Early Psychosis/Clinical High Risk: Staging Models: What and When!

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Objectives

- Introduce Early Psychosis/Clinical High-Risk for Psychosis
- Review concept of stepwise care
- Review assessment/treatment approaches
- Next steps in implementation

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CHRP: What is it?

- Developed from research into schizophrenia prodromal phase
- Early stages of schizophrenia have high levels of acuity, involuntary treatment/legal involvement/Suicide
- FEP programs will naturally move toward CHRP as they attempt to identify psychosis early/reduce duration of untreated psychosis (DUP)
- School/work impact often begins before acute level with onset of cognitive changes

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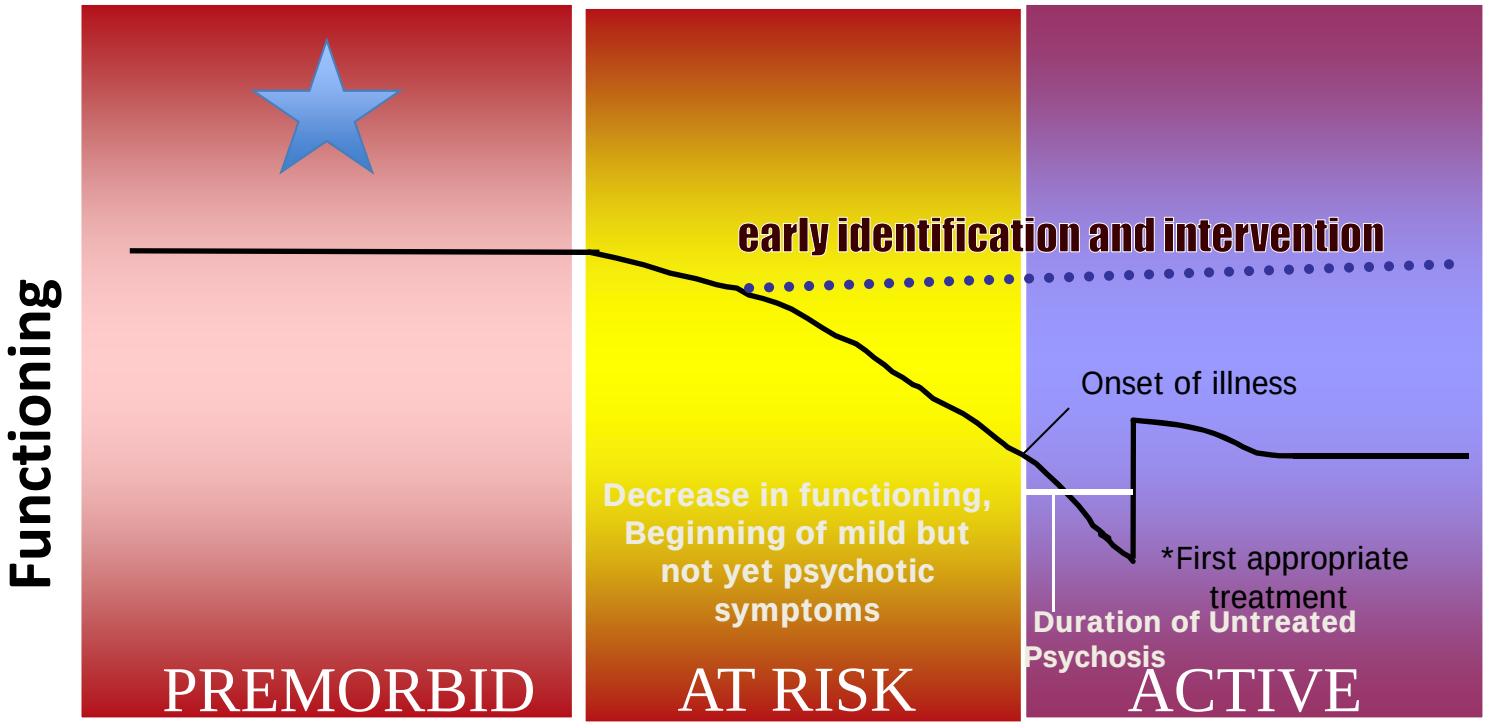
Phases of Psychosis



