Clinical High Risk for Psychosis: Screening, Assessment, and Treatment

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Learning Objectives

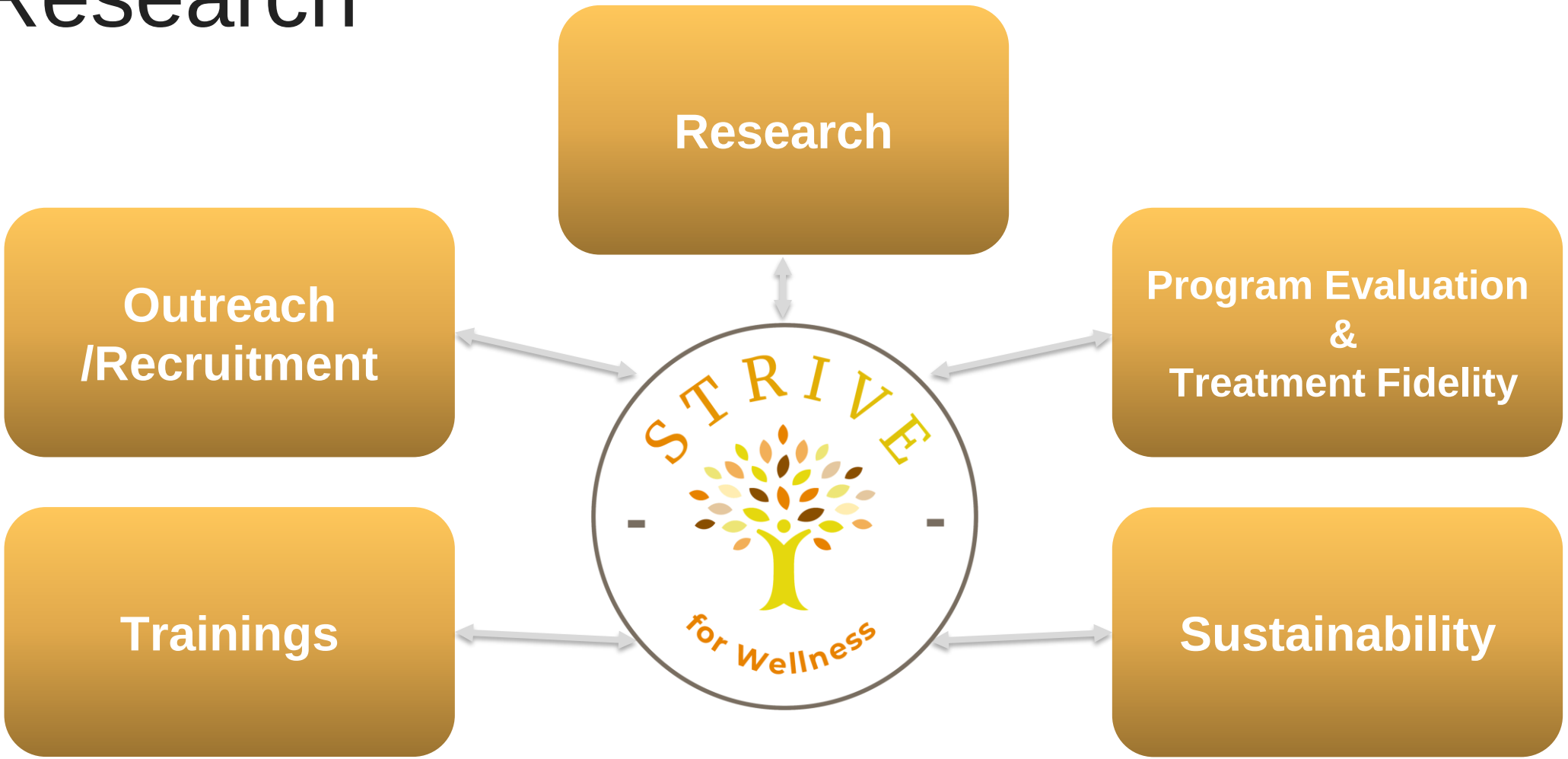
- Identify signs of psychosis-risk symptoms and distinguish these signs from first episode psychosis.
- Demonstrate awareness of psychosis-risk screening and assessment research.
- Increase familiarity with psychosocial interventions for those at risk for psychosis.

Strive for Wellness (SFW)

- State and federally funded
- University Psychology/Psychiatry collaboration
- Research & training focused

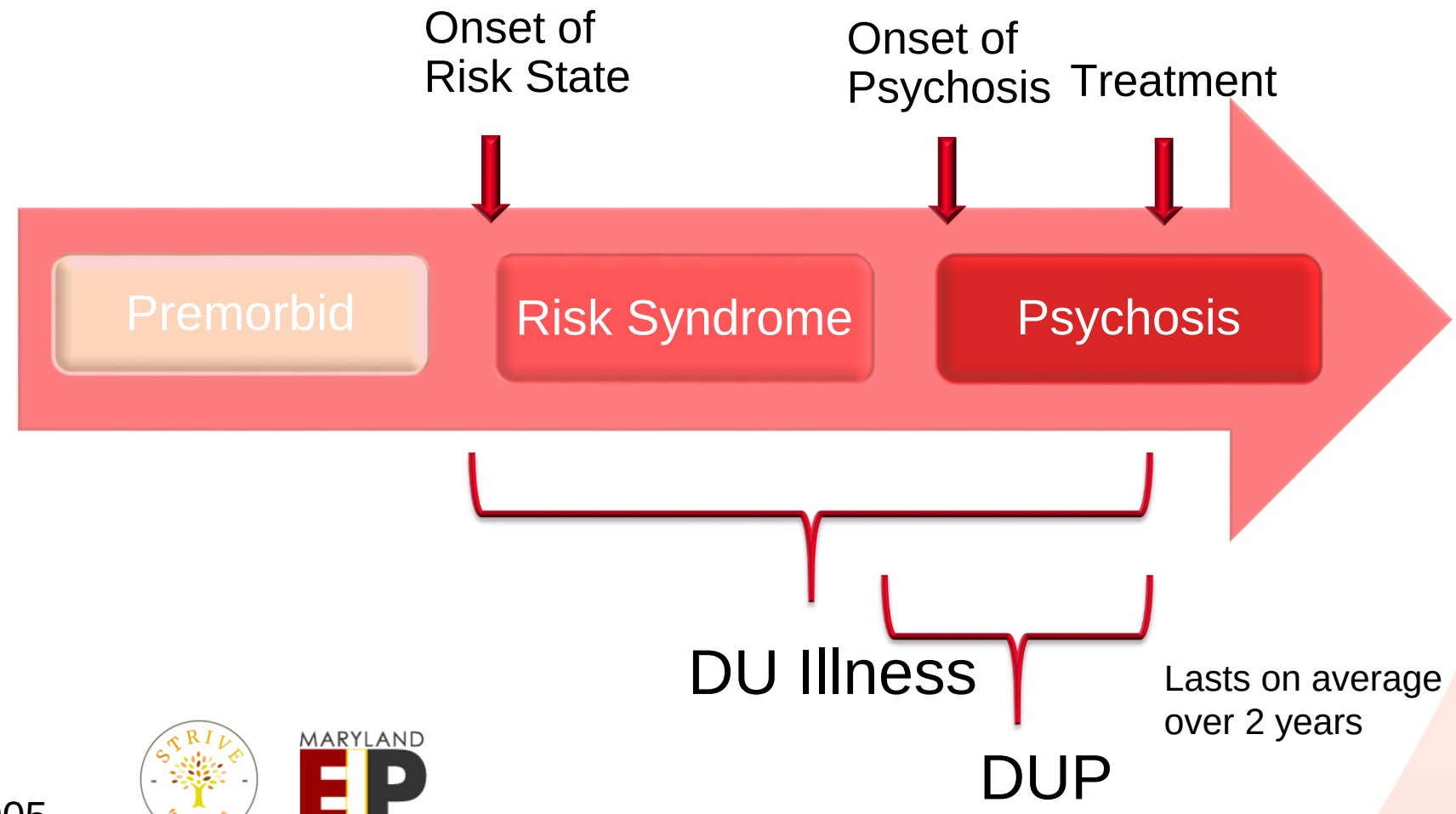
SAMHSA
Substance Abuse and Mental Health Services Administration

Research



SAMHSA
Substance Abuse and Mental Health Services Administration

Duration of Untreated Psychosis (DUP)



Marshall et al., 2005

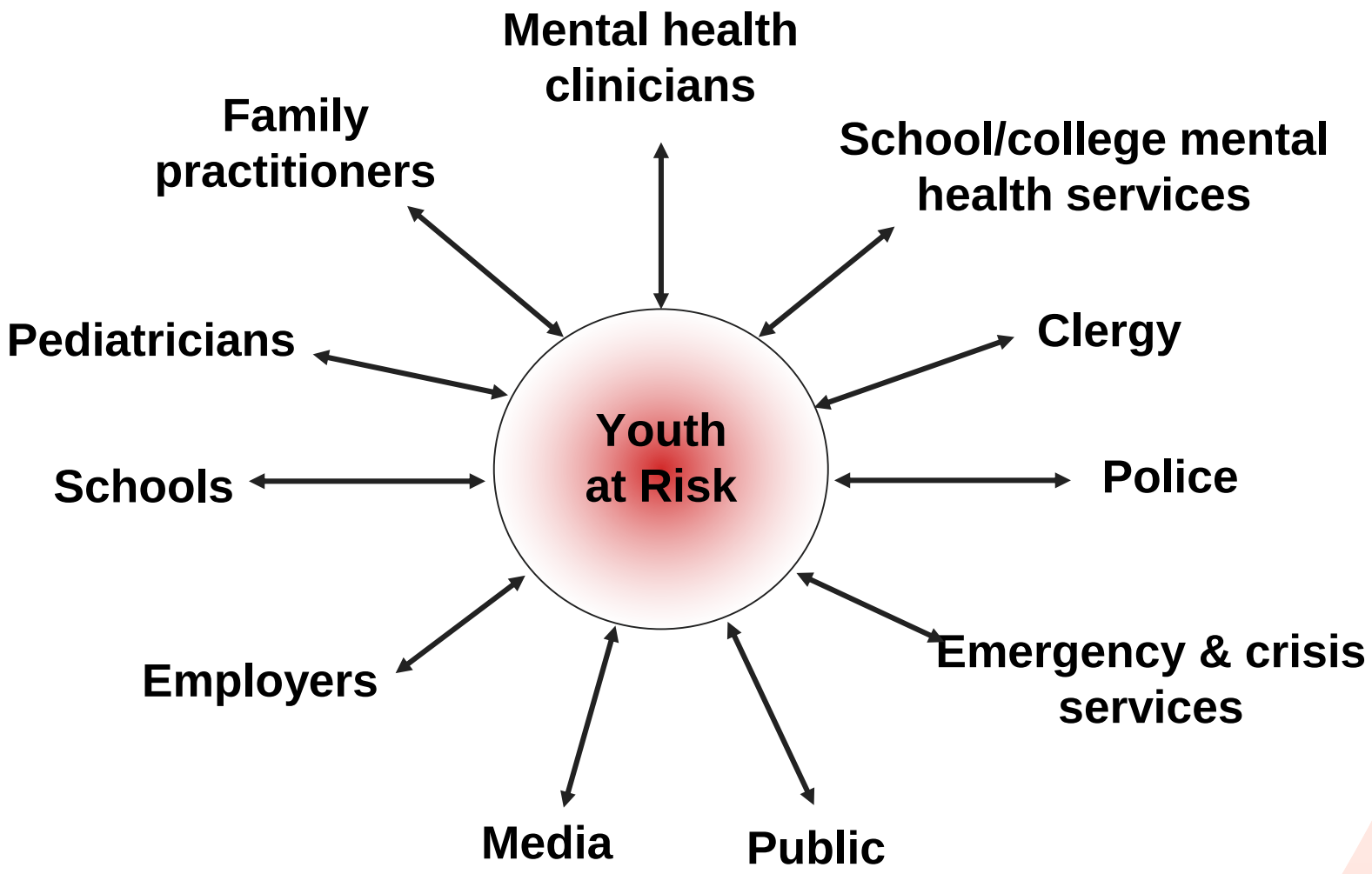
Longer DUP is bad

- Worse long-term outcomes
- More intensive services
- More negative symptoms
- More social impairment
- More occupational impairment
- More neuropsych deficits
- More psychological distress
- Likely increased costs/burdens to the system

Shorter DUP is bad

- Better long-term outcomes
- Less need for intensive services
- Less negative symptoms
- Less social impairment
- Less occupational impairment
- Less neuropsych deficits
- Less psychological distress
- Less costs/burdens to the system

Partners in Early Identification



McFarlane, 2013

How Do We Recognize High Risk?

- Many early warning signs:
  - Feeling “something’s not quite right”
  - Jumbled thoughts and confusion
  - Trouble speaking clearly
  - Unnecessary fear
  - Declining interest in people, activities, and self-care
  - Comments from others
  - Deterioration in functioning
    - Work / School / Hygiene

- **But these concerns are non-specific**

The Structured Interview for Psychosis-Risk Syndromes (SIPS)

Commonly used assessment in CHR

- Attenuated positive symptoms of CHR
- Distinguishes between low & high risk, and psychosis

SIPS positive symptoms map on to hallmark characteristics of psychosis

P1: unusual thought content/delusional ideas
P2: suspiciousness or persecutory ideas
P3: grandiose ideas
P4: perceptual abnormalities/hallucinations
P5: disorganized communication

McGlashan et al., 2010

The SIPS: Content

- Clinician rated interview
- 4 symptom domains:
  - Positive
  - Negative
  - Disorganized
  - General
- Likert scale (rated 0 - 6)
  - 0 = absent
  - 5 = severe but not psychotic/severe
  - 6 = severe and psychotic/extreme

Positive Symptom SOPS

0	1	2	3	4	5	6
Absent	Questionably Present	Mild	Moderate	Moderately Severe	Severe but Not Psychotic	Severe and Psychotic

Negative/Disorganized/General Symptoms Scale:
Negative/Disorganized/General Symptom Symptoms are rated on a SOPS scale that ranges from 0 (Absent) to 6 (Extreme):

Negative/Disorganized/General Symptom SOPS

0	1	2	3	4	5	6
Absent	Questionably Present	Mild	Moderate	Moderately Severe	Severe	Extreme

Unusual Thought Content

- Have you had the feeling that something odd is going on that you can’t explain?
- Have you been confused at times whether something you experienced is real or imaginary?
- Do you ever feel like your thoughts are being said out loud so that other people can hear them?
- Do you ever feel the radio or TV is communicating directly to you?

