Assessment and Treatment of a Person at Risk for Psychosis in a Culturally Complex Case

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A 14-year-old Asian American girl presented to the emergency room with suicide ideation and a plan to overdose on medication. She reported the following symptoms of depression: chronic feelings of sadness, negative future outlook, anhedonia, agitation, indecision, and sleep disturbance. The symptoms had been present for 1 year. She went from being an honor roll student to struggling to pass several of her classes. Upon further investigation, she disclosed experiencing auditory and visual hallucinations. She was admitted for inpatient evaluation and treatment.

She denied any prior or current substance use, and did not have any previous mental health treatment. Family history was positive for maternal depression symptoms. No other family history of mental illness or substance abuse was reported. An electroencephalogram completed during her hospital stay was within normal limits.

The patient and her family declined medications during inpatient care. She was referred for a full psychologic evaluation in a clinic specializing in assessing people at risk for psychosis. The evaluation included the Structural Interview for Prodromal Syndromes (SIPS), the Beck Depression Inventory 2, the Multidimensional Anxiety Scale for Children, 2nd edition, parent and child versions.

The evaluation revealed she had experienced auditory and visual hallucinations for as long as she could remember. Auditory hallucinations were described as “screeches” or “grunts.” The majority of visual hallucinations were shadowy figures, identified as indistinct animals or humans. The patient also described several experiences where she felt she was in the presence of spirits or was in a location where something horrific had happened. Her unusual perceptual experiences were intermittent, but she did not remember a significant time period without them. She questioned their authenticity. The patient reported only one mood episode, and she indicated her unusual perceptual experiences had occurred both during and outside her mood episode. Over the past year her psychotic experiences had increased, causing her greater distress.

She started to share her concerns with her family, who offered spiritual explanations for her hallucinations. These included demon possession or the possibility she was becoming a shaman. Her parents had immigrated to the United States before their children were born and...
were highly active in the Asian community in the US. The family identified with a Christian faith practice. Their church recognized the existence of demon possession. Some members of her extended family held a traditional view that her unusual perceptual experiences signaled the possibility she was meant to be a healer. The patient speculated her experiences were related to mental health, but did not seek treatment due to a sense of shame. She described successfully managing her symptoms by dismissing them or distracting herself. When feeling intensely fearful, she decided to act as if the perceptions may be spirits. She would pray in an attempt to appease the spirits. She recognized this was irrational, but it provided her comfort. She reported identity confusion related to the different explanations for her experiences, and a desire to understand what was happening to her. Eventually, her mood deteriorated and she started to experience intense suicidal ideation.

**DISCUSSION**

Early identification of people at risk for a psychotic illness is critical to ensure the most appropriate intervention and treatment. When a person is at risk, symptoms of psychosis are typically described as “attenuated,” as they are subthreshold in terms of a firm diagnosis of psychosis and reality testing remains intact. Early intervention may delay, reduce the severity, or even prevent the onset of a first psychotic episode.

Characterizing and differentiating psychotic symptoms often proves challenging for clinicians. Complicating factors include the stigma and resulting reluctance by health care professionals, patients, and families to acknowledge possible emerging psychotic symptoms. In addition, it is difficult to differentiate emerging negative symptoms from mood disorders or the effects of trauma. Proper diagnostic tools can assist practitioners in diagnostic clarification. The SIPS was used as the primary diagnostic tool in this case. The SIPS has excellent inter-rater reliability and is well validated. The results of the SIPS, and careful validation and consideration of the patient’s cultural and mood issues, led to a diagnosis of major depressive disorder. She also met criteria for an attenuated psychotic syndrome.

Ongoing research has supported the efficacy of CBT in concert with medication or as a stand-alone treatment for patients at-risk of developing psychosis. At-risk patients have been treated with and responded well to CBT as well as psychoeducation regarding their symptoms. Cognitive strategies help the patient to test and challenge irrational thoughts, whereas behavioral strategies aid in developing healthier coping skills. A recent meta-analysis revealed that CBT-informed treatment alone is associated with a statistically significant reduction in symptoms at 12 months, and reduced risk of transition to psychosis between 6 and 24 months in at-risk patients. In this case, CBT involved time-limited, structured sessions, self-monitoring, collaboration, between-session homework, and a focus on decreasing the cognitive dissonance she was experiencing from the multiple explanations to her experiences.

Fish oil and antidepressants (and eventually antipsychotics if symp-
toms intensify) can be used in treating subthreshold psychotic symptoms.\(^7\) Recent studies have shown that omega-3 fatty acids may be effective in preventing development of psychotic disorders in young patients at risk for psychosis.\(^7\) Antidepressants are often used to treat comorbid mood issues in at-risk patients. The patient was initially given fish oil and then antidepressant medication. After 5 months of treatment, the patient was doing well enough to discontinue regular therapy and be tapered off medication.

Cultural factors also complicate the diagnosis and treatment of emergent psychosis.\(^8\) For patients from certain cultures, seeing visions and hearing voices are seen as a spiritual gift and not a symptom of mental illness. In some cultures, people might believe that there is a possibility of someone being possessed by demons.\(^9\) Therefore, it is essential to keep the cultural background of the patient and the patient’s family in mind when deciding how to intervene.

This patient’s parents raised her in a Christian faith, and believed some of her symptoms could be attributed to demonic possession. She was also surrounded by relatives with strong beliefs in traditional shamanism, who felt she may have special gifts. This complicated her attempts to make sense of her symptoms. Attempting to reconcile the contrasting beliefs of her family members worsened her mood symptoms. The cultural sensitivities of this case had to be carefully considered and navigated by the clinician throughout assessment and treatment. The therapist validated the patient and her family’s cultural perspectives, while providing psychoeducation and CBT interventions targeting mood symptoms and reality testing.

**CONCLUSION**

This case highlights the importance of early identification of patients at risk of developing a psychotic disorder.\(^2\) The SIPS, which was used in this case, has been found to be a reliable and valid measure to identify pre-psychotic symptoms.

Meta-analyses and reviews support using psychologic interventions as an adjunct to pharmacotherapy in patients with schizophrenia.\(^10\) Although there has been limited research regarding psychologic interventions for at-risk populations, it has been shown that CBT is effective as a psychosocial approach to treating this population.\(^10\) This patient responded well to weekly CBT sessions with her individual therapist. In addition, omega-3 fatty acids were used because they have shown promise in preventing the transition to a psychotic disorder.\(^11\) Research has supported the efficacy of treating those at risk of psychosis with antidepressants, and considering antipsychotics if symptoms intensify.\(^12\) Although the need for antipsychotics was not identified in this case, the patient responded well to antidepressant medication.

In conclusion, it is critical to identify patients in the at-risk stage of psychosis to reduce the severity of symptoms and possibly prevent the transition to first-episode psychosis. There are a number of ways to successfully intervene with this population, including CBT, dietary supplementation with fish oil, and pharmacologic interventions.Clinicians also need to be aware and respectful of the differing views of psychotic symptoms across cultures and within the family system.

**REFERENCES**