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REVIEW ARTICLE

Romantic relationship group intervention for men with early psychosis: A feasibility, acceptability and potential impact pilot study

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Abstract

Aim: To assess the feasibility, acceptability and potential impact of a cognitive behavioural group intervention occurring over 12 sessions and focusing on romantic relationships for single men with early psychosis.

Methods: Recruitment, drop-out and participation rates were collected. An A-B-A within-subject design (n = 7), where each participant acted as his own control, was used to determine potential impact (on social functioning, romantic relationship functioning, self-esteem, theory of mind [ToM] and self-stigma) across time (six time points).

Results: Feasibility and acceptability were established. As for the potential impact of the intervention, participants did not all evolve the same way. Improvements were found on social functioning ("behaviours" subscale), romantic relationship functioning and ToM ("mentalizing" subscale).

Conclusions: More studies are warranted to expand on these results and to further help men with early psychosis in their social and romantic development.

KEYWORDS

cognitive behavioural therapy, early psychosis, intimacy, recovery, romantic relationships

1 | INTRODUCTION

More than 80% of men receiving services following a first episode of psychosis (FEP) are single, despite a strong desire to experience romantic relationships and the documented positive impact of affective support on the recovery process in mental disorders (Slade & Hayward, 2007). Recovery encompasses living a fulfilled life, which implies all aspects of life, including family, employment, school, independent living, hobbies, and also romantic relationships. Many studies have focused on different aspects of recovery but few have looked at romantic relationships (Bertolote & McGorry, 2005; Jääskeläinen et al., 2012; Slade & Hayward, 2007).

Individuals with a psychotic disorder may consider an intimate relationship as being part of their goals and hopes, which is on equal standing with employment and independent living. Many factors may play a role in the lack of social engagement of men with FEP and therefore in their romantic relationship difficulties. These factors include difficulties in social contacts, in cognitive flexibility, in verbal skills, and in interpersonal problem-solving, anticipated discrimination, and a misunderstanding of intimacy (Bonfils, Rand, Luther, Firmin, & Salyers, 2016; Latour-Desjardins, Abdel-Baki, Auclair, Collins, & Lecomte, 2017; Lecomte, Wallace, Perreault, & Caron, 2005; Pillay, Lecomte, & Abdel-Baki, 2016).

Men with FEP also have to deal with social stigma, creating social distance from potential romantic partners (Franz et al., 2010), and some also internalize this stigma and therefore avoid social contact. Some might believe that they should not attempt to engage in intimacy behaviours with another person because of their mental

disorder (Knight, Wykes, & Hayward, 2006) or fear they will be rejected if their diagnosis is revealed(Rose et al., 2011). Lack of experience in dating can also contribute to low self-confidence (Redmond, Larkin, & Harrop, 2010). Premorbid social functioning difficulties that may come from childhood are associated with social functioning deficits following FEP (Lecomte et al., 2014). People with a psychotic disorder often have a narrower social network, fewer friends and fewer meeting opportunities than same-age peers without a disorder (Pillay et al., 2016). Moreover, men with FEP experience more difficulties in romantic relationships, are less socially engaged, are more likely to be single, and describe their social life as less interesting than women with FEP (Pillay et al., 2016).

Previous studies have brought forth romantic relationship obstacles in young men with FEP, namely social cognition difficulties, such as recognizing others' emotions and intentions, attachment issues, such as fear of engulfment or of rejection (Latour-Desjardins et al., 2017), as well as lack of social skills and self-confidence (Pillay et al., 2016). Despite a strong desire for a romantic relationship in people experiencing FEP, the identified obstacles to attain this goal, and the fact that men experience more difficulties than women in this area, no intervention study addressing these issues for this population has been published to date. As such, our team developed a group intervention on this topic; the group format was preferred because of its superior results in people with early psychosis (Leclerc & Lecomte, 2012). The objective of the current study is to determine the feasibility, acceptability and potential impact of a group intervention for young men with FEP in order to help them overcome the romantic relationship obstacles mentioned above. These include romantic and friendship skills, self-esteem and self-stigma, and mentalization.

