Collaboration and Partnership Between Early Psychosis Programs

Moderator: Krystal Fortney, MA, LPC-MHSP, NCC

Panelists: Kaelin Large, LMSW; Tariq Pettis-Smith, MACCP

Objectives

- Attendees will be able to explain the continuum from Clinical High Risk for Psychosis to First Episode Psychosis
- Attendees will learn collaborative outreach strategies of both early psychosis programs and take away creative ideas to break the stigma about psychosis amongst providers, families, and the general community
- Attendees will learn clinical model components of both the Clinical High Risk for Psychosis and First Episode Psychosis Programs

Clinical High Risk for Psychosis (CHR-P)

Purpose and Vision:

- To improve symptomatic and behavioral functioning of Y/YA ages 12 to 25 who are at clinical high risk for psychosis by empowering them to resume age-appropriate social, academic, and/or vocational activities.
- Ensure easy access to care and providing evidence-based services and supports to youth, young adults, and their families.
- To improve behavioral health outcomes, delay or prevent the onset of psychosis, and minimize the duration of untreated psychosis.

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Clinical High Risk for Psychosis: Signs

- A worrisome drop in grades or job performance
- Trouble thinking clearly or concentrating
- Suspiciousness or uneasiness with others
- A decline in self-care or personal hygiene*
- Spending a lot more time alone than usual
- Strong, inappropriate emotions or having no feelings at all*

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Clinical High Risk for Psychosis: Symptoms

According to the mental health first aid:

- Changes in emotion and motivation
  - Depression; anxiety; irritability; suspiciousness; blunt, flat or inappropriate emotion; change in appetite; reduce energy and motivation; or significantly increase energy.
- Changes in thinking and perception
  - Difficulties with concentration or attention; sense of alteration of self, others or outside world; odd ideas; and unusual perceptual experiences.
- Changes in behavior
  - Sleep disturbance, social isolation or withdrawal, and reduced ability to carry out studies or social roles

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Triggers

What causes the onset of psychosis symptoms?

Genetics Triggers

- Family History
- Complications at birth

Epigenetics Triggers

- Lack of Sleep
- Substance Usage
- Trauma* (Adverse Experiences)
- Medical Conditions

Note: The variety of causes are still being studied by psychiatrist.

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High-Risk Stages of Psychosis

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PRIME Screening

(Prevention through Risk Identification Management Evaluation)

The PRIME screening test was developed by Dr. Tom McGlashan, Dr. Tandy Miller, Dr. Scott Woods and the PRIME group in the psychiatry department at Yale University Medical School.

The PRIME screening test was developed based on a structured interview known as the SIPS (*Structured Interview for Prodromal Syndromes*), an in-depth patient interview.

Researchers at Yale University's PRIME Clinic developed the PRIME screener, as well as the SIPS structured interview to help identify symptoms of the schizophrenia prodromal before the patient become fully psychotic. These symptoms resemble those of schizophrenia but are milder.

Prime Screen-Revised

The following screen asks about your personal experiences. It asks about your sensory, psychological, emotional and social experiences. Some of these questions may see, to relate directly to your experiences and others may not.

Based on your experiences within the past year, please indicate how much you agree or disagree with the following statements.
Please reach each question carefully and circle the answer what best describes your experience.
Please answer all questions.

