CONNECTICUT EARLY PSYCHOSIS LEARNING HEALTH NETWORK

Transforming Access, Care Quality, and Outcomes

STEP-CT

Early Psychosis Basics

Laura Yoviene Sykes, PhD

dmhas

CTC Connecting to Care

DCF CONNECTICUT

Yale SCHOOL OF MEDICINE

Early Psychosis Basics- Outline

Outline:

- Early Psychosis Basics:
  - Recognize signs and symptoms of early psychosis in adolescents and young adults
  - Discuss common differential diagnoses
  - Develop awareness of assessment tools and strategies
- Connecticut Early Psychosis Learning Health Network Overview
- Questions/Discussion

What is psychosis?

- Difficulty with perceiving reality accurately and with coherent thinking *"What's real? What's not real?"*
  - Disturbances in perception (hallucinations)
  - Belief and interpretation of the environment (delusions)
  - Disorganized speech patterns (thought disorder)

- ~ 3 in 100 people will experience psychosis
  (>2.2 million people)

- Usually develops age 16-35 (earlier in men than women)
  - Peak at **21 yrs** old (M:F, 3:1)
  - Women higher risk in their late 40s-50s
  - "Chronic diseases of the young" *(Insel, 2005)*

What is “first episode” psychosis?

- **First episode psychosis** simply refers to the first time someone experiences psychotic symptoms or a psychotic episode.
  - People experiencing a first episode may not understand what is happening. The symptoms can be highly disturbing and unfamiliar, leaving the person confused and distressed.

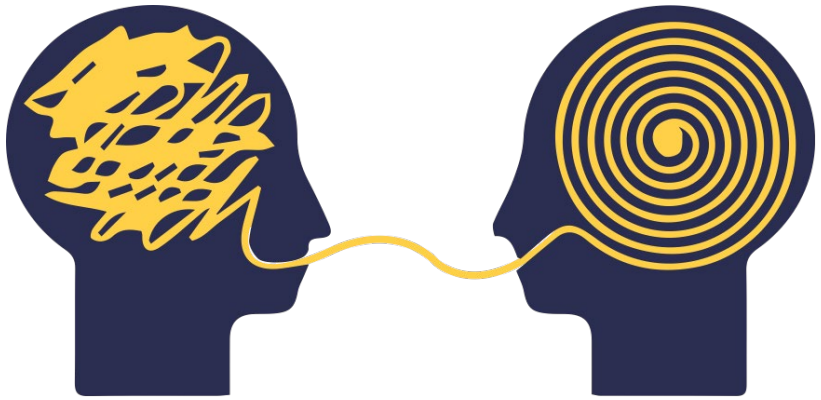
- At STEP, we focus on the first 3 years since onset of full psychotic symptoms

- “First episode” of something…
  - Diagnostic ambiguity is an expected part of FEP treatment *(although aim to identify first episode schizophrenia)*

What is psychosis?

Common *causes* of psychosis:

- **Mental** illnesses (such as schizophrenia)
- **Medical** illnesses (such as Parkinson's)
- **Substances** (such as alcohol or drugs)



What is psychosis?
Common Signs and Symptoms

Positive - *add to* or *distort* an individual's normal functioning, perception or behavior

- Hallucinations, delusions, paranoia, bizarre behavior, disorganized communication…with ***limited insight***

Delusions

Believing in things that are not true, and may be impossible

Hallucinations

Hearing, seeing, tasting, or smelling things that are not there

Negative - a *reduction* or *loss* in an individual's normal functioning, perception or behavior

- Decreased motivation, energy and speech, social withdrawal, flat affect, no enjoyment, poor hygiene, decline in functioning

Cognitive

- Executive functioning decline, attention, working memory, learning, preoccupation, thought blocking, reduced abstraction ability