McGlashan, 2001

Course of Psychosis

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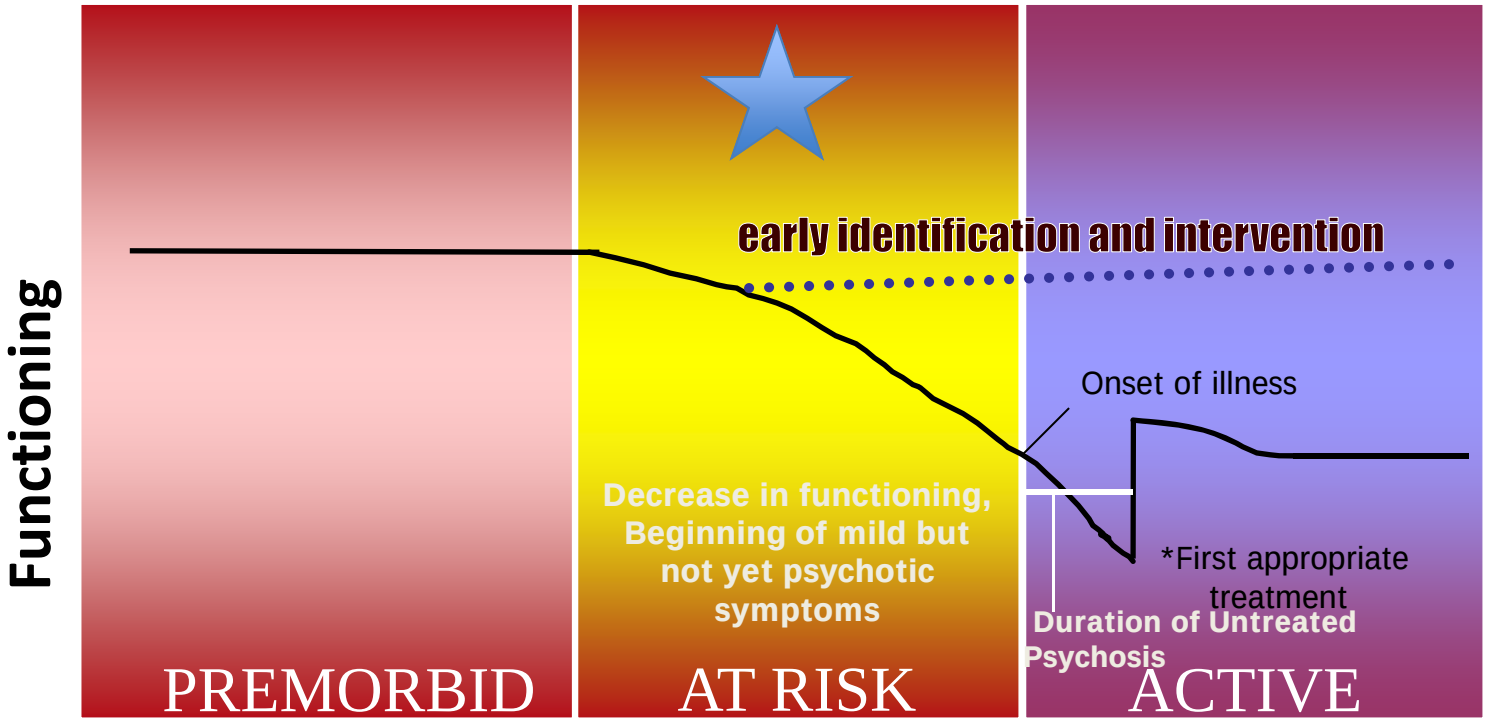
Premorbid Psychosis

- Age 10 and under (EASA is 12-25).
- No formal diagnostic tools to recognize psychosis in this stage
- Possible to identify those with genetic risk
  - CHRP Program treatment: monitoring, education without diagnosis prognosis, treatment of comorbid conditions if present
- Very early changes:
  - Biological (coordination, olfaction, sensory issues)
  - Cognitive (working memory, information processing speed, grades)
  - Social (poor social interactions)

(Cornblatt, B., 2003), (Cadenhead, July 2017) (Ventura, 2014) (Psychosis and Schizophrenia in Adults: Treatment and Management: Updated Edition, 2014)

