Core Components of Early Psychosis Services

Webinar 3
July 16th 2015

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Dr. Steven Adelsheim
Webinar Logistics

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Aims

• Introduce core components of early intervention (EI) services
  – Assessment
  – Medication Management
  – CBT for psychosis

• Explore training and staffing needs in relation to these components
Introduction to Core Components

- Assessment
- Medication Management
- Individual Therapy
- Family work
- Peer Specialists
- Educational and Vocational Support
- Care management
- Substance Use Interventions
- Groups
- Cognitive Remediation
ASSESSMENT
Assessment of Psychosis

• For intake of new clients
  – Have to determine who the program will serve
    • Age range
    • Psychosis risk/full psychosis
    • Duration of psychosis

• To establish eligibility of client for the program
  – Presence of psychotic symptoms (or psychosis risk)
  – Presence of specific diagnoses
  – Rule out exclusion criteria
    • Primary substance abuse disorder
    • Psychosis due to organic cause
Assessment of Psychosis Risk

• Ultra High Risk (UHR)
  – Screening
    • Prodromal Questionnaire Brief (PQB)
  – Structured Interview for Prodromal Symptoms (SIPS)
    • Determines presence of psychosis-risk
    • 2-3 hour interview with client and family member
      1. Attenuated psychotic symptoms
      2. Genetic Risk (+ decrease in functioning)
      3. BLIPS
Assessment of Psychosis

• First Episode Psychosis/Recent onset of psychosis
  – Diagnostic uncertainty vs. established diagnosis
    • Accept clients based on fully psychotic symptoms
      – Presence of impairing positive symptoms
    • Accept clients based on established diagnosis
      – Schizotypal
      – Schizophrenia
      – Schizoaffective disorder
      – Psychosis NOS
      – Affective psychosis?
Assessment of Psychosis: Cont.

• Establishing eligibility
  – Informal Intake interview
    • Time course
    • Presence of psychotic symptoms and impact on functioning
  – Standardized Assessment
    • Structured Clinical Interview for DSM Diagnoses (SCID)
    • 2-3 hour interview + collateral
## Assessment of Psychosis: Cont.

<table>
<thead>
<tr>
<th></th>
<th>Informal Intake Interview</th>
<th>Standardized Interview</th>
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<tbody>
<tr>
<td><strong>Time</strong></td>
<td>Per agency</td>
<td>2-3 hours</td>
</tr>
<tr>
<td><strong>Validity</strong></td>
<td>Not established</td>
<td>Established validity</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>Per agency</td>
<td>Intensive training and ongoing supervision</td>
</tr>
<tr>
<td><strong>Consumer Burden</strong></td>
<td>?</td>
<td>?</td>
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Assessment: Staffing

• Intake coordinator
  – Completes initial screening
    • Age range
    • Area of residence
    • Duration of psychosis
  – Supports clinician in gathering collateral information (hospital records etc.)

• Clinical assessment staff
  – Case Manager/Therapist/Assessment coordinator
  – Dedicated staff member or cross trained staff?
Assessment: Training

• Informal Interview
  – Trained in diagnostic interviewing skills

• SCID/SIPS
  – Intensive training and follow up tape review
  – Ongoing consensus meeting to ensure reliable diagnoses within service

• All staff trained in basic understanding of diagnosis and symptoms
MEDICATION MANAGEMENT
Medication Management

Core Assumptions

• Medication as a treatment component of an entire intervention process as appropriate.
• Importance of shared decision making in any discussions around medication.
• The importance of education and communication in treatment adherence.
• Clarifying involvement of individual and family in partnership around successful outcomes with medication.
Medication Management for UHR

• Use of antipsychotics is controversial for those with UHR symptoms and not considered best practice.
• Important to recognize and address underlying and co-morbid conditions while managing stress through additional interventions.
• Anxiety and depression may be present, as well as substance abuse related issues, and antidepressant medications are more commonly prescribed for those with UHR symptoms.
Medication management for FEP