Unusual Thought Content

Candace reports a new and very intense interest in New Age philosophies over the past few months that has really consumed her. Since opening her mind to this way of thinking, she has noticed increasingly more coincidences/signs…She frequently sees her lucky number eight and takes this to be a sign that she is on the right path, moving in the right direction. Often times, she will change her schedule and follow where the number 8 seems to be taking her. She also reports that over the past six months when she is meditating she will sometimes sense a “presence”, which she thinks could be her spirit guide, although she wonders about this, as the presence can feel dark. Although these things have been on her mind a lot, she told you she’s just not sure what’s going on and that it might all be in her head.

McGlashan, Walsh, & Woods, 2010

Unusual Thought Content:
Experience

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McGlashan, Walsh, & Woods, 2010

Unusual Thought Content: Intense/Distress/Change

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Unusual Thought Content: New

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McGlashan, Walsh, & Woods, 2010

Unusual Thought Content: Doubt

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McGlashan, Walsh, & Woods, 2010

Suspiciousness

- Do you ever feel that people around you are thinking about you in a negative way?
- Have you ever found yourself feeling mistrustful or suspicious of other people?
- Do you ever feel that you have to pay close attention to what's going on around you in order to feel safe?
- Do you ever feel like you are being singled out or watched?

Suspiciousness

Felipe often feels that strangers think negatively of him and he is generally mistrustful. He describes being vigilant in public and worries about potential harm. He's not completely convinced, but he sometimes suspects that he is being targeted. He reports feeling like he is being watched, but he is not sure who would do this or why they would single him out. Although he says he's always been a little mistrustful, Felipe noted that his feelings of being targeted have gotten worse over the past 5 months.

McGlashan, Walsh, & Woods, 2010

Suspiciousness: Experience

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Suspiciousness: Intense/Distress/Change

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McGlashan, Walsh, & Woods, 2010

Suspiciousness: Cultural Consideration

In just a few slides… want to finish going through the SIPS first

Perceptions

Distortions, Illusions, Hallucinations

- Are your thoughts so strong sometimes that you can almost hear them?
- Have you ever seen things that others don’t see, and you find this distressing?
- Do you sometimes get distracted by distant sounds that you are not normally aware of?

Perceptions

Gina reported that beginning three months ago she began to see wispy figures out of the corner of her eye, but when she would turn to look nothing would be there. She also reported that occasionally she sees someone sitting in the rocking chair in her room, and at the time it is happening the person appears very real to her. She additionally reported hearing sounds that no one else can hear like the door slamming or muffled conversations. She'll often look to see if someone could be making the sounds, but no one is ever around when she does. She reports that these incidents are distressing to her and do frighten her. She will often keep the light on to help with her fears.

McGlashan, Walsh, &Woods, 2010

Perceptions: Experience

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McGlashan, Walsh, &Woods, 2010

Perceptions: Intense/Distress/Behavior

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McGlashan, Walsh, &Woods, 2010

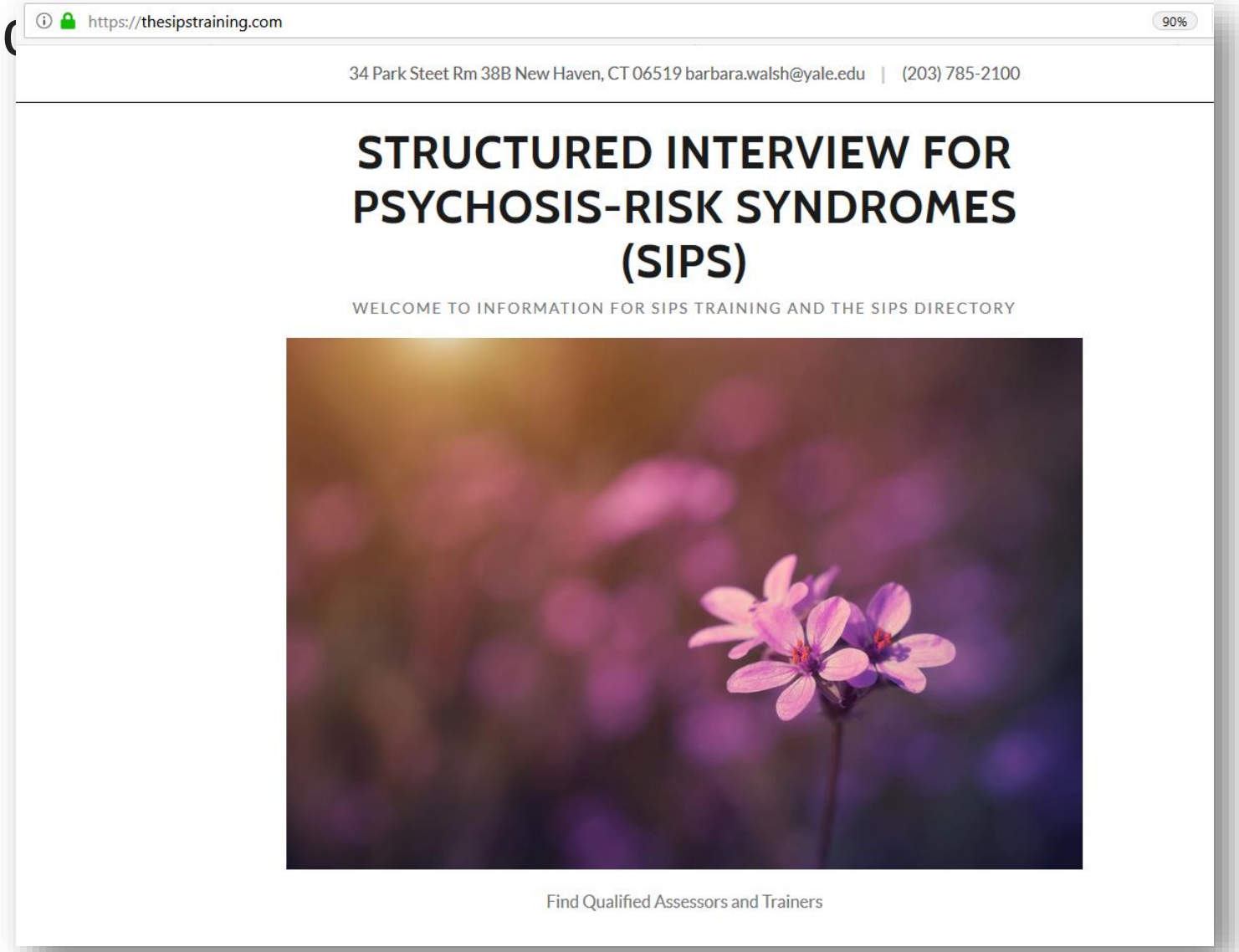
Attenuated Psychosis Syndrome

- **DSM 5:** Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
  - 298.8

Consistent with SIPS APS

https://thesipstraining.com

SC



Education May Be Needed: Practitioner Appraisals of Risk Syndromes

Schizophrenia Research 131 (2011) 24–30

Contents lists available at ScienceDirect

Schizophrenia Research

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

Practitioner perceptions of attenuated psychosis syndrome

Elizabeth Jacobs [a], Emily Kline [b], Jason Schiffman [b,*]

BRIEF REPORTS | December 01, 2012

Defining Treatment as Usual for Attenuated Psychosis Syndrome: A Survey of Community Practitioners

Elizabeth Jacobs, Ph.D.; Emily Kline, M.A.; Jason Schiffman, Ph.D.

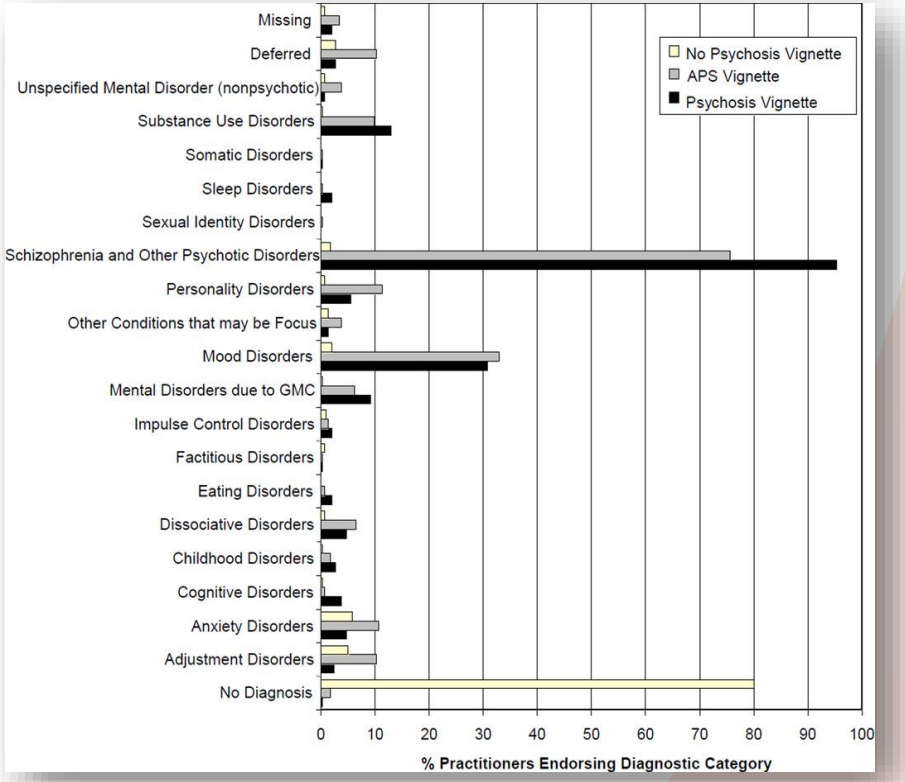
Psychiatric Services 2012; doi: 10.1176/appi.ps.201200045

Vignette Study

- National sample of psychiatrists, clinical psychologists, & general practitioners

Key Findings

- APS commonly mistaken for a full threshold psychotic disorder
- Providers considered APS a clinically significant condition
- Most often recommended treatment: antipsychotic medication



Child Trained = Less Familiar

Schizophrenia Research 157 (2014) 310–311

Contents lists available at ScienceDirect

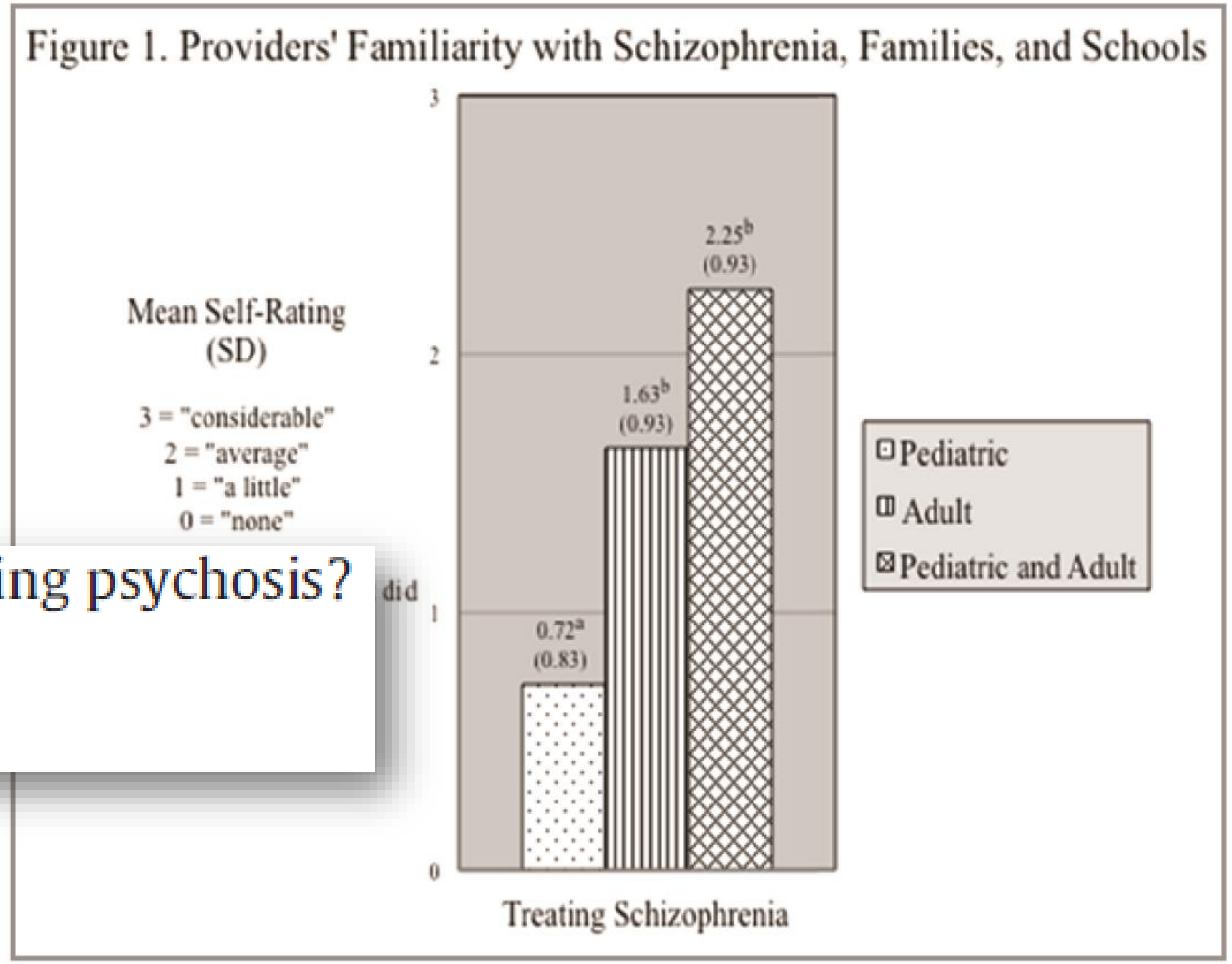
Schizophrenia Research

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

Who should treat youth with emerging psychosis?

