Core Components of Early Psychosis Services

Webinar 3

July 16th 2015

Dr. Kate Hardy

Dr. Steven Adelsheim

Webinar Logistics

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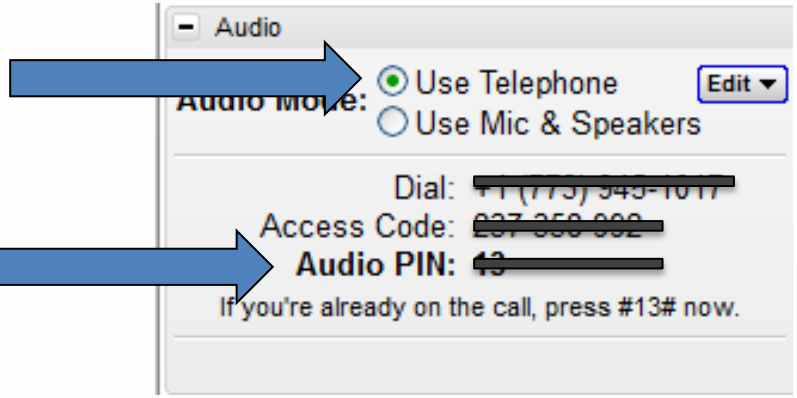

Aims

- 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
      - Schizophreniform
      - 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.

	Informal Intake Interview	Standardized Interview
Time	Per agency	2-3 hours
Validity	Not established	Established validity
Training	Per agency	Intensive training and ongoing supervision
Consumer Burden	?	?

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

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

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?