Withdrawal

Distancing oneself from people or previously enjoyable activities

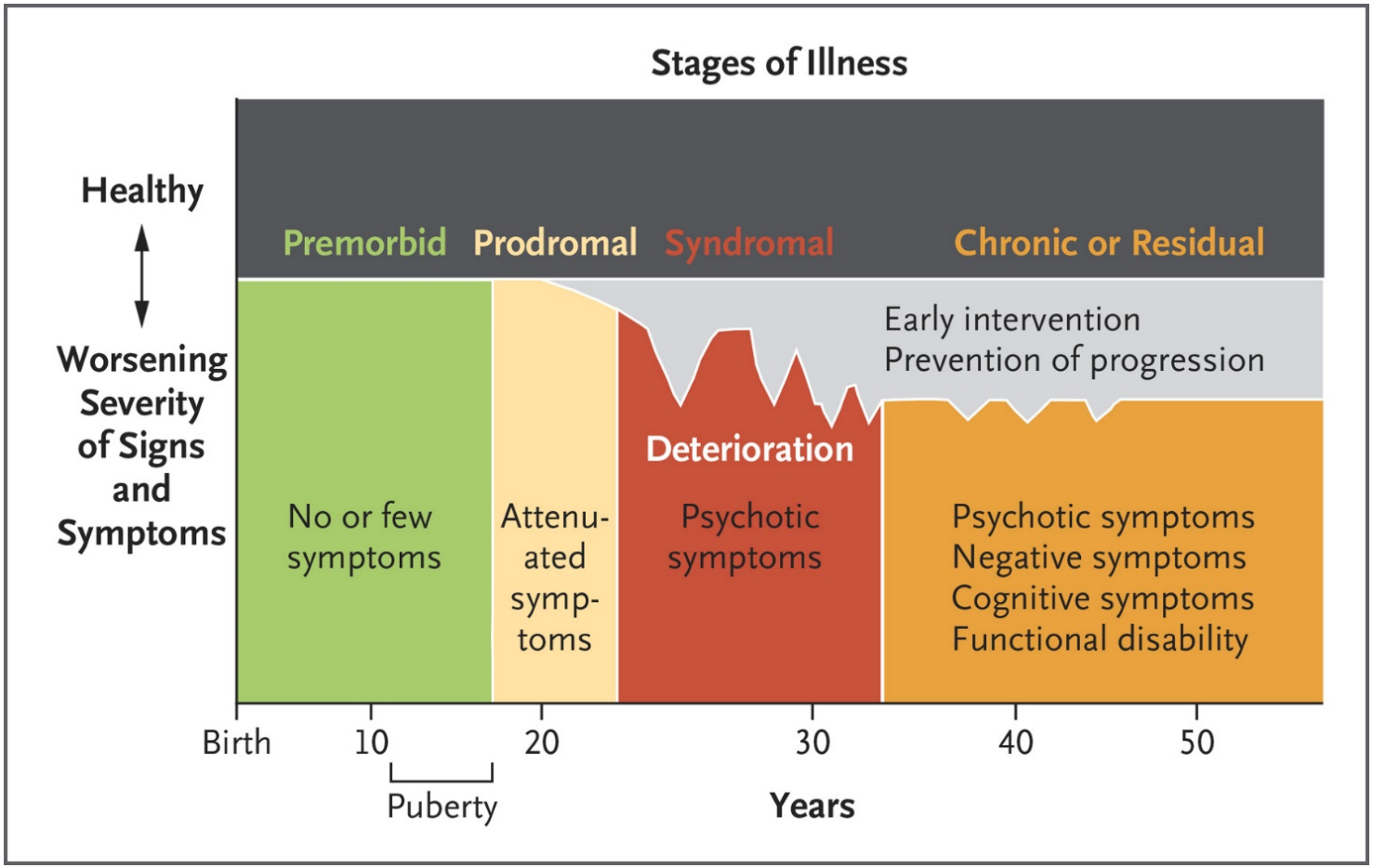
Increased Distractibility

Decline in cognitive abilities including memory and attention

Mood

- Fluctuations, anxiety, depression, suicidal ideation

Course of Schizophrenia



Jeffrey A. Lieberman, and Michael B. First. Psychotic Disorders. *N Engl J Med* 2018; 379:270-280

Why is treating psychosis important?

- **Individual and Family Impact:**
  - often leads to frequent hospitalization, and can derail functioning in school, career, and family
    - Risk of suicide (~1/100 w/FEP complete suicide, as many as 10% attempt suicide within the first 5 years)
    - Long-term cardiovascular and other physical health risks (shorter life expectancy)
  - Family / caregiving burden

- **Societal/Economic Impact:**
  - A top 10 leading cause of disability *(WHO)*
  - Criminal justice involvement
  - Homelessness (20% of have SMI) *(NAMI, Mental Health Ripple Effect)*
  - $193.2 billion in lost earnings in US / year *(Kessler, et al., 2008)*

What about risk?

