EARLY PSYCHOSIS TRAINING SERIES

step Learning Collaborative

CTC Connecting to Care

Early Intervention in Psychosis

Laura Yoviene Sykes, PhD

Outline

- **Early Intervention Services (EIS)**
  - What is EIS, why it's important, does it work?
  - EIS Care Pathway
  - Elements of Care
- **STEP Learning Collaborative**
  - Mission
  - Offerings
- **Q&A / Discussion**

What is 'Early Intervention' for Psychosis?

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- Early Detection
  - Shortening the Duration of Untreated Psychosis (DUP)
  - Community outreach, detailing of referral sources, rapid access to care

mindmap

- Intensive Treatment in the first 2-5 years ('EIS' or 'CSC')
  - Focus on reducing relapse and maximizing functioning
  - Interventions adapted from chronic SMI to younger patients
  - Goal of 'phase-specific" interventions
    - Acute
    - Stabilization
    - Recovery

step Clinic

Why is EI important?

- 'Critical Period'
  - Most of the clinical and psychosocial deterioration occurs **in first 5 years** (Liberman et al., 2001)
  - Symptom duration in **first 2 years** is strongest predictor of outcome (Harrison et al., 2001)
  - Insight becomes impaired during FEP and continues to get worse (Lappin et al., 2007)
  - Risk of suicide (~1/100 w/FEP complete suicide, as many as 10% attempt suicide within the first 5 years)
  - Early intervention: disproportionate improvement in long term outcome (Birchwood, 1998)

- **Delay** to receive effective treatment /DUP is **associated with poorer outcomes** (Marshall et al., 2005)
  - Average DUP = ranges…1.6 years; 3-6 years (Marshall et al., 2005)
  - Reducing DUP results in less symptomatic clinical presentations with improved clinical outcomes, including suicidality (Melle et al., 2004, 2006)
  - halving the DUP produced benefits evident ten years later
  - only a minority of individuals with FEP seek treatment in CHR / prodromal clinics

Does 'Early Intervention' for psychosis work?

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- Yes, psychosis is TREATABLE, treatment works!

- Multiple *observational* studies
  - Higher rates of Sx remission & social/voc recovery

- Large *randomized controlled trials* with favorable outcomes
  - Relapse, re-admission, medication adherence, and suicidal ideation
  - Social and vocational functioning, treatment satisfaction, quality of life
  - Shortened DUP

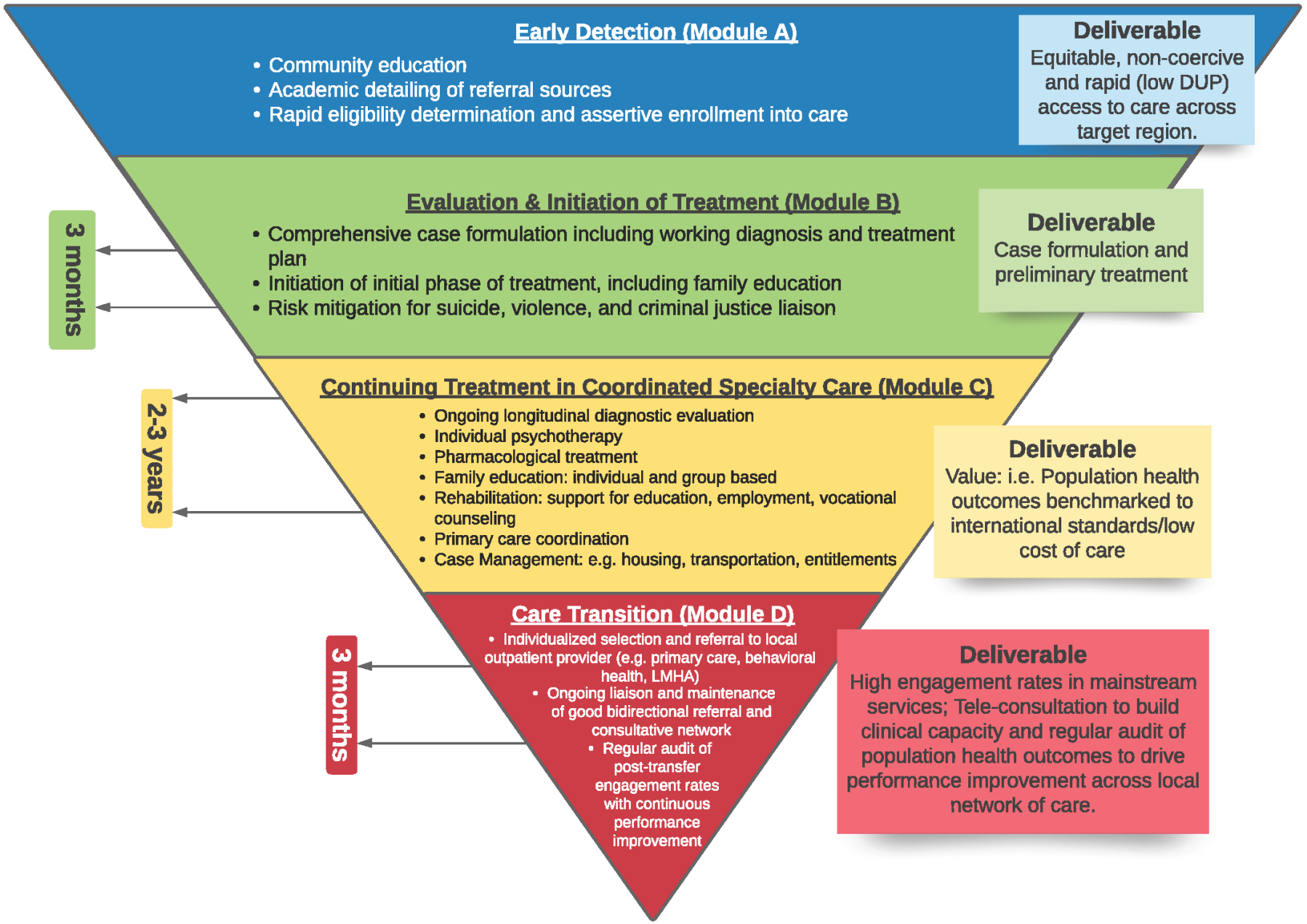
STEP
Specialized Treatment Early in Psychosis

RAISE
Recovery After an Initial Schizophrenia Episode

(Henry et al., 2010; Petersen et al., 2005; Garety et al, 2006; Srihari et al.,)

