EARLY PSYCHOSIS TRAINING SERIES

Early Psychosis Basics: Early Identification in Psychosis

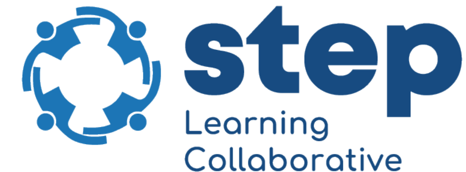
Laura Yoviene Sykes, PhD

Yale SCHOOL OF MEDICINE
dmhas
step Clinic
DCF CONNECTICUT

Outline

- **Early Identification**
  - What is psychosis
  - Common causes, differential diagnoses
  - Signs and symptoms
  - Risk factors
  - Assessment tools and strategies

- **STEP Learning Collaborative**
  - Mission
  - Offerings



What is psychosis?

- Difficulty with perceiving reality accurately and with coherent thinking *"What's real? What's not real?"*

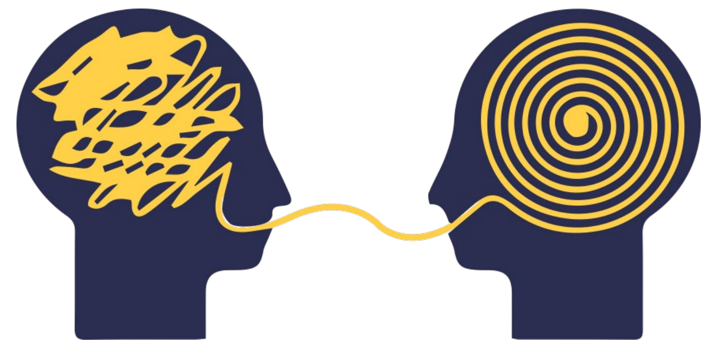
DREAM
REALITY

- More common than you think
  - ~ 3 in 100 people will experience psychosis
- Usually develops ages 16-35 (earlier in men than women)
  - Peak at **21 yrs** old (M:F, 3:1)
  - "Chronic diseases of the young" *(Insel, 2005)*

Common causes of psychosis

step Learning Collaborative

- Mental Illnesses (more common)
  - Schizophrenia spectrum
  - Affective psychosis
  - Others
- Secondary Causes (rare)
  - Parkinson’s, epilepsy
- Substances (such as alcohol or drugs)



Differential Psychiatric Diagnoses in Early Psychosis

step Learning Collaborative

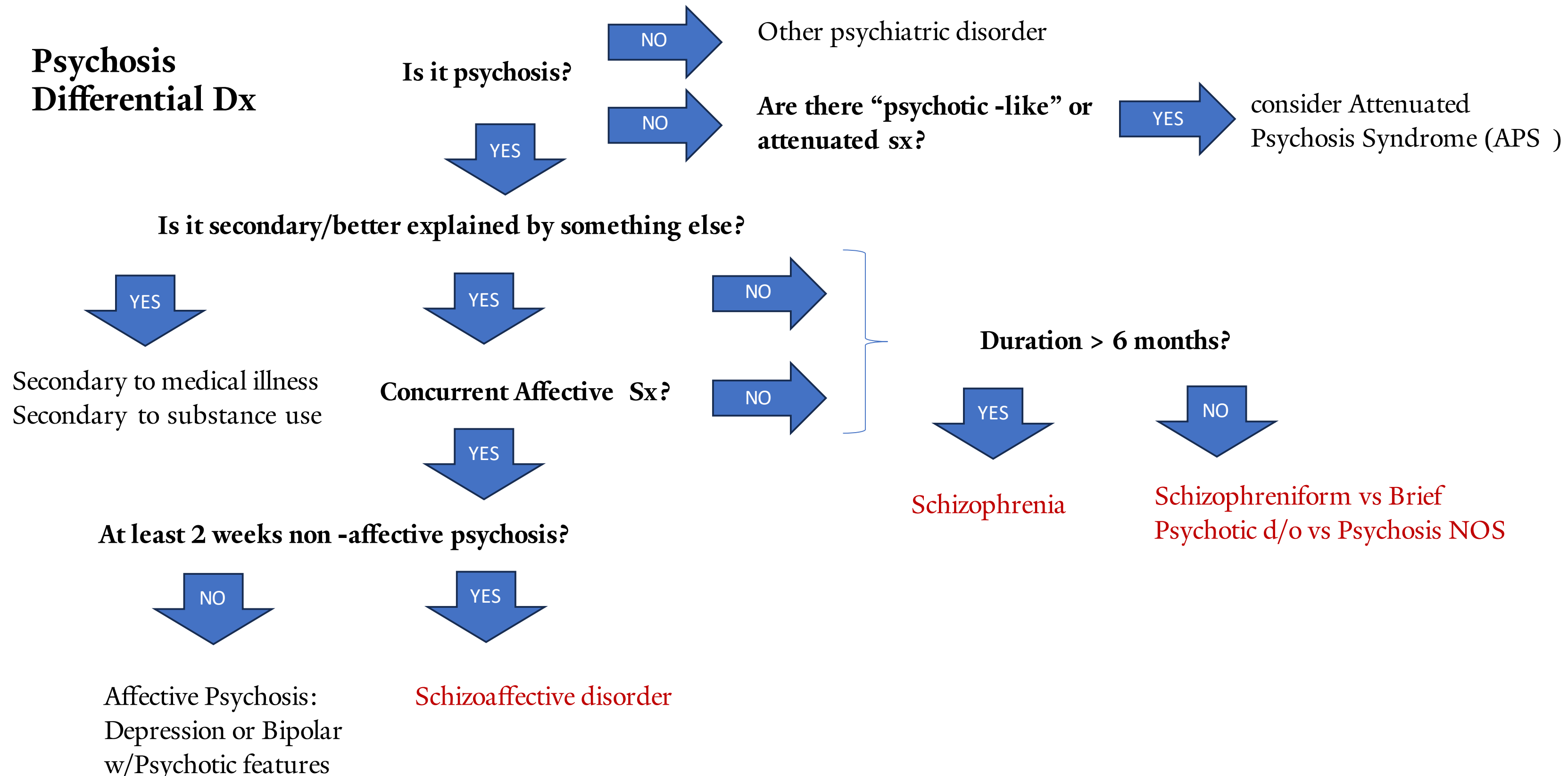
- **(Non-Affective) Primary Psychotic Disorders**:
  - Brief Psychotic Disorder/Schizophreniform
  - Schizophrenia
  - Delusional Disorder
  - Schizoaffective Disorder
- **Affective/Mood Psychosis**:
  - Bipolar DO w/psychotic features
  - MDD w/psychotic features
- **Personality Disorders:**
  - Schizoid/Schizotypal
  - 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

