

Telehealth for Early-Stage Psychosis: COVID-19 and Beyond

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Icahn School of Medicine at Mount Sinai

May 19, 2021



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network

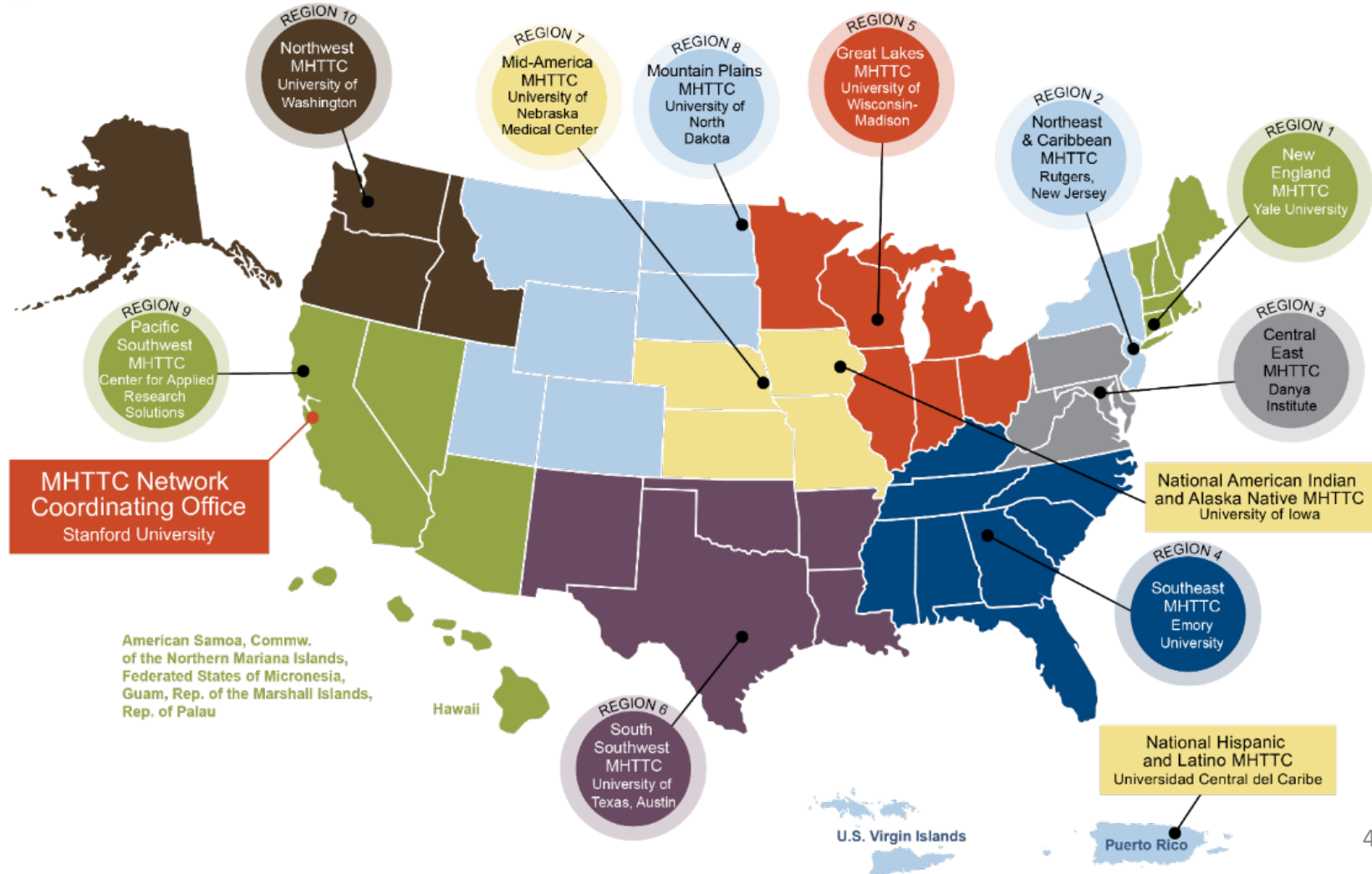


MHTTC

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MHTTC Purpose

The MHTTC Network vision is to unify science, education and service to transform lives through evidence-based and promising treatment and recovery practices in a recovery-oriented system of care.

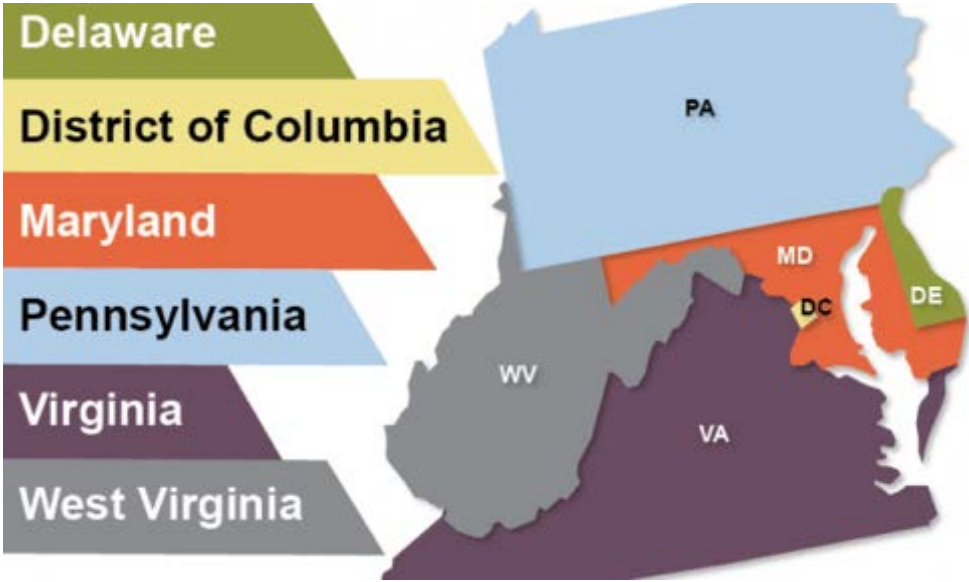


Central East MHTTC Goals

Funded by SAMHSA to:

- **Accelerate** the adoption and implementation of mental health related evidence-based practices
- **Heighten** the awareness, knowledge, and skills of the behavioral health workforce
- **Foster** alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- **Ensure** the availability and delivery of publicly available, free of charge, training and technical assistance

Central East Region 3



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At the time of this presentation, Tom Coderre served as Acting Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

Background



- Clinical psychologist by training and a current NIMH-T32 Postdoctoral Fellow specializing in the early stages of psychosis.
 1. see patients at risk for psychosis for individual, group, and family therapy.
 2. conduct research on psychosis.
 3. help with training and outreach.
- I am passionate about mental health education (particularly psychosis), stigma reduction, and equitable, culturally responsive, evidence-based care.

Agenda

1. Defining the issue
2. COVID-19 and mental health
3. Telehealth

Agenda

1. Defining the issue

2. COVID-19 and mental health

3. Telehealth

Psychosis: Big picture

- Approximately 1%-3% develop a psychotic disorder in their lifetime.
- 100,000 adolescents and young adults develop a first episode of psychosis each year in the US.
- Estimated economic burden of \$156 billion in the US.
- Significant individual impact (earlier mortality, lower QoL).
- Although there are negative outcomes associated with psychosis, it is important to note that many individuals who experience psychosis can and do lead full and successful lives.
- Additionally, many individuals who experience psychosis report positive changes afterwards (e.g., personal strength; spiritual growth).



Psychosis



- Not a diagnosis
- Diverse set of experiences, including loss of touch from reality (hallucinations, delusions)
- Commonly associated with schizophrenia-spectrum disorders, but may be present in mood disorders, trauma, substance use, etc.
- **“Early-stage psychosis”** = first signs and experiences

Early-stage psychosis

Psychosis-risk (aka Clinical High Risk [CHR] for psychosis, or... ultra-high risk... “prodrome”... etc.)