Early Intervention Service Care Pathway

www.step.yale.edu



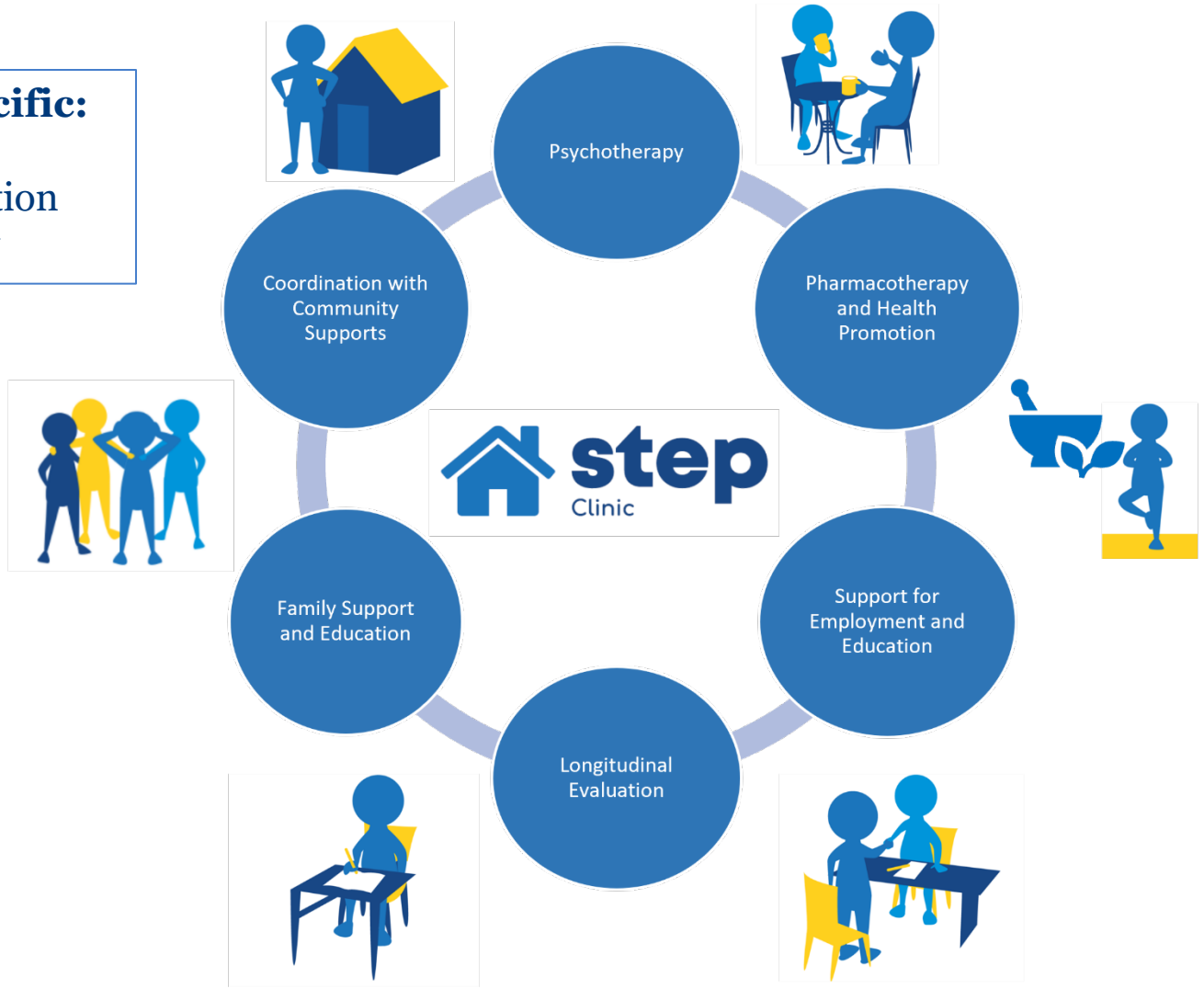
Principles of STEP Care

1) **Safe:**
   - Focus on suicide prevention, medications side effects (short-term acute EPS; Long-term: CV morbidity/mortality)
2) **Effective:**
   - empirically supported
3) **Patient-centered:**
   - Menu of psychosocial services
   - Anticipate variable insight, flexibly (re-) engage, work on alliance
   - Anticipate stigma; active inclusion/coordination of family, supports, other community resources (providers, educators, law enforcement)
4) **Timely:**
   - quick, flexible, community-based access
5) **Equitable:**
   - blind to insurance, immigration status
6) **Optimistic/Hopeful:**
   - recovery oriented, foster independence, return to premorbid goals

(Adapted from IOM Quality Chasm reports)

STEP Elements of Care

Phase Specific:
- Acute
- Stabilization
- Recovery



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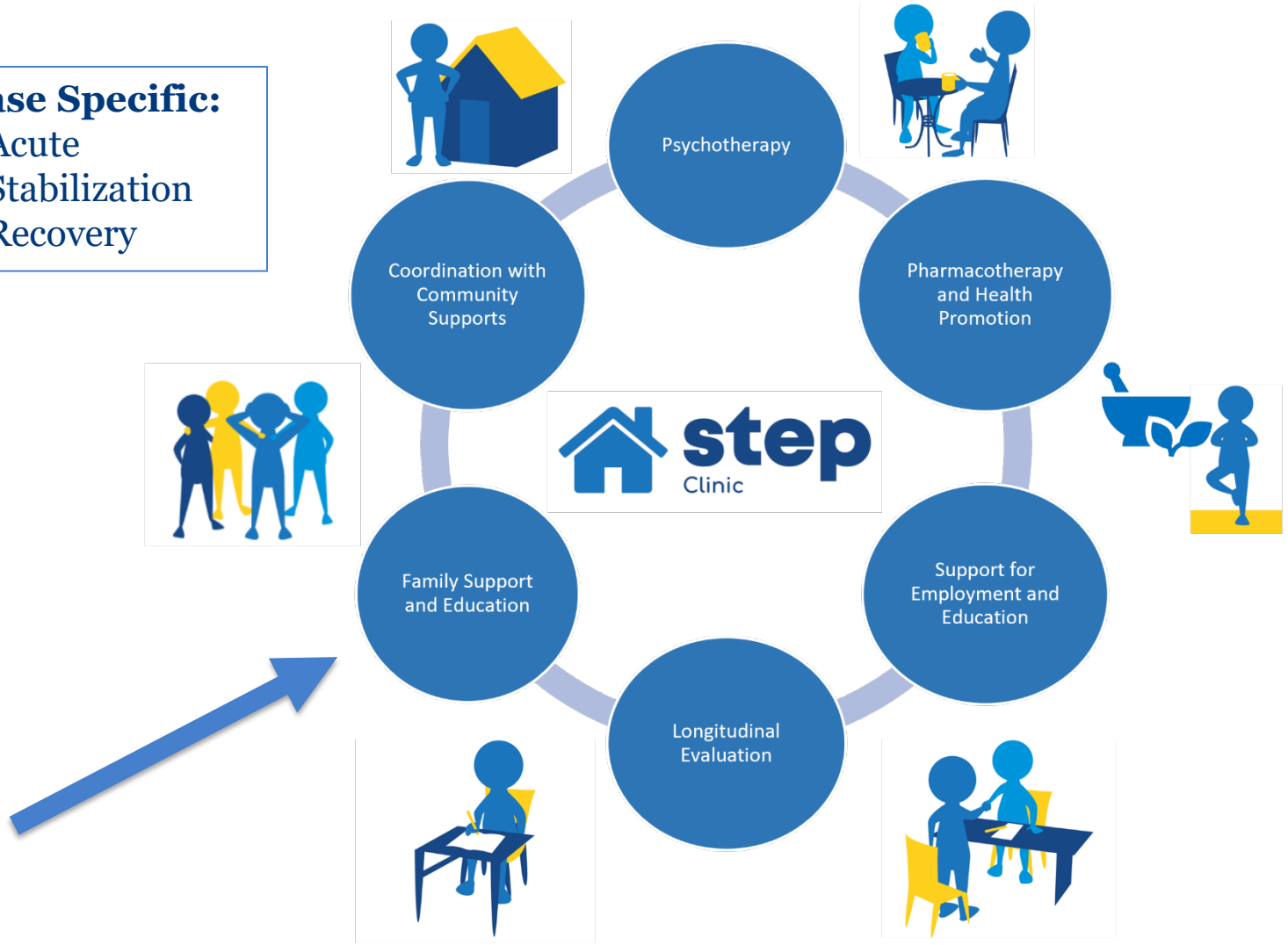