Phases of Schizophrenia



McGlashan, 2001

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At Risk Psychosis

- Also referred to as:
  - Ultra High Risk (UHR)
  - Clinical High Risk (CHR)
  - Prodromal Psychosis
  - Attenuated Psychosis Syndrome (APS)
  - Psychosis Risk Syndrome (PRS)
- Valid and reliability tools to identify and diagnosis
  - Screening tools (Prime Screen, Prodromal Questionnaire Brief, Early Psychosis Screener)
    - (McGlashan, 2003) (Loewy, 2005) (Brodey, 2019)
  - Assessment tool: The SIPS (Structured Interview for Psychosis Risk Syndromes)
    - (McGlashan, 2014)
- Active treatment is recommended at this stage

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Structured Interview for Psychosis-Risk Syndromes

- Attenuated Positive Symptom Syndrome (APSS)
- Brief-Intermittent Psychotic Syndrome (BIPS)
- Genetic Risk and Deterioration Syndrome (GRD) McGlashan (2014)

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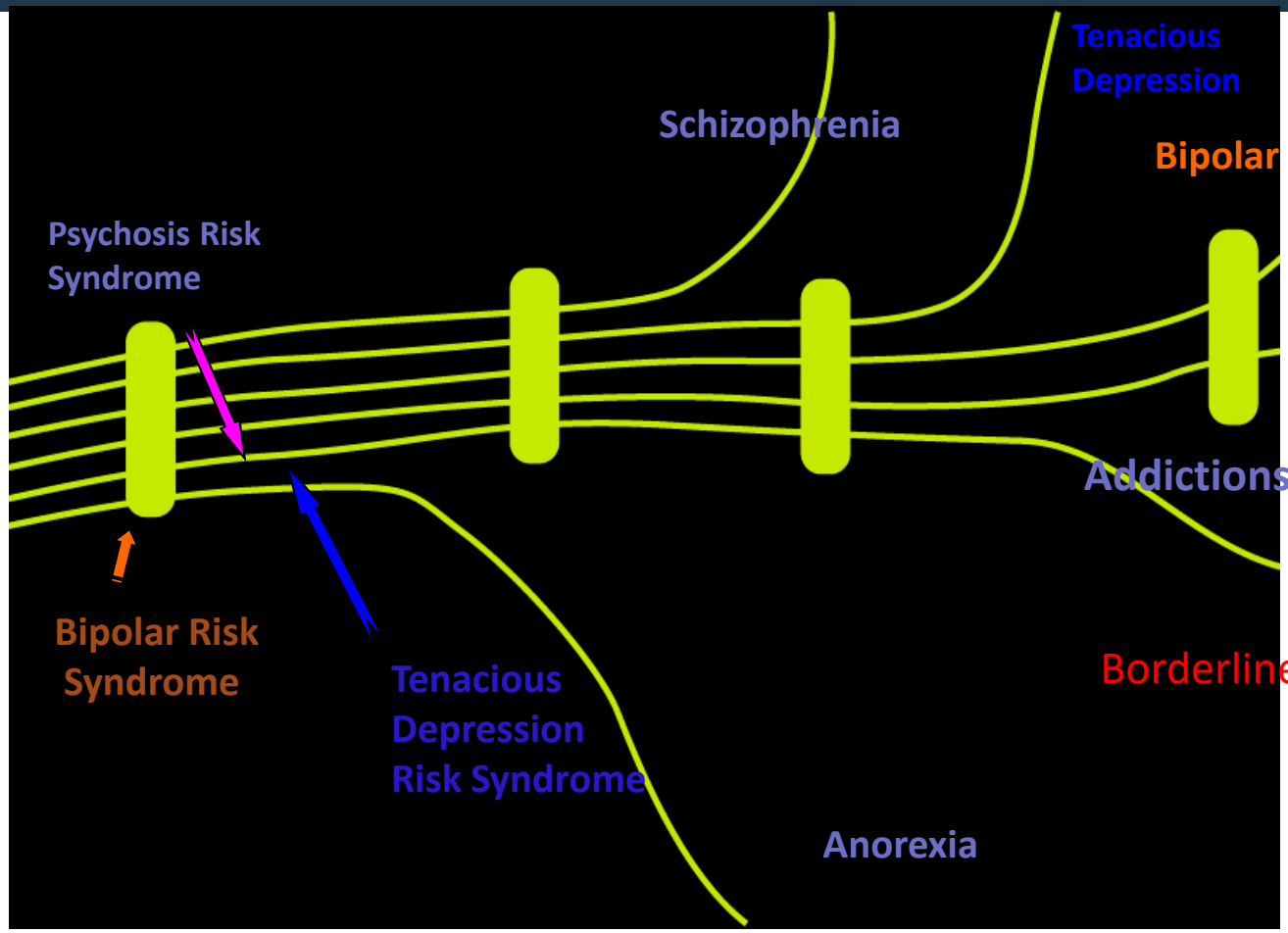
THE GRAND DSM 5 RAILROAD



