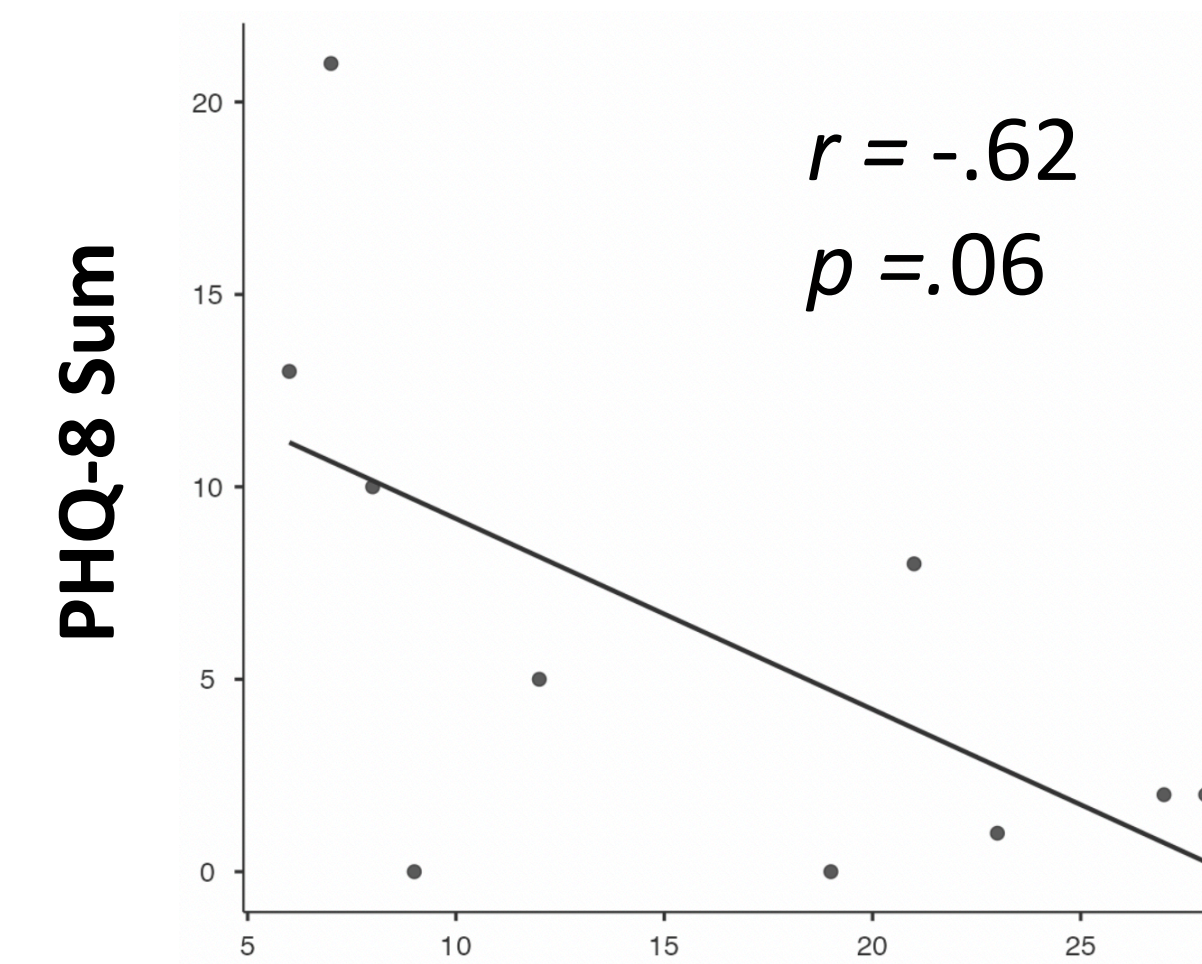
- ❖ Online survey delivered through Qualtrics in 2021-2022
- ❖ Recruitment via clinical listserv PEPPNET, a Stanford University-based network supporting those affected by early psychosis [10]
- ❖ Participants paid \$10 for their time