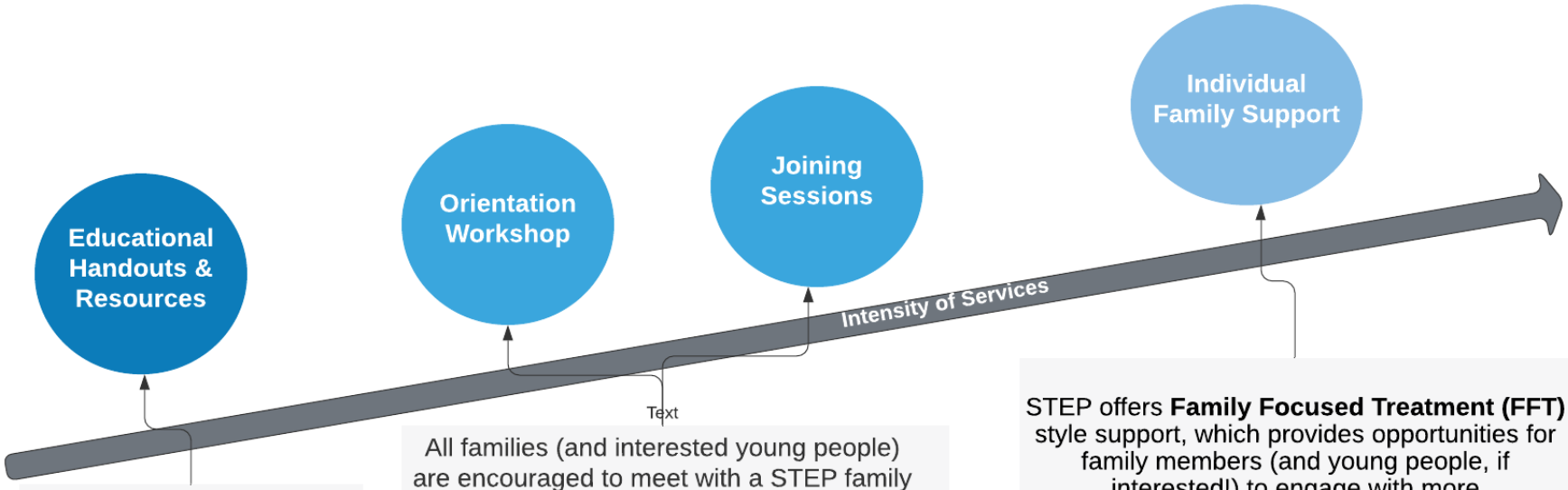
How can we empower families?

- Engage right away… *don't "waste" a crisis*
- Be responsive and offer practical help

- Strategies to reduce stress and manage difficult situations at home
  - *orient to crisis services, teach skills: problem-solving, communication*
- Provide education about psychosis, orient to treatment
- Teach them to monitor symptoms and communicate with the team

- Encourage them to support young person's goals
- Reduce stigma and blame…normalize, connect to others
- Help reduce stress in the home
- Instill hope …recovery is an expectation

STEP Family Services Offerings



All families will have access to our **"Family Information Packet"** and other helpful resources

Look for an email upon intake into the clinic!

All families (and interested young people) are encouraged to meet with a STEP family clinician for 1-3 **joining sessions** and/or attend a **group Orientation Workshop** with other families to learn how to take advantage of STEP services and understand the basics on first episode psychosis

*Look out for a call from our team in the **first month** of treatment!*

STEP offers **Family Focused Treatment (FFT)** style support, which provides opportunities for family members (and young people, if interested!) to engage with more psychoeducation and to practice important skills such as communication and problem-solving to help families best support their young person's recovery. Individualized support is also available to help you navigate your family's unique needs.

*Individual family support is available, **as needed,** throughout treatment*

Educational Workshops

All families are welcome to attend our **periodic Educational Workshops** on topics of interest, such as: Cannabis and Psychosis, Navigating Community Crises, Estate Planning

Ask your clinician about upcoming offerings or visit: www.ctearlypsychosisnetwork.com

Family Information Packet

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TIPS FOR COMMUNICATING WITH SOMEONE WHO IS EXPERIENCING PSYCHOSIS

When a person experiences an acute psychotic episode, it can be frightening, confusing, and distressing to both the individual and his or her family and friends. Here are some things you can do to make their experience easier.

1. If they are having difficulty concentrating:
- Keep your statements short
- Give one message at a time
- Don't give too many choices at once

2. If they are expressing delusions and are 100% convinced:
- Don't argue, don't say "You're crazy," or " That's not happening"
- Accept this is their reality. Be true to yourself. You might say, "I can't see them but I know you can."

3. If they are expressing delusions AND have previously been open to discussing them:
- You might gently remind them, "These thoughts come up sometimes" or " You've learned not to give those thoughts too much attention."
- They might check out their interpretations with someone they trust. You can ask respectfully, "How might that be/happen?"

4. If the person's behavior is frightening you:
- Give the person space. Move gently to quieter, more open surroundings. Don't crowd or rush the person.
- Try to speak and act calmly. Ask what might help.
- Try to stay calm and communicate simply and clearly.
- If there are warning signs of a relapse, reassure them that you are seeking help for them.

If you feel you need support from first responders due to an acute safety issue, please make sure to do the following:
- When calling 911, it is helpful to say to the operator that your call is regarding a mental health crisis and you require assistance. If your family member/friend has a diagnosis, let the 911 operator know what it is. Advocating for your family member/friend's treatment and care can help ensure that their illness is taken into account by the police and other first responders during their interactions with them.
- If appropriate, **request a mobile crisis team** to come to your home instead of police. When speaking with the 911 operator and/or police, provide as much information about your family member/friend's mental illness, prior contact with the law, and any concerns you have about the situation.
- Be prepared to repeat this information once police or other first responders arrive.
- If you must vacate the premises to call the police, stay close enough so that you can identify yourself and speak with officers when they arrive.