Emily Kline, Beshaun Davis, Jason Schiffman *

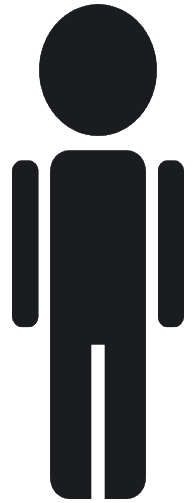
University of Maryland, Baltimore County, United States



Kline, Davis, & Schiffman, 2014

Provider & System Considerations

Public MH systems often split around time of risk



Youth-focused MH staff tend to be under-trained in schizophrenia related disorders

Adult-focused MH staff tend to be under-trained in working with families & youth

Training Providers on the Risk State

Intervention Study

- Coordinators of care and clinical supervisors can learn, change, and grow

Training Impacts

Training service-providers regarding youth at risk for psychosis

Shana Golembo-Smith MA[1], Danielle Denenny ScB[1], Eva Kishimoto CSAC DCSW[2] and Jason Schiffman PhD[3]

Issue

Article first published online: 1 MAR 2011

Asia-Pacific Psychiatry

Volume 3, Issue 1, pages 17–22, March 2011

Table 2. Paired samples t-tests comparing pre- and post-workshop questionnaire responses

Measure	Domain	Pre-test M (SD)	Post-test M (SD)	Difference	*t*-statistic	Effect size *d*
PBES	Behavioral expectations	24.00 (20.08)	15.35 (20.77)	8.65	4.91**	.43
PTS	Perspective-taking	32.00 (2.95)	34.00 (2.00)	2.00	3.73**	.678
MISS	Stigma	95.80 (16.4)	81.15 (13.6)	14.65	4.20*	.895
EISES	Self-efficacy	26.37 (4.94)	30.89 (4.14)	4.53	4.67*	1.09

*$P < 0.05$.

**$P < 0.01$.

PBES, Provider behavioral expectation scale; PTS, Interpersonal reactivity index perspective-taking scale; MISS, Day's mental illness stigma scale; EISES, Early interventionist self-efficacy scale .

Training Social Workers

- Three-hour CEU psychoeducation & training on early psychosis
- Reached over 1,400 SWs in MD

20% of referrals to MD Early Intervention Program come from SW who participated in the study

Risk Screening

Attenuated Psychosis: Assessment

Clinical Interviews

- ✓ Gold standard
- ✓ Semi-structured
- ✓ Includes participant input
- ✗ Lengthy administration time
- ✗ Requires training → exclusive

Comprehensive diagnostic evaluation

Fusar-Poli et al., 2012; Kline & Schiffman, 2014; McGlashan et al., 2010

Attenuated Psychosis: Assessment

Self Report Measures

- ✓ Brief
- ✓ Broad application
- ✓ Positive symptom focus
- ✓ Solid criterion validity

- ✗ Unable to take culture or context into account
- ✗ Validation:
  - ✗ Moderators
  - ✗ Psychometrics
  - ✗ Generalizability

First line assessment

Kline & Schiffman, 2014; McGlashan et al., 2010

Screening for Early Psychosis

- Tools to identify and monitor
- Can help find people not in services
- Can increase efficiency/accuracy of assessments
- Assessment is treatment

Psychosis Risk Screening Tools

Schizophrenia Research 134 (2012) 49–53

Contents lists available at SciVerse ScienceDirect

Schizophrenia Research

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

Convergent and discriminant validity of attenuated psychosis screening tools

Emily Kline [a], Camille Wilson [a], Sabrina Ereshefsky [a], Thomas Tsuji [a], Jason Schiffman [a,*], Steven Pitts [a], Gloria Reeves [b]

Convergent & Discriminant Validity

Table 4
Correlations showing convergent and discriminant validity.

Screener	Same construct				Related construct	Less related constructs				Unrelated construct
	PQ-B	YPARQ-B	Prime	PROD	SPQ-B	BAI	BDI	CAARS	EDE	BREQ
PQ-B	1	.77**	.61**	.54**	.58**	.52**	.46**	.42**	.32**	−0.13*
YPARQ-B	.77**	1	.67**	.51**	.63**	.47**	.39**	.34**	.21**	−0.11
Prime	.61**	.67**	1	.59**	.55**	.52**	.32**	.43**	.27**	−0.04
PROD	.54**	.51**	.59**	1	.50**	.52**	.43**	.46**	.30**	−0.06

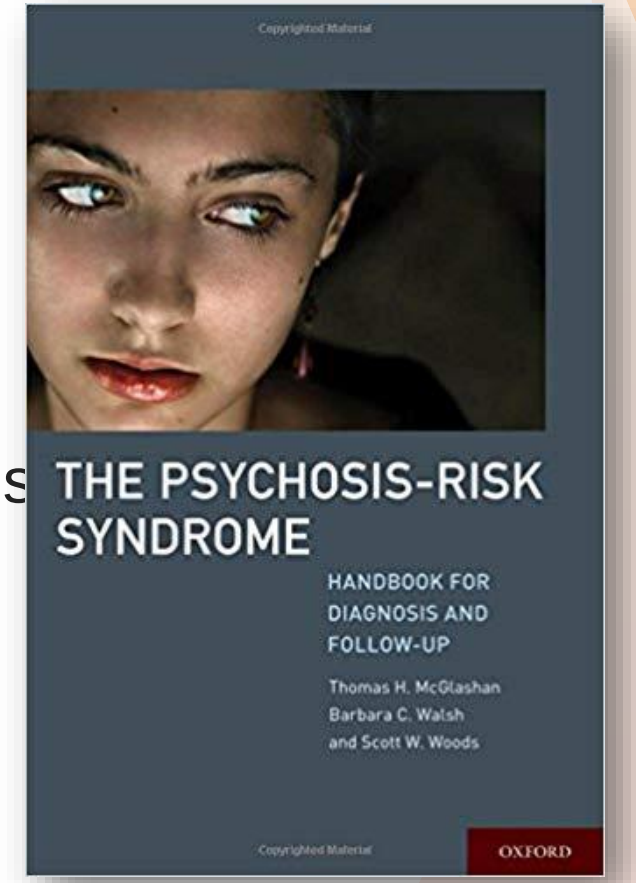
PQ-B = Prodromal Questionnaire–Brief; YPARQ-B = Youth Psychosis At Risk Questionnaire–Brief; Prime = Prime Screen–Revised; PROD = PROD Screen; SPQ-B = Schizotypal Personality Questionnaire–Brief; BAI = Beck Anxiety Inventory; BDI = Beck Depression Inventory; CAARS = Conners Adult ADHD Rating Scale; EDE = Eating Disorders Examination Questionnaire; BREQ = Behavioral Regulation in Exercise Questionnaire.

SAMHSA
Substance Abuse and Mental Health Services Administration

Methods: CHR Assessment, Clinical interview

The Structured Interview for
Psychosis-Risk Syndromes (SIPS)

- Agreement between SIPS and screening measures



McGlashan et al., 2010

Psychosis Risk Screening Tools

Schizophrenia Research 141 (2012) 72–77

Contents lists available at SciVerse ScienceDirect

Schizophrenia Research

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

Psychosis risk screening in youth: A validation study of three self-report measures of attenuated psychosis symptoms

Emily Kline [a], Camille Wilson [a], Sabrina Ereshefsky [a], Danielle Denenny [a], Elizabeth Thompson [a], Steven C. Pitts [a], Kristin Bussell [b], Gloria Reeves [b], Jason Schiffman [a,*]

49 help seeking youth 12-22
SIPS interviewed
16 CHR+
4 with psychosis
29 No psychosis risk

Criterion Validity
Relatively Equivalent

Table 5

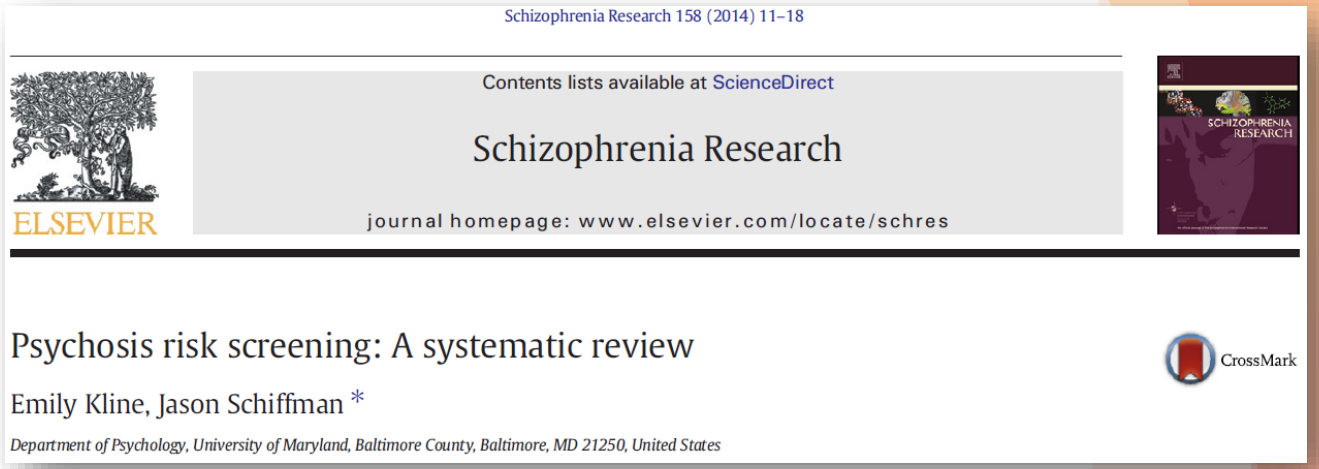
Optimized sensitivity, specificity, positive predictive value and area under the curve.

Measure	Cutoff	Sensitivity	Specificity	PPV	Accuracy
Prime screen	≥3	0.75	0.66	0.60	69%
YPARQ-B	≥13	0.65	0.90	0.81	80%
PQ-B	≥38	0.70	0.82	0.74	77%

YPARQ-B = Youth Psychosis At-Risk Questionnaire, abbreviated; PQ-B = Prodromal Questionnaire, Brief.

Psychosis Risk Screeners

- Good criterion validity
- 60-70% accuracy in identifying individuals at risk according to the full interview
  - Screeners are relatively comparable
- Higher accuracy (~80%) when distress is considered



Schizophrenia Research 158 (2014) 11–18

Contents lists available at ScienceDirect

Schizophrenia Research

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

ELSEVIER

Psychosis risk screening: A systematic review

Emily Kline, Jason Schiffman *

Department of Psychology, University of Maryland, Baltimore County, Baltimore, MD 21250, United States

CrossMark

youthfirst

Research & Service for a Brighter Tomorrow

Prime Screen-Revised with Distress

Within the past year:		Definitely disagree	Somewhat disagree	Slightly disagree	Not sure	Slightly agree	Somewhat agree	Definitely agree
1. I think that I have felt that there are odd or unusual things going on that I can't explain.		**0**	**1**	**2**	**3**	**4**	**5**	**6**
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5	6
2. I think that I might be able to predict the future.		**0**	**1**	**2**	**3**	**4**	**5**	**6**
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5	6
3. I may have felt that there could possibly be something interrupting or controlling my thoughts, feelings, or actions.		**0**	**1**	**2**	**3**	**4**	**5**	**6**
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5	6
4. I have had the experience of doing something differently because of my superstitions.		**0**	**1**	**2**	**3**	**4**	**5**	**6**
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5	6

Screening in Colleges

- 510 help-seeking college students completed PRIME
- 26.7% screened positive (136 students)
- 44 SIPS interviewed, 55.5% CHR+

Performance of screening methods for predicting SIPS status (*n*=43)							
	Specificity	**Sensitivity**	**PPV**	**NPV**	**Accuracy**	**AUC**	***p***
PRIME	85.0	69.6	84.2	70.8	76.7	0.77	<.001

Thompson et al. in prep

Non-Psychosis Specific Tools: **BASC-2**

Schizophrenia Research 154 (2014) 107–112

Contents lists available at ScienceDirect

Schizophrenia Research

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

Using parent and youth reports from the Behavior Assessment System for Children, Second Edition to identify individuals at clinical high-risk for psychosis

Elizabeth Thompson [a], Emily Kline [a], Gloria Reeves [b], Steven C. Pitts [a], Kristin Bussell [b], Jason Schiffman [a,*]

Key Findings

- Parent and youth reports of atypicality predict clinician-rated risk symptoms
- Atypicality demonstrated predictive accuracy comparable to risk screeners
- Combined data was most predictive

Accuracy of atypicality scores for predicting SIPS diagnoses.

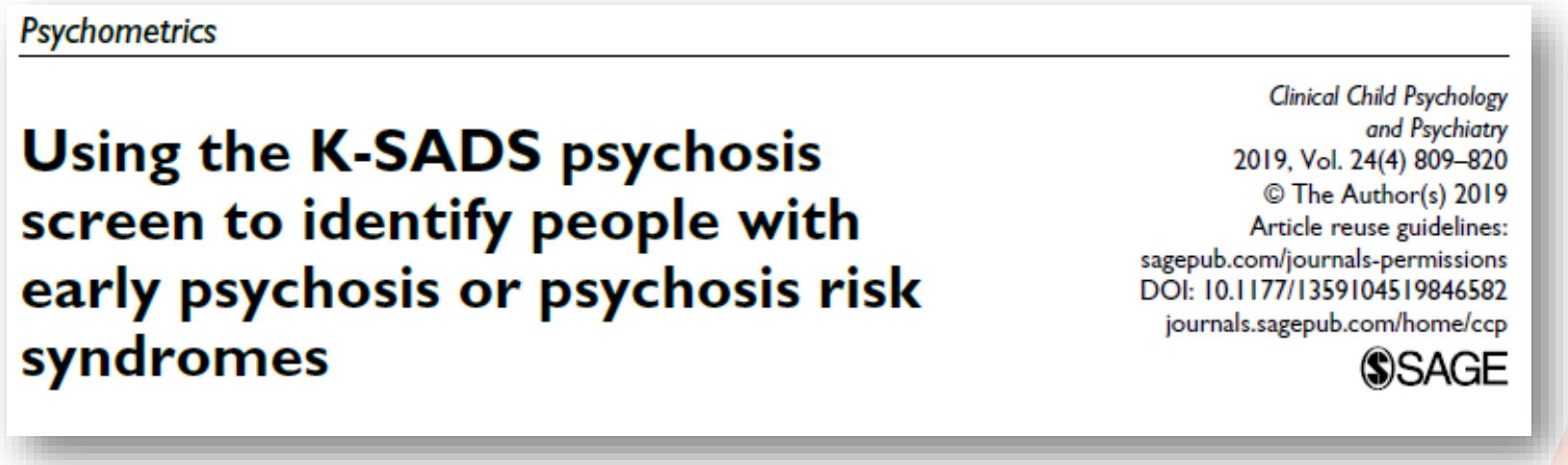
	Threshold	Sensitivity	Specificity	PPV	NPV	Accuracy
SRP	t-score ≥ 60	0.68	0.79	0.79	0.68	73%
PRS	t-score ≥ 60	0.65	0.76	0.76	0.65	70%
Either	At least 1 t-score ≥ 60	0.88	0.66	0.75	0.83	78%
Both	Both t-scores ≥ 60	0.44	0.90	0.83	0.58	65%
Mean	t-score average ≥ 60	0.82	0.79	0.82	0.79	81%

SRP: Self-Report of Personality; PRS: Parent Rating Scale.