- **Risk of suicide:**
  - ~ 1/100 individuals with FEP die by suicide
  - In schizophrenia, nearly 50% of all suicides occur in the first 5 years of illness.

- **Risk of Violence:**
  - Majority of people with schizophrenia are NOT violent
  - The risk of violence in schizophrenia is highest for those with no, delayed, or inadequate treatment and comorbid substance use disorders during the initial episode

- **Risk of Neglect and Victimization:**
  - Rates of sexual / physical abuse 2x as high for women with psychosis
  - Men with schizophrenia more likely to die by homicide

What is the prodrome?

- Many terms… "prodrome" "clinical high-risk (CHR)" "ultra high-risk (UHR)"

- *Pre-psychotic* phase of illness
  - Early "warning" signs & symptoms before full illness onset
    - First **noticeable behavioral changes/symptoms** (decline in fx)
  - Often 1-3 year period before onset of first episode of psychosis

- Prodrome is *retrospective* term
  - Cannot be "diagnosed" with certainty *(~20% at CHR develop full psychosis)*
    - Pluripotential "non-psychotic" outcomes (e.g., depression, anxiety, substance use disorders)
  - However, *clinical* characteristics that *imply* risk can be reliably identified → SIPS

Yung et al., 1996, 1998; Fusar-Poli et al, 2013; McGlashan, Walsh, & Woods, 2010

What should I look for?
Common signs of young people at-risk for psychosis

Neurotic symptoms	Anxiety Restlessness Anger, irritability
Mood-related symptoms	Depression Anhedonia Guilt Suicidal ideas Mood swings
Changes in volition	Apathy, loss of drive
Cognitive changes	Disturbance of attention and concentration Preoccupation, daydreaming Thought blocking Reduced abstraction
Physical symptoms	Somatic complaints Loss of weight Poor appetite Sleep disturbance
Attenuated or subthreshold versions of psychotic symptoms	Perceptual abnormalities Suspiciousness Change in sense of self, others or the world
Other symptoms	Obsessive compulsive phenomena Sensitivity
Behavioural changes	Deterioration in role functioning Social withdrawal Impulsivity Odd behaviour Aggressive, disruptive behaviour

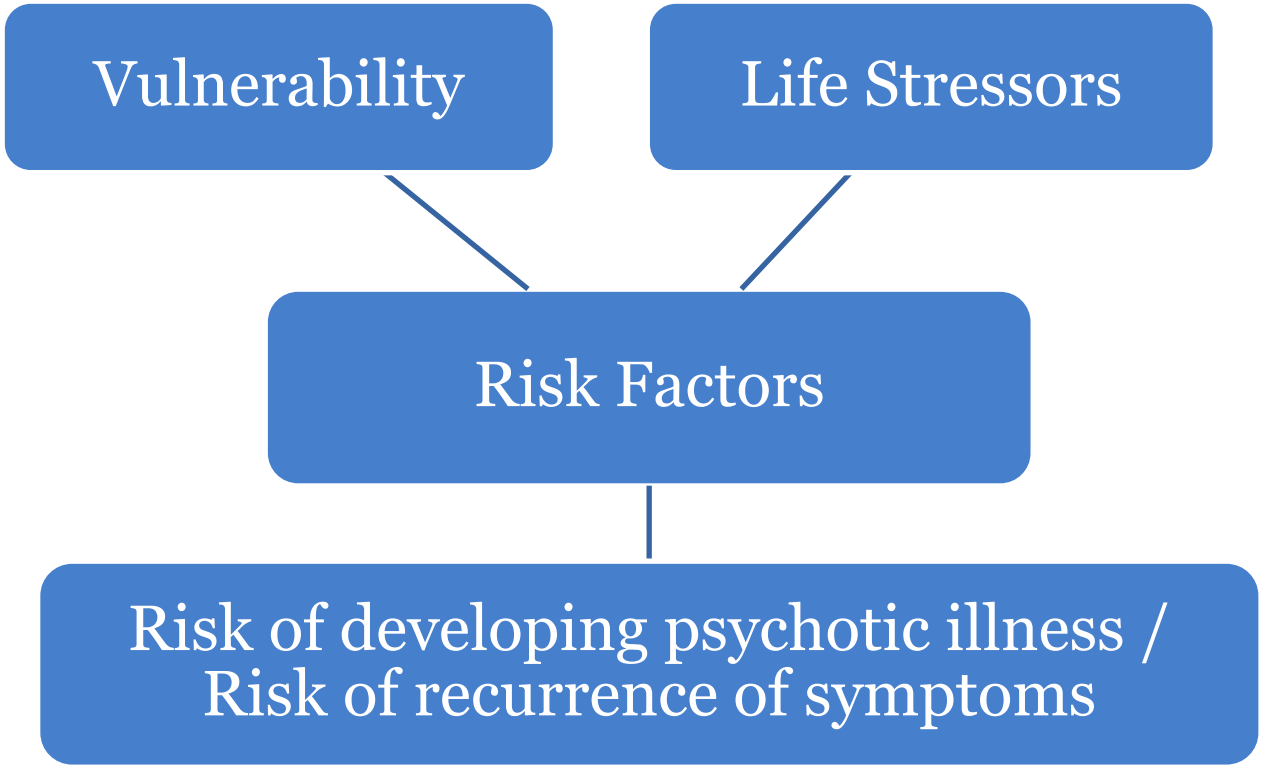
RELATIVE CHANGES FOR THAT INDIVIDUAL!