FAMILY GUIDELINES FOR SUPPORTING A YOUNG PERSON WITH PSYCHOSIS

Families can play an important role in supporting recovery, reducing stress, and helping to prevent the onset or worsening of symptoms.

CONSIDER:
- Psychotic illness are influenced by **both biological and environmental factors**
- **Reducing stress** within family relationships, schedules, and daily interactions can make it easier for someone to manage day-to-day life
- Family support can also **buffer** against outside stressors.
- *People experiencing psychosis may be particularly sensitive to the following:*
  - **Warmth, structure, support, space:** help them recover at their own pace
  - **Criticism:** negative comments and interactions can lead to increased symptoms
  - **Over-involvement:** intrusiveness or doing too much can overwhelm people
  - **Complex, unclear communication:** is hard to process and can worsen symptoms

S:

e one step at a time. Go slow. Progress may be gradual. Recovery takes time.
er expectations for the short term. Compare this month to the last month rather than last
r. Increase expectations only after a period of improvement or stability.
symptoms as a guide. If they worsen, slow down, simplify, reach out, and ask for more
fessional help. If they improve, continue forward gradually.
w and watch for early warning signs. If you notice subtle changes in behavior or increases in
ıptoms, slow down or take a break. Ask for help early, when a little may go a long way.
p it cool. Enthusiasm is normal. Disagreement is normal. Just tone it down.
e each other space. It's okay to offer. It's okay to refuse.
erve your limits. It's okay to say "no." A few good rules keep things clear and safe.
ore what you can't change. Pick your battles. Let some things slide.
't tolerate violence or threatening. Contact your clinician or emergency services immediately
ou notice any behaviors suggesting risk for suicide or violence.
p it simple. Keep sentences short and to the point. Stay calm and positive
p or re-establish family routines. Stay connected to friends and family.
e problems step by step. Work on one thing at a time. Consider alternatives.
port the reduction of cannabis (and other drug use). They make symptoms worse, can cause
psе, and prevent recovery.
sider therapy for yourself. if you experience changes in mood, sleep, capacity to cope
y Hopeful. You are not alone. Recovery is possible. Treatment can help.

Educate *yourself and connect with family support networks, such as:*

MI Connecticut – offers virtual family support groups (namict.org)
FAVOR Connecticut – family and youth support and advocacy (www.favor-ct.org)

*Look for this guide in the Family Welcome Packet

STEP Elements of Care

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Phase Specific:
- Acute
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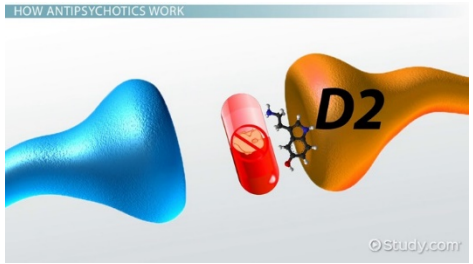
- Recovery

Pharmacotherapy

Anti-psychotic (AP) medication is a first-line treatment for psychotic disorders

- Continuing effective medication prevents relapse, improves long-term outcomes.
  - Consider Long Acting Injectables (LAIs), to support adherence, convenience



Antipsychotic Medications

Conventional Antipsychotics	Atypical Antipsychotics
Chlorpromazine	Aripiprazole
Fluphenazine	Clozapine
Haloperidol	Olanzapine
Loxapine	Paliperidone
Molindone	Quetiapine
Perphenazine	Risperidone
Pimozide	Ziprasidone
Prochlorperazine	
Thiothixene	
Thioridazine	
Trifluoperazine	

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

Pharmacologic Treatment

- **<u>Principles of Prescribing Antipsychotics</u>**
  - Shared decision making
  - Empirical studies in humans > theoretically based > clinical experience
  - Minimum effective dose ***"start low, go slow"***
  - Avoid combination treatments
  - Regularly re-assess for response to interventions d/c ineffective medications
  - Monitor adherence and address non-adherence (barriers, VNAs, LAIs)
  - Treat to remission

Medication Guide for Primary Non-Affective Psychotic Illness

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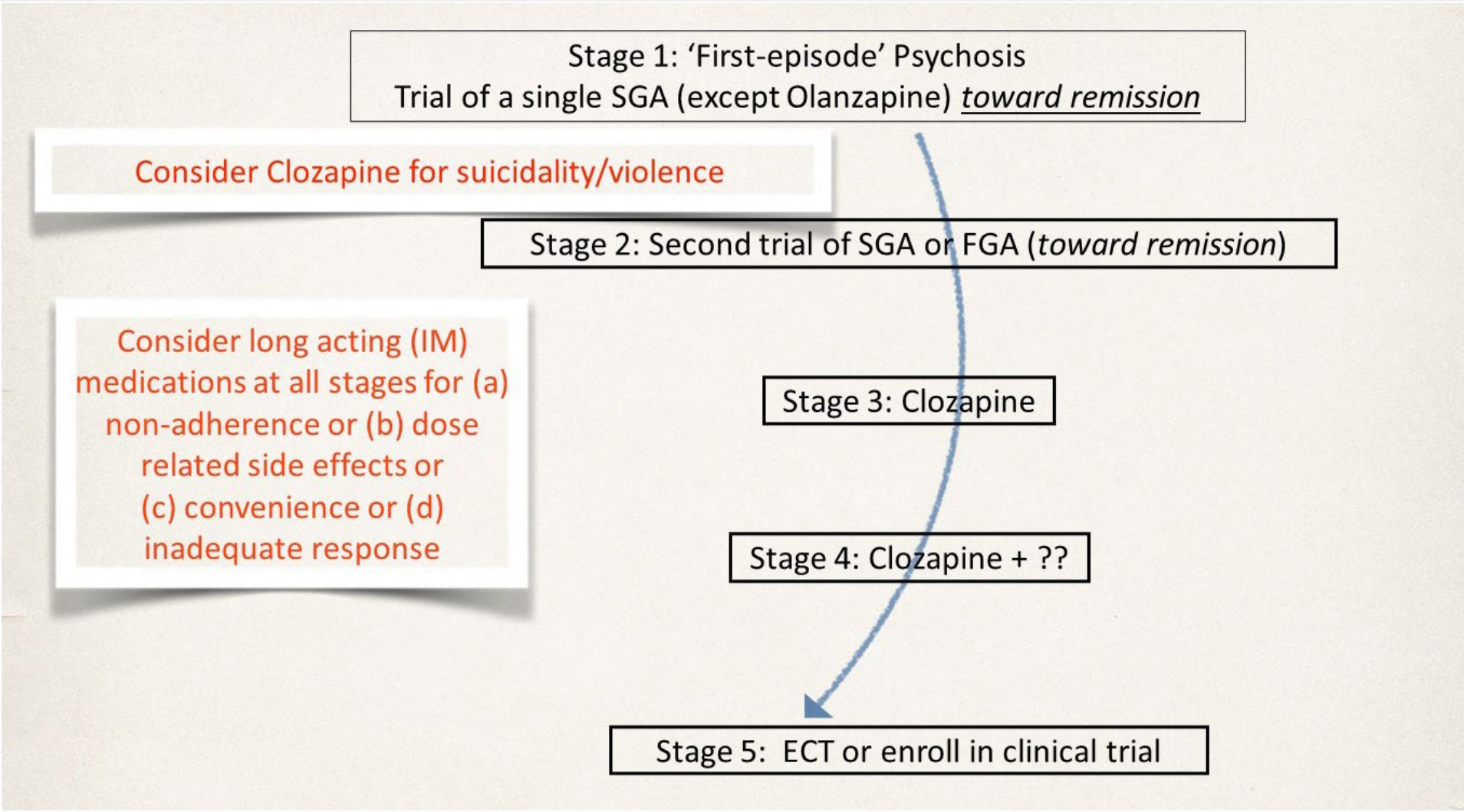