• Communication about importance of medication and potential value even after symptom improvement is critical early discussion.
• Many people with FEP respond well to lower doses of antipsychotic medication and may take a longer period to have symptom improvement.
• Baseline tracking of weight, blood pressure, BMI, lipids, fasting glucose, HBA1c, important with regular follow up q 3-6 months.
• Regular AIMS evaluation and monitoring for other SE critical.
• NAVIGATE recommends initial medications: aripiprazole, quetiapine, risperidone, or ziprasidone.
Medication Management: training needs

• Ongoing importance of education for individual in treatment and family, with explanation of potential benefits and side effects.
• Staff must be clear about state and local regulations related to informed consent and confidentiality with regard to psychotropic medication.
• Developmental issues, age of individual and family structure may all impact communication regarding medication.
• Entire team needs basic understanding of medication categories, potential side effects, treatment responses.
• If working with those taking antipsychotics, team has a role in supporting adherence, good communication, healthy nutrition and exercise.
Medication Management: Staffing

• Importance for medication “prescriber” to be in good communication with rest of treatment team.
• Strong communication system with PCP is valuable.
• Peer and family support specialists have critical role in supporting care and answering questions other team members may not be able to address.
• Overall wellness support, including stress management, nutrition education, exercise and lifestyle management are all critical aspects of medication support.
INDIVIDUAL THERAPY
Individual Therapy

- CBTp
  - Evidence-based intervention for psychosis
  - Skills based vs. formulation driven
  - Skills based
    - Teaching skills and tools to minimize distress from symptoms
    - Protocol driven
    - Combine with care management
  - Formulation driven
    - Individualized
    - Explanatory frameworks
    - Address complex problems including trauma and systems issues
CBTp: Training

• Different training options
  – Train all clinical staff in CBTp
    • High yield techniques/skills based CBTp
    • Formulation based CBTp

  – Tiered training approach
    1. Basic Psychosocial Interventions (all staff)
    2. High Yield CBTp techniques (care managers)
    3. Formulation driven CBTp (Dedicated therapist/supervisor)
CBTp: Training Cont.

- Training
  - 3-5 days (model and experience dependent)

- Competence review
  - Review of taped sessions to ensure fidelity and competence
  - Established standards for full CBTp (not for high-yield)

- Supervision
  - Ongoing training
  - Peer support
# CBTp: Staffing

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<tr>
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<th>All staff provide CBTp</th>
<th>Tiered approach</th>
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<tr>
<td><strong>Role</strong></td>
<td>Case manager/therapist</td>
<td>Dedicated case managers &amp; therapist</td>
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<tr>
<td><strong>Duties</strong></td>
<td>All staff combine CBTp with case management</td>
<td>Case Managers: provide case management + high yield CBTp/skills based interventions</td>
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<tr>
<td></td>
<td></td>
<td>Therapist: provide CBTp for complex presentations, supervision of case managers (family interventions? Assessment?)</td>
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<tr>
<td><strong>Caseload</strong></td>
<td>12-15</td>
<td>Case Managers: 15 – 18 Therapist: 20 – 25</td>
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Discussion/Considerations

• Which of the models discussed would work in your program?
• Consideration of existing resources to support implementation of new models (i.e. staff already trained in assessment/CBT).
• Obstacles/barriers to implementing any of the models discussed?
Next Month: Core Components continued

Working with families
Peer Specialists
Educational and Vocational needs

Thurs., 8/13, 12-1pm EDT.
COP: Next Steps

• **Peer to peer phone calls.**
  – Indicate your interest in today’s post-webinar survey.

• **July office hours with Kate**
  – Selections must be made by COB 7/21.
Webinar Dates Reminder

• Thurs., May 14; 12pm-1pm EDT
• Thurs., June 11; 12pm-1pm EDT
• Thurs., July 16; 12pm-1pm EDT
• Thurs., August 13; 12pm-1pm EDT
• Thurs., September 10; 12pm-1pm EDT
• Thurs., October 15; 11am-1pm EDT
Additional Questions?