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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

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Engagement of Individuals and Families in Early Psychosis Programs

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www.easacommunity.org

CARING FOR EVERY CHILD'S MENTAL HEALTH
Systems of Care

THE TA NETWORK
the national technical assistance network for children's behavioral health

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

"I want you to find a bold and innovative way to do everything exactly the same way it's been done for 25 years."

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Journey of Psychosis
Without Early Intervention

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How Early Psychosis Intervention is Different: Cycle of Recovery & Wellness

Welcoming and Proactive: Community ed, outreach, intentional elimination of barriers

Voluntary entry: Easy to find and rapid access; proactive strengths-focused engagement and care; family partnership

Effective care: Focus on resilience, positive messages and role models; integration of evidence-based care and feedback; flexible and proactive team; system improvement; careful transitions

Wellness & growth: developmental progress; shared decision making;

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"Stigma comes from ignorance and stereotyping. Once you realize stigma is just an ignorant state it allows you to look past and say hey, this is interesting."

"Going through something traumatic like this makes you stronger; it's not a sign of weakness."

-EASA Young Adult Leadership Council

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“The clinicians treat me like a normal person, which helped me a lot because the people in my life were treating me like [I wasn’t]. But even prescribing me medication, they were like, ‘This is normal. This could help you cope with what you’re experiencing.’”

“You think it’s somehow outside of the norm but when you think about it, just not that many people have experienced that. It’s been going on forever and it’s just a different thing than what you’re used to.”

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Introduction to Program

- What does this person care about? What do they experience as their needs?
- What are their strengths and interests?
- Who do they trust that could introduce the program?
- What is the plan- who will communicate with whom?
- Is family involved in referral & if not, how can they be involved as soon as possible (exception - abuse)

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Introduction to Program

- Extended screening and engagement
- Problem solving and engagement planning
- Attention to impact of billing and paperwork processes
- Ability to do outreach- staff productivity
- Ability to communicate using preferred medium (i.e. texting)

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Why Focus on Engagement? (Because Treatment is a Pain in the "ASS")

- Lack of Insight
  - (Anosognosia)
- Stigma
- Side Effects

Source: Ryan Melton, PhD

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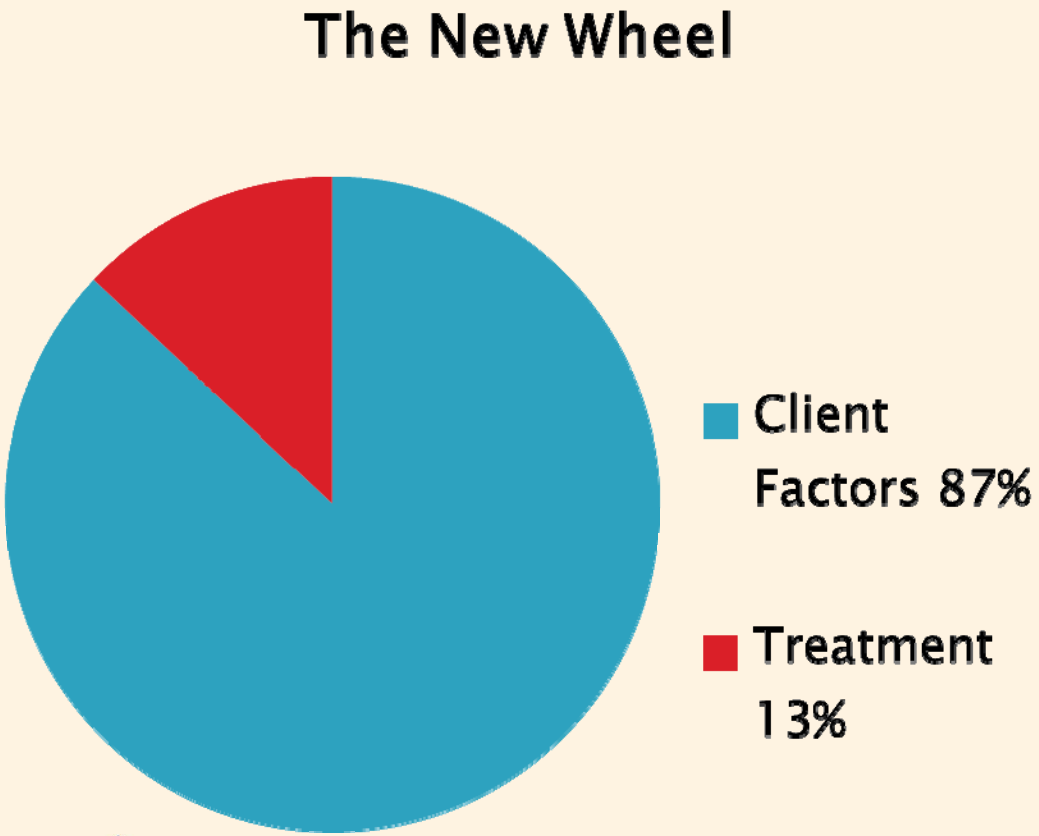
Alliance Research

Wampold, B. (2001). *The Great Psychotherapy Debate*. New York: Lawrence Erlbaum.