- warning signs; sub-threshold
- psychosis-like experiences that resemble psychosis, but do not rise to the same level of severity and frequency; doubt is also intact
- ~22% develop a psychotic disorder (Fusar-Poli et al., 2020)

First-Episode Psychosis (FEP)

- first signs of a threshold/full episode
 - most have a CHR phase before developing a FEP

Early-stage psychosis

- Onset generally occurs between the ages of 12-30, during key developmental periods.
- Onset may begin in adolescence and continue into young adulthood.



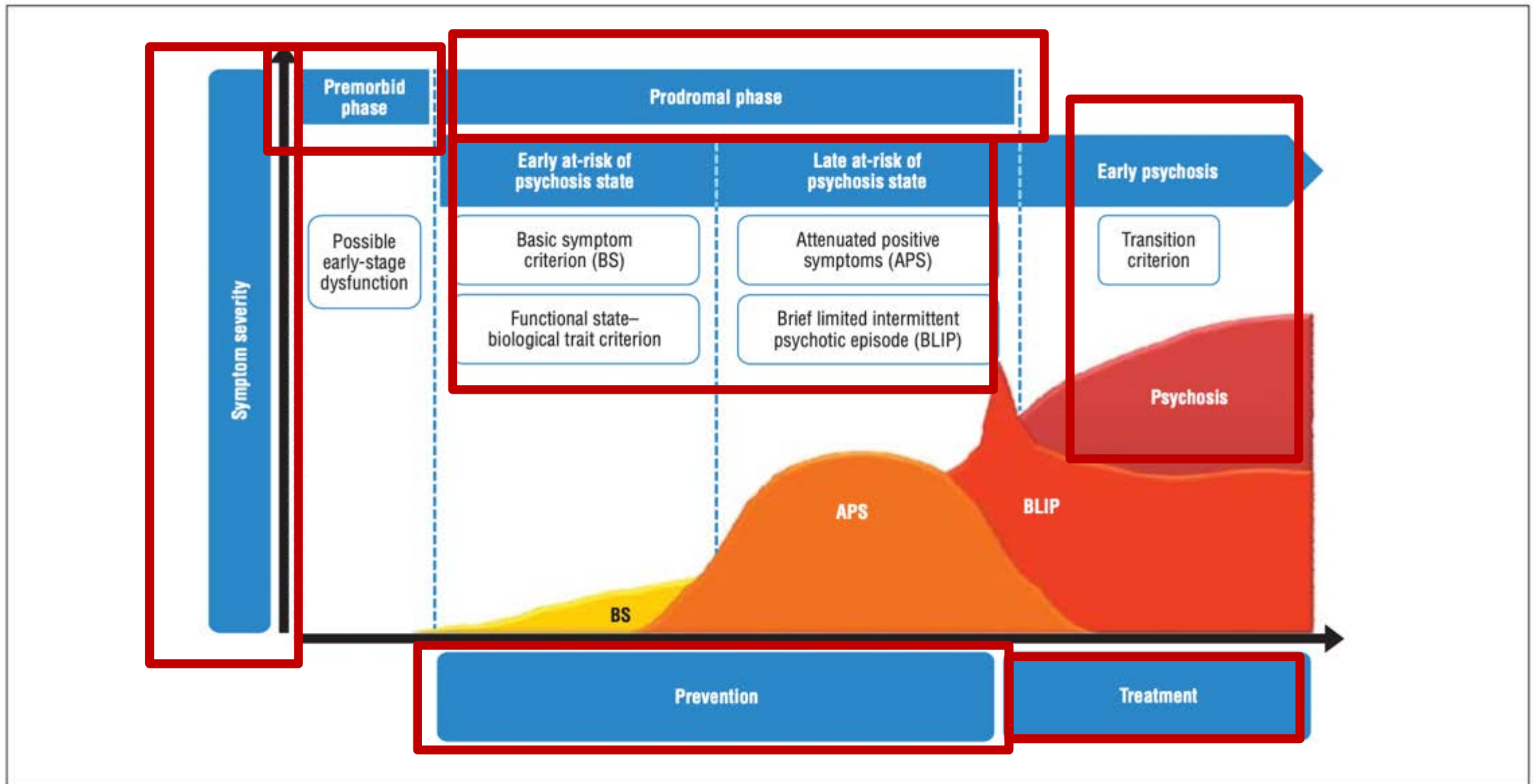


Figure 3. Model of psychosis onset from the clinical high-risk state. The higher the line on the y-axis, the higher the symptom severity.

Psychotic Symptoms: DSM-5

- Two types of psychotic symptoms (DSM-5 'Criterion A', e.g., for schizophrenia)

1

**Positive symptoms
(Behavioral excess)**



- Hallucinations
- Delusions
- Disorganized speech
- Disorganized/catatonic behavior

2

**Negative symptoms
(Behavioral deficits)**

Positive symptoms

- **Hallucinations:** perceptual/sensory abnormalities that occur without an external stimulus
 - auditory (most common), visual, tactile, olfactory
- **Delusions:** false and fixed beliefs
 - *“I think people are talking about me”*
 - *“Someone is following me”*
 - *“People are talking about me to plot against me”*
 - *“Aliens are sending me messages through the TV”*

Positive symptoms (cont.d)

Disorganized speech: difficult to follow

- Disjointed monologues
- Idiosyncratic use of words

Disorganized behavior: unpredictability/agitation

- Dressing in unusual manner
- Unpredictable emotional response



- **Goal-directed behavior**
- **Functioning**

Disorganized movement: unusual movements

Negative symptoms

- Two types of psychotic symptoms (DSM-5 'Criterion A', e.g., for schizophrenia)

1

Positive symptoms
(Behavioral excess)

2

**Negative symptoms
(Behavioral deficits)**



- Social withdrawal
- Decreased motivation
- Decreased activity
- Limited facial expression

Summary: early-stage psychosis and revisiting “prevalence”

- **DSM-5 psychotic disorders = 1-3% lifetime prevalence**
- **Psychosis-risk in general population = 3.3%** (Woods et al., 2019)
- **Psychosis-risk in clinical samples = 20%** (Woods et al., 2019)
- In one study, 1 in 4 non-psychotic adolescent inpatients met psychosis-risk criteria (Gerstenberg et al., 2015)

Conclusion = not rare; likely under- detected

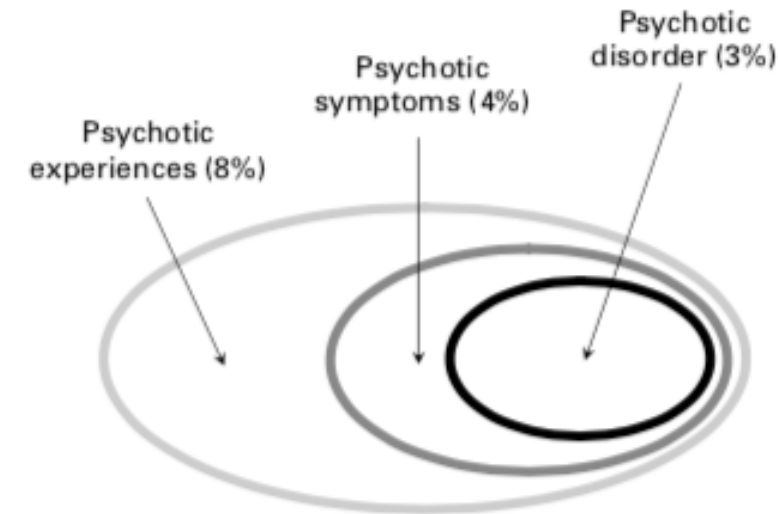


Fig. 4. Psychosis: variation along a continuum.

Van Os et al., 2009

Agenda

1. Defining the issue

2. COVID-19 and mental health

3. Telehealth

COVID-19 and mental health



Brain, Behavior, and Immunity

Volume 89, October 2020, Pages 531-542





Review Article

COVID-19 pandemic and mental health consequences: Systematic review of the current evidence

Nina Vindegaard, Michael Eriksen Benros  

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- COVID-19 patients displayed high levels of posttraumatic stress and increased levels of depression.
- Patients with preexisting psychiatric disorders reported worsening of psychiatric symptoms.
- Higher levels of psychiatric symptoms were found among health care workers.
- A decrease in psychological well-being was observed in the general public.
- However, well conducted large-scale studies are highly needed.

