Appendix to

CANADIAN PSYCHIATRIC ASSOCIATION TREATMENT GUIDELINES ON PSYCHOSOCIAL TREATMENT OF SCHIZOPHRENIA IN CHILDREN AND YOUTH

Modifications from original NICE document:

NICE 4.7.2.2/Recommendation 6: **Clinicians should** ~~When working with children and young people with psychosis or schizophrenia: aim to~~ foster **the child or youth's** autonomy, promote active participation in treatment decisions, ~~and~~ support self-management, and access to peer support (for children and young people of an appropriate developmental level, emotional maturity and cognitive capacity)

Reason for modification: The working group felt the wording could be more concise.

Recommendation 7: **Whenever possible, aim at** maintaining continuity of individual therapeutic relationships. ~~wherever~~

~~possible~~

~~● offer access to a trained advocate.~~

Reason for modification: The working group felt the wording could be more concise and we do not have easy access to a trained advocate across Canada.

NICE 4.7.3.3/Recommendation 10: **Clinicians have to make sure they communicate clearly and verify that they are well understood by** ~~When communicating with children and young people with psychosis or schizophrenia and their~~ parents or carers **and the child or young person. This means taking**~~:● take~~ into account the child or young person's developmental level, emotional maturity and cognitive capacity including any learning disabilities, sight or hearing problems or delays in language

development**. It also means using**~~● use~~ plain language where possible**, avoiding clinical jargon,** and **using communication aids** ~~clearly explain any clinical language~~

~~● check that the child or young person and their parents or carers understand what is being said~~

~~● use communication aids~~ (such as pictures, symbols, large print, braille, different languages or sign language) if needed.

Reason for modification: The working group felt the wording could be more concise.

NICE 4.7.4.2/Recommendation 11: When working with children and young people and their parents or carers who have difficulties speaking or reading English **or French,**

~~● provide and~~ work ~~proficiently~~ with interpreters if ~~needed~~ **possible and recommend educational resources who can provide**

~~● offer a list of local education providers who can provide~~ English **or French** language teaching.

Reason for modification: The working group felt the wording could be more concise and both official languages needed to be mentioned.

NICE 4.7.4.3/Recommendation 12: **Clinicians need to gain cultural competence in order to appropriately** ~~Health and social care professionals working with children and young people with psychosis or schizophrenia and their parents or carers should have competence in:~~

~~●~~ assess~~ment~~ skills **and psychosocial needs, and to understand culture-specific** ~~for people from diverse ethnic and cultural backgrounds~~

~~●~~ ~~using~~ explanatory models of **psychosis as well as culture-specific** ~~illness for people from diverse ethnic and cultural backgrounds~~

~~● explaining the possible causes of psychosis and schizophrenia and treatment options~~

~~● addressing cultural and ethnic differences in treatment expectations and adherence~~

~~●~~ ~~addressing cultural and ethnic differences in~~ beliefs regarding **psychosis or schizophrenia and treatment related expectations.** ~~biological, social and family influences on the possible causes of mental health problems~~

~~● conflict management and conflict resolution~~.

Reason for modification: The working group felt the wording could be more concise.

NICE 4.7.4.4/Recommendation 12: **Clinicians without appropriate cultural competence** ~~Health and social care professionals inexperienced in working with children and young people with psychosis or schizophrenia from diverse ethnic and cultural backgrounds, and their parents or carers,~~ should seek advice ~~and~~ **or** supervision from healthcare professionals who are experienced in working transculturally.

Reason for modification: The working group felt the wording could be more concise. Given two recommendations focus on the same theme (cultural competence), they were merged together.

NICE 1.3.27/Recommendation 14: Family intervention should **preferably** include the child or young person with psychosis or schizophrenia ~~if practical~~**. It should** be carried out for between 3 months and 1 year **and should** include at least 10 planned sessions**. It is important to** take **into** account the whole family's preference for either single-family intervention or multi-family group intervention**. The family intervention should** take **into** account ~~of~~ the relationship between the parent or carer and the child or young person with ~~psychosis or~~ schizophrenia**, and should encompass communication skills, problem solving and psychoeducation.**

~~- have a specific supportive, educational or treatment function and include negotiated problem solving or crisis management work.~~

Reason for modification: The working group felt the wording could be more concise.