2 | METHODS

2.1 | Design

This study used a repeated single case experimental design (A-B-A) whereby each participant acted as his own control, with the objective to determine the impact of the intervention while also taking into consideration the effect of time. This methodology also offers a good estimate of the potential impacts of psychotherapy without having to recruit a considerable number of participants and randomize them into two distinct groups (Byiers, Reichle, & Symon, 2012; Knight et al., 2006).

2.2 | Measures

Feasibility was measured through demand, implementation, drop-out rate and acceptability. Clinicians' interest in offering the intervention, number of participants recruited, and how much time was needed for the recruitment were noted and are detailed in Section 3. Acceptability was further determined by attendance to group sessions and by a brief open-ended questionnaire following the last session (White et al., 2011). It included five questions: "What did you like about the intervention?", "What did you dislike?", "What did you learn?", "What would you like to see change?", and "Would you recommend the intervention to a friend and if yes, why?"

In order to determine the potential impact of the group intervention on romantic relationship functioning and on obstacles to romantic relationship (romantic and friendship skills, self-esteem and self-stigma, and mentalization), the following measures were used:

The Romantic Relationship Functioning Scale (RRFS) has adequate psychometric properties (Bonfils et al., 2016) and contains 22 items, each evaluated on a five-point Likert scale with questions such as "I feel confident in my romantic relationship skills" and "I feel disconnected from my peers." A higher score indicates an improvement in romantic relationship functioning. The Friendship and Intimacy subscales of the First Episode Social Functioning Scale (FESFS; Lecomte et al., 2014) were also used to measure romantic and social functioning. Both subscales are divided into "behaviours" and "beliefs" subscales and evaluate the frequency of a specific behaviour in the past 3 months, as well as the person's perception regarding their ability for each behaviour. A higher score indicates an improvement in social functioning. Both convergent and discriminant validity have previously been established by the authors (Lecomte et al., 2014).

The Self-Esteem Rating Scale-Short Form contains 20 items and has been validated in a general population sample and in people with severe mental disorders (Lecomte, Corbière, & Laisné, 2006; Nugent, 1995). The global positive and negative self-esteem scores were used for statistical analyses. A higher score indicates an improvement in self-esteem.

The Internalized Stigma of Mental Illness Scale has demonstrated excellent concurrent, divergent and construct validity (Ritsher, Otilingam, & Grajales, 2003), and contains 29 items, divided into four subscales. A lower score indicates an improvement in self-stigma.

Achim, Ouellet, Roy, and Jackson's (2011) Stories Test was used to measure theory of mind (ToM) abilities, specifically mentalization and reasoning. The participant had to read out 30 short stories loud and the concordance level between their answers to questions verifying their ToM were compared to those normally expected in people with good ToM. The items are separated in two main subscales: mentalizing questions and reasoning questions. The global mentalizing and reasoning scores were used for statistical analyses. A higher score indicates an improvement in ToM abilities. The instrument has shown adequate convergent validity with the Sarfati's cartoon task (r = .42, P < .001) and excellent inter-rater reliability (r = .98, P < .001).

Finally, the Brief Psychiatric Rating Scale-Expanded version (BPRS-E) is a semi-structured interview that was employed to document psychiatric symptoms (Ventura, Nuechterlein, Subotnik, Gutkind, & Gilbert, 2000). A lower score indicates an improvement in symptomatology.

All research interviews and questionnaires were conducted by graduate students trained to gold standard.

2.3 | Procedure

The project was approved by both participating clinics' ethics boards (ie, the ethics committees of the Centre Hospitalier de l'Université de Montréal and the Douglas mental health university institute). Financial support was also offered by the Centre de recherche interdisciplinaire sur les problèmesconjugaux et les agressionssexuelles (CRIPCAS) and the Centre de recherche de l'Institutuniversitaireen santé mentale de Montréal (CRIUSMM). Inclusion criteria were: receiving services from a participating FEP clinic, being a heterosexual single man aged between 18 and 30, interested in developing a romantic relationship. Exclusion criteria consisted only of being unable to communicate in French. Twenty-nine young men wishing to engage in a romantic relationship were referred by their clinicians and considered for recruitment to participate to this pilot study. Out of these, eight gave written consent: four from clinic 1 and four from clinic 2. Out of these eight participants, one was not considered in the results because he attended less than 50% of the sessions and dropped out before mid-intervention. The other 21 patients declined for social anxiety and availability issues.