step Learning Collaborative



Common Signs and Symptoms

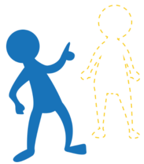
step Learning Collaborative

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

Withdrawal

Distancing oneself from people or previously enjoyable activities

Cognitive

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

Increased Distractibility

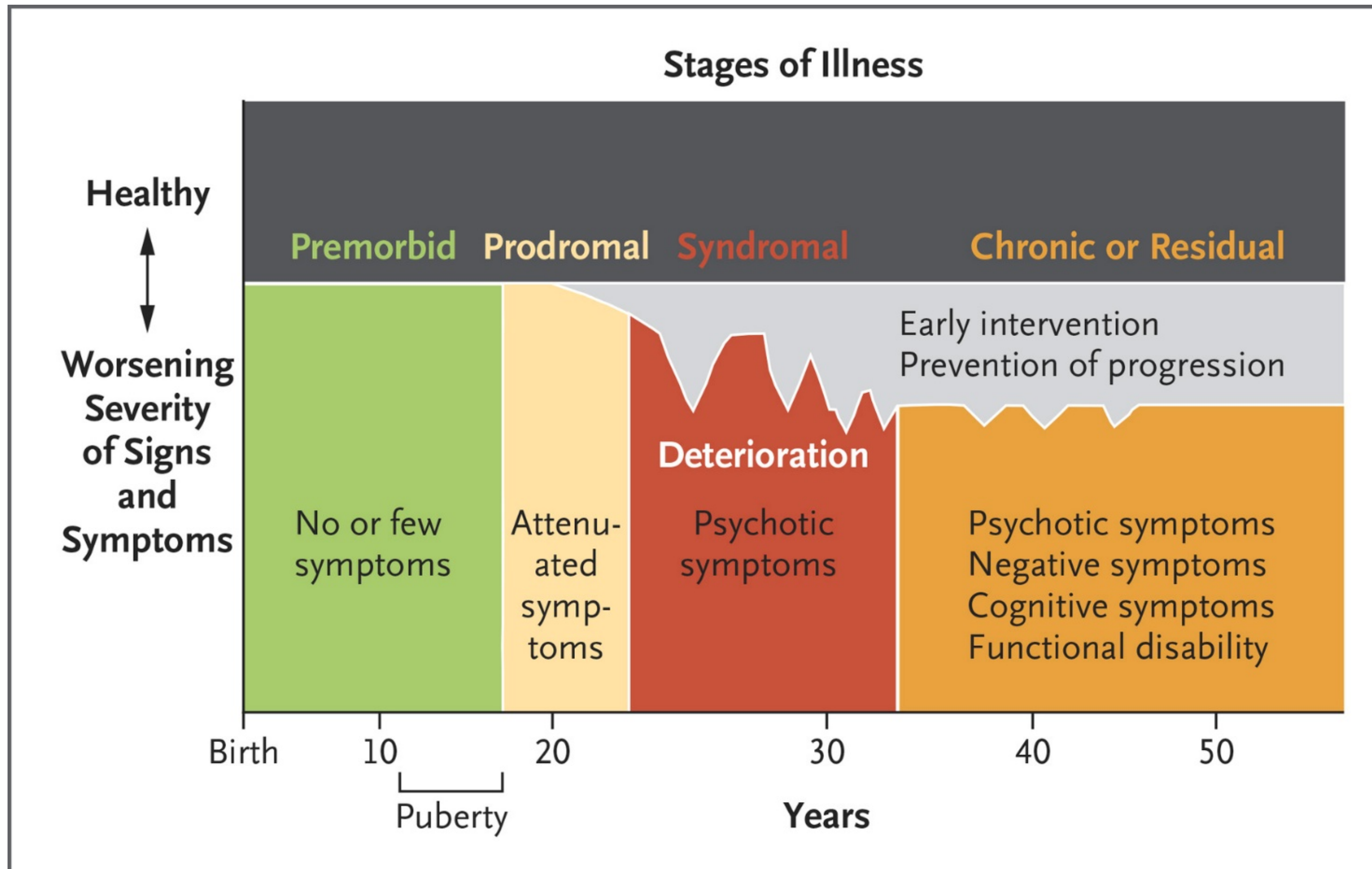
Decline in cognitive abilities including memory and attention