COVID-19 and mental health (cont.d)

THE LANCET Psychiatry

Volume 8, Issue 2, February 2021, Pages 121-129



Articles

The mental health impact of the COVID-19 pandemic on people with and without depressive, anxiety, or obsessive-compulsive disorders: a longitudinal study of three Dutch case-control cohorts




Conclusion?

- “People with depressive, anxiety, or obsessive-compulsive disorders are experiencing a detrimental impact on their mental health from the COVID-19 pandemic, which requires close monitoring in clinical practice. Yet, the COVID-19 pandemic does not seem to have further increased symptom severity compared with their prepandemic levels.”

Suicide trends in the early months of the COVID-19 pandemic: an interrupted time-series analysis of preliminary data from 21 countries

- “This is the first study to examine suicides occurring in the context of the COVID-19 pandemic in multiple countries...
- ...In high-income and upper-middle-income countries, suicide numbers have remained largely unchanged or declined in the early months of the pandemic compared with the expected levels based on the pre-pandemic period...
- ...**We need to remain vigilant** and be poised to respond if the situation changes as the **longer-term mental health and economic effects of the pandemic unfold.**”

Mental health burden for the public affected by the COVID-19 outbreak in China: Who will be the high-risk group?

Yeen Huang  & Ning Zhao  

Pages 22-24 | Received 19 Mar 2020 | Accepted 06 Apr 2020 | Published online 14 Apr 2020

“During the COVID-19 outbreak, **healthcare workers** and **younger people** were at an especially high-risk of displaying psychological impact when they spent too much time thinking about the outbreak.”

COVID-19 and mental health

Empirical Research | Published: 27 October 2020

Risk and Protective Factors for Prospective Changes in Adolescent Mental Health during the COVID-19 Pandemic

[Natasha R. Magson](#) , [Justin Y. A. Freeman](#), [Ronald M. Rapee](#), [Cele E. Richardson](#), [Ella L. Oar](#) & [Jasmine Fardouly](#)

Journal of Youth and Adolescence **50**, 44–57(2021) | [Cite this article](#)

22k Accesses | **11** Citations | **6** Altmetric | [Metrics](#)

COVID-19 and psychosis

- Stress sensitivity and diathesis-stress models



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Journal of Psychotherapy Integration

2020, Vol. 30, No. 2, 304–331
<http://dx.doi.org/10.1037/int0000211>

Telepsychotherapy With Youth at Clinical High Risk for Psychosis:
Clinical Issues and Best Practices During the COVID-19 Pandemic

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Samantha Y. Jay,
Pamela J. Rakhshan Rouhakhtar,
Emily Petti, and Mallory J. Klaunig
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Psychiatry Research
Volume 295, January 2021, 113573



A commentary revisiting the viral hypothesis of
schizophrenia: Onset of a schizophreniform
disorder subsequent to SARS CoV-2 infection

Lynn E DeLisi MD ¹✉



Schizophrenia Research

Volume 220, June 2020, Pages 271-272



Letter to the editor

Is schizophrenia research relevant during the
COVID-19 pandemic?

Henry R. Cowan [✉]

Show more [∨]

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COVID-19 and psychosis: Italy

Schizophrenia Bulletin vol. 47 no. 1 pp. 15–22, 2021

doi:10.1093/schbul/sbaa112

Advance Access publication 6 August 2020

Brief Psychotic Disorder During the National Lockdown in Italy: An Emerging Clinical Phenomenon of the COVID-19 Pandemic

**Armando D'Agostino^{*,1,2}, Simone D'Angelo², Barbara Giordano², Anna Chiara Cigognini²,
Margherita Lorenza Chirico¹, Cristiana Redaelli¹, and Orsola Gambini¹⁻³**

COVID-19 and psychosis: Spain



Revista de Psiquiatría y Salud Mental (English Edition)

Volume 13, Issue 2, April–June 2020, Pages 90-94




Original breve

Reactive psychoses in the context of the COVID-19 pandemic: Clinical perspectives from a case series

Psicosis reactivas en el contexto de la pandemia del COVID-19: perspectivas clínicas de una serie de casos

María José Valdés-Flórido ^{a, 1}, Álvaro López-Díaz ^{a, b, 1} ✉, Fernanda Jazmín Palermo-Zeballos ^a, Iván Martínez-Molina ^c, Victoria Eugenia Martín-Gil ^c, Benedicto Crespo-Facorro ^{c, d, e}, Miguel Ruiz-Veguilla ^{c, d, e}

COVID-19 and psychosis: USA



First Covid, Then Psychosis: 'The Most Terrifying Thing I've Ever Experienced'

Like a small number of Covid survivors with no previous mental illness, Ivan Agerton developed psychotic symptoms weeks after his coronavirus infection.

COVID-19 and psychosis: USA (cont.d)

Original Paper | Published: 21 April 2021

The impact of the COVID-19 pandemic on negative symptoms in individuals at clinical high-risk for psychosis and outpatients with chronic schizophrenia

[Gregory P. Strauss](#) , [Kelsey I. Macdonald](#), [Ivan Ruiz](#), [Ian M. Raugh](#), [Lisa A. Bartolomeo](#) & [Sydney H. James](#)

[European Archives of Psychiatry and Clinical Neuroscience](#) (2021) | [Cite this article](#)

Other recent findings (SIRS, 2021)

- COVID-19 may influence the content of auditory hallucinations (e.g., fear of being blamed for spreading COVID), frequency, and loudness
- Loneliness may be a particularly important predictor of psychosis-like symptoms during the pandemic
- Racial/ethnic minorities may be at the highest risk for psychosis and overall mental health impacts during the pandemic

Resilience

A case report and first-person account of an individual at risk for psychosis

who improved during the COVID-19 pandemic

Herrera, Shaynna N.^{a*}

Sarac, Cansu^{a*}

Bilgrami, Zarina R.^a

Dobbs, Matthew F.^a

Jespersen, Rachel^a

Haas, Shalaila S.^a

Garg, Sahil^a

Shaik, Riaz B.^a

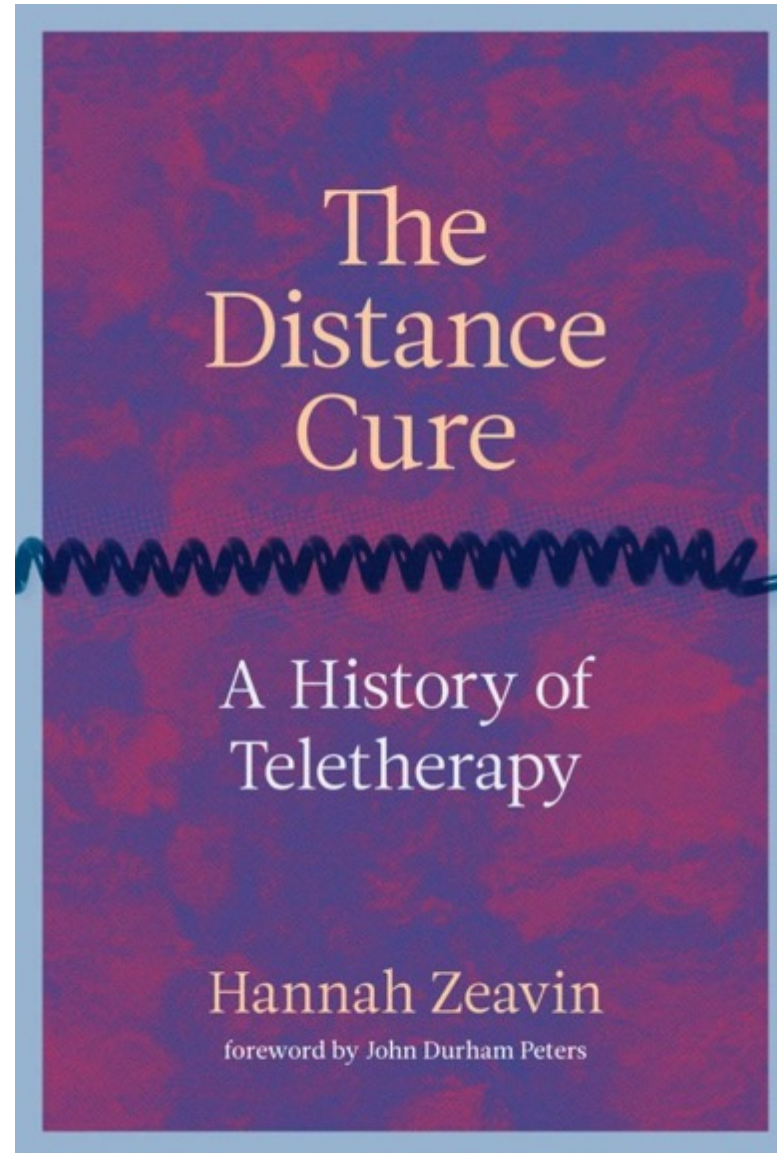
Landa, Yulia^a

Corcoran, Cheryl M.^a

Agenda

1. Defining the issue
2. COVID-19 and mental health
- 3. Telehealth**

Pre-COVID-19 pandemic...