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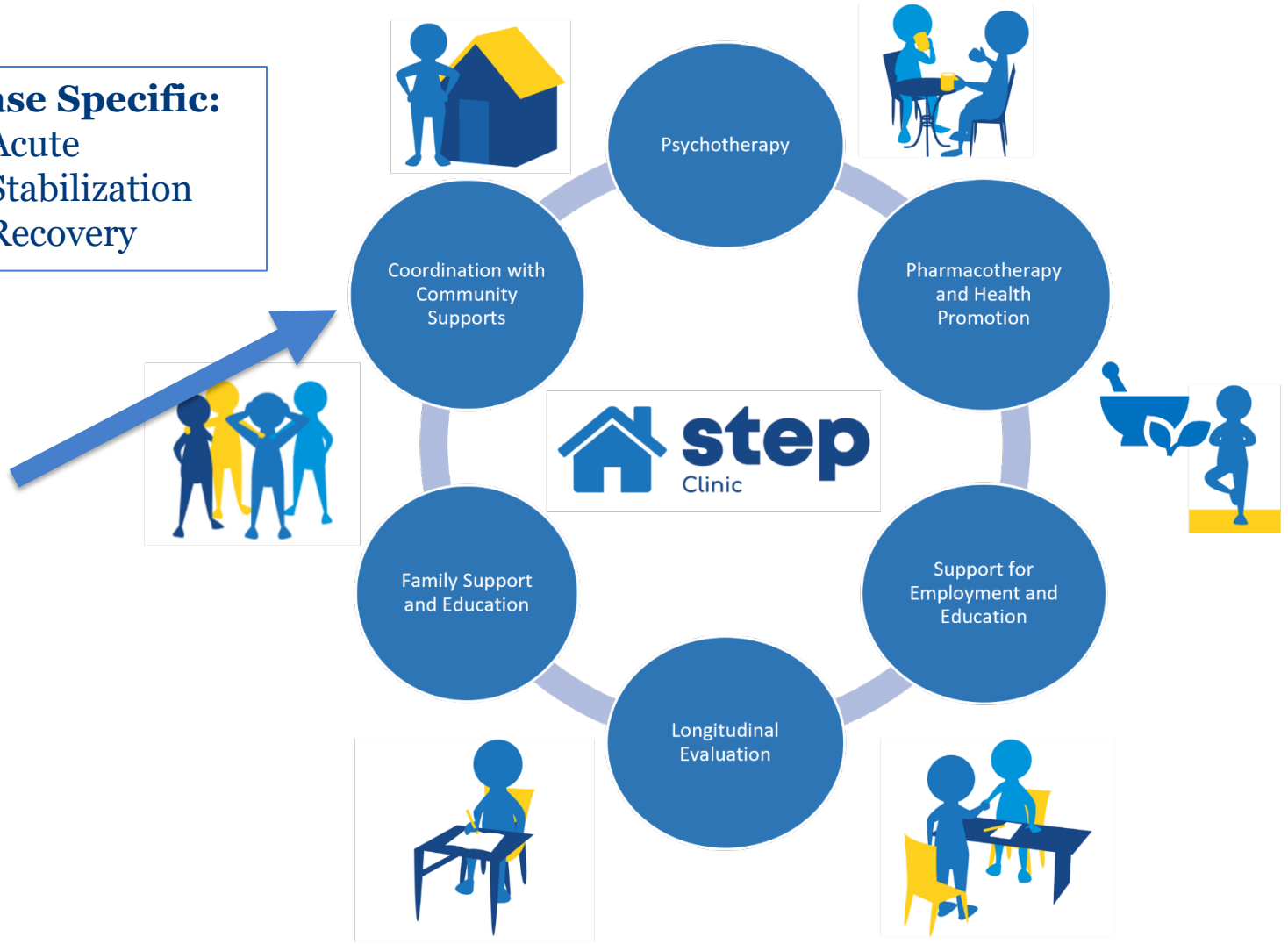

Coordination with Community Supports

- Frequent communication / coordination **within** team
  - Primary clinician report on sx, distress, adherence, etc
  - With young person and family/carers

- And liaison with **existing community supports**…
  - Schools (IEP /PPT), employers, PCPs
  - Crisis services, ER, inpatient
  - Jail Diversion
  - **Peers**

- Practical/Case management:
  - Transportation (Veyo, bus training, Uber)
  - Benefits, insurance, disability
  - Housing
  - Food insecurity – food stamps
  - Access to technology… and treatment

- Reintegration with age-appropriate supports that are not tied to institutional offerings