"late onset" ADHD = red flag

Adapted from Yung, Phillips and McGorry, 2004 [95].

(Orygen: Australian Clinical Guidelines for Early Psychosis, 2016)

What contributes to the development of psychosis?



What are the risk factors for psychosis onset?

1st degree relative = **6-13x** more likely

Adolescent cannabis exposure = **2-4x more likely** to develop schizophrenia spectrum disorder

Greater freq, duration, earlier first use, and higher potency THC = greater risk

Distal (premorbid) risk factors	Proximal risk factors
Foetal life: • Maternal pregnancy complications/perinatal trauma, (especially foetal hypoxia)[51] • Family history of psychotic disorder (for a review, see Olin & Mednick, 1996 [52]) • Candidate genes (DTNBP1, NRG1, DAOA, RGS4, COMT, DISC1, DISC2, BDNF; for a review, see Weinberger & Berger, 2009 [53]) • Developmental delay (for a review, see Rustin et al., 1997 [54]) • Season of birth (late winter/early spring[55, 56]) • Ethnic minority group membership [57] **Early life:** • Quality of early rearing environment use or neglect) [58] personality (e.g., schizoid personality	**Late childhood/adolescence:** • Age [61] • Urbanicity [62] • Substance (especially cannabis) u • Traumatic head injury (for a review, see Kim et al., 2007 [64]) • Stressful life events (for a review, see Phillips et al., 2007 [65]) • Subtle impairments in cognition (for a review, see Pantelis et al., 2009 [66]) • Poor functioning [67, 68] • Cognitive, affective, and social disturbances subjectively experienced by the individual ('basic symptoms')[69] • Migration [70]

34% of people with FEP experienced childhood sexual / physical abuse

PTSD 10x higher than general population

Hormonal changes

2-4x risk with childhood migration in minority folks

(Orygen: Australian Clinical Guidelines for Early Psychosis, 2016)

"I can actually control other people's emotions with my thoughts, it's a special gift"

"Lately, I've been having a hard time telling what was in my dream and what was real"

"Every time I hear my classmates laughing in the hall, I'm pretty certain it's about me… "

Grandiosity

Confusion about what is real

Mind Reading

"I keep seeing blue cars, I wonder if that's a sign I should pay attention to, I think about it a lot"

"I feel like my family is tracking my every move and thought… they must've put a chip in my head while I was sleeping"

Suspiciousness

Positive Symptoms

Ideas of Reference

"Eminem is sending me coded messages through his songs, it's because I'm famous, too"

Disorganized Communication

"Everything has started to sound too loud and too close– I can hear everything at once"

Perceptual Disturbances

Odd Beliefs

"Sometimes I feel like my thoughts are being broadcast out loud for everyone to hear… so that's why I don't leave my house"

"They tell me I'm no good and that I should hurt myself"

(Images from FFT-CHR Manual; Miklowitz, O'Brien, et al., 2010)

Differential Psychiatric Diagnoses in Early Psychosis

- **(Non-Affective) Primary Psychotic Disorders**:
  - Brief Psychotic Disorder/Schizophreniform
  - Schizophrenia
  - Delusional Disorder
  - Schizoaffective Disorder
- **Affective/Mood Psychosis**:
  - Bipolar DO w/psychotic features
  - MDD w/psychotic features
- **Personality Disorders:**
  - Schizoid/Schizotypal
  - Borderline PD* ('micro-psychoses')
- **Other**:
  - Attenuated Psychotic Symptom Syndrome
  - Substance-Induced psychosis
  - Psychosis secondary to a medical condition
  - Psychosis related to complex trauma/PTSD