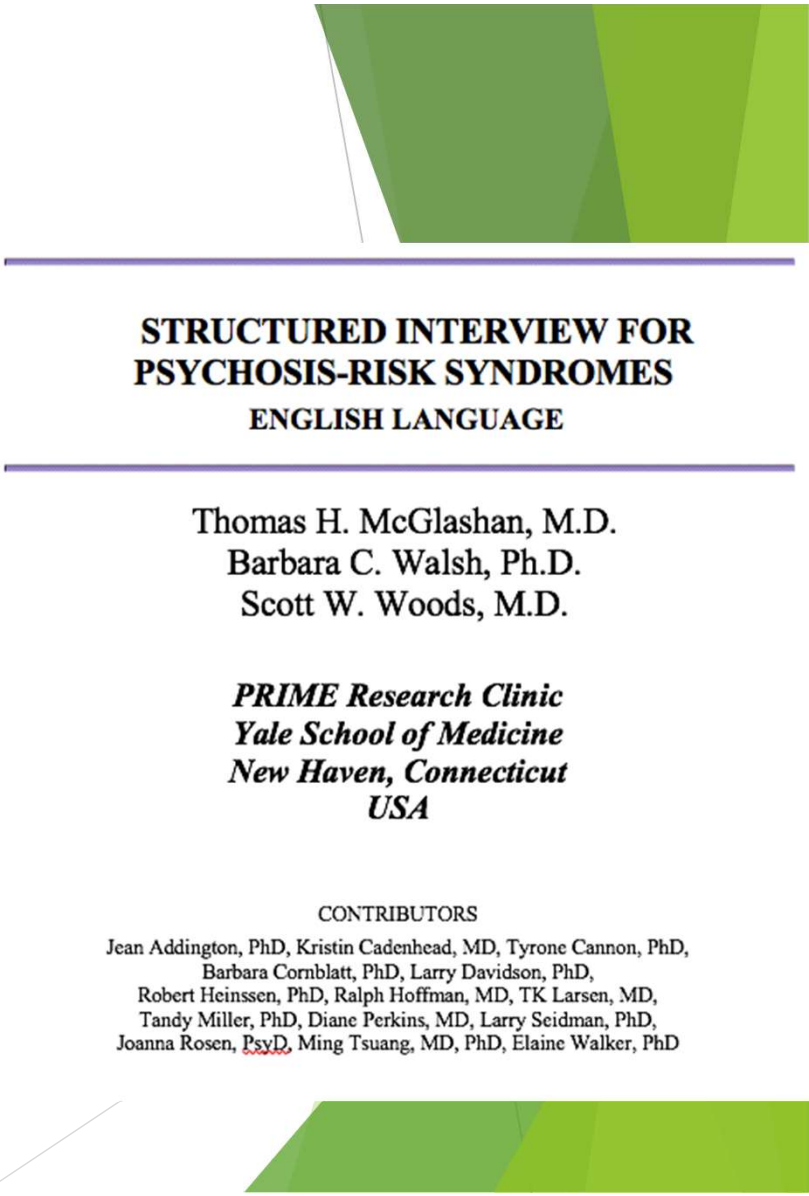
Within the past year:	Definitely disagree	Somewhat disagree	Slightly disagree	Not sure	Slightly agree	Somewhat agree	Definitely agree
1. I think that I have felt that there are odd or unusual things going on that I can't explain.	0	1	2	3	4	5	6
2. I think that I might be able to predict the future.	0	1	2	3	4	5	6
3. I may have felt that there could possibly be something interrupting or controlling my thoughts, feelings, or actions.	0	1	2	3	4	5	6
4. I have had the experience of doing something differently because of my superstitions.	0	1	2	3	4	5	6
5. I think that I may get confused at times whether something I experience or perceive may be real or may be just part of my imagination or dreams.	0	1	2	3	4	5	6
6. I have thought that it might be possible that other people can read my mind, or that I can read other's minds.	0	1	2	3	4	5	6
7. I wonder if people may be planning to hurt me or even may be about to hurt me.	0	1	2	3	4	5	6
8. I believe that I have special natural or supernatural gifts beyond my talents and natural strengths.	0	1	2	3	4	5	6
9. I think I might feel like my mind is "playing tricks" me.	0	1	2	3	4	5	6
10. I have had the experience of hearing faint or clear sounds of people or a person mumbling or talking when there is no one near me.	0	1	2	3	4	5	6
11. I think that I may hear my own thoughts being said out loud.	0	1	2	3	4	5	6
12. I have been concerned that I might be "going crazy".	0	1	2	3	4	5	6

Structured Interview for Psychosis-risk Syndromes (SIPS)

- Semi-structured interview
- Identifies risk states
- Diagnoses presence of psychosis
- Translated into 15 different languages

- Eligibility for a SIPS interview?
  - Ages 12 - 45
  - Must have a minimum IQ of 70
  - No TBI or > 5 concussions
  - No complicating neurological disorders

