

# EARLY PSYCHOSIS TRAINING SERIES

---



## Early Psychosis Basics: Early Identification in Psychosis

Laura Yoviene Sykes, PhD

## – **Early Identification**

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



## – **STEP Learning Collaborative**

- Mission
- Offerings



## – **Q&A / Discussion**

# What is psychosis?

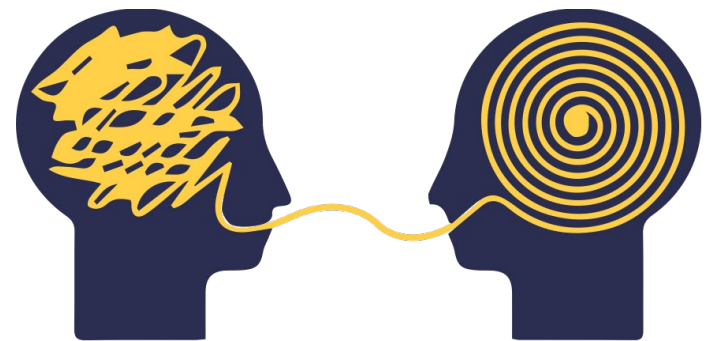
- Difficulty with perceiving reality accurately and with coherent thinking “*What’s real? What’s not real?*”
  - Disturbances in perception (hallucinations)
  - Belief and interpretation of the environment (delusions)
  - Disorganized speech patterns (thought disorder)
- ~ 3 in 100 people will experience psychosis  
(*>2.2 million people*)
- Usually develops ages 16-35 (earlier in men than women)
  - Peak at **21 yrs** old (M:F, 3:1)
  - “Chronic diseases of the young” (*Insel, 2005*)

DREAM  
REALITY



# Common causes of psychosis

- 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

- **(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

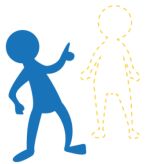
## Questions to Guide Dx:

- 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

# 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**



Hallucinations

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



Delusions

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

**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



Increased Distractibility

Decline in cognitive abilities including memory and attention



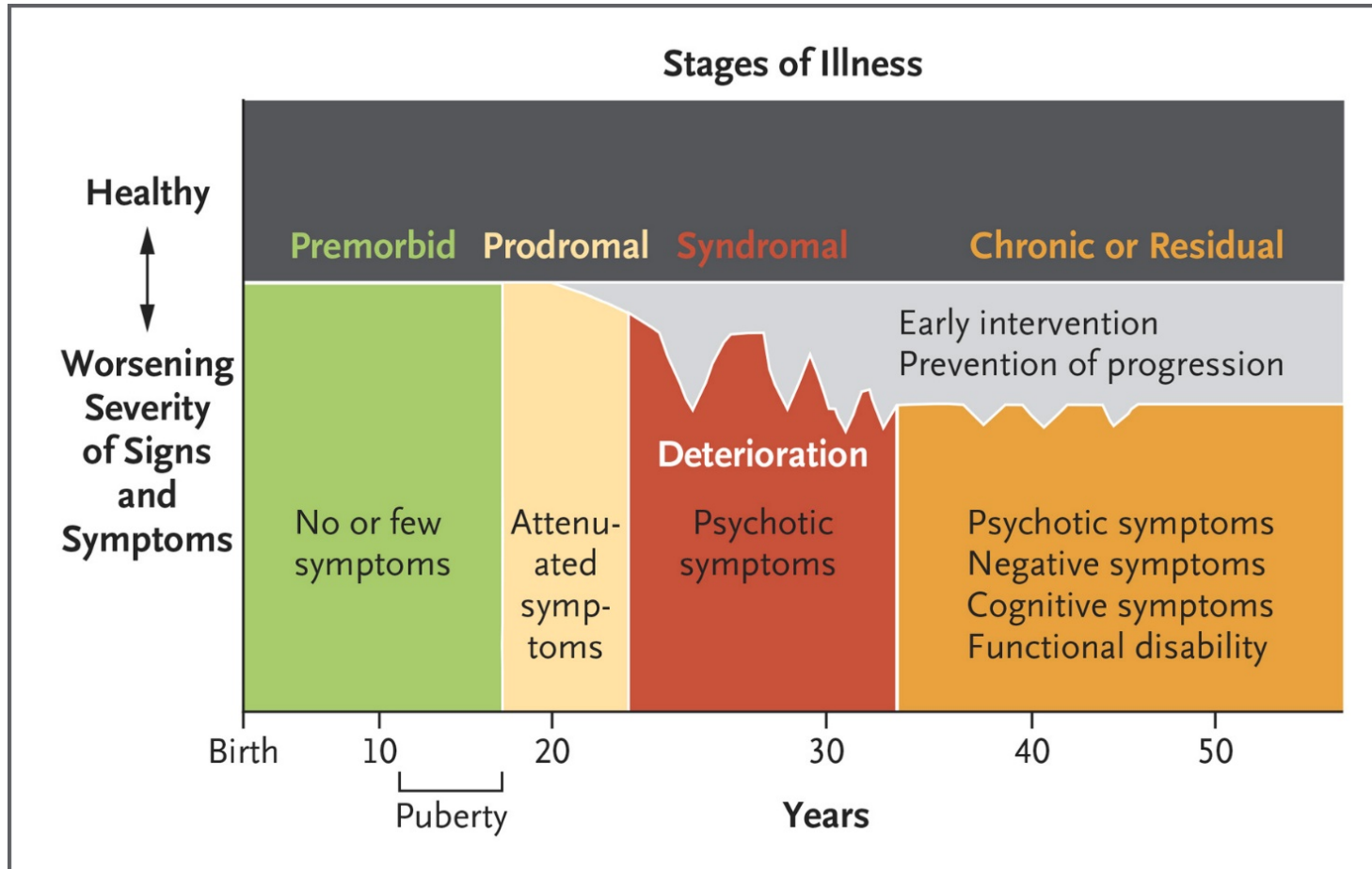
Withdrawal

Distancing oneself from people or previously enjoyable activities

## Mood

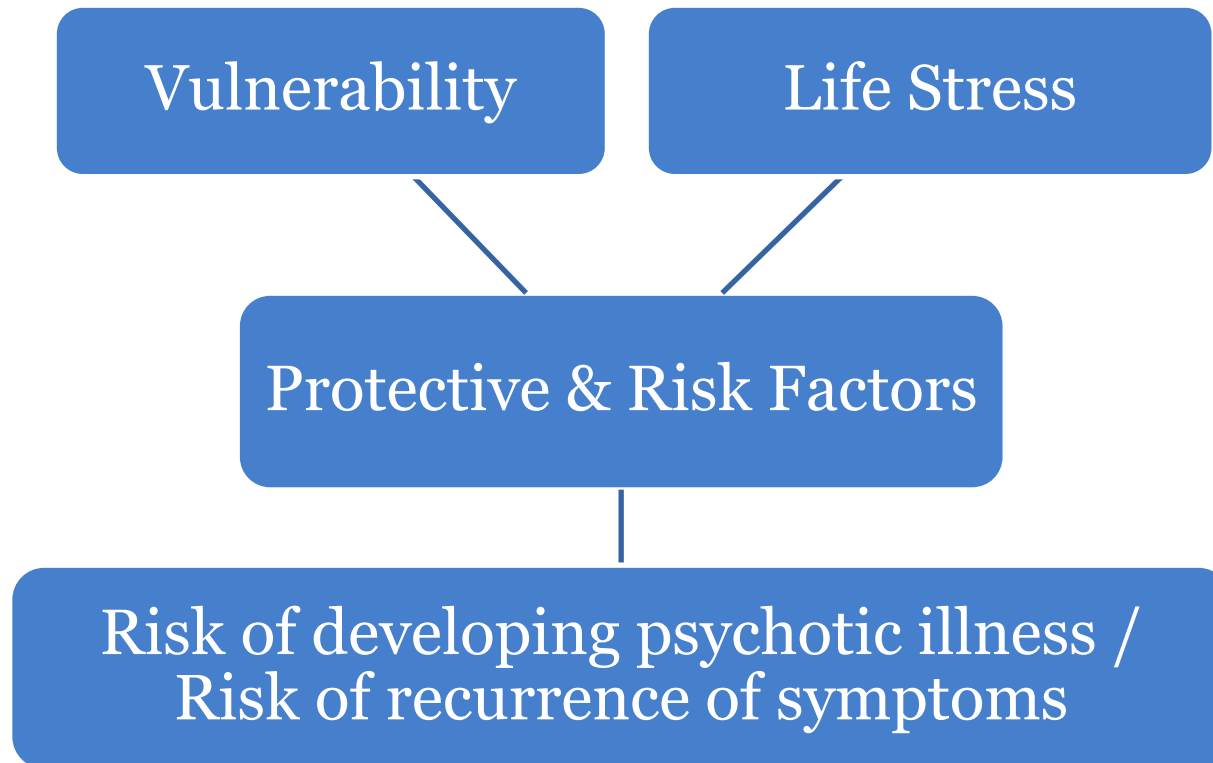
- Fluctuations, anxiety, depression, suicidal ideation