Mood

– Fluctuations, anxiety, depression, suicidal ideation

Course of Schizophrenia

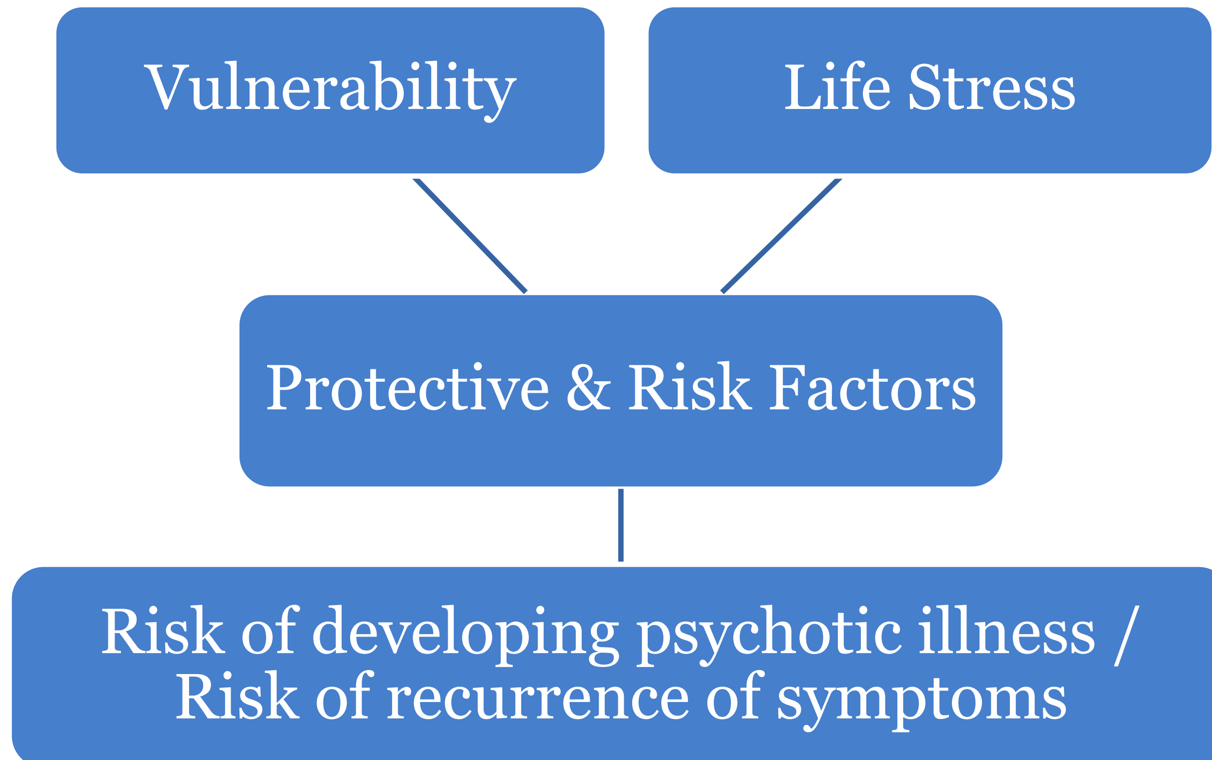
step Learning Collaborative



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

What contributes to the development of psychosis?

step Learning Collaborative



What are the risk factors for psychosis onset?

step Learning Collaborative

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

factors for psychosis onset

Distal (premorbid) 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
- buse or neglect) [58]
- e personality (e.g., schizoid personality

Proximal risk factors

Late childhood/adolescence:

- Age [61]
- Urbanicity [62]
- Substance (especially cannabis) use
- 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

2-4x risk with childhood migration in minority folks

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

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)*

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

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

Sensationalist news media **exaggerate** links between mental illness and criminal violence.

