TOPICAL WEBINAR FOR APA MEMBERS

An Educational Resource from McLean Hospital.

Assessing and Treating First-Episode Psychosis to Improve Functional Outcomes

December 6, 2024

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- A recording of this presentation will be emailed to everyone in 2 weeks' time.
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- You are on mute. Communicate using the **Q&A box** in the webinar screen. Submit your questions for our speakers using the Q&A box.
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Dr. Julie McCarthy



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Agenda

- Assessing First Episode Psychosis
- First Episode Psychosis Treatment
- Improving Functional Outcomes
- Q&A with Drs. McCarthy and Karmacharya

Assessing First Episode Psychosis



What is first episode psychosis?

- Psychosis is a set of symptoms (not a diagnosis)
  - Delusions
  - Hallucinations
  - Disorganized symptoms
  - Disorganized behavior or catatonia
  - Negative symptoms

- First episode
  - Psychosis onset within past 1-3 years

- First episode clinic typical age requirements:
  - Minimum: 12 or 18 years
  - Maximum: 30 or 35 years
  - Psychosis can occur later in life (>40 years)

DSM-5; Howard et al., 2000

Psychotic Disorder Diagnoses

- **Schizophrenia**
  - >6 months of psychosis + functional decline
- **Schizoaffective Disorder**
  - Prominent mood symptoms with 2+ weeks of psychosis without a mood episode
- **Bipolar Disorder** or **Major Depressive Disorder** with **Psychotic Features**
  - Prominent mood symptoms with psychosis only occurring during a mood episode
- **Delusional Disorder**
  - Primarily non-bizarre delusions
- **Brief Psychotic Disorder** vs. **Schizophreniform**
  - <1 month of psychosis vs. 1-6 months of psychosis

Psychotic Disorder Not Otherwise Specified

Psychosis without meeting criteria for another diagnosis or currently insufficient information to diagnose

Psychotic Disorder Diagnoses

A. Delusions

B. Hallucinations

C. Disorganized speech

D. Disorganized behavior or catatonia

E. Negative symptoms

- **Schizophrenia, schizoaffective disorder, schizophreniform**
  - At least 2 of A-E, at least 1 is A, B, C
- **Bipolar Disorder** or **MDD** with **Psychotic Features**
  - At least 1 is A or B
- **Delusional Disorder**
  - At least 1 is A
- **Brief Psychotic Disorder**
  - At least 1 is A, B, C

What are not psychotic disorders?

- **Differential diagnoses to consider**
  - General medical condition
  - Substance use disorder
  - Post traumatic stress disorder (PTSD)
  - Obsessive compulsive disorder (OCD)
- **Remember**
  - Psychosis symptoms must occur when someone is awake (not solely upon falling asleep or waking)
  - Cultural considerations

Why is early assessment important for psychosis?



- Average duration of untreated psychosis is 74 weeks (1.4 years) (Addington et al., 2015)
- Shorter duration of untreated psychosis leads to better outcomes
  - Quality of life (Kane et al., 2016)
  - Negative symptom severity (Howes et al., 2021)
  - Total symptom severity (Drake et al., 2020)
- Barriers to treatment include
  - Stigma & finances (Hasan et al., 2017)
  - Lack of insight (Buckley et al., 2007)

Risk Factors for Psychosis



- Biological family history (Laursen et al., 2005)
  - Schizophrenia/schizoaffective
  - Bipolar disorder
- Environmental factors (Stilo and Murray, 2019)
  - Growing up in an urban area
  - Pregnancy/birth complications
  - Childhood trauma
  - Migration
  - Social isolation
- Cannabis use increases psychosis risk (Hasan et al., 2019; Murray et al., 2020)
  - Especially daily use
  - During adolescence
  - High potency

How do we assess for psychosis?