Telehealth

- We now live in the age of telehealth, especially for mental and behavioral health
- Videoconferencing interventions are common in the mental health field and appear to be effective at producing therapeutic outcomes* (Batastini et al., 2021)

Clinical Psychology Review 83 (2021) 101944

Contents lists available at [ScienceDirect](#)

 **Clinical Psychology Review** 

journal homepage: www.elsevier.com/locate/clinpsychrev

Review 

Are videoconferenced mental and behavioral health services just as good as in-person? A meta-analysis of a fast-growing practice

Ashley B. Batastini ^{a,b,*}, Peter Paprzycki ^{a,c,d}, Ashley C.T. Jones ^a, Nina MacLean ^e

^a University of Southern Mississippi, USA
^b University of Mississippi Medical Center Department of Psychiatry, USA
^c Mississippi Center for Clinical and Translational Research, USA
^d University of Toledo, USA
^e Michigan Department of Health & Human Services - Center for Forensic Psychiatry, USA

Telehealth

- ***“More rigorous research designs that focus on a wider range of client demographics and clinical concerns are lacking” (Batastini et al., 2021)**
 - *Female clients and those treated in medical facilities tended to respond more favorably to videoconferencing than in-person*
- **Less is known about the use of videoconferencing with youth in the early stages of psychosis**
 - *May be particularly vulnerable during pandemic*
- Telehealth can be: videoconferencing, phone calls, apps/other digital interventions...

Telehealth and Psychosis (Dwyer, 1973)

Telepsychiatry: Psychiatric Consultation by Interactive Television

BY THOMAS F. DWYER, M.D.

DISCUSSION

I approached the use of television to interview psychiatric patients with considerable negative prejudice, believing that the degree of personal contact with the patient would be limited and that many of the skills that are useful in a psychiatric interview would be diminished or lost. I was delightfully surprised to discover that this was not true. Other psychiatrists were also originally skeptical of the feasibility of interviews by this medium, but those who subsequently used TDX became positive about its potential for one-to-one and group therapy. The

Telehealth and Psychosis (Zarate et al., 1997)



Schizophrenia and Schizoaffective Disorders

Applicability of Telemedicine for Assessing Patients With Schizophrenia: Acceptance and Reliability

Carlos A. Zarate, Jr., Lisa Weinstock, Peter Cukor, Cassandra Morabito, Linda Leahy, Craig Burns, and Lee Baer

Telehealth and Psychosis (Santesteban-Echarri et al., 2020)

Telehealth interventions for schizophrenia-spectrum disorders and clinical high-risk for psychosis individuals: A scoping review

[Olga Santesteban-Echarri](#), [Danijela Piskulic](#), [Rowen K Nyman](#), more...

[Show all authors](#) ▾

First Published August 22, 2018

Research Article

[Find in PubMed](#)



<https://doi.org/10.1177/1257622218794100>

Telehealth and Early-Stage Psychosis

Pre-pandemic research:

- **NIMH RAISE: videoconferencing assessments (Kane et al., 2016)**
 - *“Diagnosis, duration of untreated psychosis, and clinical outcomes were assessed via live, two-way video by remote, centralized raters masked to study design and treatment.”*

NIMH RAISE ([more information here](#))

RA1SE

Recovery After an Initial
Schizophrenia Episode

A Research Project of the NIMH

Coordinated Specialty Care



Telehealth and Early-Stage Psychosis (cont.d)

Pre-pandemic research:

- Young adult perspectives (Lal et al., 2020)

BRIEF RESEARCH REPORT article

Front. Psychiatry, 03 March 2020 | <https://doi.org/10.3389/fpsyt.2020.00117>

**Perspectives of Young Adults on Receiving
Telepsychiatry Services in an Urban Early
Intervention Program for First-Episode
Psychosis: A Cross-Sectional, Descriptive
Survey Study**

Telehealth and Early-Stage Psychosis (cont.d)

- **Young adult perspectives (Lal et al., 2020)**
 - 78% reported obstacles to attending appointments, with several (37%) identifying two or more
 - Almost half (49%) were very favorable towards telepsychiatry and a quarter (25%) were somewhat favorable
 - Participants expressed several concerns about telepsychiatry, including loss of human contact and confidentiality

TABLE 5 | Situations in which telepsychiatry could be used (n = 51).

Situations in which telepsychiatry could be used	Total*	%
In the case of unexpected events or in an emergency	38	75%
As a last resort when in-person meetings are impossible	38	75%
To avoid travelling to the hospital	31	61%
To replace in-person meetings	19	37%
Other	4	8%

*Multiple responses possible.

Telehealth and Early-Stage Psychosis (cont.d)

Pre-pandemic research:

- Family perspectives (Lal et al., 2017)

Published on 23.6.2017 in Vol 4, No 2 (2017): Apr-Jun



Perspectives of Family Members on Using Technology in Youth Mental Health Care: A Qualitative Study

Shalini Lal ^{1, 2, 3} ; Winnie Daniel ⁴ ; Lysanne Rivard ² 

Telehealth and Early-Stage Psychosis (cont.d)

Pre-pandemic research:

- **Family perspectives (Lal et al., 2017)**
 - Themes: access and use of technology, potential negative impacts of technology on youth in recovery, potential benefits of using technology to deliver mental health services to youth
 - Recommendations to use technology for (1) providing quality information in a manner that is accessible to individuals of diverse socioeconomic backgrounds, (2) facilitating communication with health care professionals and services, and (3) increasing access to peer support

Telehealth and Early-Stage Psychosis (cont.d)

Pre-pandemic research:

- Using digital technology in FEP work (Bell & Alvarez-Jimenez, 2019)

Digital Technology to Enhance Clinical Care of Early Psychosis

Imogen H. Bell^{1,}
Mario Alvarez-Jimenez^{2,3}*

Telehealth and Early-Stage Psychosis (cont.d)

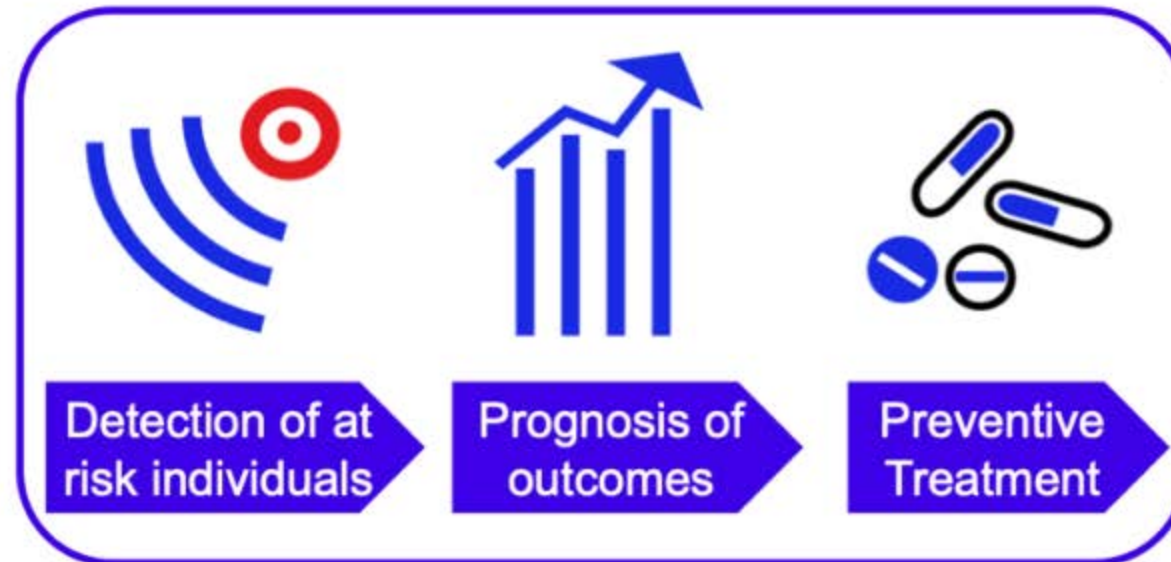
Pre-pandemic research:

- **Using digital technology (Bell & Alvarez-Jimenez, 2019)**
 - Can technology be used as an adjunct?
 - E.g., web- and mobile-based platforms that incorporate peer support, psychoeducation, coping skills, etc.
 - Answer: potentially, there have been promising findings

Telehealth and Early-Stage Psychosis (cont.d)

Pre-pandemic research:

- **Using digital technology in CHR work (Reilly et al., 2019)**
 - Promising findings as well. Can be used for:
 - Detection, prediction, and therapy



Telehealth and Early-Stage Psychosis (cont.d)

Pre-pandemic research:

- **Using digital technology in FEP work (Torous et al., 2019)**

**A New Hope for Early Psychosis Care: The Evolving Landscape
of Digital Care Tools**

Telehealth and Early-Stage Psychosis (cont.d)

Pre-pandemic research:

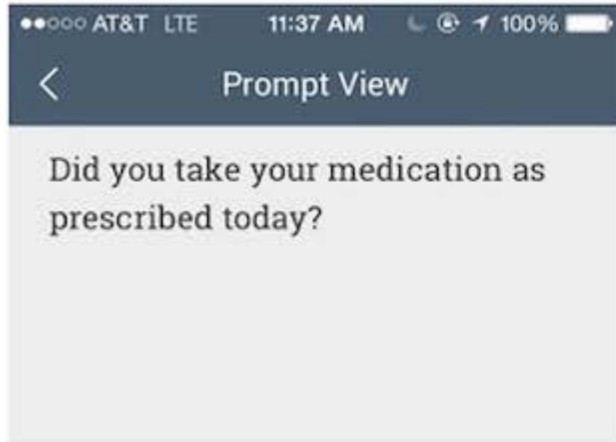


Smartphone Apps to Support Coordinated Specialty Care for Prodromal and Early Course Schizophrenia Disorders: Systematic Review

Erica Camacho ¹ ; Leonard Levin ¹ ; John Torous ¹ 

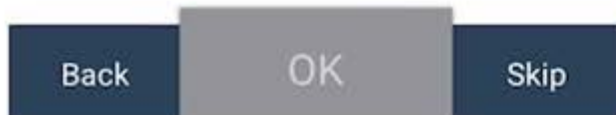
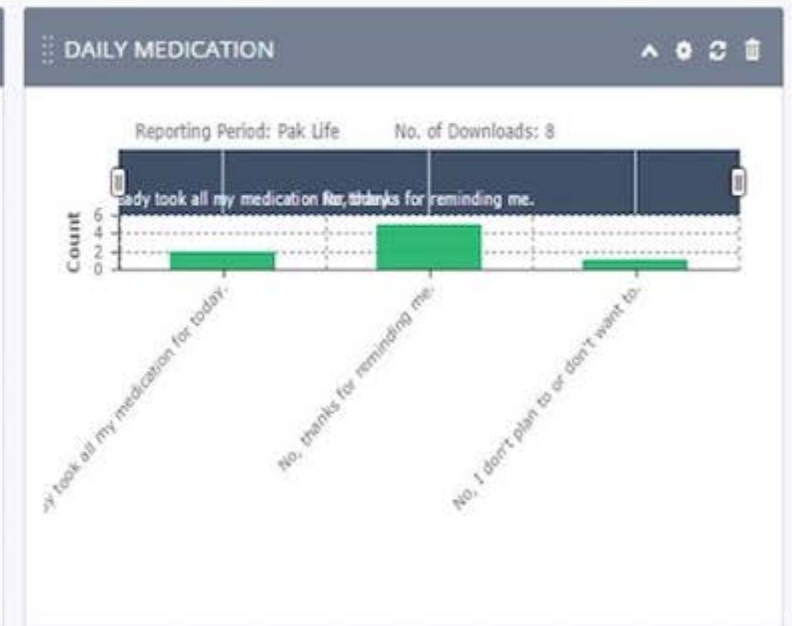
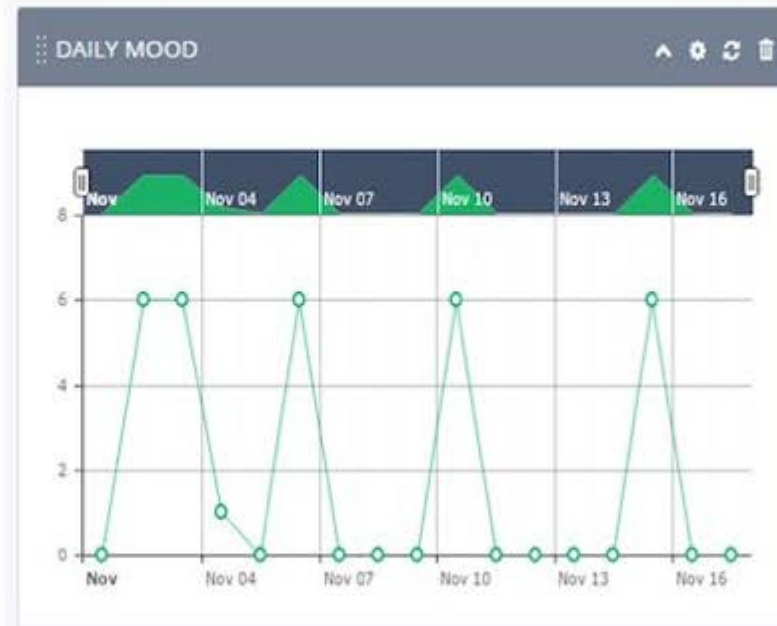
RealLife Exp (LifeData, LLC)

A.