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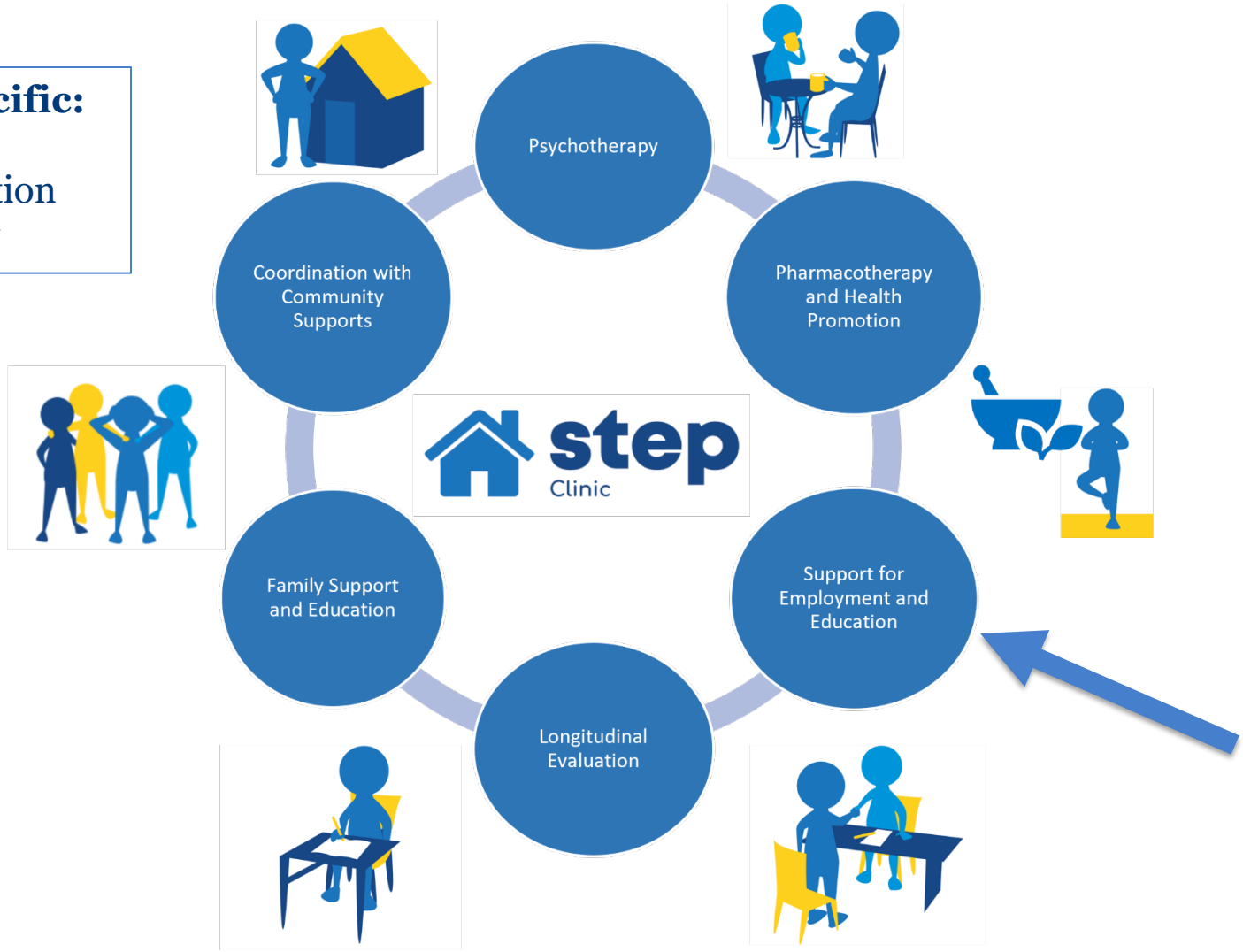

Support for Education and Employment

- Re-engagement with important 'instrumental' and 'expressive' roles (e.g., school, work)
  - Supported Employment and Education (IPS)
    - Focus on competitive employment
    - Engagement not determined by work readiness or symptoms

(Drake, Bond, & Becker, 2013)

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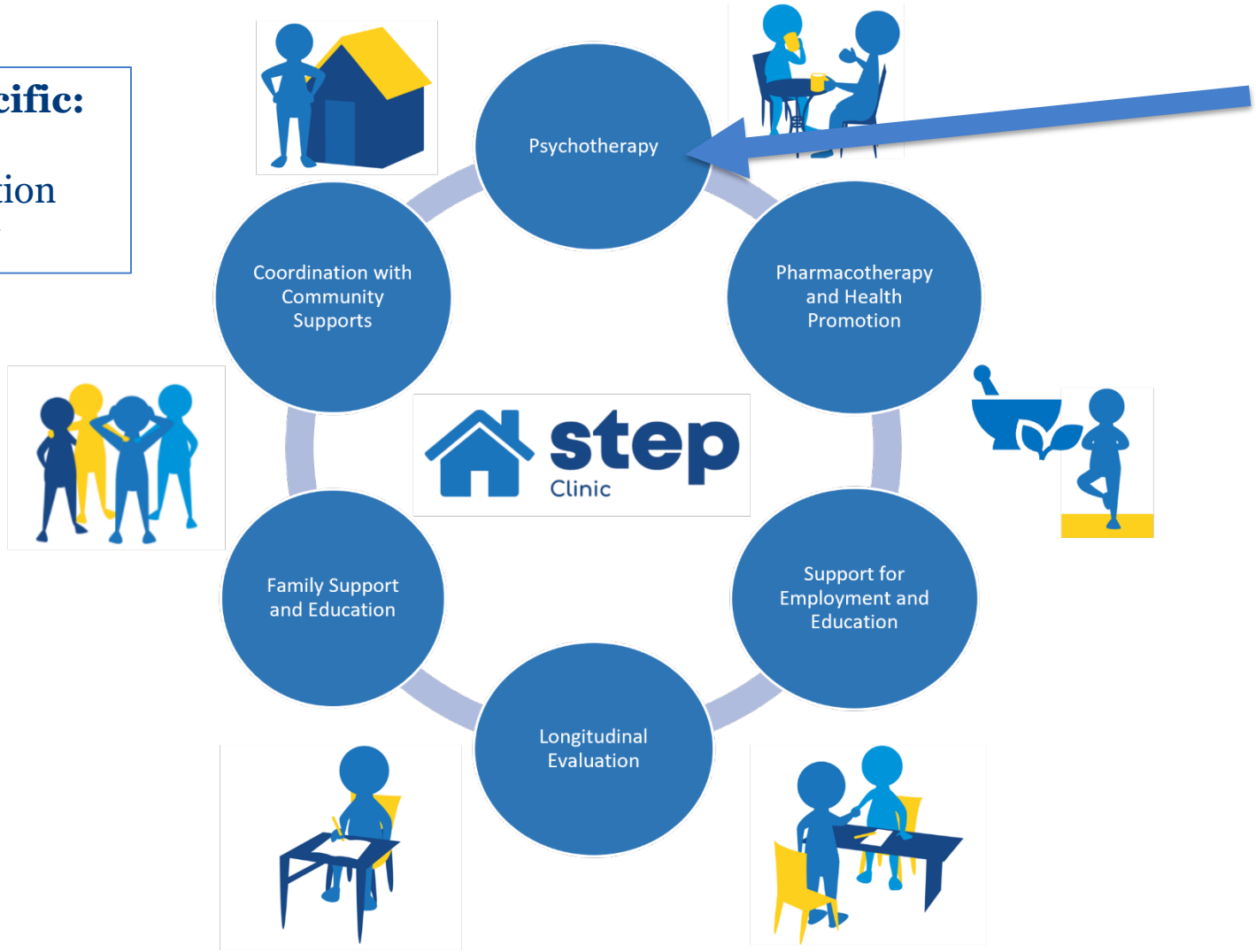

Individual Psychotherapy Practices

- **Engagement and developing a shared understanding of experiences and goals**
  - Befriending
  - Stress bucket analogy, other shared formulations (e.g., CBT)
  - Values exploration and goal setting

- **Promoting skills** (CBT, DBT, ACT, FFT, SST, SCIT)
  - Stress management, distress tolerance, and grounding strategies
  - Reality testing
  - Social skills, Problem-solving, decision-making
  - Coping Cards

- **Changing relationship to internal experiences**
  - CBTp approach (curious/Socratic questioning, normalizing, collaborative)
  - Cognitive restructuring
  - Acceptance-based and compassion-focused approaches

- **Cultivating a life worth living**
  - Exploring values, goals; therapeutic topics (Processing episodes, identity, autonomy)