-Provides diverse info beyond psychosis risk, including personal strengths, to facilitate broader conversations about wellness

Non-Psychosis Specific Tools: **KSADS**

Schedule for Affective Disorders and Schizophrenia for School Aged Children



Psychometrics

Using the K-SADS psychosis screen to identify people with early psychosis or psychosis risk syndromes

Clinical Child Psychology and Psychiatry
2019, Vol. 24(4) 809–820

DOI: 10.1177/1359104519846582
journals.sagepub.com/home/ccp
SAGE

KSADS Psychosis Screening Questions

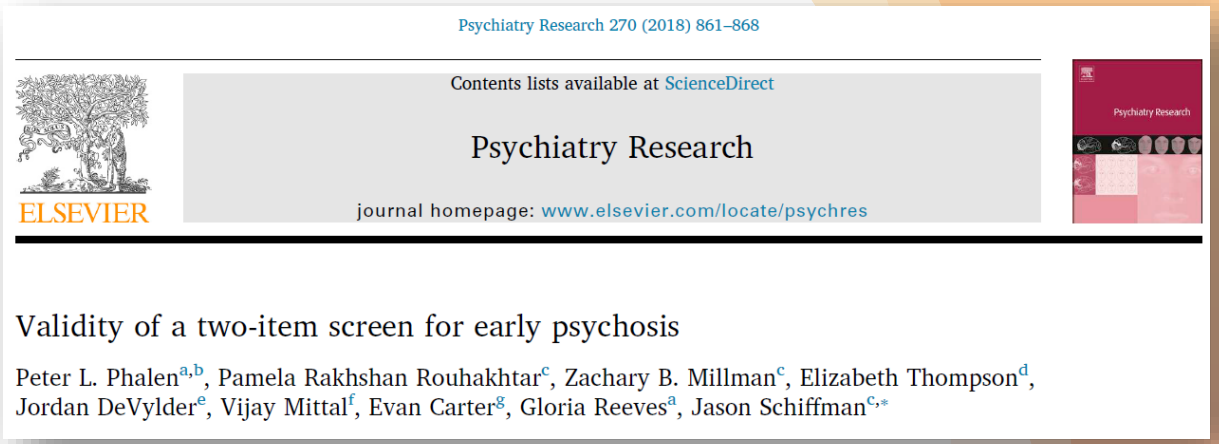
- Has there every been a time when your mind played tricks on you?
- Sometimes children might hear voices or see things, or smell things that other people cannot hear, see or smell. Has this ever happened to you?
- Have you ever had any ideas about things that you didn’t tell anyone because you were afraid they might not understand?
- Has there ever been a time you felt that someone was out to hurt you or that someone was following you or spying on you?

KSADS Psychosis Screening Questions

Table 4. Classification results using a cutoff rating of subthreshold hallucinations or delusions on the K-SADS child screen to predict CHR/EP.

		Prediction based on K-SADS Child screen	
		Not CHR/EP	CHR/EP
CHR/EP status determined by SIPS	Not CHR/EP	56	13
	CHR/EP	17	50
	Sensitivity (%)	81	
	Specificity (%)	75	
	Accuracy (%)	78	
	Pos. Predictive Value (%)	77	
	Neg. Predictive Value (%)	79	

Brevity



Psychiatry Research 270 (2018) 861–868

Contents lists available at ScienceDirect

Psychiatry Research

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

Validity of a two-item screen for early psychosis

Peter L. Phalen[a,b], Pamela Rakhshan Rouhakhtar[c], Zachary B. Millman[c], Elizabeth Thompson[d], Jordan DeVylder[e], Vijay Mittal[f], Evan Carter[g], Gloria Reeves[a], Jason Schiffman[c,*]

Answering "yes" to either question → presence of psychosis/CHR status (n = 471)		
	Sensitivity	Specificity
• **Do you ever hear the voice of someone talking that other people cannot hear?** • **Have you ever felt that someone was playing with your mind?**	71%	91%

Implementation

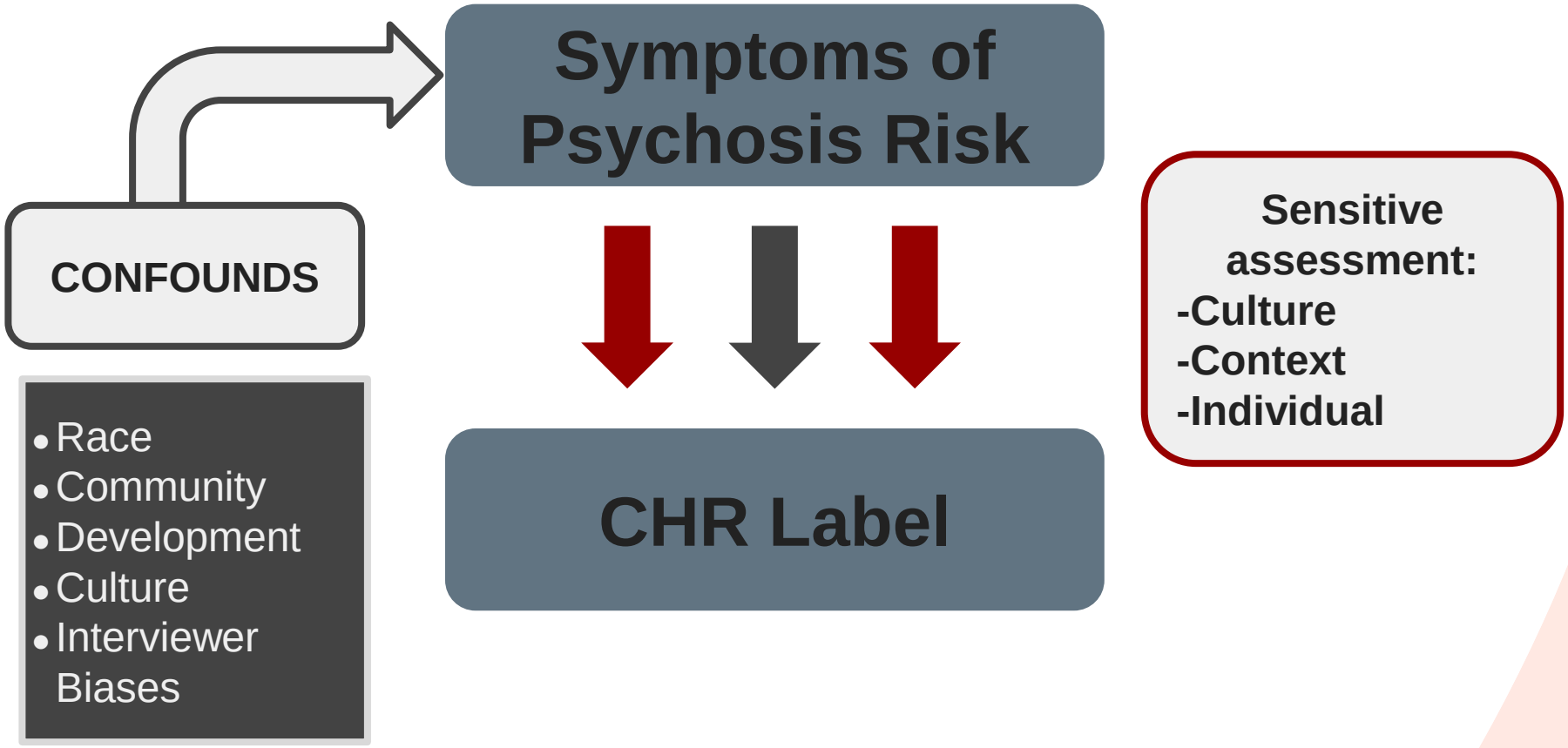
- Who is screening?
- Therapists, social workers, teachers, administrative staff, counselors
- Budgetary concerns
- Universal or indicated screening
- Feedback
- Referral network
- Setting
- Which tool?

Which tool to use?

- Prime Screen… 12 items, from the SIPS
- Prime Screen with Distress… slightly longer, more info
- Prime Screen Parent… good complementary info
- PQ-B… most research, solid overall tool but 21 items
- Prime 8 with Distress…
- BASC… comprehensive, parent version, long, not free
- KSADS Screen… if you're doing it anyway
- Two Item Screen…
  - **Do you ever hear the voice of someone talking that other people cannot hear?**
  - **Have you ever felt that someone was playing with your mind?**

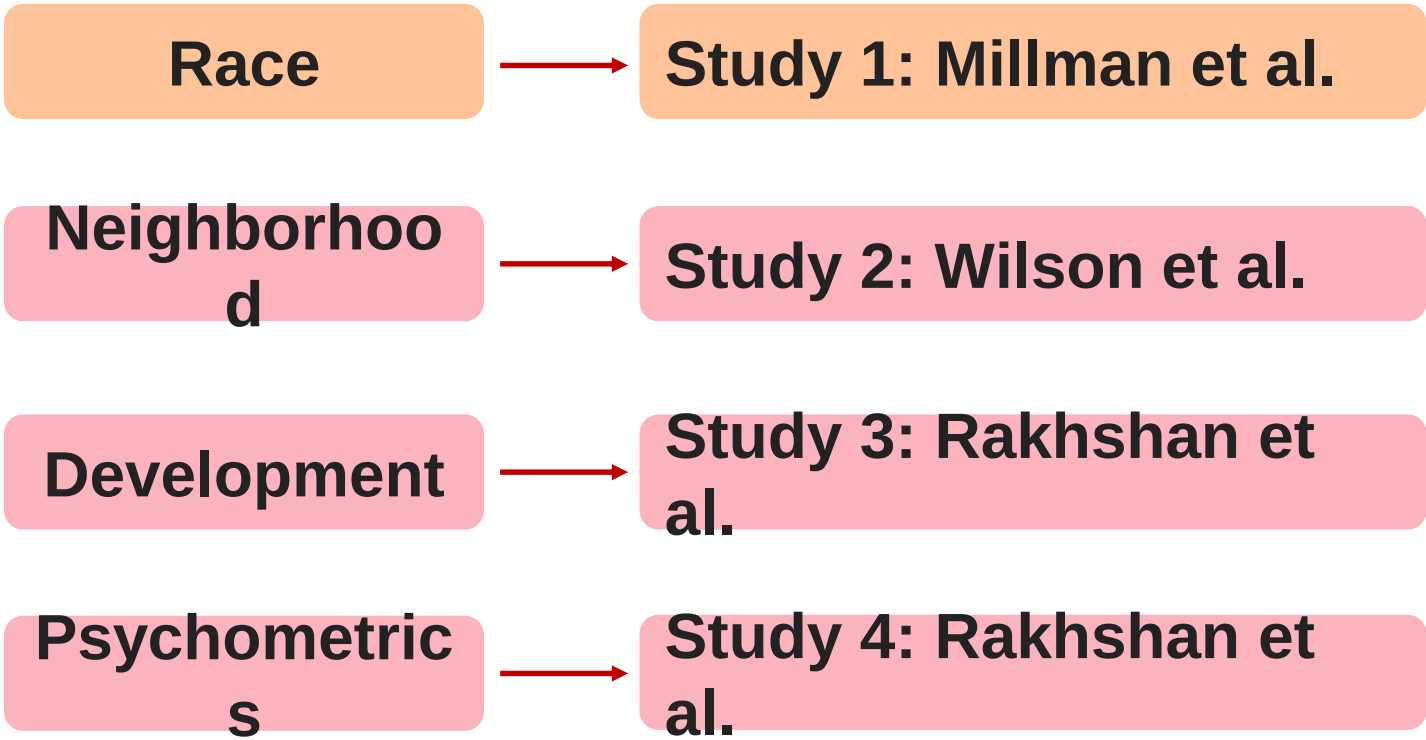
Validity in Context

Assessment Confounds



Adeponle et al., 2012; Barnes, 2008; Combs, Penn, & Fenigstein, 2002; Strakowski et al., 2003

Contextual Considerations in CHR: Research Overview



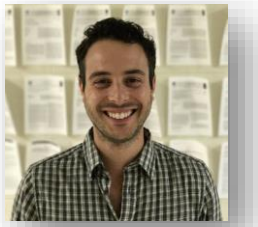
Race

Evidence for Differential Predictive Performance of the Prime Screen Between Black and White Help-Seeking Youths

Zachary B. Millman, M.A., Pamela J. Rakhshan Rouhakhtar, M.A., Jordan E. DeVylder, Ph.D., Melissa E. Smith, Ph.D., Peter L. Phalen, Psy.D., Scott W. Woods, M.D., Barbara C. Walsh, Ph.D., Brittany Parham, Ph.D., Gloria M. Reeves, M.D., Jason Schiffman, Ph.D.

Psychiatric Services 70:10, October 2019

- Research question
  - Are screening tools culturally invariant?
  - Does the Prime-Screen perform equally for Black and White participants?