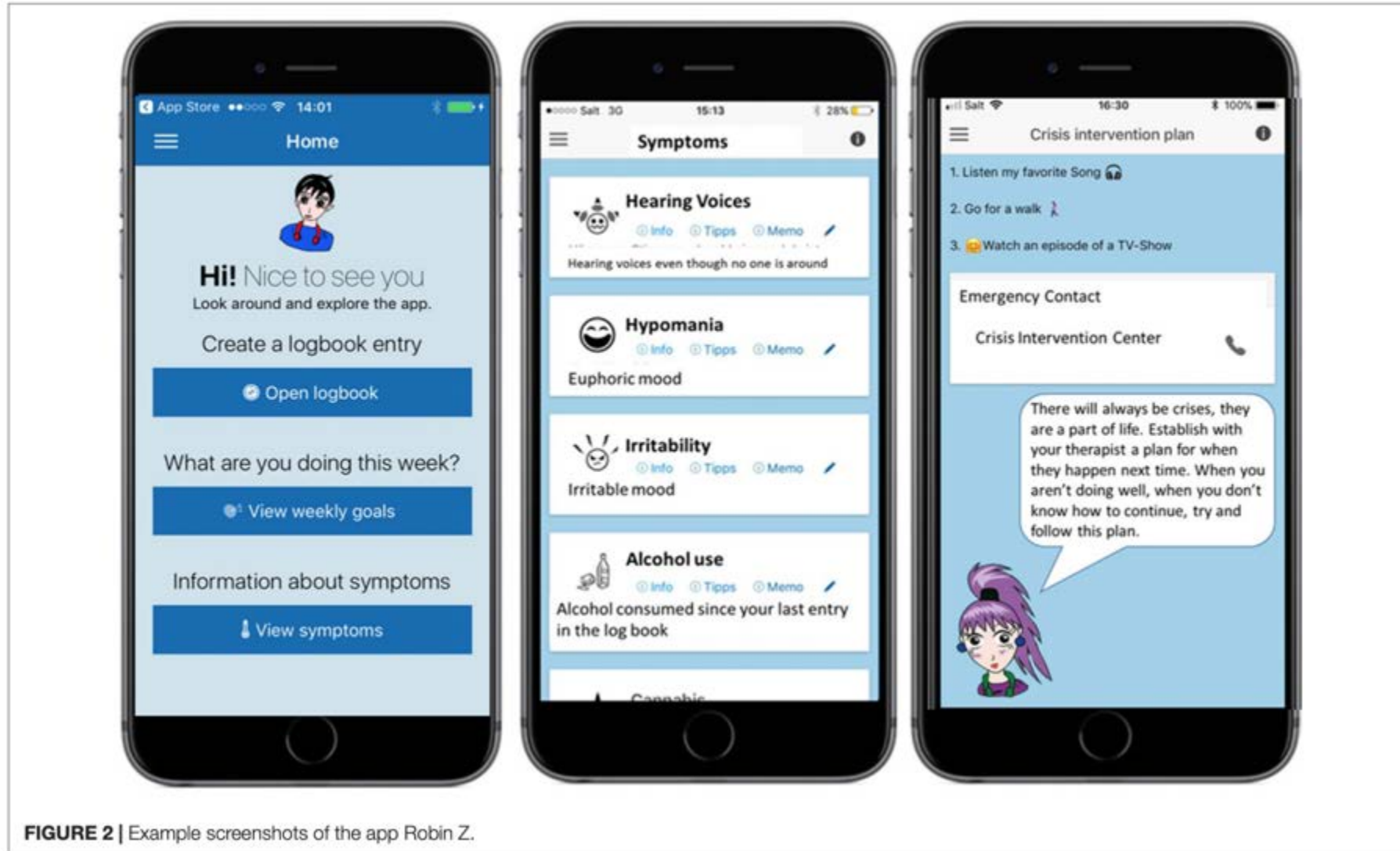


- Yes, I already took all my medication for today.
- No, thanks for reminding me.
- No, I don't plan to or don't want to.

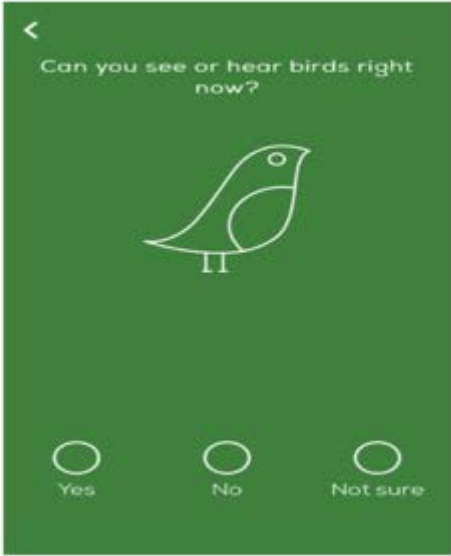
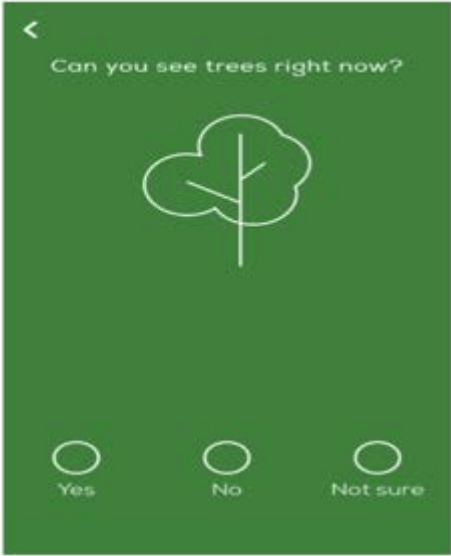
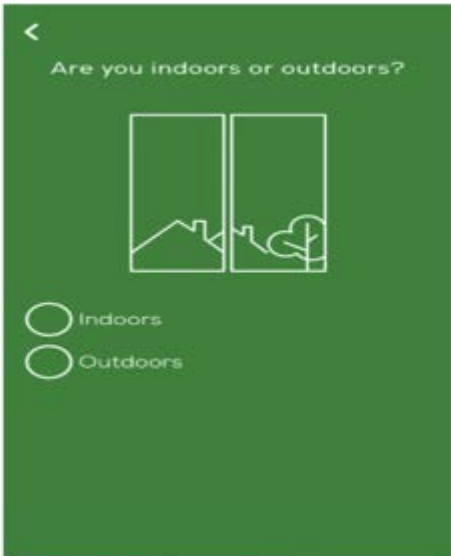
B.



Robin Z (Traber-Walker et al., 2019)



Urban Mind (Reilly et al., 2019)



HORYZONS (e.g., Valentine et al., 2020)



How to flourish

In this Step

Dealing with the negative stuff is important, but it's just as good for you to concentrate on the good things. Discover, build up, use and enjoy things in your life that make you feel stronger, happier and more in charge. Small steps are better than big steps.

 Print

When your mind goes off-track a lot of the treatment is about dealing with the negative stuff and helping you solve your problems.

That's important and helpful, but you're not just a bunch of symptoms and problems that need fixing, are you? You're a whole person who deserves a rich life outside what just happened.

Like everyone else, you deserve the chance to discover, build up, use and enjoy the parts of you that feel good and strong. The parts that, when you use them, make you feel happier and more in control. The parts that help you move on to a new, better life.

When you start doing those things, they help you deal with the negative stuff better. You get stronger, cope better, feel happier. You **flourish**.

What is flourishing?

- Flourishing is you in charge of your mind and your life.
- Flourishing is you feeling capable and confident.
- Flourishing is you choosing for yourself what your goals are and how to get there.
- Flourishing is you feeling healthier and happier.
- Flourishing is you feeling you can cope with life's problems.



 Helps with

Feeling positive, Strengths

Next steps for digital technology



[The Division of Digital Psychiatry at BIDMC](#)

Blended Digital and Face-to-Face Care for First-Episode Psychosis Treatment in Young People: Qualitative Study

Telehealth during pandemic with youth at CHR

Pandemic research is emerging:

- **Therapy with youth at CHR (DeLuca et al., 2020)**



AMERICAN
PSYCHOLOGICAL
ASSOCIATION



Society for the Exploration
of Psychotherapy Integration

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Telepsychotherapy With Youth at Clinical High Risk for Psychosis: Clinical Issues and Best Practices During the COVID-19 Pandemic

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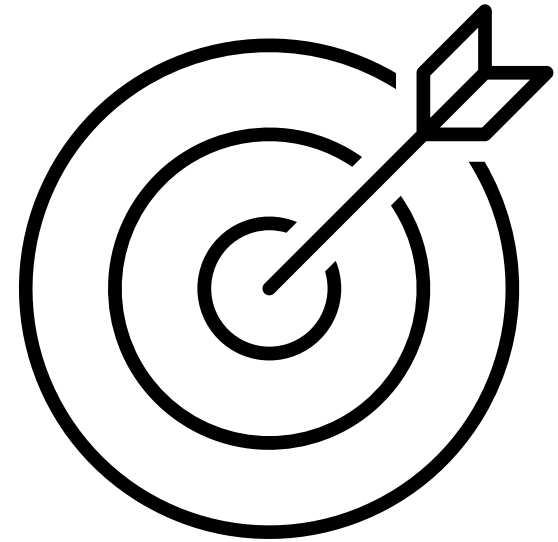
Nicole D. Andorko, Doha Chibani,
Samantha Y. Jay,
Pamela J. Rakhshan Rouhakhtar,
Emily Petti, and Mallory J. Klaunig
University of Maryland, Baltimore County

Telehealth during pandemic with youth at CHR (cont.d)

Pandemic research is emerging:

“Target areas” (DeLuca et al., 2020)

- Stress sensitivity
- Suicide and safety
- Health and wellness
- Isolation and social functioning
- Substance use
- Trauma
- Educational and/or occupational support
- CHR symptom monitoring
- Community engagement



Target area	COVID-19 considerations	Best practices during the COVID-19 pandemic	Cognitive-behavioral therapy for CHR components	Telepsychotherapy considerations
Stress sensitivity	Youth at CHR are prone to higher levels of impaired stress tolerance, and this is associated with psychopathology and impaired functioning. The COVID-19 pandemic and subsequent public health responses are environmental stressors that can cause disruptions in daily life, fears of contracting the virus, etc.	<ul style="list-style-type: none"> Practice core coping skills (e.g., relaxation, mindfulness, assertive communication). Promote family communication and activities. Increase digital social contact. 	<ul style="list-style-type: none"> Provide psychoeducation and normalization regarding stress and symptoms. Assess/treat common cognitive biases among youth at CHR that may become exacerbated during the COVID-19 pandemic (e.g., “jumping to conclusions” about virus etiology, risk, institutional responses, etc.). 	<ul style="list-style-type: none"> Digital interventions can complement treatment (e.g., smartphone apps to practice coping skills and/or track mood, such as <i>eMoods</i>). Use screen-sharing and/or “whiteboards” on videoconferencing platforms to share and discuss CBT worksheets and homework. Schedule more frequent, but briefer sessions/check-ins (~15–20 minutes) to ensure engagement and meet the needs of youth and families.