A total of 6 monthly assessment time-points were included in this project. Indeed, every 4 weeks, participants completed the questionnaires. Two assessments were completed before the therapy, two during the therapy, and two after the therapy. More precisely, assessments took place at baseline (T0—4 weeks pre-therapy), week 4 (T1—right before the beginning of the therapy), week 8 (T2—the 4th week of therapy), week 12 (T3—the 8th week of therapy), week 16 (T4—right after the end of the therapy) and week 20 (T5—4 weeks post-therapy). Since the sample size was small, the multiple points before, during, and after the therapy allowed a better description of change that seemed to occur over time before the provision of therapy (ie, independently of the possible therapy effect). The sociodemographic information was only collected at baseline. T2 and T3 only assessed romantic functioning and social/intimacy functioning (RRFS and FESFS). This study followed an A-B-A design, whereby B represents the intervention and A represents no manipulation. The time between T0 and T1 would be the first A, the time between T1 and T4 would be B, and the time between T4 and T5 would be the second A. The "A" where no manipulation is done allows each participant to act as his own control. Should changes occur thanks to the intervention, a difference would be seen between T1 and T4, different from the ratings between T0 and T1.

2.4 | Intervention

The *Power of Two* is a manual-based cognitive behavioral therapy (CBT) group intervention developed by T. L., based on the results from previous studies (Latour-Desjardins et al., 2017;Pillay et al., 2016; Lecomte et al., 2008; Leclerc & Lecomte, 2012). The manual was presented, discussed and improved upon from comments of clinicians, sex and couple therapists, and people with lived experience consulted via qualitative interviews and professional consultations. This 12-weekly session intervention offered by two trained mental health professionals follows a cognitive behaviour therapy model (eg, questioning thoughts, checking facts), focusing on attachment issues, self-esteem, problem-solving, social skills and social cognition (ie, ToM, emotion recognition and emotion regulation). Both the therapists and participants follow a manual specifying themes and content for each session (Table 1).

2.5 | Data analysis

Descriptive analyses of recruitment, drop-outs and attendance were conducted and collected. Within-subject repeated measure ANOVAs were used to compare each scale over time.

3 | RESULTS

First, we determined feasibility, namely demand, by the fact that it was possible to recruit the required number of participants wanting to receive help with romantic relationships within 2 weeks. Although many more were referred by their treating clinicians as being interested (29 young men), only 8 potential candidates for recruitment accepted to participate, the other 21 declined either due to social anxiety or lack of availability. Moreover, the low drop-out rate (1/8) and high participant completion (7 out of 8) suggests that delivering this intervention is feasible. Regarding the implementation aspect of feasibility, participants were not only referred by their primary clinician, but clinicians volunteered to be trained and deliver the intervention (no extra incentive was given). Furthermore, there has been an interest in other clinicians asking for training and wishing to include this group in their clinical program.

As for acceptability, the participants attended 84% of the sessions overall, demonstrating the intervention's acceptability. Reasons to miss sessions were more often reasons such as exams at school the next morning or a date with a girl. Acceptability measured by participant's responses to the satisfaction questionnaire completed at the T4reported that all seven of them had a very good experience overall, considering all five questions mentioned earlier that they would recommend the intervention to a friend, that they believed they had learned a lot, and that often, they found the sessions to be too short when asked "What did you dislike?". Indeed, one participant said it helped him know what he wants in a relationship, two others said they particularly liked learning how to communicate in a relationship, and two others said what they liked most were role-plays and exercises. Two mentioned being in a romantic relationship thanks to the group. However, they underlined the lack of sufficient discussions about sexuality (two sessions pertained to this theme) and gender identity.