Questions to Guide Dx:

- Explained by medical illness or substance use?
- Prominent mood sx? (Schizoaffective, MDD, Bipolar DO)
- Mainly non-bizarre delusions? (Delusional disorder)
- Illness duration:
  <1 mo = Brief psychotic d/o
  1-6 mo schizophreniform
  > 6 mo schizophrenia
- Can't decide? (prodrome, unspecified, alternative)
- May need to "rule out" alternative diagnoses
- Consider timing of sx

Differential Psychiatric Diagnoses in Early Psychosis

Diagnosis/Condition	Main Features
Schizophrenia	2 of Delusions, hallucinations, disorganization (speech/behavior), negative sx + fx decline; > 6 months
Schizophreniform	Same as above but no decline required 1-6 months (includes prodrome)
Brief Psychotic Disorder	1 day to 1 month (then return to BSL)
Substance-induced	Acute intoxication; psychosis remits in absence of substance
Schizoaffective DO	At least 2 weeks of non-affective psychosis + mood episodes w/psychotic features
Bipolar Disorder or MDD w/psychotic features	Psychosis only within context of mood episode
Attenuated Psychotic Symptom Syndrome (CHR)	Sub-threshold positive psychotic sx, able to evoke insight, symptoms are not dangerous and disorganizing
Delusional Disorder	Only delusions, no other psychotic sx (can have low-level AH related to delusional theme)
Other Diagnoses to consider	Psychoses secondary to medical condition Obsessive compulsive disorder “micro psychoses” of borderline personality disorder Psychosis related to complex trauma/PTSD Autism Spectrum Disorder Schizotypal Personality Disorder

Assessment tools and strategies

Assessments:

- Structured Interview for Psychosis Risk Syndromes (SIPS)
  - Presence of psychotic syndrome (POPS), CHR risk syndromes
  - Can request trainings from Barbara Walsh, PhD of PRIME clinic
- Mini SIPS (+Online Training Program)
- SCID – especially for differential
- PANSS – tracking severity of psychotic symptoms

Strategies:

- Ask soft questions, consider cultural explanation, be patient, normalize, be curious… try not to overreact
- Thorough review of medical records
- Use collateral supports for info (if available!)
- Consult (your team, PRIME, Early Psychosis ECHO, etc.)

Symptoms on a Continuum

Ex.) Have you ever found yourself feeling suspicious or mistrustful of other people?

Positive Symptom SOPS

0	1	2	3	4	5	6
Absent	Questionably Present	Mild	Moderate	Moderately Severe	Severe but Not Psychotic	Severe and Psychotic

"NORMAL" LIMITS

" I don't completely trust my new roommate, my mom told me not to trust people right away"

CLINICAL HIGH RISK

" I think my roommate might be poisoning my food in the fridge; sometimes I throw it out just in case… but I'm probably just being paranoid"

CONVERSION

" I'm certain that my roommate is out to get me and is poisoning my food. Sometimes, I don't eat for days."

QUALIFIERS
-Description, onset, freq., duration
-Distress & interference
-Conviction/"insight"

Interviewer "throws a rope"

How to ask about symptoms of psychosis

- Do you ever feel that your mind is playing tricks on you? (Déjà vu, minding reading)
- Have you ever felt that you are not in control of your own ideas or thoughts?
- Do you find that you're more sensitive to sounds? Or hear things other people don't hear? Name being called?
- Are you more sensitive to light? Do you ever see flashes, flames, vague figures or shadows out of the corner of your eyes?
- Are you having more trouble understanding what people are saying? getting your point across? Following multi-step directions?

Why intervening *EARLY* is important?

Reducing the delay to treatment is associated with better outcomes

- Clinical, functional, and cognitive benefits
- Reducing the social consequences of psychosis onset
  - social isolation
  - unemployment
  - homelessness
  - deliberate self harm
  - violence toward others

Early identification and intervention can greatly minimize the disability and improve lives!