Target area	COVID-19 considerations	Best practices during the COVID-19 pandemic	Cognitive-behavioral therapy for CHR components	Telepsychotherapy considerations
Trauma	Individuals at CHR disproportionately experience trauma and victimization. Acute stress during the COVID-19 pandemic may exacerbate past or current trauma experiences for individuals at CHR.	<ul style="list-style-type: none"> Assess for current trauma symptoms and safety (e.g., if living with an abusive individual). First establish safety as it relates to having fundamental needs met (e.g., shelter, safe environment, food, access to other basic resources). Draw from evidence-based trauma approaches, such as <i>Trauma-Integrated Cognitive Behavioral Therapy for Psychosis</i>, which integrates strategies from Trauma-Focused Cognitive Behavioral Therapy, Prolonged Exposure, and Cognitive Processing Therapy. 	<ul style="list-style-type: none"> Evaluate and test metacognitive beliefs. Address and modify safety behaviors. Generate and evaluate alternative explanations. Engage in exposure (in combination with trauma-specific approaches). 	<ul style="list-style-type: none"> Continue to engage in active symptom monitoring and safety planning through telepsychotherapy sessions and use of evidence-based smartphone apps (e.g., <i>PTSD Coach</i>). Such apps may be used as an adjunct with individuals at CHR during the pandemic to increase treatment engagement, monitor triggers, and provide individualized coping skills. Encourage telepsychotherapy sessions with family and/or other supportive individuals to bolster safety planning, support, and use of coping skills.

Telehealth during pandemic with youth at CHR

Case study (DeLuca et al., 2020)

- “Client A” presented with long-standing negative symptoms related to CHR (anhedonia, avolition), in addition to comorbid social anxiety and mild autism spectrum disorder.
- Client is living with their grandparents and siblings. Client and their family were seeking treatment to increase comfort with social interactions, stabilize mood, and create independence from grandparents.
- Prior to the COVID-19 outbreak, treatment was focusing on behavioral activation (especially encouraging time outside of the home) exposure to face-to-face social interaction, and cognitive restructuring of maladaptive thought patterns related to social engagement.
- **Shifted to two ~20min sessions a week (from one 50min session), along with text message check-ins and symptom monitoring.**
- **Behavioral activation at home and physically distanced outside; engaged in challenging social interactions online; established routines with family and created family technology plan; online fitness class**

Telehealth and CHR

Supporting young people at risk for psychosis through telehealth

Jasmine Mote, PhD, Christopher Ceccolini, MA, James Green, BA, Michelle Friedman-Yakoobian, PhD



Telehealth and FEP

The impact of COVID-19 on coordinated specialty care (CSC) for people with first episode psychosis (FEP): Preliminary observations, and recommendations, from the United States, Israel and China

Piper S. Meyer-Kalos, David Roe, Susan Gingerich, Kate Hardy, Iruma Bello, Debra Hrouda, Daniel Shapiro, Katherine Hayden-Lewis, Liping Cao, Xiaoyu Hao, Yanbin Liang, Siqian Zhong & Kim T. Mueser

Telehealth and FEP (cont.d)

(Meyer-Kalos et al., 2020)

- Impact of pandemic on core FEP services
- Suggestions for telehealth therapy
- Addressing health concerns, stress, and other negative feelings
- Dealing with social isolation
- Coping with symptoms and isolation
- Effect on family psychoeducation, supported employment and education, pharmacological treatment, peer support, case management, CSC team operation + solutions
- What's next?

Target Area	Helpful Strategies
Individual therapy	<ul style="list-style-type: none"> ● Using standardized measures to assess symptoms, stress, suicide risk, sleep, substance use, and medication adherence at the beginning of the session ● Asking follow-up open-ended questions, checking for understanding, and problem-solving as needed ● Being transparent about the process and discussing this with the participant, i.e., challenges they may be experiencing in engaging in therapy in this manner ● Focusing treatment to address emerging concerns related to stress, distressing symptoms, and boredom ● Offering digital and paper access to treatment materials and handouts ● Drawing on online resources to support engagement, i.e., looking at a website together or watching a youtube video through screen sharing ● Normalizing reactions to the current situation in the context of increased anxiety in the population in general ● Drawing on resources available to participant in their environment, i.e., a pet to help with anxiety ● Revisit and update goals as needed to build motivation ● Providing information about strategies to cut down or stop using substances ● Using the steps of skills training and practicing skills in session whenever possible

Target Area	Helpful Strategies
Peer Support	<ul style="list-style-type: none"> ● Providing ongoing opportunities for support and fun activities ● Expanding engagement opportunities using “drop-in” groups ● Sharing stories of support
Case Management	<ul style="list-style-type: none"> ● Helping people and family members access resources and maintain appointments ● Developing a digital resource library for participants and family members with update-to-date links and information

Telehealth and FEP

Psychosis, Telehealth, and COVID-19: Successes and Lessons Learned From the First Wave of the Pandemic

Published online by Cambridge University Press: 16 February 2021

Serena Chaudhry , Ashley Weiss, Grinasha Dillon, Ariana O'Shea and Tonya Cross Hansel 

[Show author details](#) 

Telehealth and FEP (cont.d)

(Chaudhry et al., 2020)

- “5% increase in show rate for the period 2019 to 2020 is largely due to the elimination of transportation as a barrier to clinical care”
- Groups to telehealth – similar attendance rates
- Psychiatric hospitalizations increased from 2019 (12%) to 2020 (18%) ($p=.058$)
- “During week 4 of the COVID-19 pandemic, staff implemented a wellness program that included 1-on-1 phone meetings with a personal trainer. Weekly fitness plans have successfully engaged patients in tracking their food intake, “cutting carbs” after lunchtime, and mixing up runs to include sprints and more mileage.”

Telehealth and FEP (cont.d)

Group teletherapy for first-episode psychosis: Piloting its integration with coordinated specialty care during the COVID-19 pandemic

Helen J. Wood  , Jessica M. Gannon , K.N. Roy Chengappa , Deepak K. Sarpal 

First published: 20 October 2020 | <https://doi.org/10.1111/papt.12310>

Group therapy via videoconferencing for individuals with early psychosis: A pilot study

Tania Lecomte^{1,2}  | Amal Abdel-Baki^{3,4}  | Audrey Francoeur^{1,2}  |
Briana Cloutier^{1,2} | Amélie Leboeuf⁵ | Pascale Abadie⁵ | Marie Villeneuve¹ |
Stephane Guay^{1,6} 