- **Diagnostic Interviews**
  - Structured Clinical Interview for DSM-5 (SCID-5)
  - Mini-International Neuropsychiatric Interview (MINI)
- **Clinician-rated Symptom Scales**
  - Brief Psychiatric Rating Scale (BPRS)
  - Positive and Negative Syndrome Scale for Schizophrenia (PANSS)
  - Clinical Assessment Interview for Negative Symptoms (CAINS)
- **Self-report Questionnaires**
  - Prodromal Questionnaire (PQ-16)
  - Behavior and Symptom Identification Scale (BASIS-24)

Example Questions

Instead of: "Have you ever been paranoid?" <- delusion
Ask: "Has it ever seemed like people were talking about you or taking special notice of you?"

Instead of: "Do you hear voices?" <- auditory hallucination
Ask: "Did you ever hear things that other people couldn't, such as noises, or the voices of people whispering or talking?"

Instead of: "Have you had negative symptoms?"
Ask: "Have you had any contact with friends in the past week?"

[If yes]: inquire about type, frequency, and who initiated contact
[If no]: Ask about interest in having friends, any steps taken to meet potential friends, any barriers to being in contact with others

Example Observations

Disorganized Symptoms

- **Derailment or loose association:**
  - Switching from one topic to another and another without connection
- **Tangentiality**
  - Partially or completely unrelated answers
- **Incoherence or "word salad"**
  - Mix of words without logic/meaning

Catatonia

- **Stupor**
  - No psychomotor activity, not relating to environment
- **Posturing**
  - Spontaneous and actively holding a rigid position
- **Stereotypy**
  - Repetitive and frequent non-goal-directed movements

Case Example

John is a 20-year-old male who started having trouble in college courses, withdrew from friends, and was vaping cannabis daily. He started talking to himself and posting on social media about suicidal thoughts. His friends contacted his family about these concerns. His family spoke with him, and he said he would never hurt himself, but he was scared about being able to hear people saying negative comments about him even when he was alone. He is meeting with you for the first time.

What else do you need to know to determine a diagnosis?

- **When did the symptoms begin?**
- **What other psychosis symptoms is he experiencing?**
- **Does he meet criteria for a mood episode?**
- **Has he experienced psychosis outside of a mood episode and while sober?**

Case Example

John described starting to hear voices 7 months ago. He shared that he ran out of money and couldn't buy any vape cartridges for a couple of months in the summer. However, he reported that he still heard voices even when he was not using cannabis.

He said that he has only felt depressed for the first time one month ago that he attributed to the stress of finals and having trouble feeling motivated to study or take care of himself. John also noted that, over the past year, he started to believe that he was meant to save the world.

What is the most likely diagnosis?

A. **Cannabis-induced psychosis**

B. **Bipolar disorder with psychotic features**

C. **Schizoaffective disorder**

D. **Schizophrenia**

First Episode Psychosis Treatment



Coordinated Specialty Care



- Cognitive behavioral individual/group psychotherapy
- Medication management
- Family education and support
- Case management
- Supported employment and education
- Peer specialists*

Muser et al., 2015

CBT Psychotherapy

- Assessment / initial goal setting
- Education about psychosis and stress management
- Healthy lifestyles
- Developing a wellness plan
- Processing the psychotic episode

- Developing resiliency
- Coping with symptoms
- Addressing substance use
- Having fun
- Improving relationships

CBT Psychotherapy

- Develop and follow up on home practice goals
- Collaborate with natural supports (family, friends, roommate, self-help group members)
- Support the individual in making their own decisions
- Explore concerns around privacy and confidentiality and discuss options



Medication Management

- **Stage 1**
  - Stabilization
- **Stage 2**
  - Maintenance
- **Stage 3**
  - Optimization

***New: KarXT**

Xanomeline and trospium chloride

FDA-approved Sept 2024

- **Benefits**
  - Primarily decrease in positive symptoms
  - Negative symptoms and cognitive impairment not easily treated
- **Side effects**
  - Weight gain
  - Metabolic syndrome
  - Sedation
  - Extrapyramidal symptoms
  - Tardive dyskinesia