Study 1: Race

TABLE 3. Logistic regression model predicting clinical high-risk status from race, Prime Screen cutoff scores, and their interaction among help-seeking youths[a]

Analysis and variable	b	S_b	Wald χ^{2b}	p	Exp(B)	95% CI
Logistic regression model						
Race	−.10	.47	.05	.82	.90	.36, 2.25
Prime Screen cutoff score	.34	.11	10.14	.00	1.41	1.14, 1.74
Race × Prime Screen cutoff score	−.44	.22	4.03	.05	.62	.42, .99
Simple effects						
Black	.13	.11	1.43	.23	1.14	.92, 1.42
White	.58	.19	9.16	.00	1.78	1.23, 2.59

Millman et al., (2019)

	Black		White	
	Black *N* = 58		*White* *N* = 50	
	HSC	CHR	HSC	CHR
Odd/Unusual				↑**
Predict Future	↑†			
Controlling Thoughts				↑†
Superstitions				↑*
Real/Imagination				↑**
Mind Reading				
Hurt/Harm		↑*		↑†
Supernatural Gifts	↑†			
Mind Tricks				↑**
Hearing Voices				↑**
Hearing Thoughts				↑*
Going Crazy				↑**
Item 11	2.02 (0.43)	2.02 (0.36)	0.91 (0.37)	2.02 (0.43)

Race x CHR Status Interaction

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Study 1: Race

- Discussion
  - Prime Screen does not adequately assess Black youth
    - Potentially lacks required context
  - Screening alone may over pathologize

  - Black youth should not be considered monolithically

Millman et al., (2019)

Contextual Considerations in CHR: Research Overview

Race	→	**Study 1: Millman et al.**
Neighborhood	→	**Study 2: Wilson et al.**
Development	→	**Study 3: Rakhshan et al.**
Psychometrics	→	**Study 4: Rakhshan et al.**

Study 2: Neighborhood

Context matters: The impact of neighborhood crime and paranoid symptoms on psychosis risk assessment

Camille Wilson [a], Melissa Edmondson Smith [b], Elizabeth Thompson [a], Caroline Demro [a], Emily Kline [c], Kristin Bussell [d], Steven C. Pitts [a], Jordan DeVylder [b], Gloria Reeves [d], Jason Schiffman [a,*]

[a] University of Maryland, Baltimore County, Department of Human Services Psychology, 1000 Hilltop Circle, Baltimore, MD 21250, United States
[b] University of Maryland, School of Social Work, 525 W. Redwood St., Baltimore, MD 21201, United States
[c] Beth Israel Deaconess Medical Center, Department of Public Psychiatry, 75 Fenwood Road, 5th Floor, Boston, MA 02115, United States
[d] University of Maryland School of Medicine, 655 W. Baltimore St., Baltimore, MD 2120, United States

- Research question
  - Does neighborhood crime impact responses to SIPS?

Wilson et al., (2016)

Examining suspiciousness

- Have you ever found yourself feeling mistrustful or suspicious of other people?
- Do you ever feel that you have to pay close attention to what's going on around you in order to feel safe?
- Do you ever feel like you are being singled out or watched?

Study 2: Neighborhood

- Findings
  - Neighborhood crime correlated with suspiciousness: r=.32**
    - Independent effect from attenuated psychosis symptoms

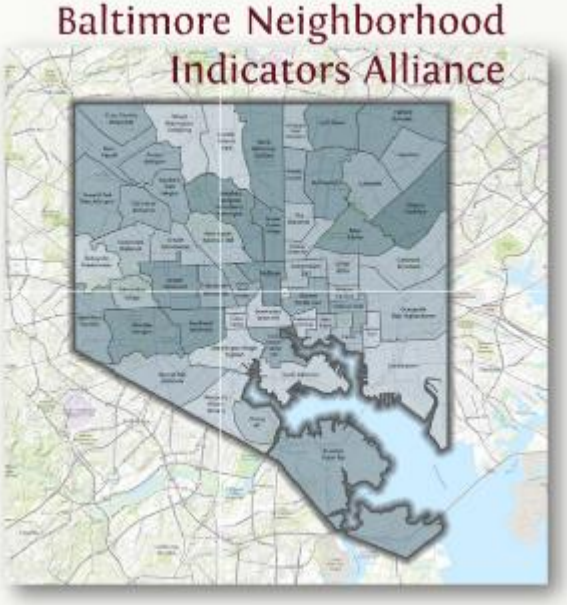


Table 5
Multiple regression predicting suspiciousness, controlling for SIPS psychosis risk symptoms and neighborhood crime.

Predictor	Stdized β	*t*	*p*	Sq. semi-partial	f^2
SIPS Pos, no P2	0.69	7.57	<.001	.461	1.06
Neighborhood crime	0.20	2.14	.04	.031	0.08

Wilson et al., (2016)

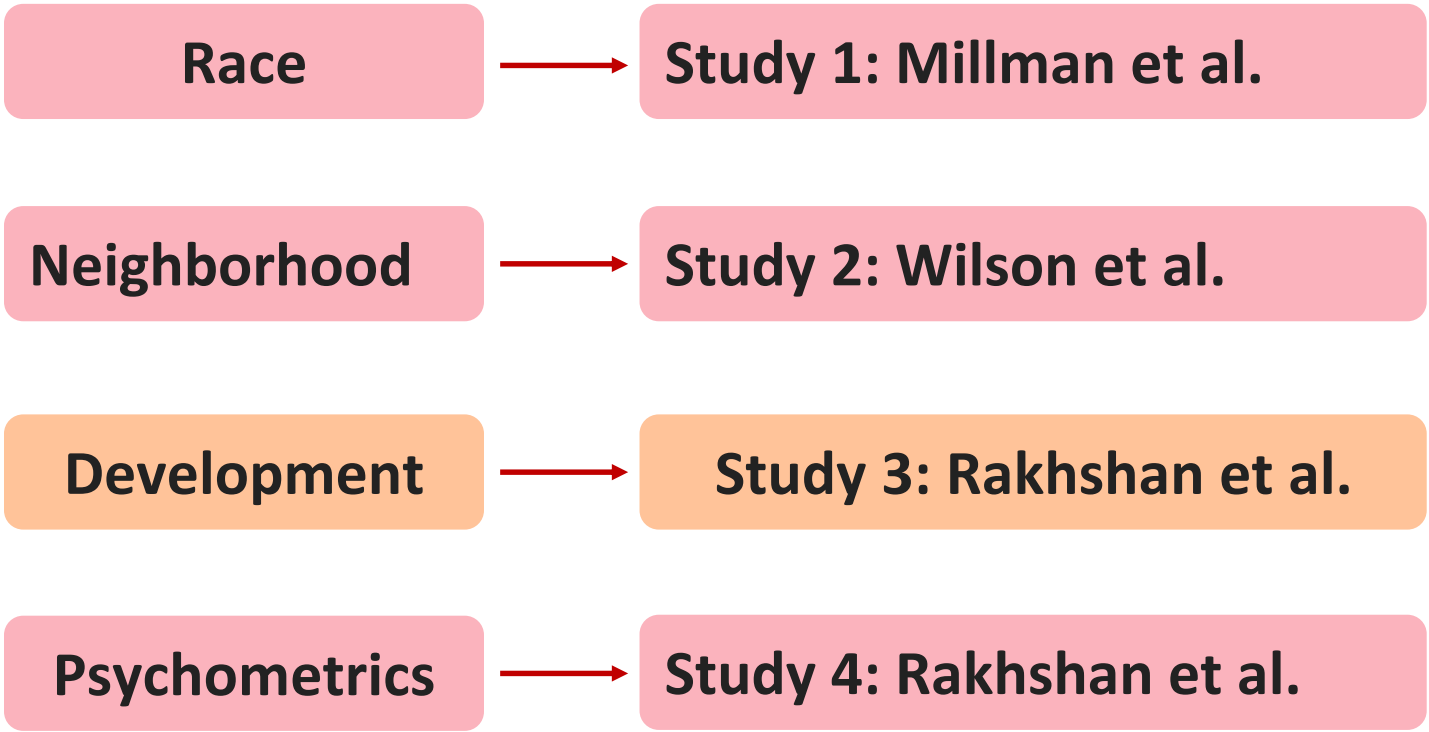
SAMHSA
Substance Abuse and Mental Health Services Administration

Study 2: Neighborhood

- Discussion
  - Neighborhood has an effect beyond just “psychosis”
  - Importance of context in individual symptom reports
    - Healthy contextual mistrust vs. psychopathology
  - Could also be stressor/risk factor that increase risk
  - SIPS ‘essence’

Wilson et al., (2016)

Contextual Considerations in CHR: Research Overview



Study 3: Development

Psychiatry Research 274 (2019) 30–35

Contents lists available at ScienceDirect

Psychiatry Research

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

The impact of age on the validity of psychosis-risk screening in a sample of help-seeking youth

P.J. Rakhshan Rouhakhtar[a], Steven C. Pitts[a], Zachary B. Millman[a], Nicole D. Andorko[a], Samantha Redman[a], Camille Wilson[a,1], Caroline Demro[a,2], Peter L. Phalen[b], Barbara Walsh[c], Scott Woods[c], Gloria M. Reeves[b], Jason Schiffman[a,*]

- Research question
  - Youth report more CHR experiences
  - Do younger participants interpret screening questions as intended?

Rakhshan Rouhakhtar et al., (2019)

Study 3: Development

Findings

Youden defined optimal cuts

	N	Age Cut-offs	Optimal Cut	Sensitivity	Specificity
Young Age	43	12-13.99	5	.76	.45
Mid Age	45	14-15.99	3	.81	.79
Higher Age	46	16-23	1	.70	.61

Discussion

- Younger participants endorsed more items
- Younger participants were diagnosed less

- Age-based norms

Rakhshan Rouhakhtar et al., (2019)

Contextual Considerations in CHR: Research Overview

Race	→	**Study 1: Millman et al.**
Neighborhood	→	**Study 2: Wilson et al.**
Development	→	**Study 3: Rakhshan et al.**
Psychometrics	→	**Study 4: Rakhshan et al.**

Study 4: Psychometrics

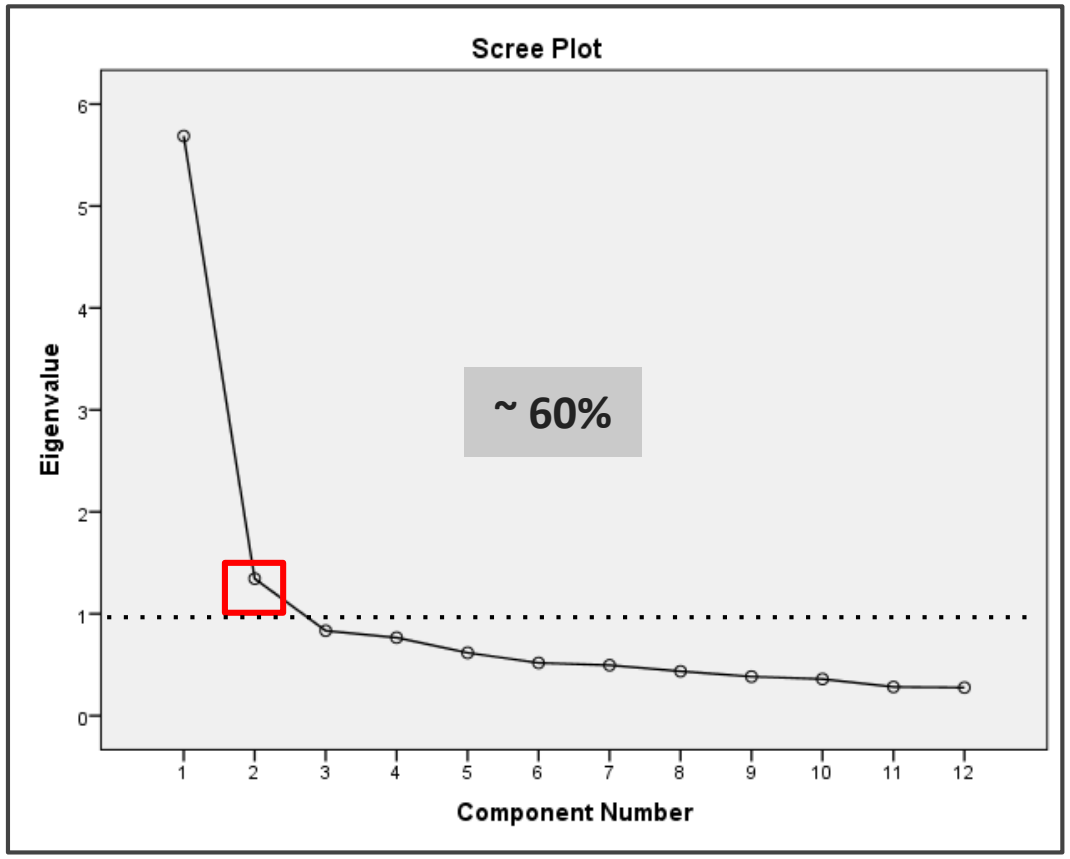
- Research question
  - Factor structure of screeners may matter
  - Do items differ in meaning between respondent and clinician?
  - Are some items suggestive of typical functioning?

Rakhshan Rouhakhtar et al., (submitted)

Principal Components Analysis

- Findings

Component	Eigenvalue	% of Variance
1	5.69	47.39
2	1.34	11.20



Study 4: Psychometrics

- Findings

Items	Factor 1	Factor 2
Prime Item 1	**.641**	.142
Prime Item 2	-.120	**.919**
Prime Item 3	**.548**	.335
Prime Item 4	.249	**.529**
Prime Item 5	**.720**	.090
Prime Item 6	.178	**.544**
Prime Item 7	**.805**	-.065
Prime Item 8	-.037	**.875**
Prime Item 9	**.860**	-.108
Prime Item 10	**.780**	-.055
Prime Item 11	**.623**	.133
Prime Item 12	**.807**	-.043

**Oblimin rotation was used*

Rakhshan Rouhakhtar et al., (2020)

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Study 4: Psychometrics

Factor 1 Examples

Prime Q1: I think that I have felt that there are *odd or unusual things* going on that I can't explain

Prime Q11: I think that I may hear my *own thoughts being said out loud*

Prime Q12: I have been concerned that I might be *"going crazy"*

Study 4: Psychometrics

Factor 2 Examples

Prime Q2: I think that I might be able to *predict the future*

Prime Q4: I have had the experience of doing something differently because of my *superstitions*

Prime Q8: I believe that I have *special, natural, or supernatural gifts* beyond my talents and natural strengths

Study 4: Psychometrics

- Findings

Variables	Factor 1	Factor 2
CHR Diagnosis	**b = 0.09, $\chi^2(1) = 21.29$, $p <$ .001**	b = -0.03 $\chi^2(1) = 0.70$, p =.40
Global Functioning	**b = -0.32, $t(1) = -3.55$, $p <$ .001**	b = 0.21, $t(1) = 1.09$, p =.28
Social Functioning	**b = -0.04 , $t(1) = -3.97$, p <.001**	**b = 0.06, $t(1) = 2.48$, p = .01**
Role Functioning	b = -0.02, $t(1) = -1.22$, p =.22	b = 0.01, $t(1) = 0.24$, p =.81

Rakhshan Rouhakhtar et al., (2020)

Study 4: Psychometrics

- Discussion
  - 2 Factors
    - Factor 1 → Attenuated psychosis
    - Factor 2 → ?