3.1 | Overall improvement from baseline to follow-up

Regarding the potential impact of the group, descriptive statistics for the total sample and specific results for each participant on each scale

TABLE 1 Themes of *Power of Two* intervention for each session

Session title	Content
Session 1: Am I ready?	• Rules, goals, why do I wish to be in a relationship, pros and cons (support vs stress).
Session 2: What you need to know about dating	• How, where to meet people, pros and cons of each method, how do I describe myself.
Session 3: Dating—part 2	• How to get ready for a date and how to show interest or recognize interest from others, small talk, role-play reciprocal conversation.
Session 4: From dating to going out	• What am I looking for in a relationship, my values, how do I know if the person is the right one for me?
Session 5: My qualities as a lover/partner and disclosure about mental illness	• What are my qualities, what can I offer, when should I (if ever) disclose and how, pros and cons of each scenario?
Session 6: Recognizing my feelings and sharing them	• How do I recognize when I have specific emotions, how do I know if I'm in love, how to share positive and negative feelings, how do I cope with difficult emotions?
Session 7: What is going on?	• How to inquire, verify what the other is thinking, explain CBT model and seek alternative explanations and how to seek facts?
Session 8: My story and my fears	• What scares me about being in a couple (abandonment, dependency, clingy)? How to talk about our fears, how to find the right distance?
Session 9: Sex and intimacy	• Expectations, when to propose sex? How to determine consent? Pornography vs reality, sexual preferences, exploration, identity.
Session 10: Sex and intimacy—part 2	• Protection/contraception, sexual problems—what to do?
Session 11: Managing conflicts	• Problem-solving steps and strategies.
Session 12: Communication and happiness	• Communication skills in conflicts, strategies to keep the couple healthy and happy, review of the group intervention sessions

are shown in Tables 2 and 3, respectively. Note that the results on the ANOVAs are shown only for exploratory purposes, because of the small sample.

Results show that participants had higher friendship functioning on the "behaviours" subscale of the FESFS, after the intervention and at follow-up. They also had higher intimacy functioning on that same subscale. On the "beliefs" subscale, no differences were found over time with regard to participants' friendship functioning scores, and participants' intimacy functioning scores. Results show that participants had higher romantic relationship functioning overtime. No differences were found over time with respect to participants' positive self-esteem scores, nor negative self-esteem scores. Similarly, no differences were found over time on self-stigma scores. Scores on the "mentalizing" subscale of the Stories Test showed that participants had better mentalizing processes in relation to understanding others' intentions, after the intervention and at follow-up. No differences were found over time for participants' reasoning scores.

Scores on the BPRS-E overall symptoms suggest that participants' symptoms improved, during the intervention and at follow-up.

4 | DISCUSSION

Although future studies are needed in order to determine the efficacy of this novel intervention focusing on romantic relationships in young men with a psychotic disorder, the pilot data revealed that the intervention was feasible, acceptable and showed some potential benefits on the targeted variables. Participants' romantic relationship functioning scores were higher during the intervention and at the end or 1 month after the intervention compared to the month before the intervention. Furthermore, two participants became involved in a relationship during the intervention and maintained these relationships at T5. The participants mentioned that the techniques and notions taught during the intervention had substantially helped in this regard.

Participants' behavioural improvements on the social functioning scale (FESFS), for instance, reflect more time spent with a close friend, developing new friendships, meeting more potential partners, and having more frequent intercourse. Oddly, the increase of frequency in these behaviours did not translate in high self-confidence in their abilities (FESFS beliefs subscale). These findings indicate that the intervention was effective in changing behaviours but that changing beliefs can take more time. The improvement in ToM, found in many, might be linked to the specific activities on understanding the mental states of oneself and others, as these were worked through in several sessions (2, 3, 6, and 7). Symptomatic improvements, as observed as well, have often been observed in group interventions using CBT principles with a positive recovery focus (Lecomte et al., 1999; Lecomte et al., 2008).

Taken together and considering the small sample size, these findings provide preliminary evidence that the intervention can have a positive impact on some of the factors measured over time during and at the end of the therapy, but that more studies with larger samples are warranted.