- **Identifying Early Warning Signs / Wellness Planning**

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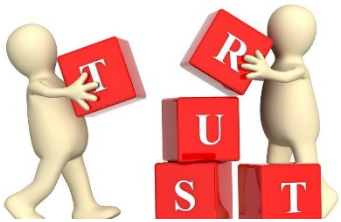
Strategies for Engagement

- Orient around shared goals and give support right away
  - Give practical assistance (Dixon et al., 2016)
  - "getting back on track" with school, work, or relationships
  - getting relief from distressing symptoms (meds, coping)
- Slow, gradual approach – pace of meeting, safety of topics
  - Be clear, be aware of internal distractors
- Be flexible, responsive, *(timing, duration, rescheduling, location)*…persistent, and young-adult oriented (texting)
- Aim to be normalizing and curious
- Avoid confrontation, don't debate 'reality,' yet avoid collusion
  - *"That must be (stressful, scary, overwhelming, etc.), I imagine it might feel really unsettling to feel like you don't know who you can trust"*

Strategies for Engagement

- Befriending- (Bendall et al, 2003)
  - May need to focus on "safe" topics: learn about the person's interests, talk with them, learn from them
  - Highlight strengths, positive experiences or memories, pets, vacations
  - Find a likeable quality and compliment or genuinely appreciate this feature
  - Participate in a pleasurable activities- play cards, listen to a song, have a cup of coffee

- May require increased amounts of befriending depending on symptoms
  - Paranoia, Hallucinations, Severe negative symptoms



Stress Bucket Analogy

Stressors (relationships, transitions, school/work, loss, drugs, finances, discrimination)

Size of your bucket/vulnerability (genetics, birth complications early adverse experiences / trauma, early head injury)

What does it look like when your bucket overflows? (symptoms, early warning signs)

Stress Relievers "Poking Holes" (coping skills, therapy, medications, sleep, nutrition, exercise, structure, social support)

(Adapted from Brabben & Turkington, 2002)

Stress Bucket Analogy

Stressors: transition to college, pressure and expectations from parents, drug use, microaggressions and overt racism, conflict with friends

Size of your bucket/vulnerability family history of psychosis

What does it look like when your bucket overflows?

- pacing, irritable
- "intense thoughts" "voices"
- Picking fights with family, suspicious of them

Stress Relievers "Poking Holes" deep breathing, talking to best friend, therapy, point and name, running

(Adapted from Brabben & Turkington, 2002)

Normalization in Psychosis

- Normalization through psychoeducation
  - Experiences occur on a continuum
  - Psychosis and prevalence of symptoms is more common than you might think, provide statistics
  - Can impact any age, ethnicity, gender, SES
  - Instill hope, discuss recovery trajectories

- Connect to others with lived experience
  - Peers
  - Online forums, support groups

- Normalizing, not dismissing

"Normalization is the antidote to stigma"

Individual Psychotherapy Practices

- **Engagement and developing a shared understanding of experiences and goals**
  - Befriending
  - Stress bucket analogy, other shared formulations (e.g., CBT)
  - Values exploration and goal setting

- **Promoting skills** (CBT, DBT, ACT, FFT, SST, SCIT)
  - Stress management, distress tolerance, and grounding strategies
  - Reality testing
  - Social skills, Problem-solving, decision-making
  - Coping cards/coping toolkit

- **Changing relationship to internal experiences**
  - CBTp approach (curious/Socratic questioning, normalizing, collaborative)
  - Cognitive restructuring
  - Acceptance-based and compassion-focused approaches

- **Cultivating a life worth living**
  - Exploring values, goals; therapeutic topics (Processing episodes, identity, autonomy)

- **Identifying Early Warning Signs / Wellness Planning**

Promoting Skills

- **Stress management**
  - Sleep hygiene, relaxation, exercise
  - Harm reduction to substances
  - Structuring day; temporarily reducing stressful parts of life (e.g., less credits, less work hours)
  - Goal setting and problem-solving

- **Grounding Strategies /Distress Tolerance** *(Seeking Safety Manual, Najavits, 2002; DBT Skills Training Handouts & Worksheets, Linehan)*
  - Physical - cold water, hold ice, raise heart rate with exercise
  - Soothing - think of favorites – colors, foods, TV
  - Mental - Look, Point, and Name; Describing something with 5 senses

- **Cognitive:**
  - Defusion – "A thought is just a thought" ; "thoughts are not facts"
  - 4 Cs: Catch it, Check it, Change it (with Compassion)
  - Testing out the evidence

- **Behavioral:**
  - Diaphragmatic breathing
  - Progressive muscle relaxation

- **Other Skills:** Social skills; Problem-solving; Decision-making

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CBTp Informed Interventions

- **Goals:** reducing distress from positive sx and increasing fx by addressing negative sx; moving in meaningful and valued directions

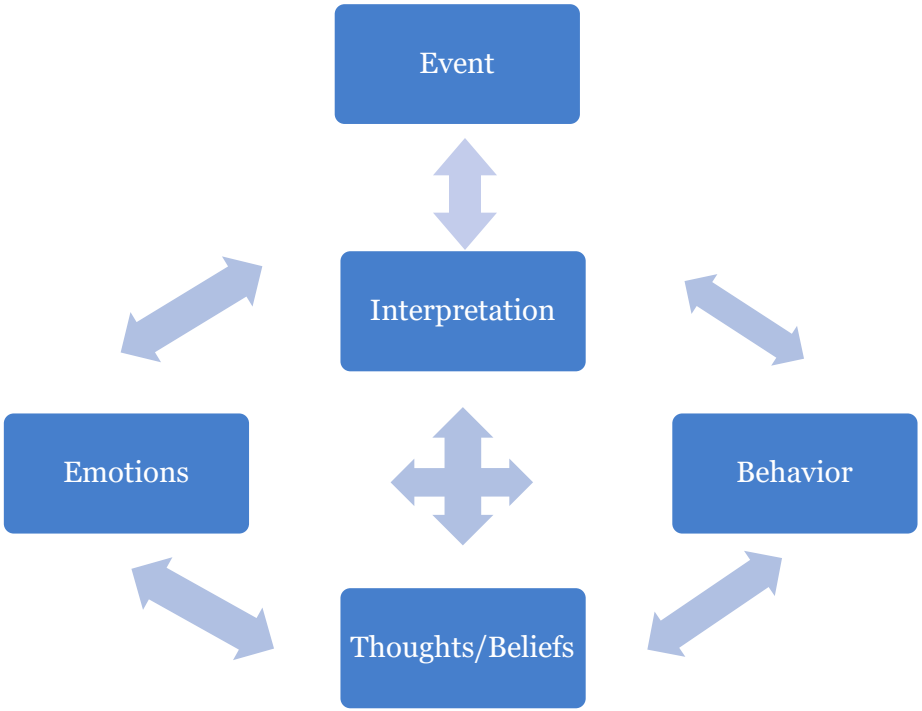
- **Delusions**
  - Curious, Socratic questioning
    - *"tell me more" "how do you make sense of that?"*
  - Examining evidence for and against,
    - *"what makes you think that?" "any chance you may have jumped to conclusions here?"*
  - Increase cognitive flexibility via generating alternative explanations
    - *"Any chance it could be your mind playing tricks on you? Coincidence? Something else?"*
  - cognitive defusion/decentering
    - *"a thought is just a thought" "there my voices go again, telling me not to trust anyone"*
  - Test out the veracity of the beliefs (behavioral experiments)

- **Auditory Hallucinations**
  - Bolstering coping skills
  - Managing antecedents differently
  - Changing interpretation of voices
  - Behavioral experiments / reality testing, using others

Remember to validate emotions, don't overtly dispute reality!