Balancing risk/benefit

- Focus on functional outcomes

Shared Decision Making

- Collaborating with clients and families to access relevant information and to facilitate patient-centered selection of health care resources
  - Help individuals and families make decisions based on current knowledge and their personal preferences and philosophies
  - They can only make informed decisions if we ask about their wishes and fears and provide them with information
  - Start by asking how they understand their experience and what they would like to see change

Family Education and Support



- Psychosis
- Medication
- Coping with stress
- Basic facts about alcohol and drugs
- Healthy lifestyle
- Effective communication
- Developing a wellness plan
- Collaborating with mental health professionals

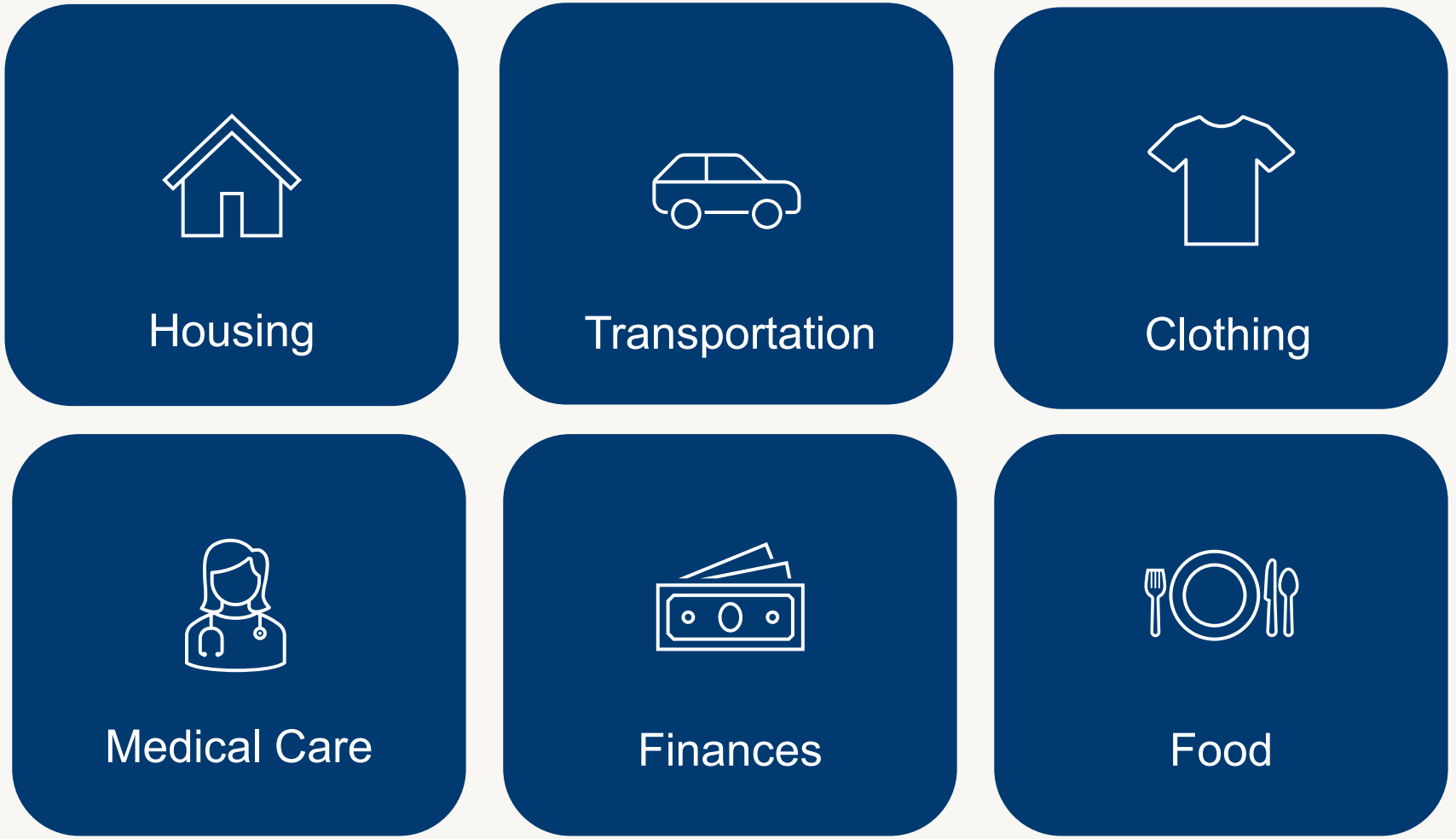
Why Family Involvement Matters

- Helpful when navigating care
- Warmth and positive affect -> less relapse
- Supportive of general well-being
- Involving family in first episode psychosis treatment -> better outcomes



Boden-Stuart et al., 2021; Drapalski et al., 2018; Jones et al., 2021; Lal et al, 2014; Lee et al., 2014; Windell et al., 2023

Case Management



Supported Employment and Education

- **Challenges**
  - Cognitive functioning
  - Anhedonia and amotivation
  - Depression, anxiety, embarrassment
  - Concerns about disability benefits
- **Importance**
  - Improves finances, structure
  - Strengthens self-esteem, sense of purpose, hope
  - Opens access to social interaction, hope
  - Increases independence



Supported Employment and Education

Education & Career Inventory

- Work/School history
- Current preferences
- Initial and ongoing assessment

Job Search or School Enrollment

- Assist with job or school applications
- Practice interviews
- Meet with school counselors or administrators

Follow Along Supports

- Continued practical and action-oriented
- Enhance study skills and job performance
- Coordinate with family as needed

Peer Specialists



OnTrackNY 2017

- **Outreach, engagement, bridge building**
  - Assist with help-seeking ambivalence
- **Relationship building with individuals with families**
  - Use empathy, listening, sharing, and curiosity
- **Embracing creative narratives**
  - Understand, share, discuss multiple views on life
- **Co-create support and wellness tools**
  - Collaborate with clients to create wellness toolkit
- **Influence team culture**
  - Advocate, encourage recovery-oriented language

Improving Functional Outcomes



Treatment Can Improve Functional Outcomes



- **Greater quality of life**
  - Salazar de Pablo et al., 2024
- **Better treatment retention**
  - Kane et al., 2016
- **Positive symptoms**
  - Srihari et al., 2015
- **Reduced hospitalizations and relapse**
  - Craig et al., 2004; Fusar-Poli et al., 2017
- **Social and occupational functioning**
  - Ruggeri et al., 2015
- **Better family well-being**
  - Kline et al., 2022; McCarthy et al., 2022

Opportunities to Improve Functional Outcomes

- Minimize duration of untreated psychosis
- Improve treatment response
- Increase client satisfaction with treatment
- Reduce illicit substance use
- Prevent relapse