(Mcgorry, P. D., 2018

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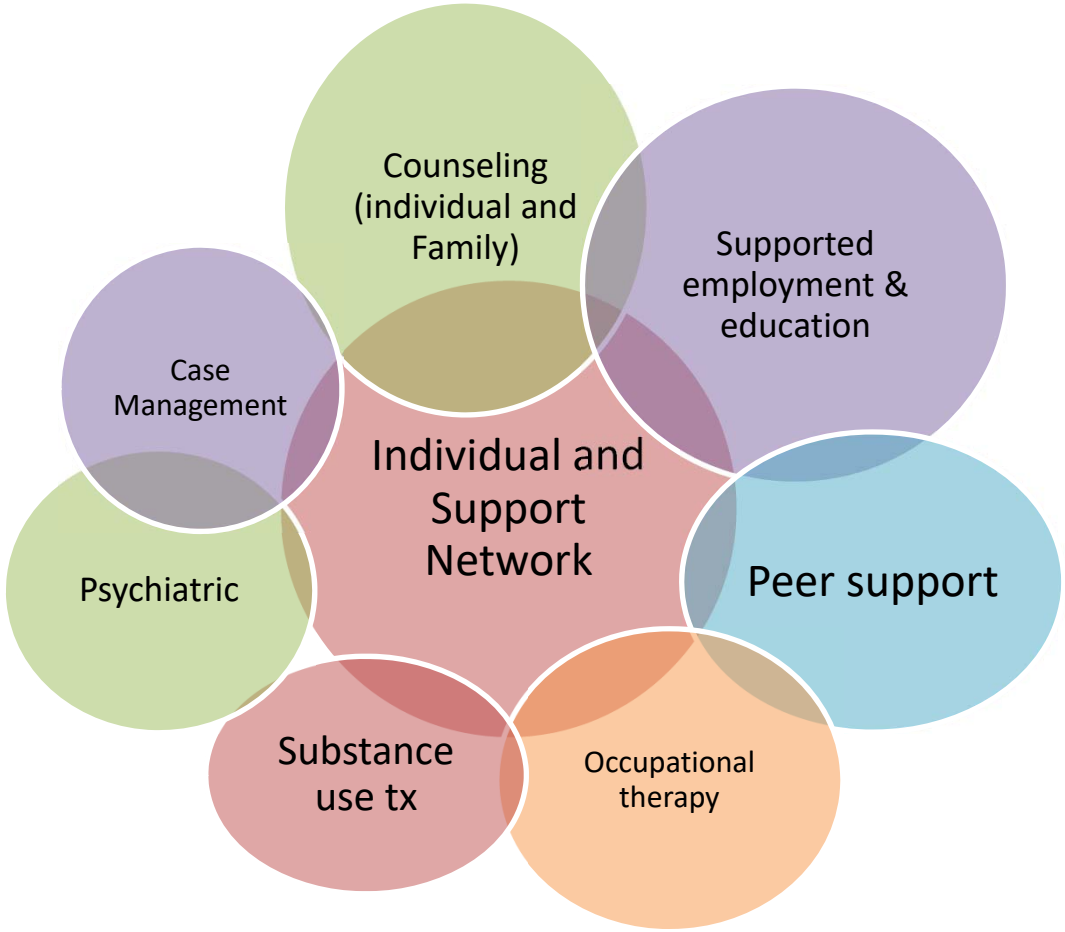
Coordinated Specialty Care



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At Risk Psychosis

Symptoms on SIPS

Clinical High Risk (CHR) – Moderate but subthreshold mood/positive/negative symptoms with moderate neurocognitive changes, distress and functional decline.

