

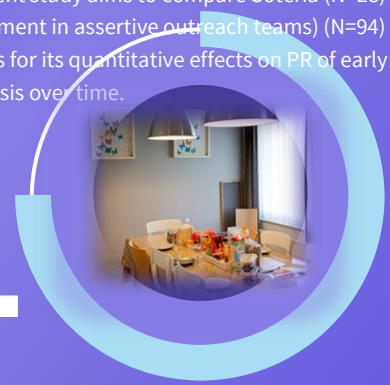
# THE EFFECT OF SOTERIA ON PERSONAL RECOVERY IN THE TREATMENT OF EARLY EPISODE PSYCHOSIS - A NATURALISTIC COHORT COMPARISON OVER THE COURSE OF TWO YEARS.

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**INTRODUCTION:** Inpatient treatment of psychosis typically focusses on symptom reduction. While service users embrace a broader perspective on recovery (personal recovery, PR) capturing processes like connectedness, hope, identity and overcoming stigma, meaning in life, and empowerment (Leamy et al., 2017). Soteria houses are small-scaled residential settings for the inpatient treatment of acute, early episode psychosis, in which a calming, normalizing environment and being present are the most

important therapeutic ingredients in reaching recovery (Ciompi, 2017). Previous research showed that Soteria is equally capable of reducing symptoms and improving functioning compared to CAU, while offering treatment in a more patient-centered, less stigmatizing way (Calton et al., 2017). The current study aims to compare Soteria (N=28) with CAU (treatment in assertive outreach teams) (N=94) in the Netherlands for its quantitative effects on PR of early episode psychosis over time.



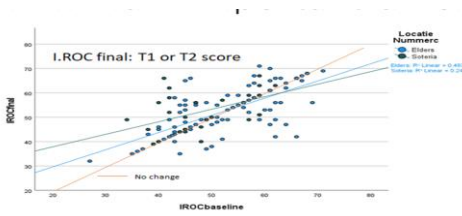
# PERSONAL RECOVERY SOTERIA NL

## METHOD

**Assessments:** Primary outcome: Personal recovery (I.ROC) at baseline, 1- and 2-year follow up. Potential moderators: baseline scores of symptom severity (PANSS-R), impairment in functioning (WHODAS), internalised stigma (ISMI), and hospital admissions.

**Statistical analyses:** Minimum Important Difference scores. Regression analysis (Y=I.ROC end-scores, X=group allocation, correcting for I.ROC baseline scores). Complete case analysis & multilevel analysis to deal with missing data and potential moderators.

## RESULTS



Minimum important difference of IROC for the Soteria and CAU group.

Regression analysis: participants in the CAU group on average showed 4.56 to 5 points lower I.ROC scores ( $\beta=-4.56$ , 95%CI=-8.63 - -0.48,  $p=0.029$ ). Indicating a difference of 7.5% on a 60 points scale.

Sensitivity analyses revealed no effect of missing data. When correcting for PANSS baseline scores, the effect of Soteria in the course of PR over time disappears, suggesting that effects were mitigated by symptom severity.

## References

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## DISCUSSION

Both at individual level and as a mean group score, participants that received treatment in Soteria showed larger improvement in PR after two years compared with participants that received only CAU. However, when controlling for baseline symptom-severity, the difference between both conditions in PR scores disappeared. Moreover, the generalizability of results is limited by the data size and comparability of groups. In previous qualitative research of Soteria NL (Leendertse et al., 2023) service-users emphasized the normalizing nature of contact, activities and setting of Soteria. Future research, repeating analyses on a larger scale, should incorporate the effects of Soteria on internalized stigma.

## CONCLUSION

Soteria houses offer an alternative to regular inpatient treatment of early episode psychosis consistent with the aims of personal recovery oriented care. There are several Soteria houses worldwide, however, studies into the effects are scarce and hampered by methodological considerations like small samples, and difficulties with finding a comparable control group. Nevertheless, results of Soteria are promising on both clinical, functional and personal recovery. Therefore, Soteria - and resembling approaches - as practical ways of facilitating personal recovery in inpatient early episode psychosis care, deserve more extensive research.