Prime Q2: I think that I might be able to *predict the future*

Prime Q4: I have had the experience of doing something differently because of my *superstitions*

Prime Q6: I have thought that it might be possible that other people can *read my mind*, or that I can *read other people's minds*

Prime Q8: I believe that I have *special, natural, or supernatural gifts* beyond my talents and natural strengths

- Not all questions indicate psychopathology
- Typically functioning community norm?

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Implications & Future Directions

- **Future research**
  - **Understanding & integration of culture and context**
  - **New tools that avoid systematic bias & disparity**

  - **Race, neighborhood, development, culture**
    - **Trauma, Informant, Distress**
  - **Risk calculators?**

Some ideas

- Co-produce / Participatory Action Research / NAUWoU
- Allow time and build trust
- Interview techniques are sensitive to cultural factors
- Validation studies to understand the role of different aspects of identity (e.g., SES, religion/spirituality, cultural identification, help-seeking response style, language differences, age)
- Varying norms
- Infusing cultural competency/humility into risk assessment training (e.g., the role of clinician bias, socially mediated stress as a dynamic factor when establishing risk)
- Empirically measuring assessor's cultural competence
- Training in trauma
- Comprehensive psychodiagnostic training, periodic re-training, and assessment validity check-ins may limit misdiagnosis or possible assessor drift
- Probing endorsements to ensure a shared understanding of meaning
- Committing to a longitudinal approach (clinically and through research)

Implications & Future Directions

Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis

Short Title: CHR-P

Modified Announcement

Funding Opportunity Announcement (FOA) Information

FOA Number: SM-18-012

Posted on Grants.gov: Tuesday, April 10, 2018

Award Information

Funding Mechanism: Grant

Anticipated Total Available Funding: $11,200,000

Anticipated Number of Awards: Up to 28

Anticipated Award Amount: Up to $400,000 per year

Length of Project: Up to 4 years

Department of Health and Human Services

Part 1. Overview Information

Participating Organization(s)	National Institutes of Health (NIH (http://www.nih.gov))
Components of Participating Organizations	National Institute of Mental Health (NIMH (https://www.nimh.nih.gov/index.shtml))
Funding Opportunity Title	Clinical High Risk for Psychosis Research Network (U01 Clinical Trial Not Allowed)
Activity Code	U01 (//grants.nih.gov/grants/funding/ac_search_results.htm?text_curr=u01&Search.x=0&Search.y=0&Search_Type=Activity) Research Project – Cooperative Agreements

Notice of Information: NIMH Priorities for Research to Inform Stepped-Care Interventions for Persons at Clinical High Risk for Psychosis

Notice Number: NOT-MH-19-003

Key Dates

Release Date: December 11, 2018

Related Announcements

None

Issued by

National Institute of Mental Health (NIMH)

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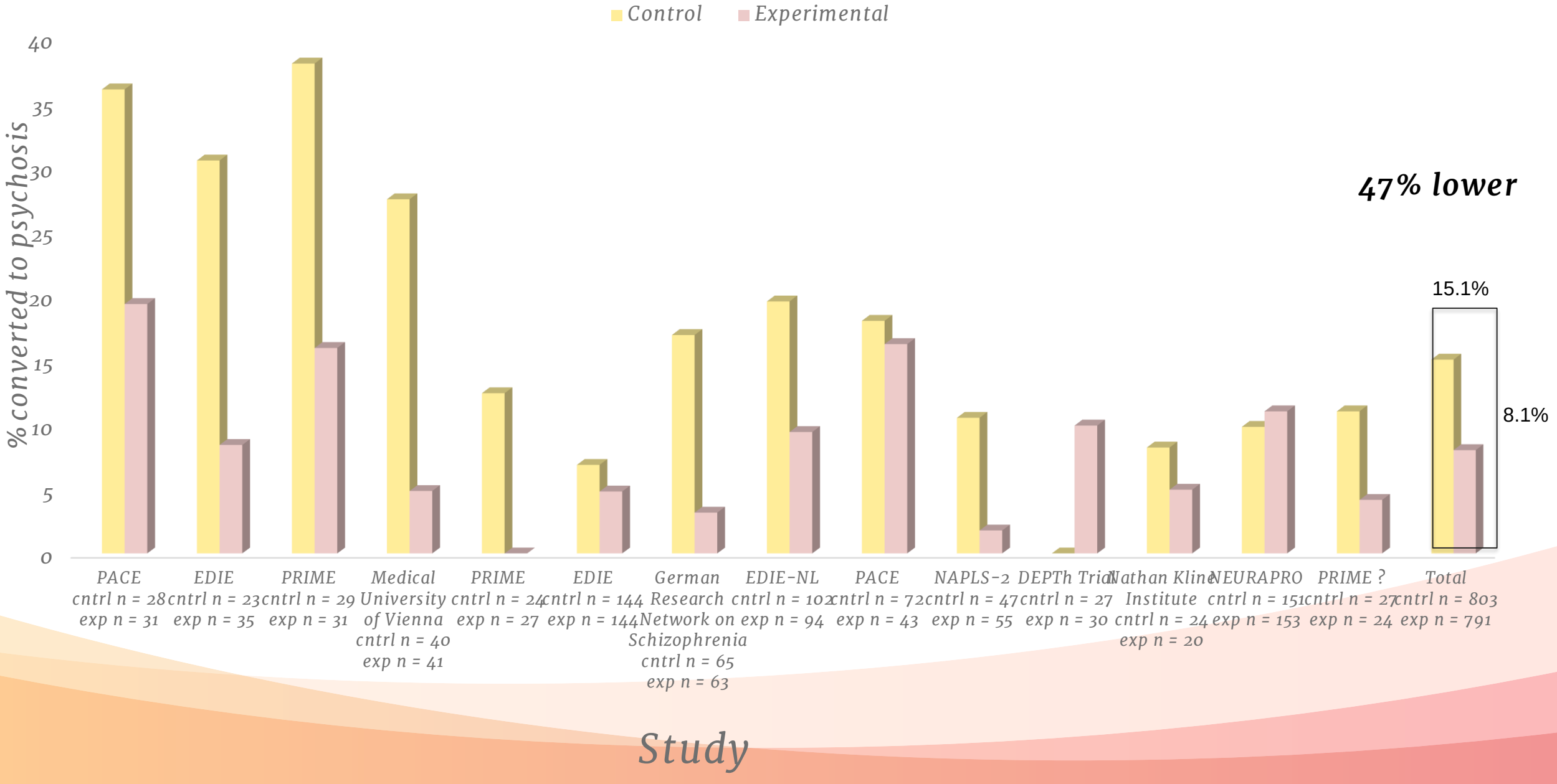
An Introduction to Psychosocial Interventions for those At-Risk

One Year Conversion Rates of People at CHR in RCTs



Modular Treatments for those at Clinical High Risk for Psychosis

REVIEW ARTICLE

Evidence-Based Early Interventions for Individuals at Clinical High Risk for Psychosis

A Review of Treatment Components

Elizabeth Thompson, MA, Zachary B. Millman, BA,* Nana Okuzawa, MD,† Vijay Mittal, PhD,‡ Jordan DeVylder, PhD,§ Travis Skadberg, AA,* Robert W. Buchanan, MD,‖ Gloria M. Reeves, MD,† and Jason Schiffman, PhD**

The Journal of Nervous and Mental Disease, 2015, 203, 342-351

Strive for Wellness Clinic: Limited Evidence-Base

- Anti-psychotics not recommended in this stage
- How can we create a client-driven/scientifically supported approach?

- “Modules” to address different issues
- Integrates EBT approaches
- Flexibility with fidelity
- Shared decision making

Strive for Wellness Clinic:
Sources of Knowledge

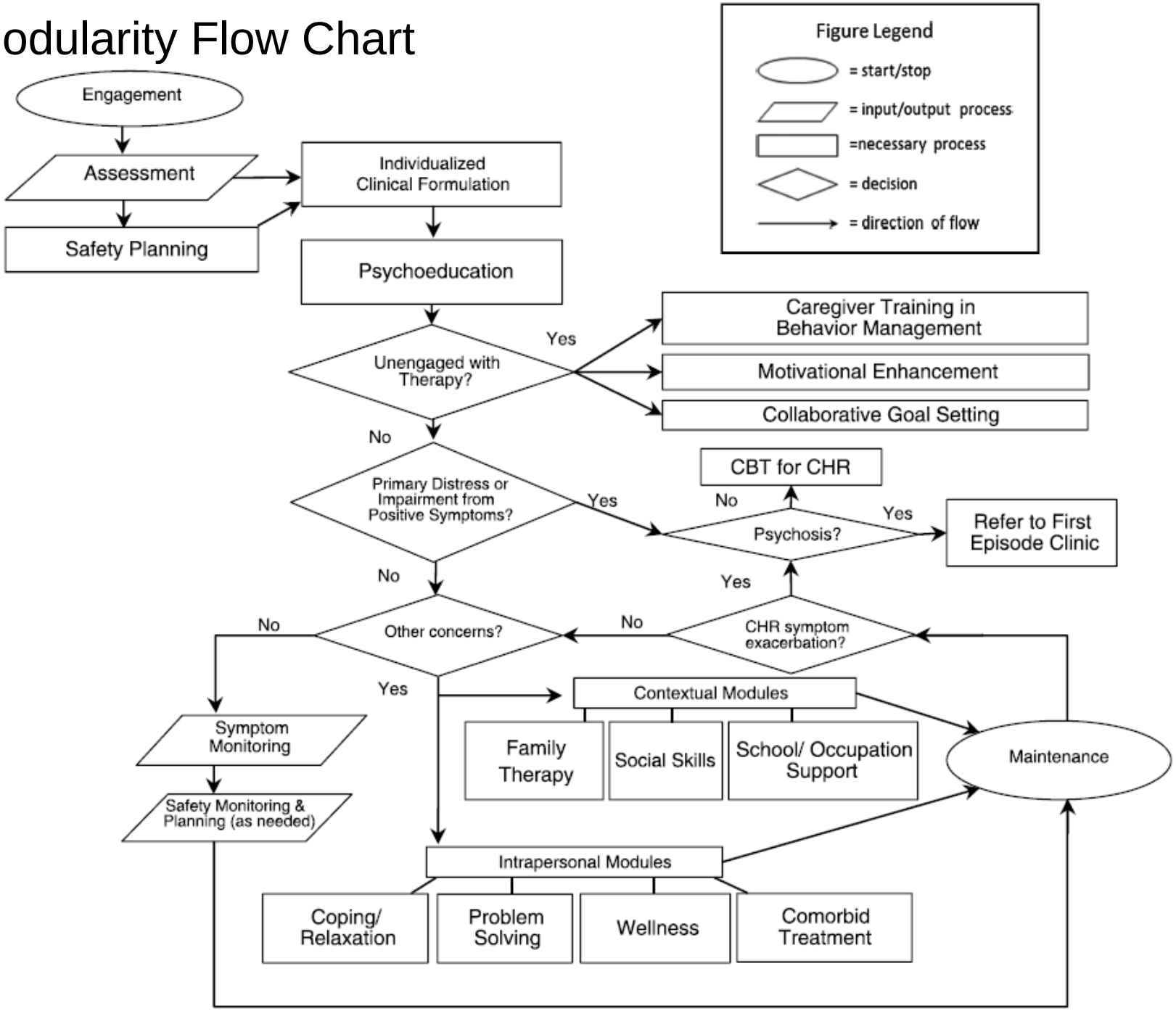
- CBT for risk
- CBT for FEP
- General concerns of those at clinical high risk
- Treatment informed by mechanisms
  - Diathesis-stress model
  - Cognitive model
    - Distress increases as clients make sense of their experiences in more distressing ways
- Input from youth and families

Table 1. Strategies contained in psychosocial CHR intervention trials.

Strategy	Current Proposal	Morrison et al., '04	Morrison et al., '12	Addington et al., '11	Bechdolf et al., '12	Yung et al., '13	Van der Gaag et al., '12
Assessment	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Psychoed	Yes		Yes	Yes	Yes		Yes
Individualized Tx Planning	Yes			Yes	Yes	Yes	Yes
Safety	Yes					Yes	
CBT Techniques							
CHR-CBT	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Problem Solving	Yes	Yes	Yes	Yes			
Goal Setting	Yes	Yes	Yes	Yes	Yes		
Relapse Prevention	Yes			Yes			
Social Skills	Yes				Yes		
Comorbidity	Yes	Yes				Yes	Yes
Med Consultation	Yes					Yes	
Wellness	Yes				Yes	Yes	
Family	Yes				Yes		
School/ Occupation	Yes						Yes
Integration with Other Services	Yes						
Inherently Flexible	Yes						
Wraparound-oriented	Yes						

Note, a blank square does not indicate that the strategy was absent, only that it was not described in the published intervention trial.