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Treatment

- Cognitive Behavior Therapy for Psychosis (CBTp)
- Case management
- Family psychoeducation
- Substance use risk reduction Individual Placement and Support model of supported employment and/or education
- Peer Support Services
- Occupational Therapy
- Specialized prescriber services
- FREQUENCY: EVERY TWO WEEKS (Min) WITH REDUCTION GUIDED BY CLINICAL MEASURES

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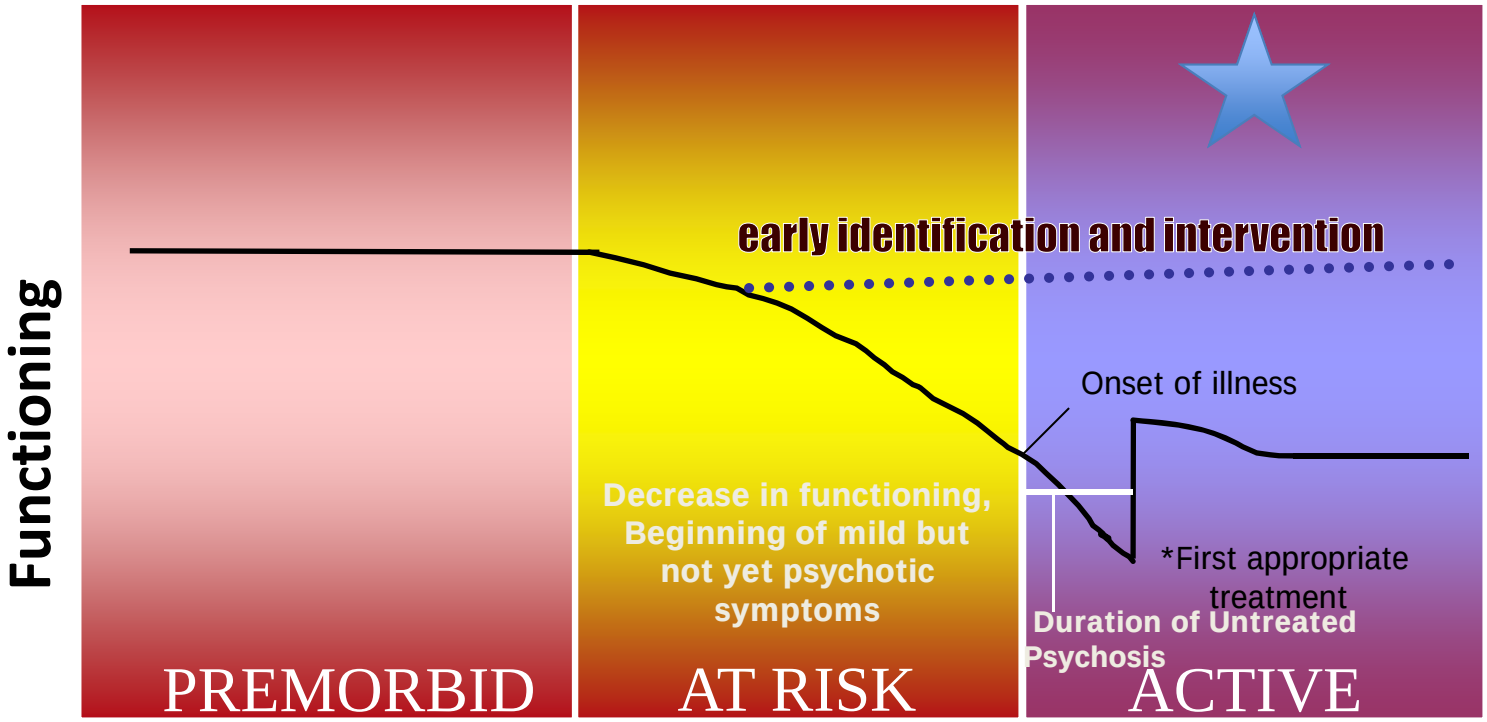
At Risk Psychosis: Treatment

- Cognitive Behavior Therapy for Psychosis (CBTp)
  - Insight orientated strategies (reality testing, experimentation)
  - Use standard CBT for co-occurring disorders (depression, anxiety, trauma) (Van der gag, 2017)
- Case management
  - Resources focused on stress reduction as opposed to disability resources
  - Strengths based casemangement that emphasizes informal resources (Rapp, 2005)
- Family/Individual psychoeducation
  - Education about CHRp (prevention strategies, Don't panic, focus on normality)
  - Cultural minorities may feel more stigmatized (Wond, 2009)
  - Symptoms may be more stigmatizing then label
  - Focus on self stigma (Yang, 2015), perception of perceptions.
- Substance use risk reduction
  - Focus on THC as risk of transition especially those with SUD (Kraan, 2015)
  - Do not over focus on self-medication! CHR clients use for mood enhancement & social motives (Gill, 2015)