Fusar-Poli et al., 2017

Addressing Stigma

Public stigma may change how people view others with psychosis

Self-stigma can decrease self-esteem and help-seeking

Examples: Crazy, dangerous, unpredictable, incapable, lazy

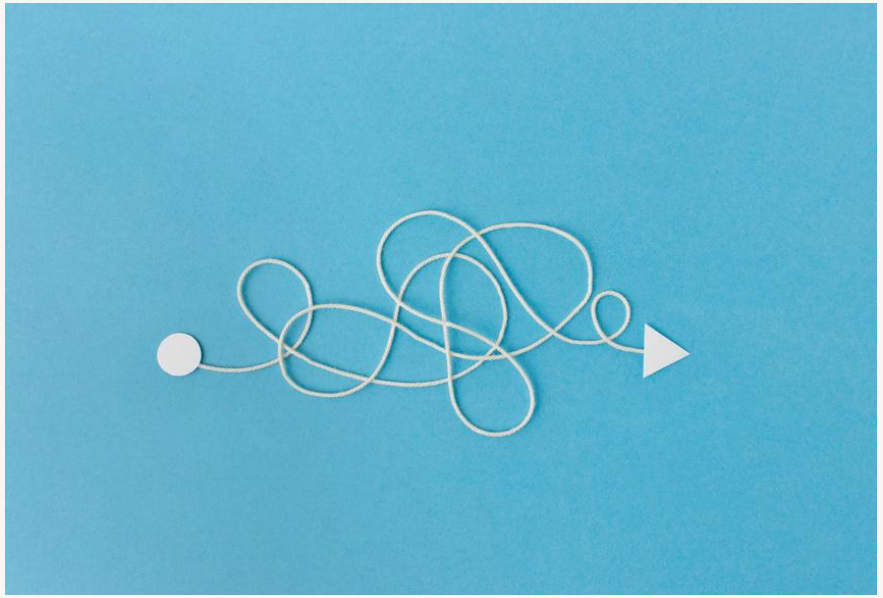
Person-centered language

Instead of:	“A schizophrenic”
Say:	“A person with schizophrenia”
Instead of:	“An addict”
Say:	“A person with a substance use disorder”
Instead of:	“Committed suicide”
Say:	“Died by suicide”

Volkow et al., 2021

Recovery is Possible

- **Historical treatment goal**
  - Symptom reduction
- **Recovery**
  - Personal journey to create a life worth living regardless of symptoms
  - **Building self**
    - Understanding of self
    - Empowerment
  - **Rebuilding life**
    - Active participation in life
    - Rebuilding social support
  - **Hope for a better future**
    - A process of and desire for change