Modularity Flow Chart



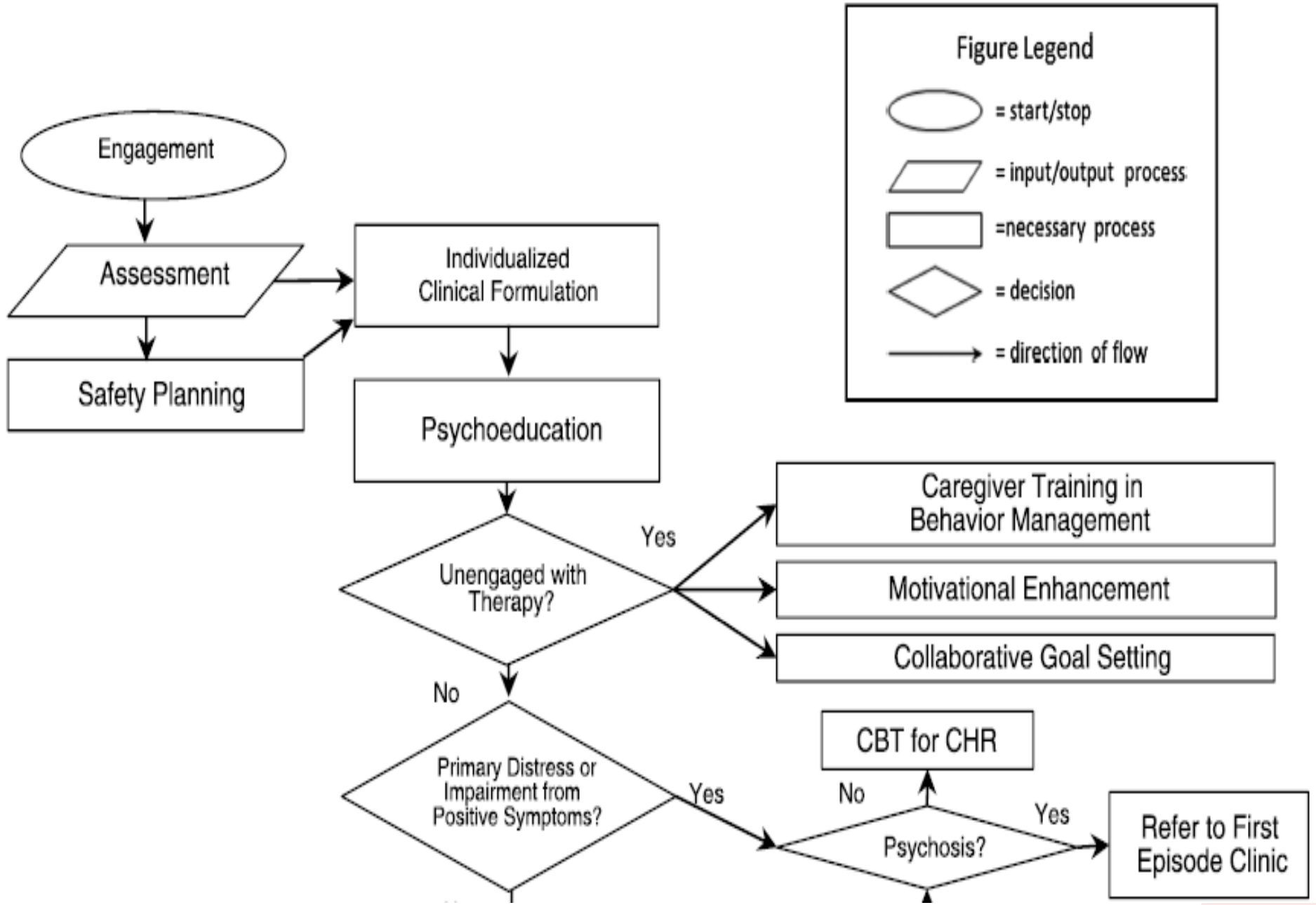


Figure Legend
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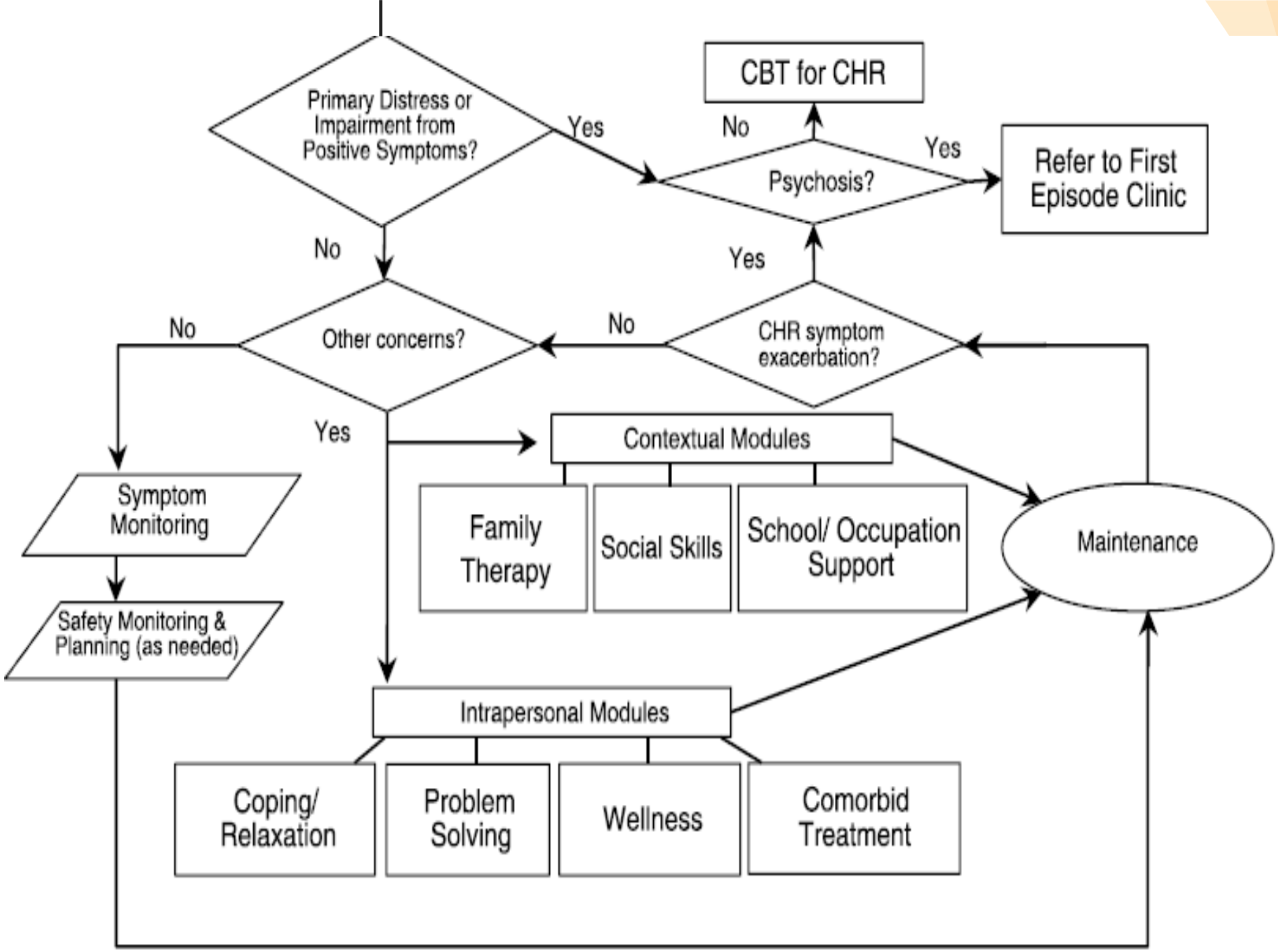
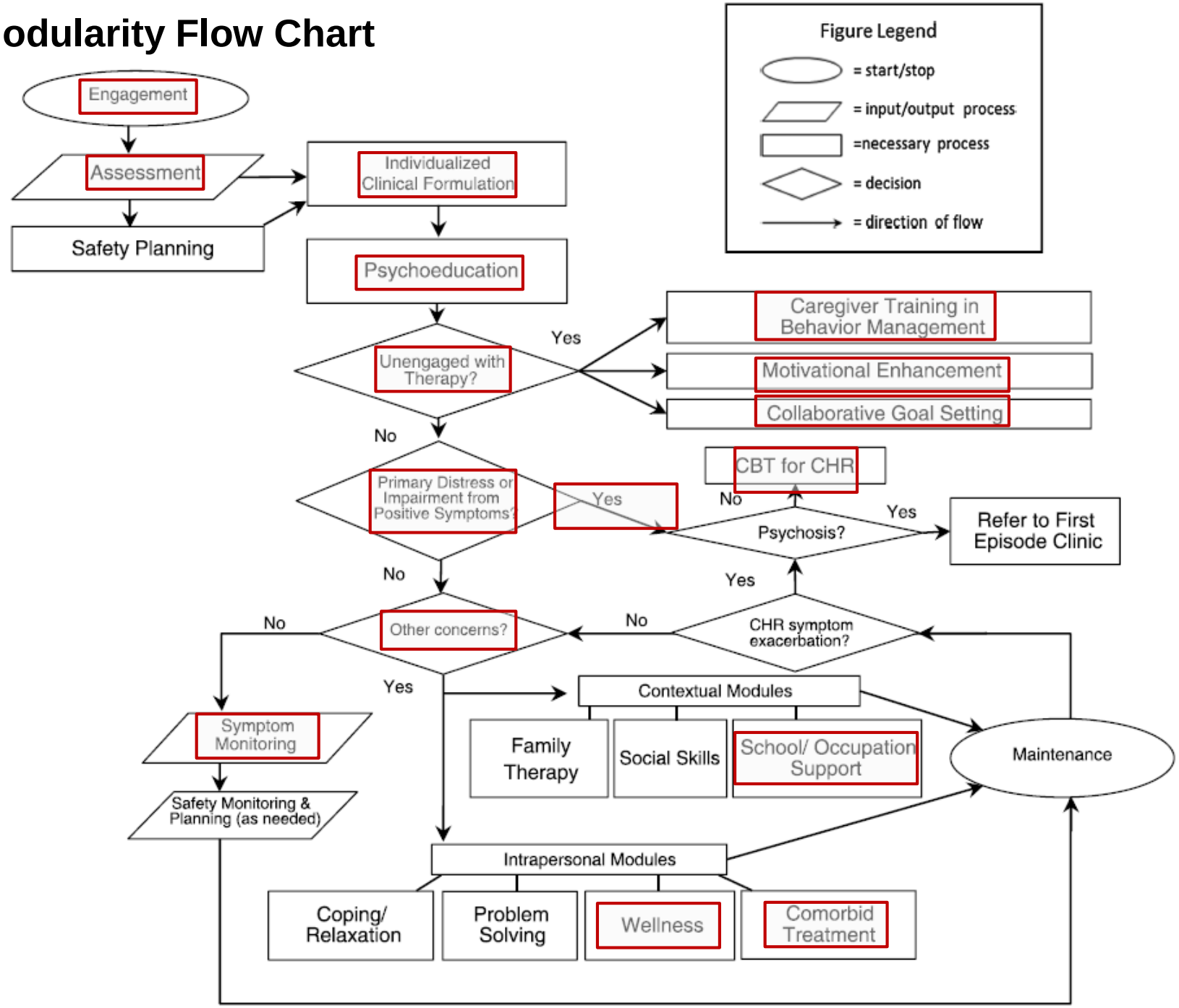
=necessary process
= decision
= direction of flow
Engagement
Assessment
Safety Planning
Individualized Clinical Formulation
Psychoeducation
Unengaged with Therapy?
Yes
Caregiver Training in Behavior Management
Motivational Enhancement
Collaborative Goal Setting
No
Primary Distress or Impairment from Positive Symptoms?
Yes
CBT for CHR
No
Psychosis?
Yes
Refer to First Episode Clinic


Primary Distress or Impairment from Positive Symptoms?
Yes
CBT for CHR
No
Psychosis?
Yes
Refer to First Episode Clinic
No
Yes
No
Other concerns?
No
CHR symptom exacerbation?
Yes
Contextual Modules
Symptom Monitoring
Family Therapy
Social Skills
School/ Occupation Support
Maintenance
Safety Monitoring & Planning (as needed)
Intrapersonal Modules
Coping/ Relaxation
Problem Solving
Wellness
Comorbid Treatment

Strive for Wellness Clinic Modularity Examples

- Address competing priorities while maintaining some structure
- Example client
  - School refusing, weight issues, drugs

Modularity Flow Chart



Strive for Wellness Clinic: Other Examples

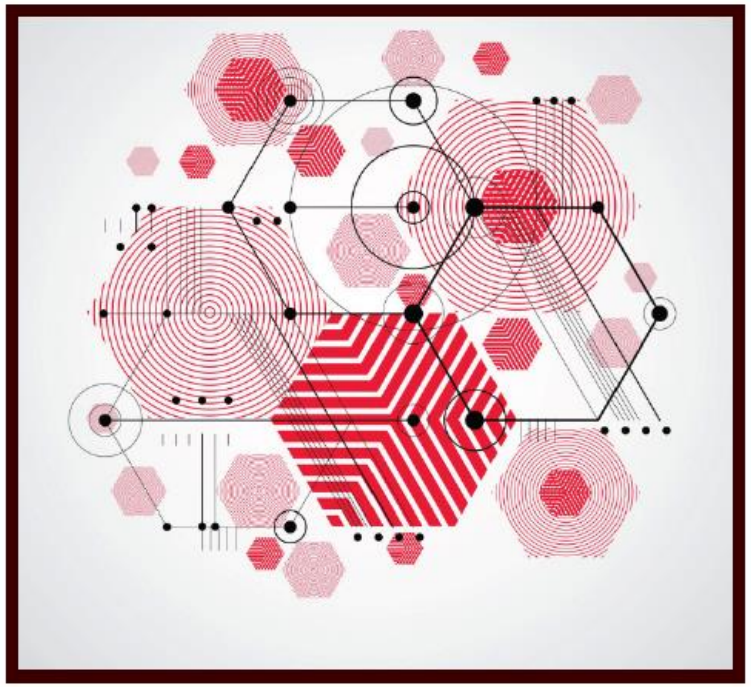
- Address competing priorities while maintaining some structure
  - School refusing, weight issues, drugs
  - Runaway
  - Emerging psychosis, mom wait list for transplant, brother addicted to drugs
  - Housing (grandma passed, no one would take him)
  - Difficulties with school
  - Family discord
  - Trauma
  - Socialization

Use the Tools You Have

Treatment of Early Psychosis: What You Can Do

- Good principles of care
  - Rapport
  - For risk phase, general best practice is to target client-identified priorities
  - Often using your existing skills
- Ongoing monitoring and checking in on priorities is important for adequate level of care
- Referral to coordinated specialty care (team-based) is ideal for those who develop psychosis

Our Modularized Manual



Modular Cognitive Behavioral Therapy for Youth at Clinical High-Risk for Psychosis

Strive for Wellness Clinic Team

13 Supported Education

HANDOUT 6 - IDENTIFYING AND IMPROVING

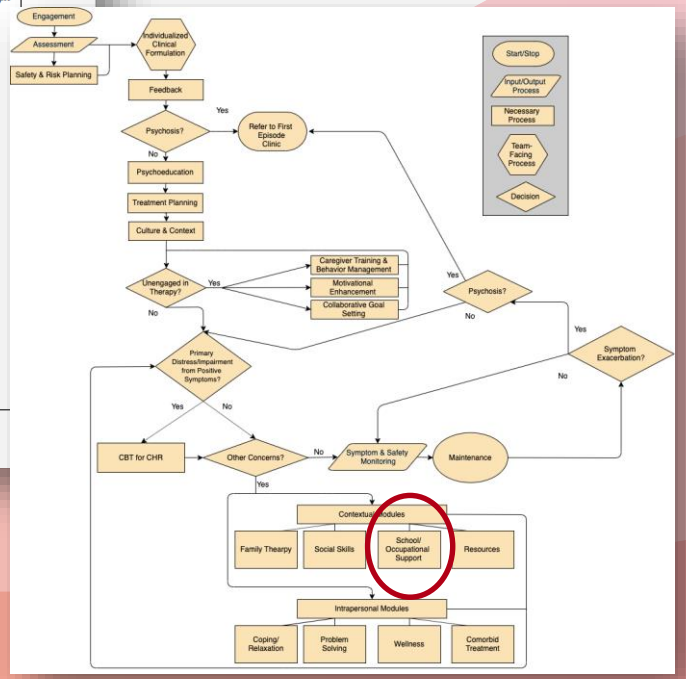
What barriers do you face in getting yourself a job or a position i
barriers do you face in getting the most out of the experience? Th
questions.