At Risk Psychosis: Treatment

- Individual Placement and Support model of supported employment and/or education
  - May not be a good fit. Following developmental recommendations for employment (Melton, 2016)
  - Understand education needs (IEP, 504, IDEA)
  - Non-formal educational supports (homework group).
- Peer Support Services
  - May not be a good fit. Consider mentorship.
  - Focus on non-diagnosis related experiences/Life experiences (reciprocity in self disclosure) (On Track, 2018).
- Occupational Therapy
  - Assessments on cognitive and sensory issues and use recommended strategies.
- Specialized prescriber services
  - Antipsychotic medications cause more risk then benefit unless significant/period deterioration (e.g 5 on SOPS) (McGorry, 2010).
  - Monitor metabolic risk with or without meds (Shah, 2019)
- Monitoring
  - SOPs every 90 days, more frequently (every two weeks) if 5 on SOPS. Pay close attention to P1 and P2 on the SOPS. Used to measure conversion to active psychosis
  - If conversation occurs transfer to FEP and start clock over for EASA on duration of treatment program.
  - Other symptom based assessments (e.g. Phq 9, GAD 7 etc.) Also recommend alliance and outcome measures such as PCOMS.

Phases of Schizophrenia



Course of Psychosis

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Active Psychosis

Symptoms on SIPS

First Episode of full-threshold disorder with moderate to severe symptoms, neurocognitive deficits, distress, and functional decline.

Treatment

- Cognitive Behavior Therapy (CBT)
- Case management
- Family psychoeducation – Multi-family group
- Substance use risk reduction
- Individual Placement and Support model of supported employment and/or education
- Peer Support Services
- Occupational Therapy
- Specialized prescriber services

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Active Psychosis: Treatment

- Cognitive Behavior Therapy for Psychosis (CBTp)
  - Non-insight orientated strategies (collaborative empiricism, focus on coping)
    - Wykes (2014)
  - Use standard CBT for co-occurring disorders (depression, anxiety, trauma)
- Case management
  - More assertive outreach
  - Resources focused on eligibility entitlements
  - Strengths based casemangement that emphasizes informal resources (Rapp, 2005)
- Family psychoeducation
  - Education about specific diagnosis and symptoms
  - Structured family psychoeducation models (e.g. Multifamily psychoeducation) (McFarlane, 2002)
  - Shared Decision Making (Wonders, 2017)
  - Use of family peer support (Acri, 2017)
- Substance use risk reduction
  - More structured dual diagnosis strategies (harm reduction) (Xie, 2009)

Active Psychosis: Treatment

- Individual Placement and Support model of supported employment and/or education
  - More traditional IPS models for employment and education. (Bond, 2014)
  - Still consider developmental recommendations
- Peer Support Services
  - More focused on shared experience of psychosis (Repper, 2011)
- Occupational Therapy
  - Assessments on cognitive and sensory issues and use recommended strategies.
- Specialized prescriber services
  - Antipsychotic medications more likely to be recommended
  - Monitor metabolic risks (Bozimski, 2018)
- Monitoring
  - Symptom specific (PANSS), functioning (role and social), and Quality of life (QoL) scales used to measure progress.
  - Other symptom based assessments (e.g. Phq 9, GAD 7 etc.) Also recommend alliance and outcome measures such as PCOMS.

Considerations In Implementation

- Creating common language, approaches and understanding
- Understanding what CHRP is and is not
- Standardized diagnosis processes
- Treatment recommendations and caveats
- Modifying language and treatment approach