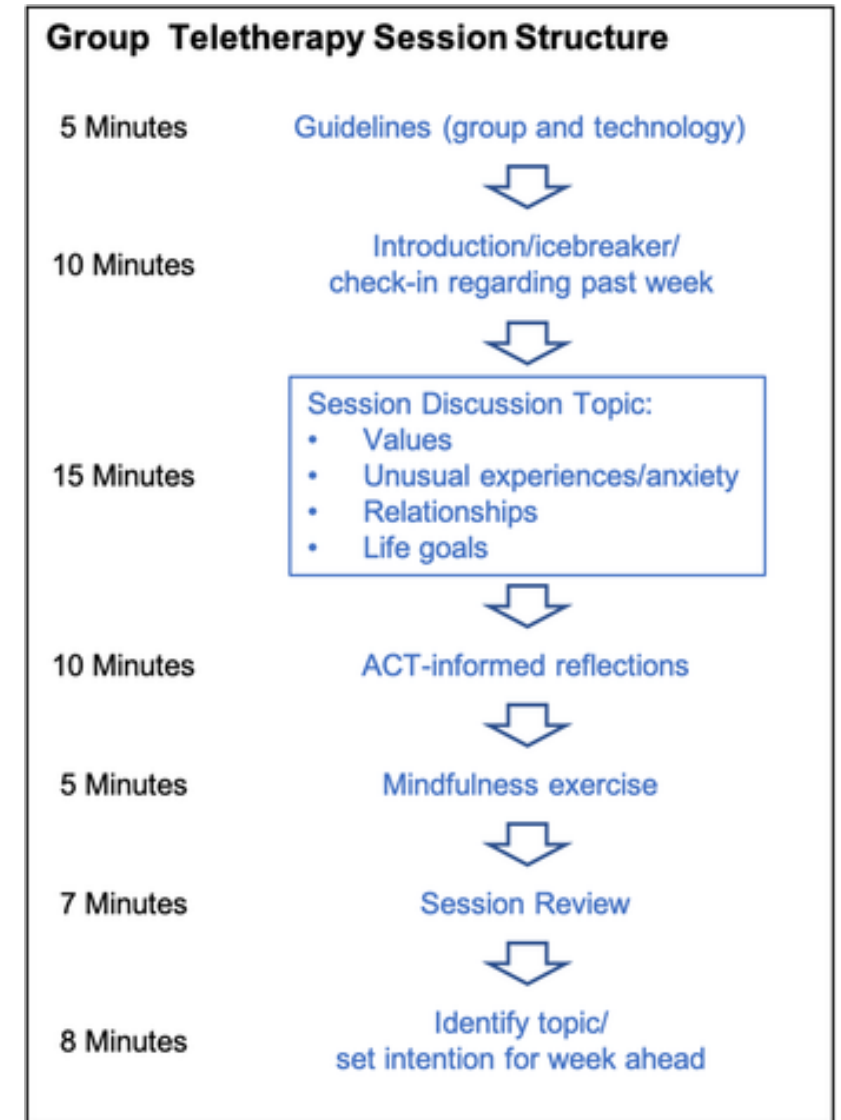
Telehealth and FEP (cont.d)

(Wood et al., 2020)

- Co-led by licensed psychologist and peer w/ phone check-ins; ACT-based, four sessions
- Five themes (and subthemes) from feedback questionnaire: meeting others (positive interactions and novelty); group leadership (facilitation and peer presence); group format and content (wanting a larger group, wanting in-person contact, lacking scope); challenges (personal and practical)

(Lecomte et al., 2020)

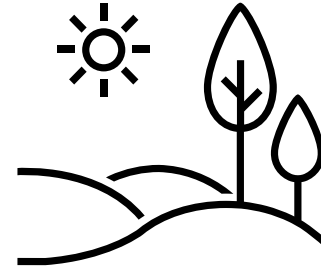
- Co-led by two therapists; CBTp-based, twice weekly for 3 months
- Improvements in symptoms, self-esteem, alliance
- Technological obstacles



Optional peer support specialist check-in between sessions

General Recommendations

- **Supporting staff (Meyer-Kalos et al., 2020)**
- **Greenspace (Soga et al., 2021; White et al., 2018)**
- **Common factors of therapy**



Summary

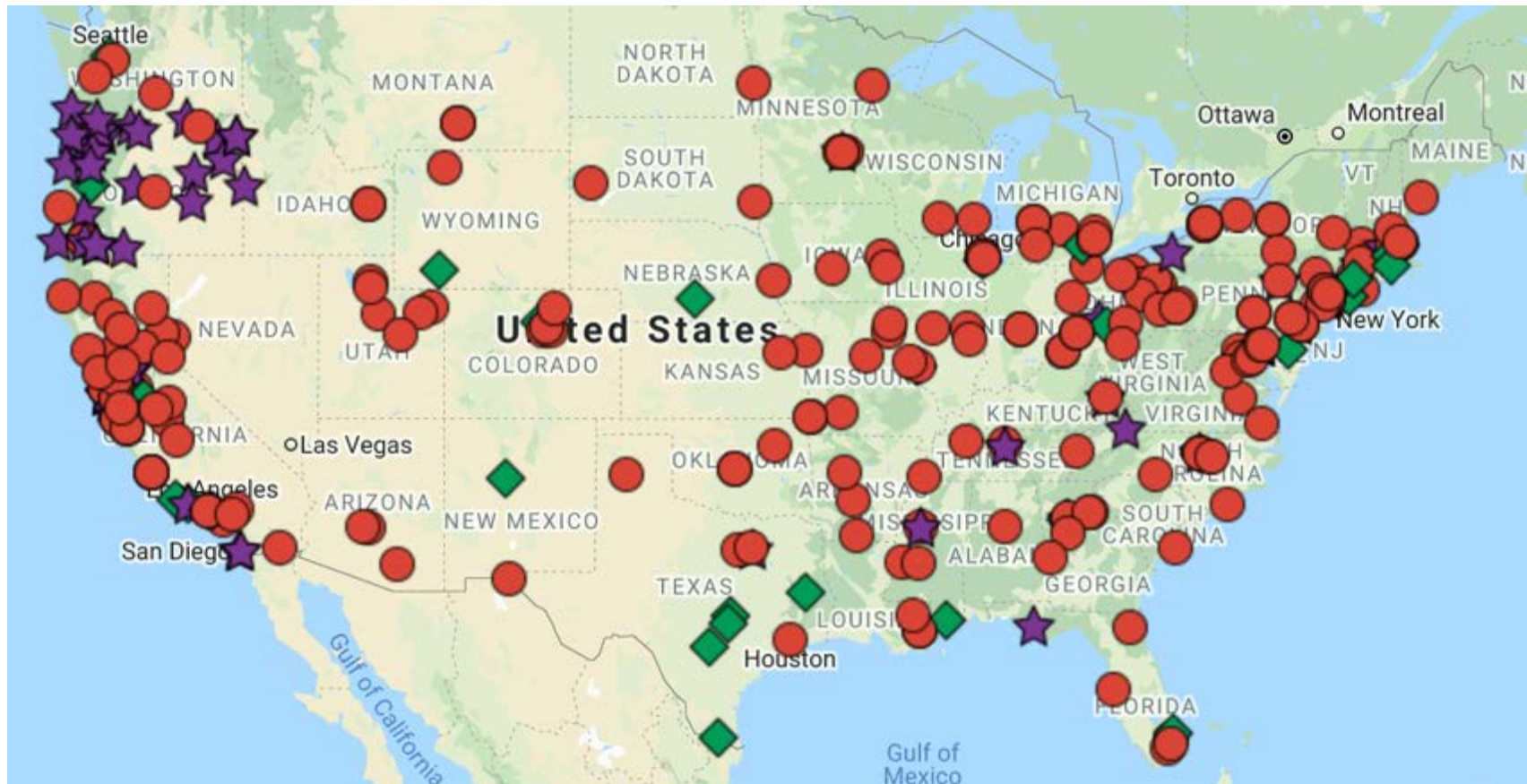
- Early-stage psychosis is under-detected and undertreated, and the pandemic may have exacerbated the need for early intervention services
- Telehealth is likely here to stay – at least in some capacity
 - Potential to reduce common barriers to care and enhance outcomes
- Many telehealth strategies (assessment, treatment, digital methods) appear to be feasible and acceptable to patients in the early stages of psychosis and providers
- Quite a long history of psychosis telehealth
- Digital technologies, such as smartphone apps, are most effective when used with a therapist

- **More participatory research needed**
- **Access to technology, solid internet connection, etc. are significant barriers. Intersectionality must be considered too**
- **Efficacy yet to be established, small samples so far, many limitations**
 - **Also: specifically developed interventions for TH?**

THANK YOU to the incredibly resilient youth, families, and providers who have contributed to this work during these difficult times.

Treatment

- [National and international map from IEPA](#)
- Also: Early-stage psychosis detection and specialized services
 - [Early Assessment and Support Alliance \(EASA\)](#)



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