Although the present study suggests that a cognitive behavioural group intervention targeting romantic relationships for young men with FEP may help improve such individuals' social functioning, romantic relationship functioning and ToM on some levels, certain limitations need to be mentioned. For one, the sample size was small and we had some missing data for some participants at specific time-

TABLE 2 Descriptive statistics of participants

Young men with FEP (n = 7)	1	2	3	4	5	6	7
Clinic	1	1	1	1	2	2	2
Age (years)	24	20	28	28	31	20	19
Highest education level	High school diploma	Less than high school diploma	High school diploma	Less than high school diploma	High school diploma	Post-high school diploma	High school diploma
Ethnicity	Caucasian	Caucasian	Asian	Caucasian	Caucasian	Hispanic	Caucasian
Age at first hospitalization	N/A	20	24	26	23	17	19
Diagnosis	Psychosis NOS	Bipolar I with psychotic features	Delirious paranoid disorder	Schizophrenia	Schizo-affective bipolar type	Psychosis NOS	Bipolar I with psychotic features
Number of prior significant relationships	0	0	2	0	0	4	0
Attendance (%)	100%	70%	80%	100%	73%	91%	82%
BPRS-E scores[a]							
Baseline (week 0)	1.50	1.50	1.54	1.62	1.23	1.19	N/A[b]
Pre-intervention (week 4)	1.69	1.65	1.42	1.31	1.23	1.42	1.69
Post-intervention (week 16)	1.04	1.35	1.27	1.19	1.19	1.42	1.73
Follow-up (week 20)	1.04	1.31	1.19	1.15	1.19	1.23	1.73

[a]A lower score indicates an improvement.
[b]N/A = missing data.

points. Another limitation concerns participant 5, who dropped out of the intervention after session 9 for "personal reasons," missing the last two sessions, therefore altering his results at T4 and T5. The RRFS only measures beliefs about romantic skills, and may be less relevant for those with no prior romantic experience. The methodology (A-B-A within-subjects design) is ideal for such studies but would have been stronger if the pre-treatment baseline had been the same length (ie, 3 months instead of 1 month) as the treatment and the post-treatment period (T5).

Also, because of the need to adapt the intervention for gender and sexual orientation, only young heterosexual men with a psychotic disorder were studied. Indeed, only heterosexual men were included in this pilot study because, for one part, the intervention was designed for men attracted to women (who seem to be the more prevalent group documented in the FEP single population). Also, given this was a pilot study, we wished to increase homogeneity and avoid biases in regards to sexual orientation in the participants' scores (ie, homosexual men may be more stigmatized than heterosexual men). Furthermore, given that little research exists in the field, the exploratory nature of this study, and that culture and relational contexts, especially in terms of seduction and dating, vary according to sexual orientation and gender, this study aimed at exploring the subject with a more homogeneous sample. Thus, while facilitating the recruitment, the most prevalent population was targeted, namely heterosexual men. Moreover, one of our concerns was that participants should feel comfortable to discuss intimate issues during the intervention group. For this to happen, the intervention has to take place in a "psychologically safe place." Because of stigma and even harassment that the lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ) community is still faced with, we had hypothesized that it could become an issue, at first, especially because we had no experience and data on this intervention, to mix those clienteles. Consequentially, the generalizability of the findings is limited. Indeed, the findings cannot be generalized to homosexual men or to those with different gender identity than cis-men with a psychotic disorder. For the intervention to be more inclusive in future studies including sexual minorities, the wording "girl," when used, should be replaced by "someone," the images could sometimes represent two men together, and some sessions could be adjusted to reflect LGBTQ realities. Moreover, participants' feedback should be requested on whether they would find themselves more comfortable being in relatively homogeneous groups in terms of gender identity and sexual orientation to discuss issues around intimacy and sexuality or whether they would feel comfortable and "safe" to discuss these in a more heterogeneous group. If homogeneity is chosen, adaptation of the group content to reflect LGBTQ realities should be undertaken with specialists in these matters and a specific pilot testing of the intervention should take place with this population. Moreover, a diversity of therapist gender