(GRIP Approach; Gleeson et al, 2009; Wright et al, 2014)

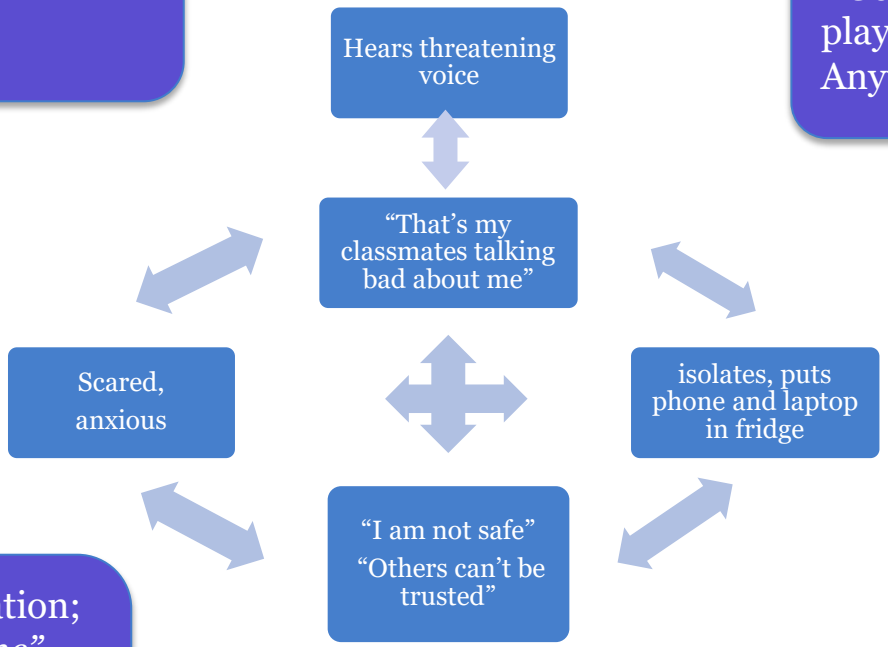
Mini Formulation - CBTp



Closer look at some CBTp strategies

Manage antecedents:
- Pt hears more voices when smoking cannabis
- Sleep deprived
- "Stressed"

- Generate alternatives (mind playing tricks? Coincidence? Anything else?)



-Restructure interpretation;
"the voices can't hurt me"

-"this is just how my mind responds when I'm really stressed out"

- Test it out; ask someone
- use coping skills – distraction, self-soothing

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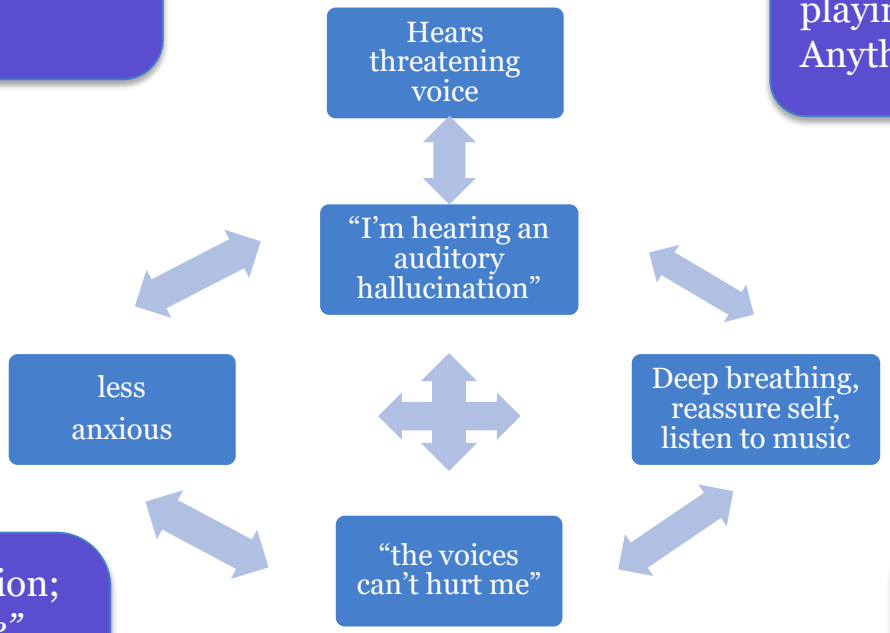

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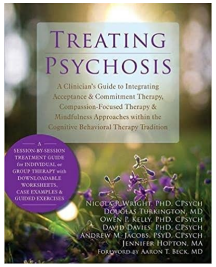
Additional Resources on Therapeutic Approaches

- Resources:
  - STEP Learning Collaborative Site
  - CBTp Fact Sheet
  - SAMHSA - CBTp as the Standard of Care
  - CBT for Psychosis Manual
  - Tips for coping with voices (Strong365)
  - Treating Psychosis – Downloadable Worksheets
  - TreatingPsychosis.com – Resources
  - Acceptance Based Approaches:
    - Evidence base and resources
    - Passengers on the Bus - ACT Metaphor
  - Compassion focused therapy:
    - thanking our voices for information, metaphorical (not literal) meaning
    - Stuart Video - Compassion for Voices
  - Personal Therapy for Schizophrenia and Related Disorders - Hogarty



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 (2nd & 4th Thursdays at 12pm)
  - 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

Current Offerings

step Learning Collaborative

Early Psychosis ECHO - Case Discussions and brief didactics (2nd & 4th Thursdays at 12pm)

Project ECHO

2022 Early Psychosis ECHO Schedule

Date	Brief Didactic Topic (Click Didactic Name for Zoom Registration Link)
Feb 10th	**Early Psychosis Overview**
Feb 24th	*Open Case Discussion*
March 10th	**Early Detection: Screening, assessment, and engagement**
March 24th	*Open Case Discussion*
April 14th	**Therapeutic approaches to positive symptoms**
April 28th	*Open Case Discussion*
May 12th	**Psychopharm Basics for Clinicians**
May 26th	*Open Case Discussion*
June 9th	**Understanding and approaching negative symptoms**
June 23rd	*Open Case Discussion*
July 14th	**The Role of Coordination**
July 28th	*Open Case Discussion*
Aug 11th	**Working with risky clients and crisis intervention**
Aug 25th	*Open Case Discussion*
Sept 8th	**Special Topic**
Sept 22nd	*Open Case Discussion*

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Laura.Yoviene@yale.edu

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