But we need to reach more people…

(Birchwood, Todd, & Jackson, 1998)

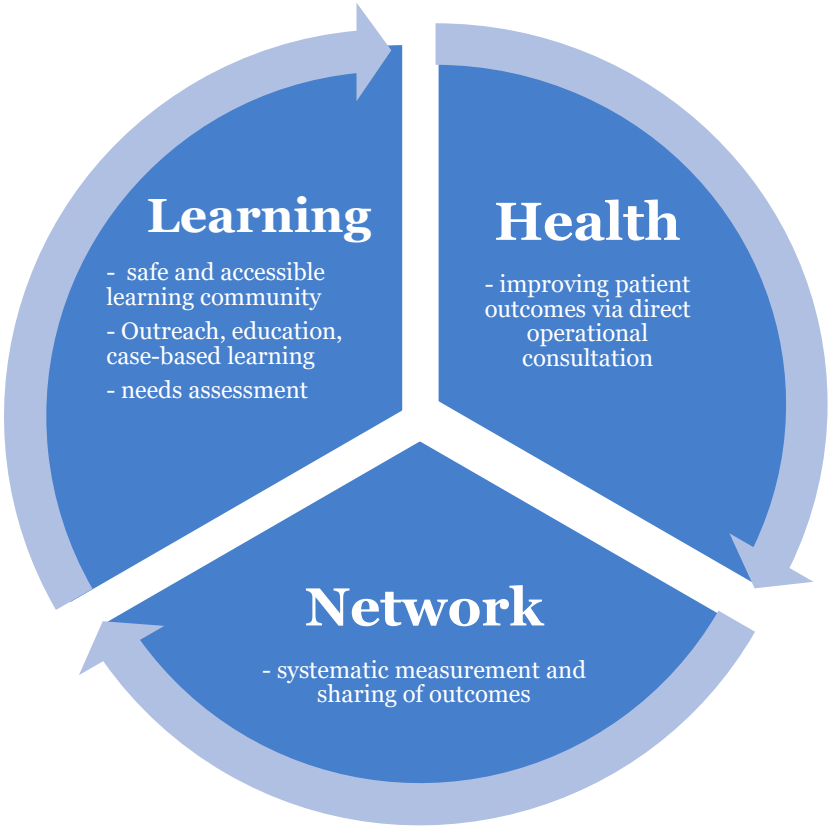
CONNECTICUT EARLY PSYCHOSIS LEARNING HEALTH NETWORK

Transforming Access, Care Quality, and Outcomes

STEP

- **About**:
  - a state-wide initiative dedicated to improving outcomes for individuals and families impacted by recent onset psychosis.

- **Our Mission**:
  - to support **workforce development** and **community education** throughout the state of Connecticut
  - to transform access, care quality, and outcomes for individuals and families impacted by recent onset psychosis.



[CT Early Psychosis LHN Website]

[Register for CT Early Psychosis LHN]

Current Offerings

- **Behavioral Health Providers:**
  - Early Psychosis ECHO - Case Discussions and brief didactics (2nd & 4th Thursdays at 12pm)
  - Webinars: e.g.) FEP Basics, FEP Treatment Approaches
  - Early Psychosis Course (for DMHAS affiliated clinicians)
    - 6 month learning experience

- **Community Education:**
  - Family and community workshops
    - Regional outreach talks
    - Workshops on topics of interest (cannabis, warning signs, estate, + skills)
  - Virtual resources– http://www.ctearlypsychosisnetwork.org

2021 Early Psychosis ECHO Schedule

Date	Brief Didactic Topic
Feb 25th	**Early Psychosis Overview**
March 11th	*Open Case Discussion*
March 25th	**Early Detection: Screening, assessment, and engagement**
April 12th	*Open Case Discussion*
April 22nd	**Therapeutic approaches to positive symptoms**
May 13th	*Open Case Discussion*
May 27th	**Psychopharm Basics for Clinicians**
June 10th	*Open Case Discussion*
June 24th	**Understanding and approaching negative symptoms**
July 8th	*Open Case Discussion*
July 22nd	**The Role of Coordination**
Aug 12th	*Open Case Discussion*
Aug 26th	**Working with risky clients and crisis intervention**
Sept 9th	*Open Case Discussion*
Sept 23rd	**Trauma and Psychosis**

Website: www.CTearlypsychosisNetwork.org

Discussion/Questions

Laura.Yoviene@yale.edu

www.CTearlypsychosisnetwork.org

What is your biggest need in supporting young people and families impacted by psychosis in your region?