TABLE 3 Results for each participant

Scales	FESFS[a] (friendship – beliefs)/4	FESFS[a] (friendship — behaviours)/4	FESFS[a] (intimacy — beliefs)/4	FESFS[a] (intimacy — behaviours)/4	RRFS[a]/5	SERS[a] (positive)/7	SERS[a] (negative)/7	ISMIS[b]/4	ToM[a] (mentalizing/50 reasoning/12)
Participant 1									
Baseline (week 0)	2.50	2.17	1.60	1.82	2.73	4.10	3.60	2.14	50/12
Pre-intervention (week 4)	2.67	2.33	N/A	2.00	2.86	4.20	2.60	1.86	45/12
Week 8	2.83	2.83	N/A	2.44	3.36	-	-	-	-
Week 12	2.83	2.83	N/A	2.44	3.50	-	-	-	-
Post-intervention (week 16)	3.00	2.83	3.00	2.82	3.68	4.90	1.90	1.28	48/12
Follow-up (week 20)	3.00	2.83	2.80	3.09	3.82	4.60	2.00	1.21	49/12
Participant 2									
Baseline (week 0)	3.00	2.50	3.25	2.45	3.73	4.90	1.70	1.11	37/9
Pre-intervention (week 4)	3.17	2.33	2.75	2.20	2.76	5.00	2.00	1.21	48/11
Week 8	3.17	2.67	2.75	2.50	3.38	-	-	-	-
Week 12	3.00	3.17	2.75	2.70	3.00	-	-	-	-
Post-intervention (week 16)	2.83	2.83	2.75	2.36	3.50	5.70	1.60	1.17	50/11
Follow-up (week 20)	3.50	3.17	3.00	2.91	3.32	6.30	1.30	1.21	49/11
Participant 3									
Baseline (week 0)	2.00	N/A	2.60	1.67	2.68	3.90	5.63	N/A	44/12
Pre-intervention (week 4)	2.17	2.00	2.60	1.64	3.00	2.70	4.50	1.96	48/11
Week 8	2.33	2.50	2.75	1.91	2.91	-	-	-	-
Week 12	1.83	2.00	2.60	1.64	3.23	-	-	-	-
Post-intervention (week 16)	2.17	1.83	2.60	1.55	3.05	1.50	4.25	N/A	47/11
Follow-up (week 20)	1.83	2.17	2.60	1.73	3.18	2.10	3.30	1.48	47/12
Participant 4									
Baseline (week 0)	2.67	2.33	3.00	2.09	2.91	4.60	2.60	2.10	41/11
Pre-intervention (week 4)	2.50	2.33	3.20	1.82	2.95	4.50	2.60	2.31	44/11
Week 8	3.00	2.83	3.40	2.09	2.95	-	-	-	-
Week 12	3.00	3.00	3.20	2.55	3.09	-	-	-	-
Post-intervention (week 16)	2.83	3.33	3.00	2.73	3.36	4.40	2.60	2.21	41/11
Follow-up (week 20)	3.50	3.17	3.00	2.45	3.14	4.90	3.20	2.21	48/11
Participant 5									
Baseline (week 0)	3.67	3.33	3.80	3.00	3.38	6.20	2.60	1.03	34/12
Pre-intervention (week 4)	3.17	3.00	2.75	2.78	3.05	6.10	1.80	1.07	45/11
Week 8	3.17	3.33	3.40	2.82	3.86	-	-	-	-

Week 12	3.00	2.50	3.20	2.00	3.23	-	-	-	-
Post-intervention (week 16)	3.00	3.00	4.00	2.40	3.29	6.20	2.30	1.38	48/11
Follow-up (week 20)	3.50	3.33	3.20	2.73	3.73	6.10	2.00	1.41	46/10
Participant 6									
Baseline (week 0)	2.67	3.33	2.40	2.73	3.09	5.40	2.30	1.59	44/10
Pre-intervention (week 4)	3.00	3.50	3.20	2.73	3.45	5.10	2.30	1.83	46/11
Week 8	2.83	3.67	3.00	3.30	3.45	-	-	-	-
Week 12	3.17	3.50	3.60	3.09	3.95	-	-	-	-
Post-intervention (week 16)	3.33	3.50	3.40	3.18	3.86	4.80	2.40	1.62	50/11
Follow-up (week 20)	3.00	3.67	3.00	3.64	3.45	5.30	2.10	1.62	49/10
Participant 7									
Baseline (week 0)	N/A[c]	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pre-intervention (week 4)	3.17	2.17	3.20	1.82	2.82	4.00	3.90	2.14	46/12
Week 8	2.80	2.67	2.80	2.18	3.59	-	-	-	-
Week 12	3.33	3.33	3.20	3.18	3.86	-	-	-	-
Post-intervention (week 16)	3.00	2.00	3.40	1.73	2.82	5.20	4.60	2.03	46/12
Follow-up (week 20)	2.17	2.67	3.00	2.09	2.73	4.70	4.60	1.90	49/10

