

Making It Work: Early Intervention for Young Adults Experiencing Mental Illness with Psychosis

The webinar will begin **at 1 PM (ET)**

Call-in Number: 1-800-832-0736 Conference Room: 2884179

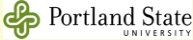
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POLLING QUESTION


National Technical Assistance Center for Children's Mental Health
GEORGETOWN UNIVERSITY CENTER FOR CHILD AND HUMAN DEVELOPMENT




Portland State UNIVERSITY



EASA



RAISE
Early Treatment Program
A Research Project of the NIMH



Implementing Early Psychosis Intervention in the U.S.

Changing the Life Course of Schizophrenia and Related Conditions

Introductions

Patricia Marcy, R.N., Project Director, RAISE Early Treatment Program

Delbert Robinson, M.D., RAISE Early Treatment Program

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Agenda

- Introductions
- What is psychosis & why this matters
- Core components of early psychosis intervention
- Implications for policy and practice
- Resources
- Questions & discussion

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Oregon Early Assessment and Support Alliance

- Statewide, common model
- 2001 5 counties
- 2007 started state-wide
- 32/36 counties today
 - Over 1000 young adults served since 2008



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Oregon Early Assessment and Support Alliance

Model developed iteratively to integrate new learning

- Based on Australian model, added elements

- Transition-age hub pilots starting 2014



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EASA Center for Excellence Portland State University Regional Research Institute

Responsible for Oregon's training, new program support, program development, practice guidelines, fidelity monitoring

Young Adult Leadership Council made up mainly of EASA grads

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RAISE Early Treatment Program (ETP)

The National Institute of Mental Health Recovery After an Initial Schizophrenia Episode (RAISE) Project is testing whether early, aggressive, and pre-emptive intervention can slow or halt clinical and functional deterioration in schizophrenia

The RAISE ETP started in 2009 and results will be available in late 2014.

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RAISE Early Treatment Program (ETP)

The program involved 34 mental health sites in 21 different states

- 17 provided treatment as usual
- 17 were trained on the NAVIGATE intervention

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RAISE Early Treatment Program (ETP)

The NAVIGATE intervention is:

- a integrated team based approach to care consisting of:
 - Family Therapy
 - Individual Resiliency Training
 - Supported Education and Employment
 - Decision supported medication visits
- The NAVIGATE treatment was provided for a minimum of two years

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RAISE Early Treatment Program (ETP)



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Schizophrenia Prodrome/ Gradual Onset

- Cognitive changes
- Decline in functioning
- Affective changes (i.e. looks depressed but not sad)
- Social withdrawal
- Majority have diagnosable mental illness prior to schizophrenia diagnosis
- Early signs useful both for identification and relapse signature

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Why Implement Early Psychosis

- Age of onset at critical developmental juncture
- Long delays and barriers typical
- Evidence based services not generally available
- The alternatives cost a huge amount and don't work
- Staying on track developmentally versus lifetime of disability

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Clinical Characteristics of First Episode Psychosis

- Typically adolescent or young adult
- Families are often actively engaged
- Have lived with severe untreated psychotic symptoms
 - On average for at least a year

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Clinical Characteristics of First Episode Psychosis

Compared to peers

- Cognitively impaired
- Poorer psychosocial functioning
- More likely to smoke
- More likely to abuse substances

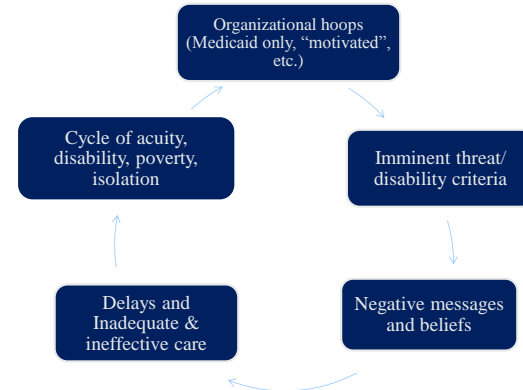
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Target Population

- Typical: age 15-25; some go as high as 30 and some as low as 12
- Acute symptom duration threshold can vary (Oregon: 12 months)

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Without Universally Accessible Early Psychosis Intervention



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Early Psychosis Intervention Involves Culture and Systemic Change



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Core Components of Early Psychosis Intervention



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Core Components

- Community education and outreach
- Universal access
- Seamless intensive team which crosses disciplines
- Psychiatry on team; conservative approach
- Counseling and case management
- Family psychoeducation and support
- Support for school and work
- Long-term transition (2-5 years)

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Community Education

- Delays of 1-2 years to access any care have been typical
- Goals:
 - Knowledge of early signs and symptoms
 - Rapid referral
 - Foster positive expectation for people with the illness

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Community Education

- Encourage referrals from all sources
- Central to successful identification
- Messaging for different audiences:
 - Crisis and mental health providers
 - Adult and child systems
 - Medical providers
 - Schools
 - Clergy
 - Parents and teenagers/young adults

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Access

- Program will screen many out so need to adopt role as broker/assessment resource
- Rapid response: psychosis is a medical emergency and can be life-threatening
- Ability to respond regardless of insurance is critical

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Integrated Treatment Team

An integrated treatment team is essential for program success

- Create a team that can serve teens and young adults
- Select a team leader that is responsible for oversight and supervision of the program
- Regular team meetings
- Team members must believe in the program

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Integrated Treatment Team

- Selected for the team not assigned
- Support from clinic administration to overcome administrative barriers