- Current clinical recommendations
  - Clinical strategies should include frequent, careful follow-along evaluations with psychoeducation and support over the course of the psychosis-risk stage to its "resolution" either in remission or in the development of a treatable syndrome



STRUCTURED INTERVIEW FOR PSYCHOSIS-RISK SYNDROMES

ENGLISH LANGUAGE

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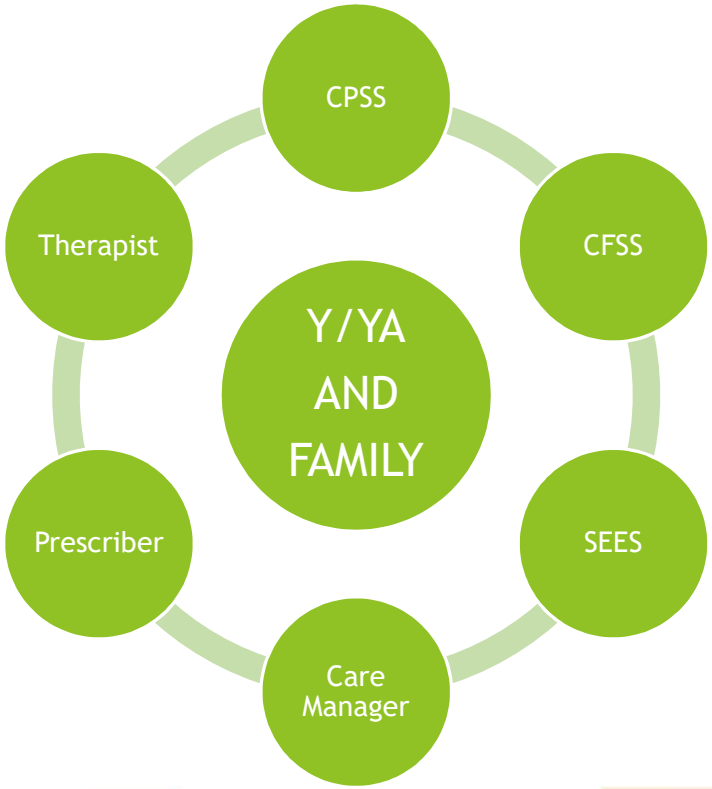
Wrap-Around Services

Team-based services and supports.



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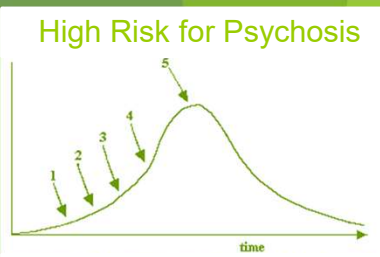
Stepped Care Model

	Description of Services	Focus area	Level of Service
Step 4	All Services including therapy and/or medication management	Coordinate a warm hand off to program suitable for the client's service needs.	Refer to another program or agency who specializes in FEP treatment
Step 3	Care Management Peer Support Family Support Therapist and Medication management And Supported Edu. And Employment Support	Maximize the delivery of services to decrease the possibility of a FEP.	All services including
Step 2	Care Management Peer Support Family Support And/or SEES, Therapist	In addition to Step 1, Prevent the increase of mental health discomfort	Provide 3-4 services
Step 1	Care Management Peer Support Or Any Combination of two clinicians	Educate family Redirect participants' behaviors and empower cognitive functions.	Provide 1-2 services