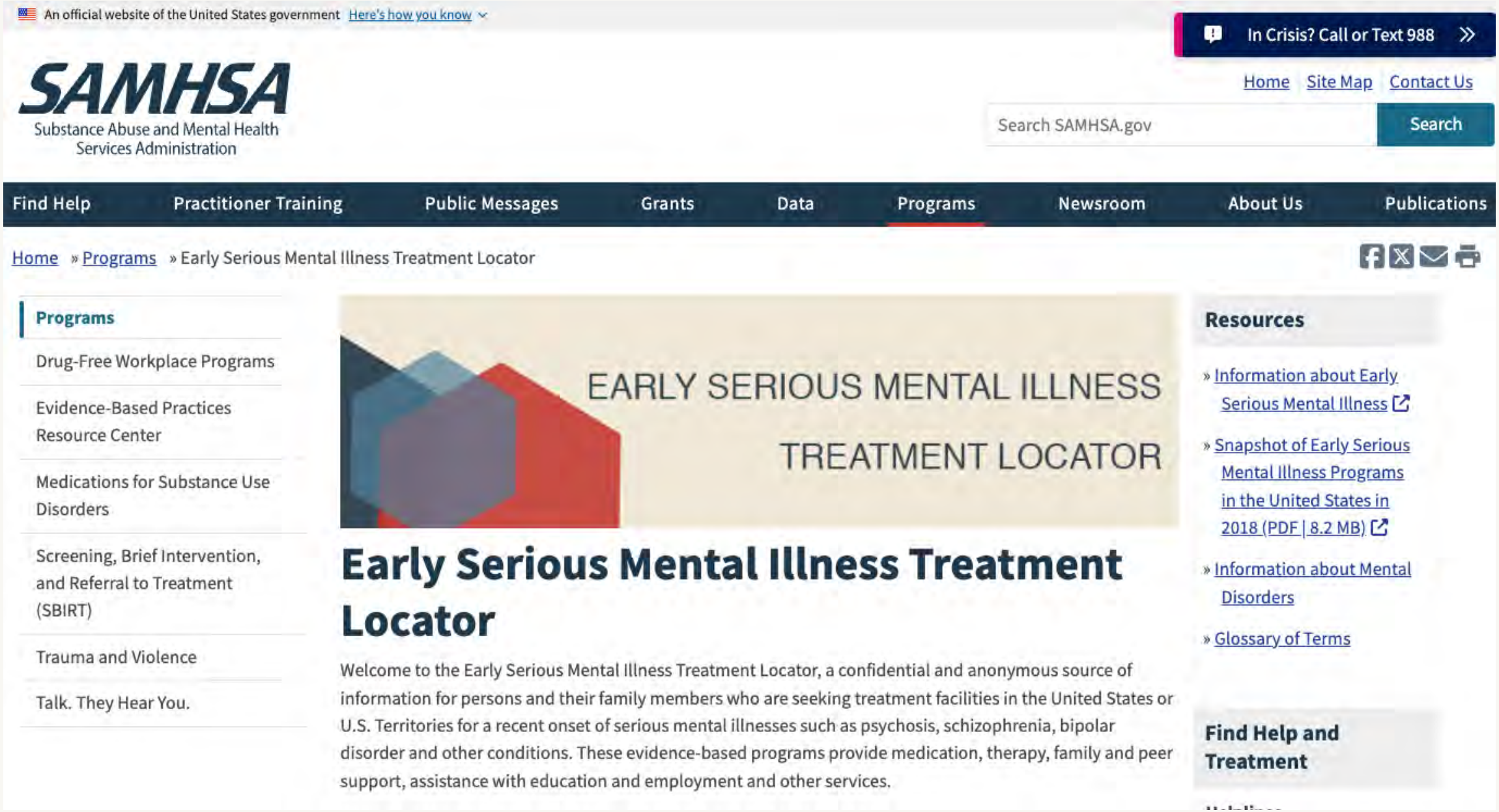


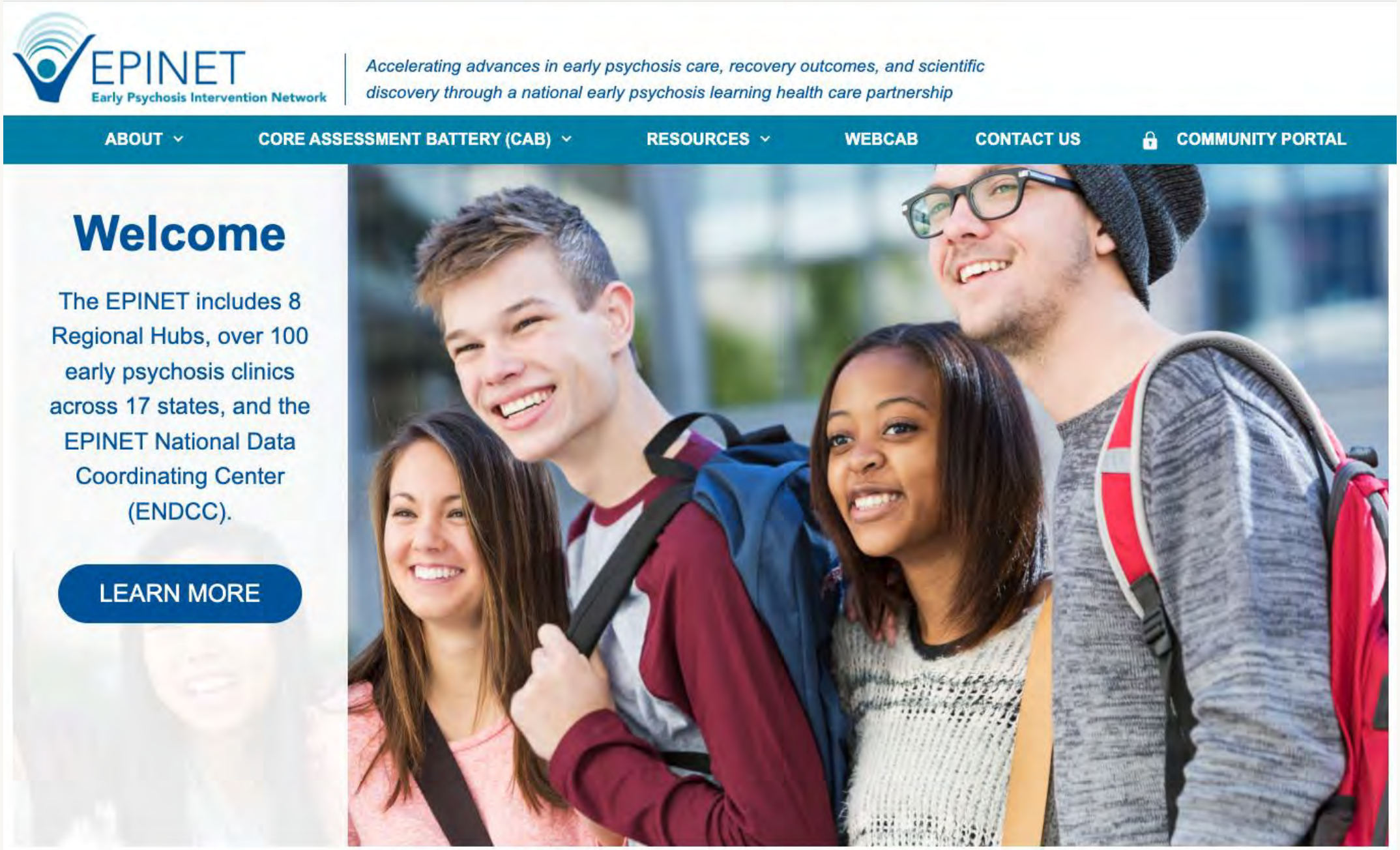
Bellack, 2006; Law and Morrison, 2014; Pitt et al., 2007