Abbreviations: FESFS, First Episode Social Functioning Scale; ISMIS, Internalized Stigma of Mental Illness Scale; RRFS, Romantic Relationship Functioning Scale; SERS, Self-Esteem Rating Scale; ToM, theory of mind.

[a]A higher score indicates an improvement.

[b]A lower score indicates an improvement.

[c]N/A = missing data.

and sexual orientation should be considered or at least a good knowledge and experience of the LGBTQ realities by the therapist should be taken into account.

Given the small sample, it is not possible to suggest if the range of psychosis spectrum disorders may affect the outcomes of the study. Moreover, people with the same diagnosis can have different levels of social skills or social-cognitive deficits, and the number and span of diagnostic categories included here were rather limited. Finally, the varying length of duration of illness may also affect the participants' outcome, and it would be interesting in a future study to measure if this variable influences the impact of treatment.

Conducting a larger randomized trial with more participants and a control group would be of high interest to complement the results of this pilot study- our team is in fact already working in this direction. Given the documented positive impact of romantic relationships on recovery and general functioning in people with psychotic disorders (Slade & Hayward, 2007), helping young men with FEP develop intimate relationships is essential. Romantic relationships might even help accelerate the recovery process.

To conclude, it is proposed that romantic relationships can have a substantial positive impact on individuals with psychotic disorders, although such impact is at this moment only speculative. Our team has demonstrated that a group intervention focusing on developing skills to overcome documented obstacles in romantic relationships is feasible and acceptable, and could likely be impactful at improving romantic and social functioning as well as ToM and symptoms. It is important to note that the results on the ANOVAs are shown only for exploratory purposes, and that a larger study with more participants and a control group is in preparation. Indeed, more studies on romantic relationships, and sexuality in individuals with early psychosis, are needed.

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CONFLICT OF INTEREST

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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REFERENCES

Achim, A., Ouellet, R., Roy, M.-A., & Jackson, P. (2011). Assessment of empathy in first-episode psychosis and meta-analytic comparison with previous studies in schizophrenia. *Psychiatry Research*, *190*, 3–8.

Bertolote, J., & McGorry, P. (2005). Early intervention and recovery for young people with early psychosis: Consensus statement. *British Journal of Psychiatry*, *187*(48), 116–119.

Bonfils, K. A., Rand, K. L., Luther, L., Firmin, R. L., & Salyers, M. P. (2016). The romantic relationship functioning scale: Development and preliminary validation in two samples. *Journal of Behavioral and Social Sciences*, *3*(3), 117–130.

Byiers, B., Reichle, J., & Symon, F. (2012). Single-subject experimental design for evidence-based practice. *American Journal of Speech-Language Pathology*, *21*(4), 397–414.

Franz, L., Carter, T., Leiner, A. S., Bergner, E., Thompson, N. J., & Comption, M. T. (2010). Stigma and treatment delay in first-episode psychosis: A grounded theory study. *Early Intervention in Psychiatry*, *4*(1), 47–56. https://doi.org/10.1111/j.1751-7893.2009.00155.x

Jääskeläinen, E., Juola, P., Hirvonen, N., McGrath, J. J., Saha, S., Isohanni, M., … Miettunen, J. (2012). A systematic review and meta-analysis of recovery in Schizophrenia. *Schizophrenia Bulletin*, *39*(6), 1296–1306.

Knight, M., Wykes, T., & Hayward, P. (2006). Group treatment of perceived stigma and self-esteem in schizophrenia: A waiting list trial of efficacy. *Behavioral and Cognitive Psychotherapy*, *34*, 305–318.

