RECOVERY FROM FIRST EPISODE PSYCHOSIS:
An introduction to early intervention
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TRAINING OBJECTIVES

At the conclusion of this training you will be able to:

- Describe the signs and symptoms of psychosis
- Discuss the etiology of psychosis
- Define First Episode Psychosis (FEP)
- Explain the history, philosophy, goals, strategies, and tactics of FEP
- Describe the goals, objectives, and services of the West Virginia’s FEP pilot project, the Quiet Minds program
WHAT IS PSYCHOSIS?

- There is a group of illnesses which disrupt the functioning of the brain so much they cause a condition called psychosis.
- When someone experiences psychosis they are unable to distinguish what is real -- there is a loss of contact with reality.
- Sometimes referred to as “thought disorders,” the DSM 5 (published in 2013), refers to psychotic disorders as “Schizophrenia Spectrum and other Psychotic Disorders.”
Schizophrenia Spectrum and Other Psychotic Disorders

- Schizophrenia
- Schizotypal personality disorder
- Schizophreniform disorder
- Catatonia
- Psychosis due to another medical condition
- Post-partum psychosis
- Bipolar disorder with psychotic features
- Brief psychotic disorder
- Delusional disorder
- Schizoaffective disorder
- Medication-induced psychotic disorder
- Unspecified schizophrenia spectrum and other psychotic disorder (formerly called psychotic disorder, NOS)
- Major depressive disorder with psychotic features
PSYCHOSIS

The word “psychosis” can be scary to some people, but it actually describes an experience that many people have.

Psychosis occurs when a person loses contact with reality.

One out of every 100 people experience a psychotic episode at some time in their lives - most of them recover.

Typical age of onset for psychosis is usually between the ages of 18-24; however, prodromal (i.e., related but less severe) symptoms often start during the teenage years.
SYMPTOMS OF PSYCHOSIS

Psychosis can affect the way a person thinks, feels, and acts. Some common symptoms include:

- **Hallucinations** can affect any of the five senses. People experiencing psychosis might see, hear, taste, smell, or feel things that are not there, and they have difficulty believing that their senses are tricking them.
SYMPTOMS OF PSYCHOSIS

Delusions are false beliefs that people hold strongly, despite evidence that their beliefs are not true. For example, a person experiencing a delusion might believe that s/he is being watched or followed.
SYMPTOMS OF PSYCHOSIS

Confused thinking occurs when a person’s thoughts don’t make sense. His/her thoughts can be jumbled together, or they can be too fast or too slow. A person with confused thinking can have a hard time concentrating or remembering anything.
SYMPTOMS OF PSYCHOSIS

- *Changes in feelings* can include abrupt and intense changes in mood. A person might also feel cut off from the rest of the world, or feel strange in some other way.

- *Behavioral changes* often result in a person not bathing, dressing, or otherwise caring for him/herself as usual. Other behavior changes might involve behaviors that don’t make sense such as laughing while someone else is talking about something sad.
WHAT CAUSES PSYCHOSIS?

Psychosis could have a number of different causes, and many researchers are working to understand why psychosis occurs. Some popular ideas are:

**BIOLOGICAL:** Many cases of psychosis have been linked to problems with neurotransmitters or the chemical messengers that transmit impulses throughout the brain and CNS. Relatives of people who experience psychosis are more likely to experience psychosis themselves.
Additional causes of psychosis

- **Trauma** - the type of trauma, history of trauma, person’s age, protective and risk factors - all affect whether a traumatic event will result in psychosis.

- **Substance use** - The use of marijuana, LSD, amphetamines, and other substances can increase risk in people already vulnerable.

- **Physical illness or injury** - brain injury or brain diseases such as strokes, tumors, HIV, Parkinson’s, Alzheimer’s.
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 know what is happening. The symptoms can be highly disturbing, unfamiliar, confusing and distressing.
Psychosis can be treated and many people do recover well.

Research suggests that the earlier the intervention, the better the treatment outcome.

Research also suggests that continuing care after acute symptom reduction is essential for successful recovery.
Problems seeking help

- Some people experiencing a first episode of psychosis are reluctant to seek help.
- Oftentimes, the family and/or the individual suffering a first episode are unsure as to what to do or even where to go for help.
- Sometimes they feel embarrassed or uncertain how seeking mental health treatment may be viewed by others.
Problems seeking help for FEP

More often, there are few if any comprehensive treatment programs available in the community.