## Data Analysis

- ❖ Calculated total score from the MAP-SR as well as scores specific to Motivation and Pleasure in the Social (8 items) and Hobbies, Work, and Recreation domains (7 items)
  - ❖ Social domain example: "In the past week how *motivated* have you been to be around other people and do things with them?"
  - ❖ Hobbies, Work, and Recreation domain example: "Looking ahead to the *next few weeks*, how much pleasure do you expect you will experience from your hobbies, recreation, or work?"
- ❖ Calculated partial correlations between CHR symptoms, depression symptoms, social anhedonia, and motivation and pleasure across multiple domains

## Results

Demographic results
N = 15
Mean age = 38.4, SD = 14
11/15 participants identified as White
Mean age at first psych treatment = 21.5, SD = 13.3
20% answered "yes" or "maybe" to having a 1 <sup>st</sup> -degree relative with serious mental illness (SMI)
53% reported that COVID-19 has impacted their social life in some way



MAP: Hobbies, Work, Recreation

	Motivation & Pleasure: Total	Motivation & Pleasure: Social	Motivation & Pleasure: Hobbies, Work, Recreation
<b>CHR Symptoms</b>	$r = -.25$ $p = .48$	$r = -.11$ $p = .76$	$r = -.33$ $p = .36$
<b>Social Anhedonia</b>	$r = -.50$ $p = .14$	$r = -.44$ $p = .20$	$r = -.47$ $p = .17$
<b>Depression Symptoms</b>	$r = -.39$ $p = .26$	$r = -.05$ $p = .90$	$r = -.62$ $p = .06$

No results met the threshold of statistical significance ( $p < .05$ ).  
Moderate to large correlations ( $r > .3$ ) were observed in the expected direction and are **bolded**

## Discussion

Aim 1: To examine the relationship between social motivation and pleasure in adults meeting CHR criteria

- ❖ CHR symptoms were unrelated to motivation and pleasure across multiple domains, though in the expected direction – **more motivation may be related to less severe CHR symptoms**
- ❖ Moderate to large (non-significant) correlations found, including more severe social anhedonia and depression were related to less motivation and pleasure. This suggests that **increased depressive symptoms may be correlated with decreased motivation to participate in hobbies, work, and recreational activities**
- ❖ Findings suggest that **motivation across occupational domains may influence one's experience of CHR symptoms**
  - ❖ Consistent with findings that suggest neural changes as a result of decreased social participation precede development of psychotic disorders [11]

Aim 2: To promote occupational therapy's role in identification, treatment, and advocacy for those at CHR

- ❖ These findings underscore the value of harnessing clients' **psychosocial engagement** during the treatment process [12]
- ❖ OT can play a role in early psychosis care where it is not currently well-recognized
  - ❖ Evidence indicates several OT-based interventions for this population, such as **supported education and employment; family psychoeducation; cognitive remediation; and cognitive-behavioral therapy** [13]
  - ❖ Further research is needed in this area, particularly as it relates to OT role [13]

## Limitations & Future Directions

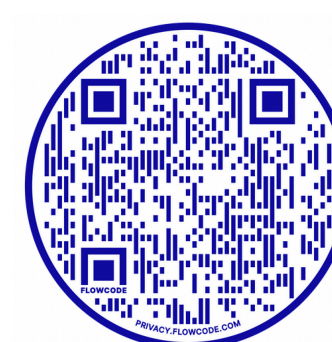
- ❖ Small sample size – most likely underpowered
- ❖ Difficulty with partnering with local CHR clinics and recruiting in-person participants due to COVID-19 pandemic
- ❖ Next steps will involve writing a commentary advocating for OT's role in early psychosis detection and treatment with Halley Read, OTR, currently in progress

## Conclusion

Because of its relationship to CHR and depression symptoms, motivation should be addressed during early psychosis detection and treatment. Occupational therapists are well-equipped to treat this aspect of CHR due to their expertise in occupational engagement. As we will emphasize in our commentary, there is a need for increased research about, advocacy for, and recognition of occupational therapy's role in identifying and treating individuals experiencing CHR for psychosis.

## Contacts & Acknowledgements

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