Treatment:

- 60% due to "Alliance" ([aka "common factors"] 8%/13%)
- 30% due to "Placebo Factors (4%/13%)
- 8% due to model and technique (1/13)

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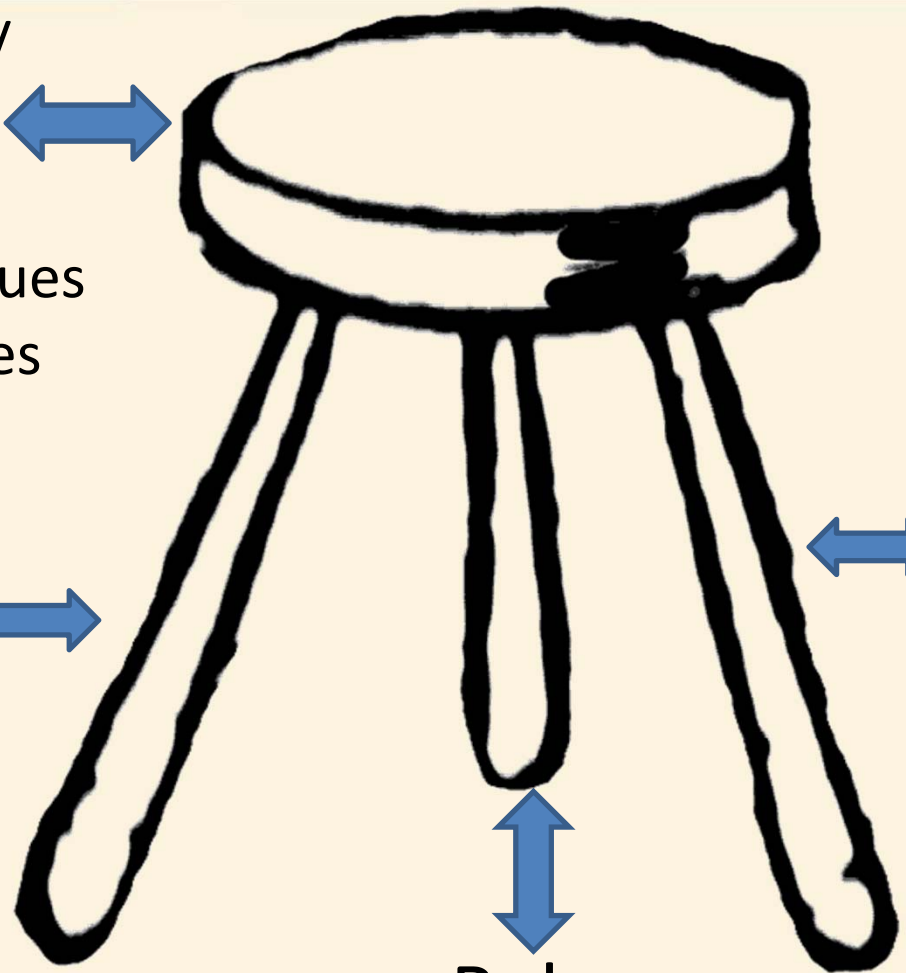
EBP or PBE?



Listening for / eliciting participants' and families' values and preferences

Interventions

Goals

Roles

Engagement Strategies: (Xavier Amador: LEAP)

- ❑ Listen
- ❑ Empathize
- ❑ Agree
- ❑ Partner

"I'm not sick, I don't need help!"

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LEAP into Engagement

- Put person at ease. (L)
- Meet in a location that is comfortable for the client. (L)
- Try side-by-side. (L)
- Acknowledge viewpoint despite what is said (E)
- Be flexible, active and helpful (A)
- Spend time socializing, focus on interests/strengths, especially those you have in common. Identify common ground or create it. (A)
- Explain procedures & write things down with clear instructions. (P)
- Worry about assessment at later time, it is recommended to gather information gradually and in the form of storytelling (aids in memory and identifying negative cognitions and stigma.)
- Stay current!!

"I would highlight that as far as therapy goes, it's really non-traditional. Mental health consultants with EASA aren't going to just sit with you in the office. They're going to meet you where you need to be met, whether it's in your home or an easy hike. They do so many amazing things with their clients." –EASA Participant

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Listening

“I remember one time a psychiatrist was like, ‘You mentioned in the previous meeting that one of your triggers would be wandering.’

And I had talked about going for a walk and just walking around sort of like wandering. But I think she misinterpreted like I was just walking without a goal, perhaps. That one of my triggers was walking around, but that is definitely not wandering… Like being confused sort of wandering. And so she used that against me.

To say, ‘You’re not okay.’ She didn’t really add a positive twist to that."

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Engagement

"Something that was supporting for me was when the clinicians would explain what was happening and what psychosis was because at the time I didn't know what psychosis was, I didn't know what schizophrenia was—any of that. It was supportive for me to be able to really talk about my experience and everything I was doing and just being heard by them. One thing to avoid is the clinicians thinking they know everything about your experience. I believe that everyone has a unique experience. They are never exactly the same, so maybe avoid thinking you know everything that is going on when it might be a little different."