Unfortunately, if left untreated, the individual remains at high risk for additional and unnecessary psychosocial problems, including:

- substance use/abuse
- unemployment
- homelessness
- family cut-off,
- increased mental and physical illnesses
HISTORY OF FIRST EPISODE PSYCHOSIS PROGRAMS

International programs

- Australia
- Canada
- New Zealand
- United Kingdom
- Ireland
- Germany
- Singapore China
- Hong Kong
- India
- Spain
- Finland
- Switzerland
- The Netherlands
- Brazil
- Sweden
- France
NATIONAL INSTITUTE OF MENTAL HEALTH - 2008

Recovery After an Initial Schizophrenia Episode (RAISE) project

- Large scale research initiative
- Coordinated Specialty Care (CSC)
- Effectiveness
- How clinics might start using the treatment program
- Four Pilot Sites - 2009
HISTORY (continued)

CONSOLIDATED APPROPRIATIONS ACT - January 17, 2014

- Support the development of early psychosis treatment programs across the U.S.
- Funds to Substance Abuse and Mental Health Services Administration
- Coordinated Specialty Care Manuals
- Webinars
What is being done?

- Substance Abuse and Mental Health Services Administration (SAMHSA) created a mandate that all states set aside 5 % of Community Mental Health Services Block Grant funds to address First Episode Psychosis.

- SAMHSA requires the use of an integrated and comprehensive team approach to identify, engage and support people ages 15-25 with emerging psychotic disorders.

- A majority of individuals with severe mental illness experience their symptoms during adolescence or early adulthood.
Which States currently have FEP programs?

A national and international movement for state-of-the-art treatment for psychosis is currently available in:

- California
- New York
- Ohio
- Oregon
- Illinois
- Maine
- Maryland
- Massachusetts
- Michigan
- North Carolina
- and now West Virginia

* Most or all states have developed or are now in the process of developing an FEP program
FEP IN WEST VIRGINIA

The WV Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities Office of Programs and Policies entered into a Grant Agreement with Youth Services System, Inc. to provide funding for First Episode Psychosis.
Youth Services Systems, Inc. and Stanley Psychological Services, PLLC entered into a professional services agreement in which Stanley Psychological Services has and will continue to assist Youth Services Systems with attaining the goals and objectives of the First Episode Psychosis pilot program.
COUNTIES PARTICIPATING IN THE FEP PILOT PROGRAM IN WV

Geographical Area Served: Northern Panhandle of West Virginia including:

- Hancock
- Brooke
- Ohio
- Marshall
- Wetzel
- Tyler
TARGET POPULATION

- ADOLESCENTS AND YOUNG ADULTS AGES 15-24 YEARS OF AGE
- DSM-5 DIAGNOSTIC CRITERIA*
- SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS
- BIPOLAR DISORDER WITH PSYCHOTIC FEATURES
- MAJOR DEPRESSIVE DISORDER WITH PSYCHOTIC FEATURES
- *PRACTICE OF BEING FLEXIBLE AROUND THE EDGES REGARDING CRITERIA AND SELECTION
TARGET POPULATION

DOES NOT INCLUDE:

► SUBSTANCE/MEDICATION-INDUCED PSYCHOTIC DISORDER

► PSYCHOTIC DISORDER DUE TO ANOTHER MEDICAL CONDITION
The Coordinated Specialty Care (CSC) model, supported at the federal level by SAMHSA and the National Institute of Mental Health (NIMH), has an emphasis on:

- Outreach
- Assessment
- Treatment
- Community resources
- Supportive employment
- Education
- Health promotion
- Advocacy
The Bureau for Behavioral Health and Health Facilities (BBHHF) supports evidence-based practices that promote social and emotional wellbeing, prevention approaches, person-centered interventions and self-directed and/or recovery driven support services.
GOAL OF FEP IN WV