# Course of Schizophrenia



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

# What contributes to the development of psychosis?





# What are the risk factors for psychosis onset?

1<sup>st</sup> degree relative = 6-13x more likely

## factors for psychosis onset

Distal (premorbid) risk factors	Proximal risk factors
<p><b>Foetal life:</b></p> <ul style="list-style-type: none"> <li>Maternal pregnancy complications/perinatal trauma, (especially foetal hypoxia)[51]</li> <li>Family history of psychotic disorder (for a review, see Olin &amp; Mednick, 1996 [52])</li> <li>Candidate genes (DTNBP1, NRG1, DAOA, RGS4, COMT, DISC1, DISC2, BDNF; for a review, see Weinberger &amp; Berger, 2009 [53])</li> <li>Developmental delay (for a review, see Rustin et al., 1997 [54])</li> <li>Season of birth (late winter/early spring[55, 56])</li> <li>Ethnic minority group membership [57]</li> </ul> <p><b>Early life:</b></p> <ul style="list-style-type: none"> <li>Quality of early rearing environment</li> <li>Childhood sexual or physical abuse or neglect) [58]</li> <li>Personality (e.g., schizoid personality</li> </ul>	<p><b>Late childhood/adolescence:</b></p> <ul style="list-style-type: none"> <li>Age [61]</li> <li>Urbanicity [62]</li> <li>Substance (especially cannabis) use</li> <li>Traumatic head injury (for a review, see Kim et al., 2007 [64])</li> <li>Stressful life events (for a review, see Phillips et al., 2007 [65])</li> <li>Subtle impairments in cognition (for a review, see Pantelis et al., 2009 [66])</li> <li>Poor functioning [67, 68]</li> <li>Cognitive, affective, and social disturbances subjectively experienced by the individual ('basic symptoms')[69]</li> <li>Migration [70]</li> </ul>

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

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

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

# 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”

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



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”

“They tell me I’m no good and that I should hurt myself”

## Assessments:

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

## Strategies:

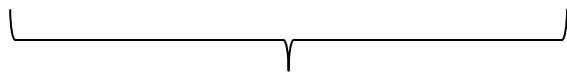
- Ask soft questions, consider cultural explanation, be patient, normalize, be curious... try not to overreact
  - What's it like? How is it impacting them? Is it recurring/progressing?
- Thorough review of medical records
- Use collateral supports for info (if available!)

# Symptoms on a Continuum

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
-------------	------------------------------	-----------	---------------	------------------------	----------------------------------	------------------------------



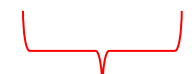
## “NORMAL” LIMITS

“ 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.”



Interviewer “throws a rope”

**QUALIFIERS**

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

# How to ask about symptoms of psychosis

- 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?

# 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)



# Current Offerings

- [STEP Learning Collaborative](#) – workforce development and community education initiative to bolster provider capacity to serve folks with early psychosis across Connecticut
- **Behavioral Health Providers:**
  - [Early Psychosis ECHO](#) - Case Discussions and brief didactics
  - [Webinars:](#) e.g.) Early Psychosis Basics, Early Psychosis Treatment Approaches
  - Early Psychosis Course – upcoming!
- **Community Education:**
  - Family and community workshops
  - Virtual resources– <http://www.ctearlypsychosisnetwork.org>



# Questions?



[Laura.Yoviene@yale.edu](mailto:Laura.Yoviene@yale.edu)

[STEP Learning Collaborative](#)

Sign up for our mailing list [here](#)

[www.CTEarlypsychosisnetwork.org](http://www.CTEarlypsychosisnetwork.org)



Join us, Wed March 15<sup>th</sup> at 12pm for  
Early Psychosis Tx Approaches