People with schizophrenia in the community are **14 times** more likely to be victims of a violent crime than arrested for one.

14x

The reality is, violence is more closely linked to **alcohol and drug** misuse in those with and without mental illness.

"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"

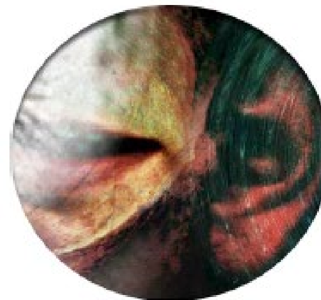
Suspiciousness

Positive Symptoms

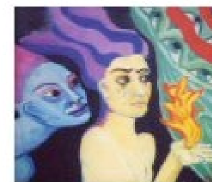
Ideas of Reference

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

Disorganized Communication



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"

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

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

Assessment tools and strategies

Learning Collaborative

Assessments:

- Structured Interview for Psychosis Risk Syndromes (SIPS)
- Mini SIPS (+Online Training Program)
- We don't have a perfect screening tool…
  - PRIME Screen
  - Prodromal Questionnaire – Brief (PQ-B)
  - PQ-16
  - Prodrome Questionnaire - Brief Child Version (PQ-BC) (ages <10)

Strategies:

- Ask soft questions, consider cultural explanation, be patient, normalize, be curious… try not to overreact
  - What's it like? How is it impacting them? Is it recurring/progressing?
- Thorough review of medical records
- Use collateral supports for info (if available!)

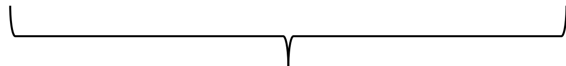
Symptoms on a Continuum

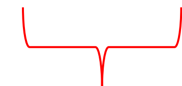
step Learning Collaborative

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

Positive Symptom SOPS

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

step Learning Collaborative

- Do you ever feel that your mind is playing tricks on you? Or not working right?
- Have you felt confused whether an experience was real or imaginary? Have you thought that the world may not be real or that you may not be real?
- Have you felt that some person, force, or creature was around you, even though you couldn't see anyone?
- Have your thoughts been so strong that you felt you heard them or worried other people could hear them?
- Are you more sensitive to light? Have you seen objects, people, or animals that no one else could see?
- Do you find that you're more sensitive to sounds? Have you heard voices or sounds that no one else could hear?
- Have you thought that people were following or spying on you?
- Are you having more trouble understanding what people are saying? Getting your point across? Following multi-step directions?
- Have you ever felt that you are not in control of your own ideas or thoughts?

(SIPS; PsychosisScreening.org)

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)

step Learning Collaborative

mindmap a clear path to mental health

Developing a Network of Care for CT

4

5

3

2

1

Offerings

step Learning Collaborative

- STEP Learning Collaborative Connecticut's statewide learning healthcare system (LHS) for individuals ages 16-35 experiencing recent-onset schizophrenia spectrum disorders

- **Behavioral Health Providers:**
  - STEP LC Training Schedule – 1st Thursday of the month 12-1pm
  - STEP Consultation Line – free provider-to-provider consultation
  - Virtual course – Overview of EIS for Schizophrenia – 6 sessions
  - Resource Library

- **Community Education:**
  - Family and community workshops
  - Virtual resources– http://www.ctearlypsychosisnetwork.org

Provider-focused trainings will be the first Thursday of the month from 12-1pm EST on Zoom

- February 1st - ***Mindmap 2.0: Launching an Early Detection Campaign Across CT***
- March 7th - ***Early Psychosis Basics***
- April 4th - ***Early Psychosis Treatment Approaches***
- May 2nd – ***Fostering Health and Wellness in FEP***
- June 6th - ***"Gone to Pot" the Relationships between Cannabis and Psychosis***
- July 11th** - ***Pharmacotherapy for Recent-Onset Schizophrenia***
- August 1st - ***Therapeutic Approaches for Addressing Psychosis***
- September 5th - ***Insight***
- October 3rd –***The Role of Coordination***
- November 7th – ***Engagement Strategies for Young Adults & Families***
- December 5th - ***Managing Risk/Depression in FEP***

Registration Link for entire series: http://bit.ly/STEPLCTrainingSeries1

Schedule subject to change

Thank you

Search MindMap CT

STEPLC@yale.edu

www.CTEarlypsychosisnetwork.org

www.mindmapct.org