The goal is to facilitate early identification and treatment of psychosis in a collaborative, recovery-oriented approach involving individuals experiencing first episode psychosis...
... and therefore reduce the disruption to the young person’s functioning and psychosocial development.
GOVERNING PRINCIPLES & PHILOSOPHY OF FIRST EPISODE PSYCHOSIS PROGRAMS

- Disability is determined and influenced by treatment and environment
- Early and continued intervention
- Recovery model
- Shared decision-making
- Engaging individuals in making their own choices
- Low dose antipsychotic medication
- Long acting injectable
GOVERNING PRINCIPLES & PHILOSOPHY OF FIRST EPISODE PSYCHOSIS PROGRAMS

- Recovery
  - A Focus on and a Belief in
  - Empowerment as a Core Value
  - Promote Recovery & Resiliency
  - Achievement of Independence
  - Instill Hope
  - Skill Development
  - Personalized Supports
  - An appreciation & respect for process
  - Personal Journey
GOVERNING PRINCIPLES AND PHILOSOPHY

COORDINATED SPECIALTY CARE

COORDINATION OF SERVICES
- Primary Medical Care
- Educational Services
- Employment Services
- Concrete/Basic Need Services
- Mental Health Services

THEME OF INTEGRATION
- Integration of Physical and Mental Health
GOVERNING PRINCIPLES AND PHILOSOPHY

TEAM-BASED TREATMENT

- Multidisciplinary Team
- Same Team Follows Participant

~ Over Time ~

EMPHASIZE COLLABORATION WITH CLIENTS

- Individual Choices and Goals
- Shared decision-making approaches
  > goals
  > preferred services
GOVERNING PRINCIPLES AND PHILOSOPHY

IN VolvEMENT OF FAMILY

- Natural Support System
- Key Support
- Hierarchy of Needs

“The biggest predictor of programs not doing well is when families are not involved” (Lon C. Herman, M.A., BeST Practices in Schizophrenia Treatment (BeST) Center).
BUILDING A POPULATION-BASED SYSTEM OF CARE FOR PSYCHOSIS

- “UNNECESSARY DELAY IN EVALUATION, DIAGNOSIS, AND TREATMENT REPRESENTS A PUBLIC HEALTH CRISIS...REQUIRES CHANGES IN EDUCATION AND CULTURE, AS WELL AS THE HEALTH CARE SYSTEM” (UNIDENTIFIED SOURCE)

- SYSTEMS OF CARE vs AGENCY
- SET OF ACTIVITIES vs AGENCY
- COHERENT GOAL TO BRING PROFESSIONALS TOGETHER
- CHANGE IN FOCUS FROM CLINIC-BASED TO POPULATION FOCUSED
- RECOVERY-FOCUSED AND RESILENCY vs MAINTENENCE AND STAYING OUT OF HOSPITAL
- EMPHASIS ON SERVICES AND RECOVERY, AND NOT FOCUSED ON GETTING PEOPLE SSI DISABILITY BENEFITS
BUILDING A POPULATION-BASED SYSTEM OF CARE FOR PSYCHOSIS

- MENTAL HEALTH SYSTEM
  - LACK OF RESOURCES
  - FAILURE TO RECOGNIZE
  - RELUCTANCE TO LABEL “PREMATURELY”
  - LACK OF COORDINATED SPECIALTY CARE PROGRAMS
- ORIENTATION
- ORGANIZATION/CLINIC-BASED VS POPULATION FOCUSED
GOALS OF FIRST EPISODE PSYCHOSIS PROGRAMS

- REDUCE THE DURATION OF UNTREATED PSYCHOSIS (DUP)
- PROVIDE SPECIALIZED EARLY INTERVENTION SERVICES (EIS) TO PROMOTE LONG TERM RECOVERY AND REDUCE DISABILITY
- ASSIST PEOPLE MOVING FORWARD IN THEIR LIFE GOALS
GOALS OF FIRST EPISODE PSYCHOSIS PROGRAMS

- REDUCE SIGNS AND SYMPTOMS OF PSYCHOSIS
- IMPROVE INDIVIDUAL AND FAMILY FUNCTIONING
- DECREASE THE CHANCE OF RELAPSE
- IMPROVE THE LONG-TERM COURSE OF THE ILLNESS
- DECREASE THE OVERALL COST OF TREATMENT
  - INDIVIDUAL
  - MENTAL HEALTH SYSTEM
- ELIMINATE SERVICES GAPS
SERVICE AND TREATMENT MODALITIES