NICE 1.3.28 /Recommendation 16: CBT should be delivered **by appropriately trained therapists following established, effective protocols, with regular supervision being available. It should be delivered in a collaborative manner and include established principles of CBT, including teaching monitoring of the relationships between thoughts, feelings, behaviors and symptoms; re-evaluation of perceptions, beliefs, and thought processes which contribute to symptoms; promotion of beneficial ways of coping with symptoms; protecting or improving self-esteem; reduction of stress; and improvement of functioning. The minimum dose of CBT should be regarded as** ~~on a one-to-one basis over at least~~ 16 ~~planned~~ sessions ~~(although longer may be needed) and:~~

~~- follow a treatment manual[9] so that:~~

~~- children and young people can establish links between their thoughts, feelings or actions and their current or past symptoms, and/or functioning~~

~~there evaluation of the child or young person's perceptions, beliefs or reasoning relates to the target symptoms~~

~~also include at least one of the following components:~~

~~normalising, leading to understanding and acceptability of theirexperience~~

~~children and young people monitoring their own thoughts, feelings or behaviours with respect to their symptoms or recurrence of symptoms~~

~~promoting alternative ways of coping with the target symptom~~

~~reducing distress~~

~~improving functioning[6].~~

Reason for modification: The working group felt the wording could be more concise. There is no existing data suggesting that manual-based CBT is better than clinician-led CBT so this part was removed. There is also no data suggesting that one-to-one CBT is better than group CBT – we therefore also removed this in the recommendation and suggested that patient preference be considered.

NICE 1.8.13/Recommendation 17: ~~Provide~~ **Offer** supported employment programm~~e~~s ~~for those~~ **to** young people with ~~psychosis or~~ schizophrenia above compulsory school age who wish to **find or** return to work ~~or find employment~~.

Supported employment programs need to follow the following principles [12]: regular/competitive work is the goal ; zero exclusion: anyone who wishes to work can receive supported employment ; the mental health team needs to work together with the supported employment team ; personal job preference is considered ; counselling regarding social benefits is offered ; rapid job search (no prevocational training needed) ; job specialist develops close ties with employers, negotiates accommodations and works at developing new positions ; support is offered continuously and without a time-limit.

Reason for modification: The working group felt the wording could be more concise. We also felt it was important to define what is supported employment. There is currently no evidence supporting other programs so we removed the following part.

~~Consider other work-related activities and programmes when individuals are unable to work or are unsuccessful in their attempts to find employment~~[6].

NICE 1.8.14/Recommendation22: **When supported employment/education programs are not available,** mental health services should work in partnership with local stakeholders, including those representing ~~black and~~ minority ~~ethnic~~ groups, to enable young people with schizophrenia to **stay at work or school and to** access ~~local~~ **new** employment **(including self-employment), volunteer,** and educational opportunities. ~~This should be sensitive to the young person's needs and skill level and is likely to involve working with agencies such as Jobcentre Plus, disability employment advisers and non-statutory providers~~[6].

Reason for modification: Given evidence for the superiority of supported employment/supported education programs, the working group felt these should be offered first and only if not available should other strategies such as those mentioned here be considered. We also modified the wording to be less racial-specific.

~~NICE 1.4.6 Consider arts therapies (for example, dance movement, drama, music or art therapy) for all children and young people with psychosis or schizophrenia, particularly for the alleviation of negative symptoms. This can be started either during the acute phase or later, including in inpatient settings~~[6].

Reason for modification: There is no evidence for the benefits of art therapy in the NICE guidelines for children and youth – only one study for dance therapy and the results were not conclusive (from 1978). The Adult CPA guidelines looked at the studies and also found no evidence supporting the use of art therapy for adults – we therefore have not included it in the guidelines. Similarly, we have not included any 'negative' guidelines; in NICE there are quite a few 'do not offer' – we chose to only present guidelines for which there was empirical evidence.