Problems that people have getting and keeping a job or doing well
three categories:

- ***Community Resource Problems*** - these problems include
  academic institution, or general community you live in th
  goal. Some examples are:
  - Your school won't accommodate your learning p
  - There isn't any decent public transportation to ge
  - You don't feel safe walking around your neighbo
- ***Family Resource Problems*** - these problems include ways that your family life makes it difficult for you to reach your goal. Some examples are:
  - You have to take care of someone in your family every afternoon
  - Your house is too loud to study in
  - Your parents can't afford to buy the clothes you need for interviews or work
- ***Individual Level Problems*** - these problems include tendencies you personally have that might make it harder for you to reach your own goal. Some examples are:
  - You don't like being told what to do
  - It's hard to keep your focus on one thing for long
  - You have a hard time asking for help when you need it

Fill out the list below with some Community, Family, and Individual resource problems that you might face when trying to reach your occupational or educational goal.

Type of Problem	Specific Problem	Solution I will Try
Community	•	
	•	
	•	
Family	•	
	•	
	•	
Individual	•	
	•	
	•	



Safety

- Bullying
- Suicidality
  - 66% for current ideation, 18% lifetime attempt [1]

Tips for Safety Planning

- Handouts 1-13

What To Do If You Think a Person Is Having Suicidal Thoughts

You cannot predict death by suicide, but you can identify people who are at increased risk for suicidal behavior, take precautions, and refer them for effective treatment.

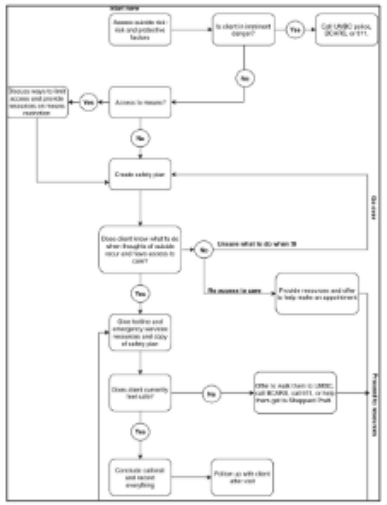
- **Ask** the person directly if he or she (1) is having suicidal thoughts/ideas, (2) has a plan to do so, and (3) has access to lethal means:
  - "Are you thinking about killing yourself?"
  - "Have you ever tried to hurt yourself before?"
  - "Do you think you might try to hurt yourself today?"
  - "Have you thought of ways that you might hurt yourself?"
  - "Do you have pills/weapons in the house?"
    - This won't increase the person's suicidal thoughts. It will give you information that indicates how strongly the person has thought about killing him- or herself.
    - Take seriously all suicide threats and all suicide attempts. A past history of suicide attempts is one of the strongest risk factors for death by suicide.
    - There is no evidence that "no-suicide contracts" prevent suicide. In fact, they may give counselors a false sense of reassurance.
- **Listen and look** for red flags for suicidal behavior, indicated by the mnemonic:

IS PATH WARM?

Ideation—Threatened or communicated
Substance abuse—Excessive or increased

Purposeless—No reasons for living
Anxiety—Agitation/Insomnia
Trapped—Feeling there is no way out
Hopelessness

Withdrawing—From friends, family, society
Anger (uncontrolled)—Rage, seeking revenge
Recklessness—Risky acts, unthinking
Mood changes (dramatic)



Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

Exercises: Worksheets

Stress Vulnerability

HANDOUT 5 – STRESS-VULNERABILITY BUCKET

Show the stress-vulnerability bucket model to the client. Describe how stress can build up and have negative consequences. Explain each aspect of the bucket (e.g. stress, coping, vulnerability, symptoms/problems).

Next, discuss the following and have them draw their own bucket on the back of the paper.

- How big is your bucket? Some people have larger tolerances for stress than others. Draw your bucket according to the size of your stress tolerance.
- What are your stressors? Fill the bucket with each stressor. Adjust the "amount of water" depending on how impactful each stressor is.
- Is there anything that helps you deal with stress? Draw a tap and label it with your protective factors.
- Is your bucket overflowing? Write out what that looks like for you?

Lastly, give the client an empty bucket for them to fill out during the week according to what they record on their stress and coping log and bring to the next session.

The bucket below illustrates how stress can build up over time and negatively affect you.

Motivational Enhancement

Unhelpful Thoughts

Changing thoughts

Changing the *way* we think

The targeted thoughts are often *logical*...

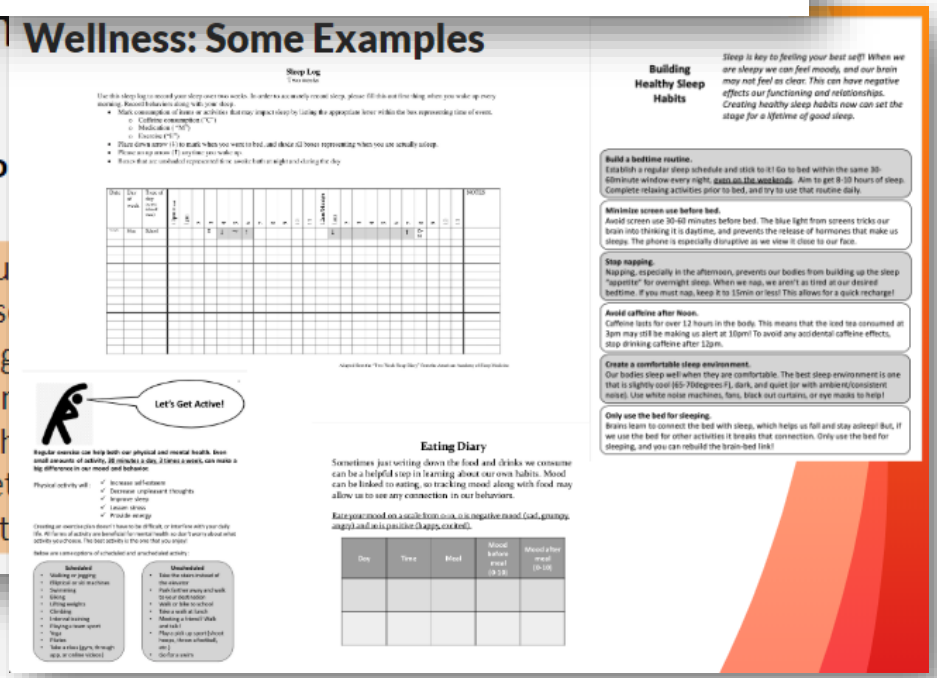
But ***unhelpful***

Education & Orientation

A (Activating	B (Belief)	C (Co
oked to r a	Time is slowing down to highlight 11:11 for me.	Confu that s wrong Rumir wheth somet about

Role Play: Video

Wellness: Some Examples

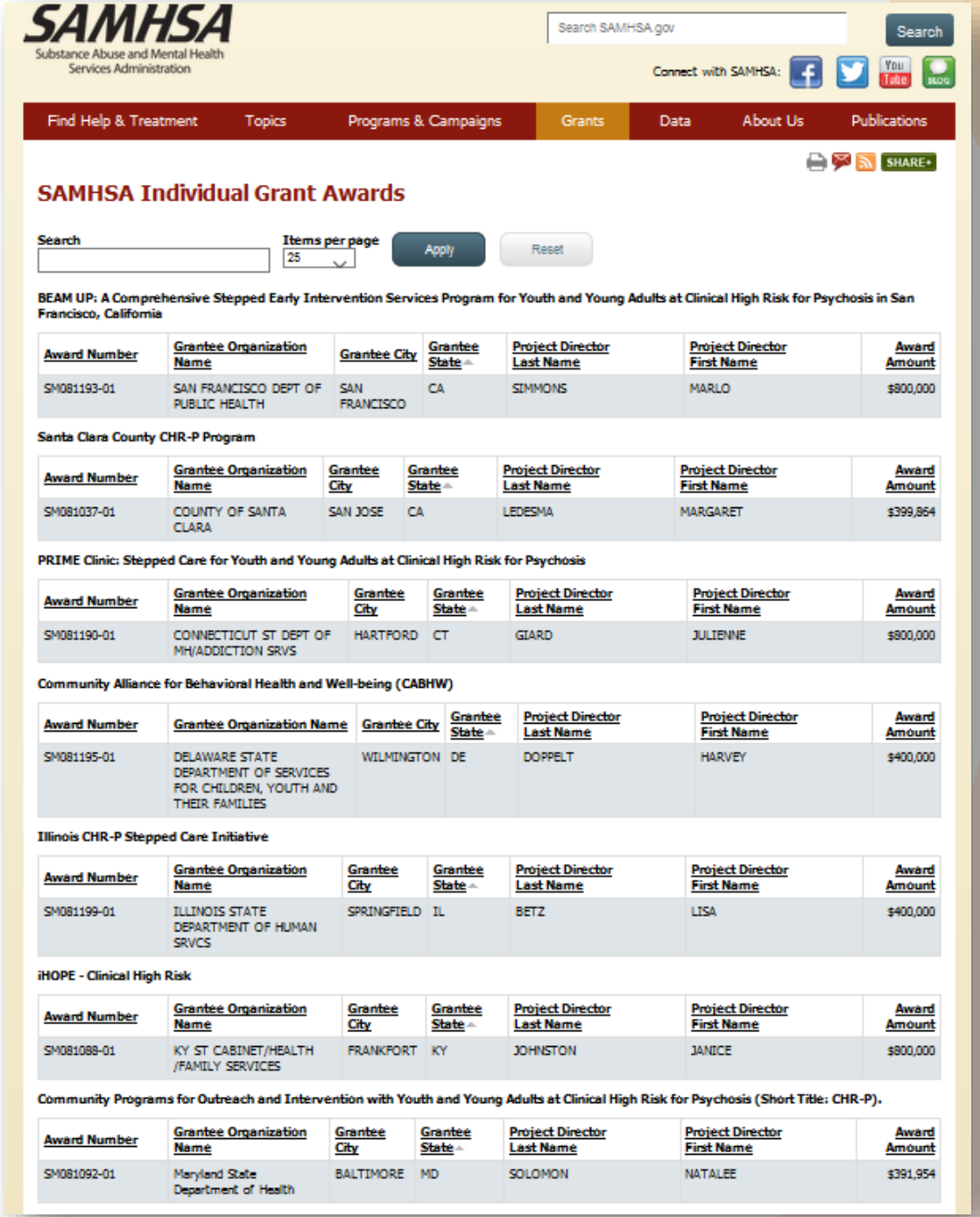


SAMHSA
Substance Abuse and Mental Health Services Administration

Clinical High-Risk Intervention Pilots

Clinical High Risk Intervention Pilots

https://www.samhsa.gov/grants/awards/2018/sm-18-012



SAMHSA
Substance Abuse and Mental Health Services Administration

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BEAM UP: A Comprehensive Stepped Early Intervention Services Program for Youth and Young Adults at Clinical High Risk for Psychosis in San Francisco, California

Award Number	Grantee Organization Name	Grantee City	Grantee State	Project Director Last Name	Project Director First Name	Award Amount
SM081193-01	SAN FRANCISCO DEPT OF PUBLIC HEALTH	SAN FRANCISCO	CA	SIMMONS	MARLO	$800,000

Santa Clara County CHR-P Program

Award Number	Grantee Organization Name	Grantee City	Grantee State	Project Director Last Name	Project Director First Name	Award Amount
SM081037-01	COUNTY OF SANTA CLARA	SAN JOSE	CA	LEDESMA	MARGARET	$399,864

PRIME Clinic: Stepped Care for Youth and Young Adults at Clinical High Risk for Psychosis

Award Number	Grantee Organization Name	Grantee City	Grantee State	Project Director Last Name	Project Director First Name	Award Amount
SM081190-01	CONNECTICUT ST DEPT OF MH/ADDICTION SRVS	HARTFORD	CT	GIARD	JULIENNE	$800,000

Community Alliance for Behavioral Health and Well-being (CABHW)

Award Number	Grantee Organization Name	Grantee City	Grantee State	Project Director Last Name	Project Director First Name	Award Amount
SM081195-01	DELAWARE STATE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES	WILMINGTON	DE	DOPPELT	HARVEY	$400,000

Illinois CHR-P Stepped Care Initiative

Award Number	Grantee Organization Name	Grantee City	Grantee State	Project Director Last Name	Project Director First Name	Award Amount
SM081199-01	ILLINOIS STATE DEPARTMENT OF HUMAN SRVCS	SPRINGFIELD	IL	BETZ	LISA	$400,000

iHOPE - Clinical High Risk

Award Number	Grantee Organization Name	Grantee City	Grantee State	Project Director Last Name	Project Director First Name	Award Amount
SM081088-01	KY ST CABINET/HEALTH /FAMILY SERVICES	FRANKFORT	KY	JOHNSTON	JANICE	$800,000

Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis (Short Title: CHR-P).

Award Number	Grantee Organization Name	Grantee City	Grantee State	Project Director Last Name	Project Director First Name	Award Amount
SM081092-01	Maryland State Department of Health	BALTIMORE	MD	SOLOMON	NATALEE	$391,954

Enthusiasm and hope are what make the difference – Brandon Staglin

Jason Schiffman
Professor, Director of Clinical Training
CHRP Program Coordinator
UMBC & UC Irvine

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Emily Petti, BA
Peter Phalen, PhD
Samantha Redman, MA
Caroline Roemer, BA
LeeAnn Shan, BA
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