Latour-Desjardins, A., Abdel-Baki, A., Auclair, V., Collins, C.-A., & Lecomte, T. (2017). *Étude sur l'expérience des relations amoureuses des jeunes hommes ayantvécu un premier épisodepsychotique*. (Doctoral thesis). Université de Montréal. Retrieved from https://papyrus.bib.umontreal.ca/xmlui/handle/1866/19244

Leclerc, C., & Lecomte, T. (2012). TCC pour premiers épisodes de psychose: Pourquoi la thérapie de groupeobtient les meilleursrésultats ? *Journal de Thérapie Comportementale et Cognitive*, *22*(3), 104–110. https://doi.org/10.1016/j.jtcc.2012.07.006

Lecomte, T., Corbière, M., Ehmann, T., Addington, J., Abdel-Baki, A., & MacEwan, B. (2014). Development and preliminary validation of the first episode social functioning scale for early psychosis. *Psychiatry Research*, *216*(3), 412–417.

Lecomte, T., Corbière, M., & Laisné, F. (2006). Investigating self-esteem in individuals with schizophrenia: Relevance of the self-esteem rating scale-short form. *Psychiatry Research*, *143*(1), 99–108.

Lecomte, T., Cyr, M., Lesage, A., Wilde, J., Leclerc, C., & Ricard, N. (1999). Efficacy of a self-esteem module in the empowerment of individuals with schizophrenia. *The Journal of Nervous and Mental Disease*, *187*(7), 406–413.

Lecomte, T., Leclerc, C., Corbière, M., Wykes, T., Wallace, C. J., & Spidel, A. (2008). Group cognitive behavior therapy or social skills training for individuals with a recent onset of psychosis?: Results of a randomized controlled trial. *The Journal of Nervous and Mental Disease*, *196*(12), 866–875.

Lecomte, T., Wallace, C. J., Perreault, M., & Caron, J. (2005). Consumers' goals in psychiatric rehabilitation: What are they and are our services meeting them? *Psychiatric Services*, *56*, 209–211.

Nugent, W. (1995). A differential validity study of the self-esteem rating scale. *Journal of Social Service Research*, *19*(3–4), 71–86. https://doi.org/10.1300/J079v19n03_04

Pillay, R., Lecomte, T., & Abdel-Baki, A. (2016). Factors limiting romantic relationship formation for individuals with early psychosis. *Early Intervention in Psychiatry.*, *12*, 645–651. https://doi.org/10.1111/eip.12353

Redmond, C., Larkin, M., & Harrop, C. (2010). The personal meaning of romantic relationships for young people with psychosis. *Clinical Child Psychology and Psychiatry*, *15*(2), 151–170. https://doi.org/10.1177/1359104509341447

Ritsher, J., Otilingam, P., & Grajales, M. (2003). Internalized stigma of mental illness: Psychometric properties of a new measure. *Psychiatry Research*, *121*, 31–49.

Rose, D., Willis, R., Brohan, E., Sartorius, N., Villares, C., Wahlbeck, K., & Thornicroft, G. (2011). Reported stigma and discrimination by people with a diagnosis of schizophrenia. *Epidemiology and Psychiatric Sciences*, *20*, 193–204. https://doi.org/10.1017/S2045796011000254

Slade, M., & Hayward, M. (2007). Recovery, psychosis and psychiatry: Research is better than rhetoric. *Acta Psychiatrica Scandinavica*, *166*, 81–83. https://doi.org/10.1111/j.1600-0447.2007.01047.x

Ventura, J., Nuechterlein, K., Subotnik, K., Gutkind, D., & Gilbert, E. (2000). Symptom dimensions in recent-onset schizophrenia and mania: A principal components analysis of the 24-item brief psychiatric rating scale. *Psychiatry Research*, *97*, 129–135.

White, R., Gumley, A., McTaggart, J., Rattrie, L., McConville, D., Cleare, S., & Mitchell, G. (2011). A feasibility study of acceptance and commitment therapy for emotional dysfunction following psychosis. *Behavior Research and Therapy*, *49*, 901–990.

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