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Agree & Partnership

- Advice from EASA Leadership Council:
  - "What helped in the beginning was… taking things slow. Trying different things. Figuring out the priority of needs and keeping in consistent contact."
  - Things to avoid:
    - Controlling the conversation and taking away the person's voice.
    - Pushing the person into things that are outside their comfort zone.
    - Negative language or stigmatizing labels.
- Formulation: how are symptoms getting in the way of the person's and family's goals?
- Goals should be primarily in the person's words and should be owned by the person
- All members of the team contribute; all team activities relate back to the person's goals and priorities

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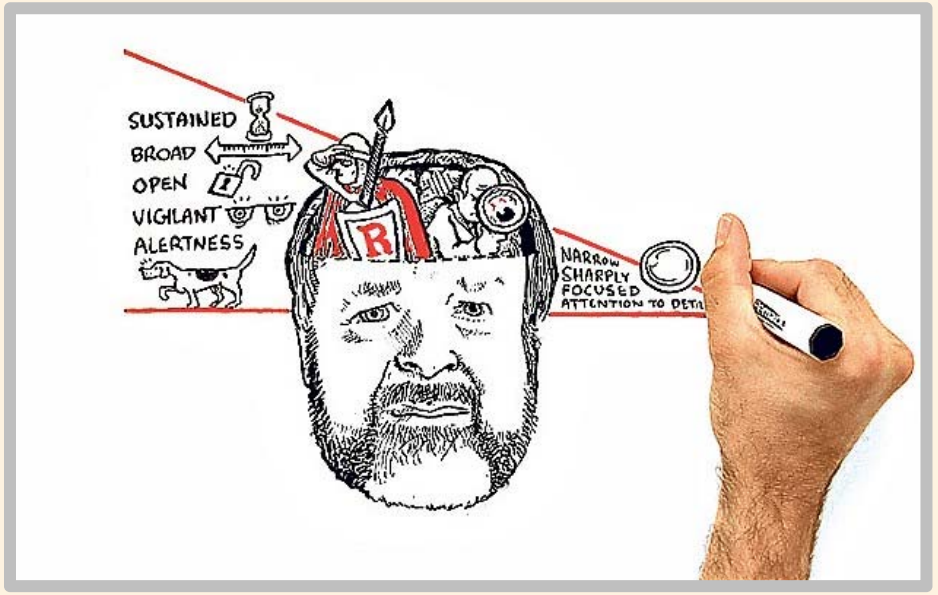
Write It Down

Develop a shared blueprint. Executive function challenges are something nearly all of us face, but EPP participants may be particularly vulnerable to these. It can be hugely helpful to write down HOW TO:

- Access treatment meetings
- Transition (titrate, taper) medications
- Assess whether or not tx is working (related to goals)



Consider a Dry-Erase Board

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Talking About Diagnosis

- Goal: Shared explanatory model which helps the person move forward
- Transparency: Always explain how you are making decisions and involve the person (i.e. introduce to DSM-5, etc.)
- Focus is more on specific symptoms than on overarching label; diagnostic uncertainty in beginning
- Different cultural beliefs
- Internalized stigma and real discrimination
- Diagnosis can be helpful or harmful; tool for knowledge

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Important Resources and Practices

- Clinical supervision and consultation
- Administrative support for changing procedures and paperwork
- Flexibility around no-shows/ disorganization/ ambivalence/ transitions

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Procedural Justice and Perception of Coercion

(McArthur Coercion Studies)

- The person's perception of voluntary vs. involuntary status is not the same as their legal situation

- Key: Importance of "procedural justice"
  - —Did the person feel heard?
  - —Did the family and clinical staff act with respect and concern?
  - —Was there good faith (was the person lied to)?

http://www.macarthur.virginia.edu/coercion.html

Continuity of care

- Explain, listen, advocate for their voice to be heard
- Show up where they are and follow them where they need to go

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An Example of a Good EPP Clinician

https://www.youtube.com/watch?v=BhxanhF2_ks

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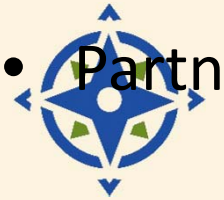
Some Additional Resources

- OnTrack USA manuals and videos: http://ontrackny.org/Resources
- Upcoming from NASMHPD: Shared decision making resources (Option Grid)
- Feedback Informed Treatment: http://www.scottdmiller.com/practice-based_evidence/evidence-based-practice-is-a-verb-not-a-noun/
- Pathways Transition Training Modules:
  - Description: http://www.pathwaysrtc.pdx.edu/proj-pttp
  - Modules page:http://www.pathwaysrtc.pdx.edu/proj-pttp-modules
  - Toolkit: http://www.pathwaysrtc.pdx.edu/proj-pttp-toolkit
- Partners4StrongMinds: http://partners4strongminds.org/



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