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Medication Treatment: Primary Differences in First Episode vs. Multi- Episode Treatment

- First episode patients have better response to antipsychotics than multi-episode patients
- Effective antipsychotic doses are lower for first episode patients
- Despite lower medication dosing, side effects are frequent

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Medication Treatment: Primary Differences in First Episode vs. Multi- Episode Treatment

The suggested sequence of medication trials differ between first episode and multi-episode patients

- e.g. PORT recommendations suggest olanzapine not be used as a first line agent with first episode patients

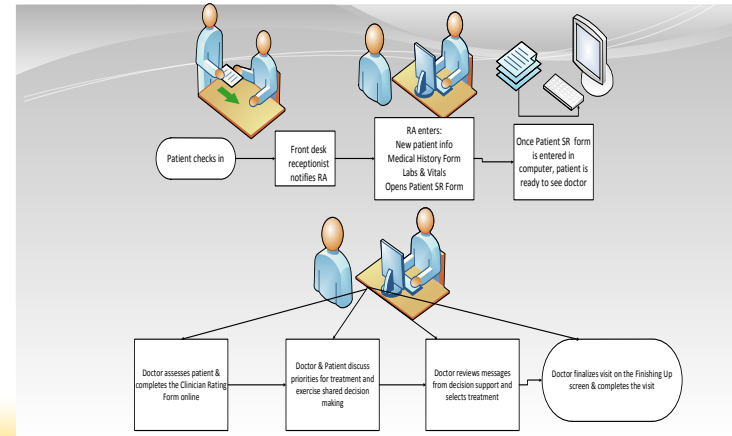
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RAISE Patient Data: 404 patients enrolled

- We examined medications at study entry before any effect of study procedures
- 159 subjects (39.4% of the entire sample) might have benefited from a prescription change

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Patient Visit Flow Diagram



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**Patient Preference About Considering Medication Change
Based Upon 2309 Completed Patient Self Report Forms**



Significant decreased likelihood over time of a subject wanting to consider a medication change

Counseling/ Clinical Case Management

- Steep learning curve
- Clinician fit is key
- Core skills/approaches:
 - Recovery and goal oriented
 - Knowledgeable about resources
 - Cognitive Behavioral Therapy
 - Illness education
 - Motivational Interviewing
 - Integrated dual diagnosis treatment (substances)
 - Feedback-informed methods

Family Education/Therapy

- Incorporate recovery attitudes and practices
- Teach family members about psychosis and how to support the client
- Build on participants' strengths

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Family Education/Therapy

- Develop a collaboration among client, relatives, and team
- Include supportive individuals in all phases of treatment planning and decision making
- Offered on an individual basis, or through multi-family groups

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Supported Employment and Education

- Focus on Competitive vs. Sheltered Work/School
- Eligibility Based on Client Choice, not clinician perception of readiness
- Integrated with team
- Attention to Client Preferences

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Supported Employment and Education

- Personalized Benefits Counseling
- Rapid Job/School Search
- Relationship Development with Schools and Employers
- Time-Unlimited and Individualized Support

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Transition into long-term supports

- 2-5 years; gradual hand-off
 - Intentional; EASA has graduation ceremonies
- Recovery-oriented systemic change
 - Graduate involvement

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Implications for Policy & Practice

- Billions spent ineffectively
- Adolescents least likely to receive care
- Olmstead Supreme Court decision: A large percentage being hospitalized unnecessarily

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Implications for Policy & Practice

“These early findings, combined with the already reviewed evidence supporting early intervention in psychosis, are so compelling that the question to ask is *not whether* early intervention works for FEP, *but how* specialty care programs can be implemented in community settings throughout the United States.”

-R. Heinssen, A. Goldstein, S. Azrin, “Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care”, April 14, 2014.

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There has never been a better time for early psychosis intervention in the U.S.

- Federal support
- Emergence of new programs
- Well-established research
- Growing recognition that we have been complacent in the face of crisis
- Thriving recovery community
- Affordable Care Act

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What it Will Take

- Highlighting the contrast: What is happening now versus what we could do
- Leadership, champions, persistence
- Learning from what's been done already
- Realigning funds and policies
- Creating teams
- Systematic and collaborative approach

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Validation

- Eligibility
 - Demonstration of specific knowledge, skills and abilities based on a national standard
- Competence
 - 88 contact hours of training, 1000 hours of work experience and 20 hours of peer supervision
- Outcomes
 - Increases the parent's self-assessment of practical "knowledge" about resources and "care-coordination"

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Resources

See “Data Matters” resource list: RAISE, EASA, PREP, PTI, international resources, etc.

September webinar series/learning exchange planned

Useful Reading:

R. Heinssen et al, Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care:

<http://www.nimh.nih.gov/health/topics/schizophrenia/raise/summary-of-fep-treatment-components-d9-11apr-2014-final-edits-for-briefin.pdf>

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Resources

Useful reading:

J. Edwards & P. McGorry, Implementing Early Intervention in Psychosis: A Guide to Implementing Early Psychosis Program, Martin Dunitz, 2002

D. Addington, E. McKenzie et al, Essential Evidence-Based Components of First-Episode Psychosis Services, *Psychiatric Services* 2013 vol. 64, no. 5.

International consensus statement: <http://www.iris-initiative.org.uk/silo/files/early-psychosis-declaration.pdf>

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Questions & Comments



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Next Webinar:

**Family, Young Adult & Adult Peer Support –
Limitless Possibilities**

May 22, 2014 at 1pm ET

Register at:

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