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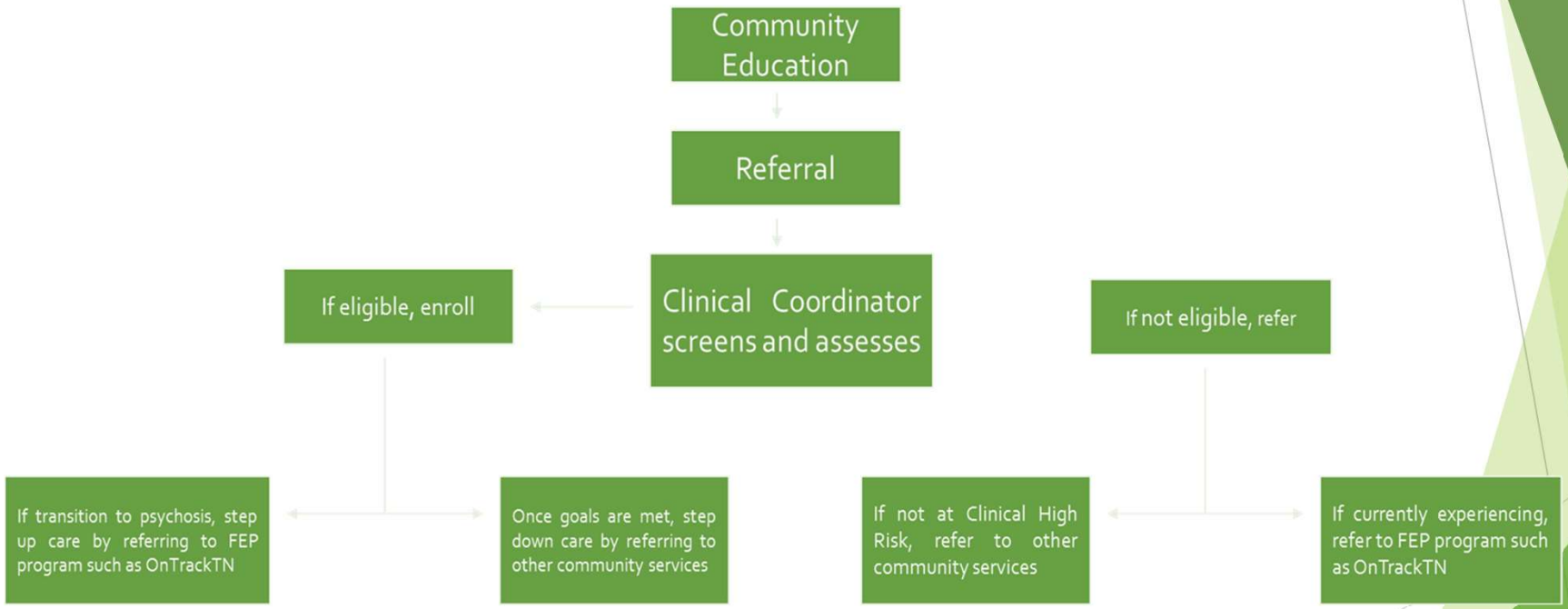
The Journey to Discovery



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First Episode Psychosis: Signs and Symptoms

- Starting to withdraw from your family and friends
- Thoughts that seem strange to you or others
- Becoming fearful or suspicious of other people
- Hearing or seeing things that others don't
- Disorganized thoughts and communication
- Bizarre behaviors or a change in behavior

OnTrack TN

My Health. My Choices. My Future.

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Our program is funded through a partnership with TNDMHSAS to provide early intervention services for young people experiencing First Episode Psychosis (FEP)

OnTrack Model: Coordinated Specialty Care

- Team Leadership
- Individual and Group Therapy
- Peer and Family Support Services
- Pharmacotherapy
- Case Management and Recovery Coaching
- Supported Education and Employment Services

"CSC's success is due to the coordinated team approach and the focus on individual's goals and preferences, family involvement, and supported education and employment. Often young people with psychosis or schizophrenia may be hesitant to engage in treatment or may not believe they have an illness—the CSC approach is to meet people where they are, use a shared decision making approach and to help people to achieve the goals that are important to them."

-Dr. Nossel, Medical Director for OTTNY

OnTrack: Guiding Principles

- Limit Disability, Promote Recovery, and Reduce Stigma
- Shared-Decision Making
- Cultural Responsiveness
- Trauma-Informed Care
- Safety Planning

OnTrack: Referral and Evaluation Process

- Low-barrier to referral: clients and families can self-refer.
- Clinical interview is completed to assess acuity of symptoms and to ensure client is within eligibility requirements:
  - 15-30 years old
  - Symptoms of psychosis lasting longer than 1 week, less than 2 years
  - IQ > 70
  - Not substance-induced or caused by general medical condition
- If client is found to not be eligible, a referral will be provided to an appropriate service provider.