First Episode Psychosis Resources



- **Psychosis Screening toolkit**
  - https://psychosisscreening.org
- **Basics of CSC for Early Psychosis online course (~5 hours)**
  - https://2.workingdemosite.com/cbh/training/basics-of-coordinated-speciality-care-for-early-psychosis-csc-basics/
- **NAVIGATE treatment manuals**
  - https://navigateconsultants.org
- **SAMHSA Early Serious Mental Illness Treatment Locator**
  - https://samhsa.gov/esmi-treatment-locator
- **EPINET Early Psychosis Intervention Network**
  - https://nationalepinet.org


An official website of the United States government Here's how you know
In Crisis? Call or Text 988
SAMHSA
Substance Abuse and Mental Health Services Administration
Home Site Map Contact Us
Search SAMHSA.gov
Search
Find Help Practitioner Training Public Messages Grants Data Programs Newsroom About Us Publications
Home » Programs » Early Serious Mental Illness Treatment Locator
Programs
Drug-Free Workplace Programs
Evidence-Based Practices Resource Center
Medications for Substance Use Disorders
Screening, Brief Intervention, and Referral to Treatment (SBIRT)
Trauma and Violence
Talk. They Hear You.
EARLY SERIOUS MENTAL ILLNESS
TREATMENT LOCATOR
Early Serious Mental Illness Treatment Locator
Welcome to the Early Serious Mental Illness Treatment Locator, a confidential and anonymous source of information for persons and their family members who are seeking treatment facilities in the United States or U.S. Territories for a recent onset of serious mental illnesses such as psychosis, schizophrenia, bipolar disorder and other conditions. These evidence-based programs provide medication, therapy, family and peer support, assistance with education and employment and other services.
Resources
» Information about Early Serious Mental Illness
» Snapshot of Early Serious Mental Illness Programs in the United States in 2018 (PDF | 8.2 MB)
» Information about Mental Disorders
» Glossary of Terms
Find Help and Treatment


EPINET
Early Psychosis Intervention Network
Accelerating advances in early psychosis care, recovery outcomes, and scientific discovery through a national early psychosis learning health care partnership
ABOUT
CORE ASSESSMENT BATTERY (CAB)
RESOURCES
WEBCAB
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Welcome
The EPINET includes 8 Regional Hubs, over 100 early psychosis clinics across 17 states, and the EPINET National Data Coordinating Center (ENDCC).
LEARN MORE

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AUDIENCE Q&A

FINAL THOUGHTS

- A recording will be emailed to you in 2 weeks. It will include the presentation slides.
- Take our survey immediately after the webinar has concluded.

THANK YOU!

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