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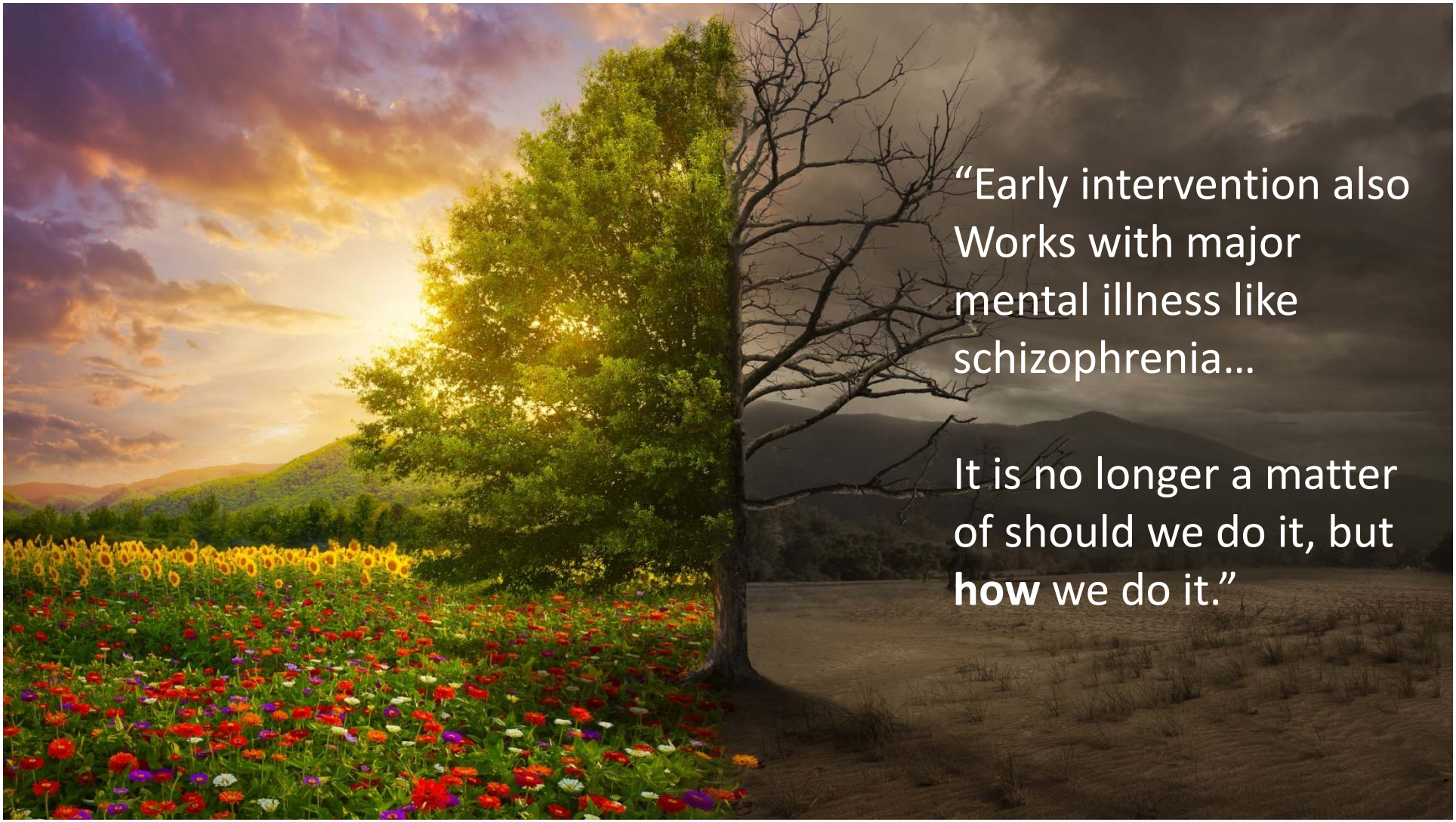
“Early intervention also Works with major mental illness like schizophrenia…
It is no longer a matter of should we do it, but **how** we do it.”

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Resources

- Uploaded to Learning Management System:
  - The Integration of Early Psychosis in a System of Care Framework http://med.stanford.edu/content/dam/sm/peppnet/documents/Integration-of-Early-Psychosis-Services-in-SoC-Framework-Final.pdf
- NASMPHD materials: https://www.nasmhpd.org/content/early-intervention-psychosis-eip
- PEPPNET (click "contact us" to join if you haven't!): https://med.stanford.edu/peppnet.html
- Webinars and handouts (2 videos by Barbara Walsh on diagnosis and treatment): http://www.easacommunity.org/national-resources.php
- Dr. Melton TED Talk: https://www.youtube.com/watch?v=ws-N4gGSER0
- EPSI: https://telesage.com/eps/
- Online PQ-B: https://screening.mentalhealthamerica.net/screening-tools/psychosis?ref=StrongMinds

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