- Psychiatric
- Case Management/Community Engagement/Care Coordination
- Supported Education and Supported Employment
- Family Psycho-Education
- Recovery Coaching/Youth Peer Support
- Counseling
SERVICES & MEASURABLE OBJECTIVES

➢ Health Promotion and Wellness
➢ Engagement Services
➢ Service & Crisis Planning
➢ Consumer and Family Education and Outreach
➢ Advocacy
SERVICES & MEASURABLE OBJECTIVES

➢ Provide staff that will coordinate a collaborative effort with other key members of the team such as psychiatrist, (or a nurse practitioner/psychiatric nurse), care coordinator, therapist, supportive employment and supportive education, and peer support.

➢ Prepare and promote a written process for accepting referrals from the community.
SERVICES & MEASURABLE OBJECTIVES

➢ Outpatient Services – engage and develop a network of fully licensed therapists and psychologists throughout the Northern Panhandle of WV

➢ Medication Services – engage and develop a network of psychiatrists and nurse practitioners throughout the Northern Panhandle of WV
SERVICES & MEASURABLE OBJECTIVES

➢ Involve consumers and family members in the development and implementation of services thus developing and engaging the individual’s support system

➢ Offer non-traditional business hours for services (to include evening, weekend, and telehealth options)
SERVICES & MEASURABLE OBJECTIVES

➢ Provide outreach efforts to effectively identify and engage the targeted population
➢ Identify and cultivate community wide services and supports necessary to meeting the varying needs of those served
➢ Facilitate quarterly stakeholder meeting
SERVICES & MEASURABLE OBJECTIVES

➢ Supportive Services (transportation, recreational services, etc.)
➢ Recovery Supportive Services (peer support, etc.)
➢ Primary Prevention (information dissemination, education, alternatives, problem identification and referral, community based processes, etc.)
SERVICES & MEASURABLE OBJECTIVES

➢ Connect individuals to personal and community supports necessary to live independently in the community, such as:
  ▪ Assistance with medical appointments for primary care and mental health care
  ▪ Obtaining medications as needed
  ▪ Housing
  ▪ Employment
  ▪ Education
  ▪ Applying for benefits
  ▪ Other services as may be identified and/or needed
SERVICES & MEASURABLE OBJECTIVES

➢ Provide referral information to eligible uninsured consumers for health insurance enrollment
➢ Provide referral information to high risk consumers for Human Immunodeficiency Virus (HIV), Tuberculosis (TB), and Hepatitis
➢ Explore and secure all available revenue sources (e.g. WV Medicaid, Medicare, private insurance)
SERVICES & MEASURABLE OBJECTIVES

➢ Obtain consumer feedback for services rendered and information received to inform and improve service accessibility and delivery
➢ Share results of consumer feedback annually with stakeholders, partners, and the BBHHF
SERVICES & MEASURABLE OBJECTIVES

➢ Staff Training: Phase I
➢ Recovery from FEP: An Introduction
➢ Schizophrenia Spectrum and Other
➢ Family-Focused Assessment & Care
➢ Person-Centered Care
➢ Trauma-Informed Care
➢ Suicide Assessment & Prevention
➢ Cultural Competency
➢ Motivational Interviewing
OUTCOMES OF FEP PROGRAMS

- Team-Based Treatment for First Psychosis Found to be High Value
- NIH-funded study shows early intervention is more cost-effective than typical care
- “Schizophrenia Bulletin” Robert Rosenheck, M.D. 2/01/2016
REFERRAL PROCESS FOR YOUTH SERVICES SYSTEM FEP QUIET MINDS PROGRAM

- Call Youth Services System @ 304-233-9627
- Ask for the Worker of the Day
- Clarify that you are inquiring about/making a referral to the FEP Quiet Minds Program
- Appointment with YSS’ Central Referral Unit
  - Assessment for symptoms of psychosis
- Referral to Stanley Psychological Services for specialized assessment
  - Psychosis assessment
  - Trauma assessment
  - Family assessment
Thank you for listening

DISCUSSION, QUESTIONS
and
COMMENTS