

Early Stage Psychosis “Basics:” Screening and Referral

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November 3, 2021, 11:00am-12:30pm ET



Central East (HHS Region 3)

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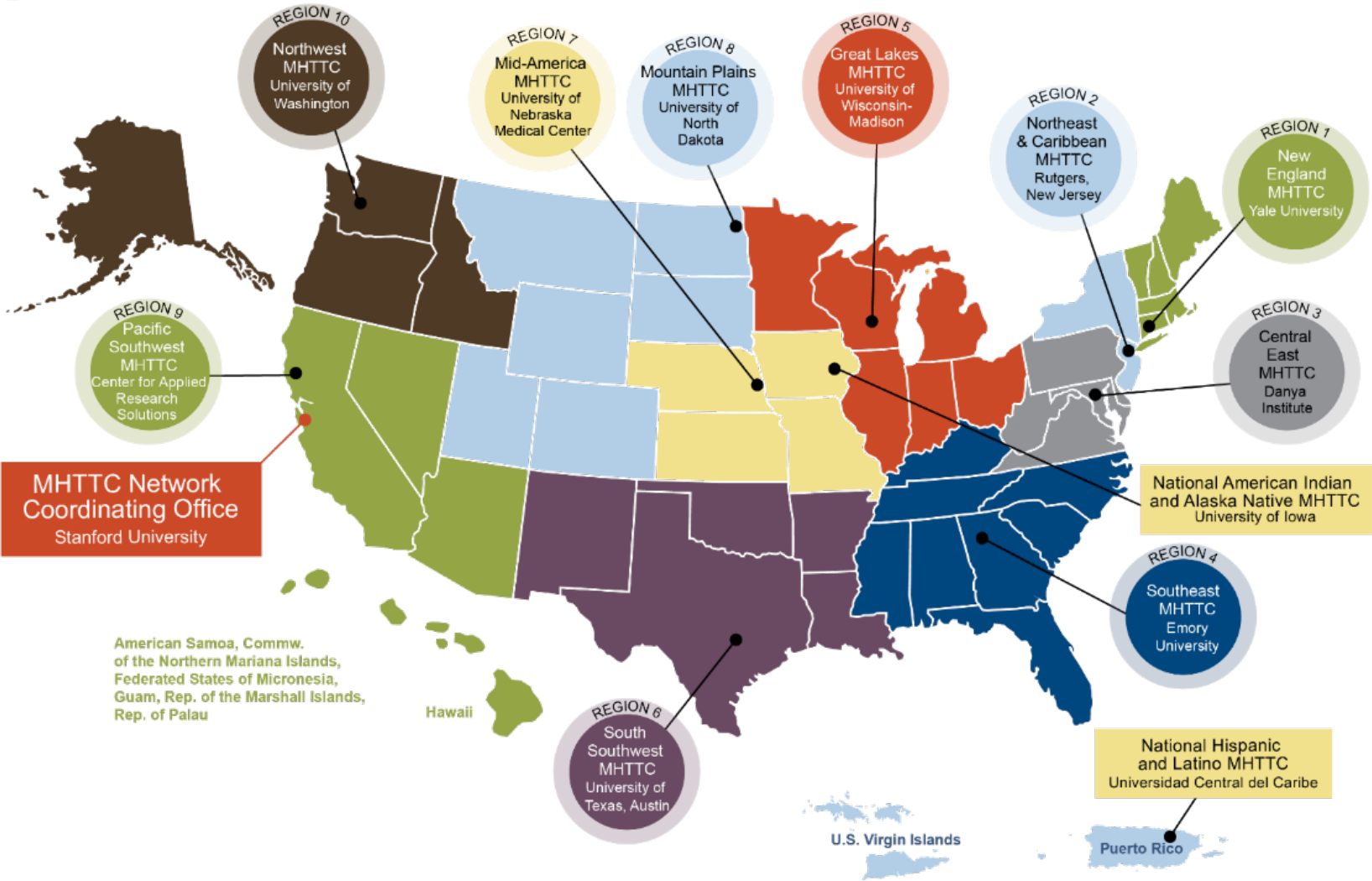
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MHTTC Purpose

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.

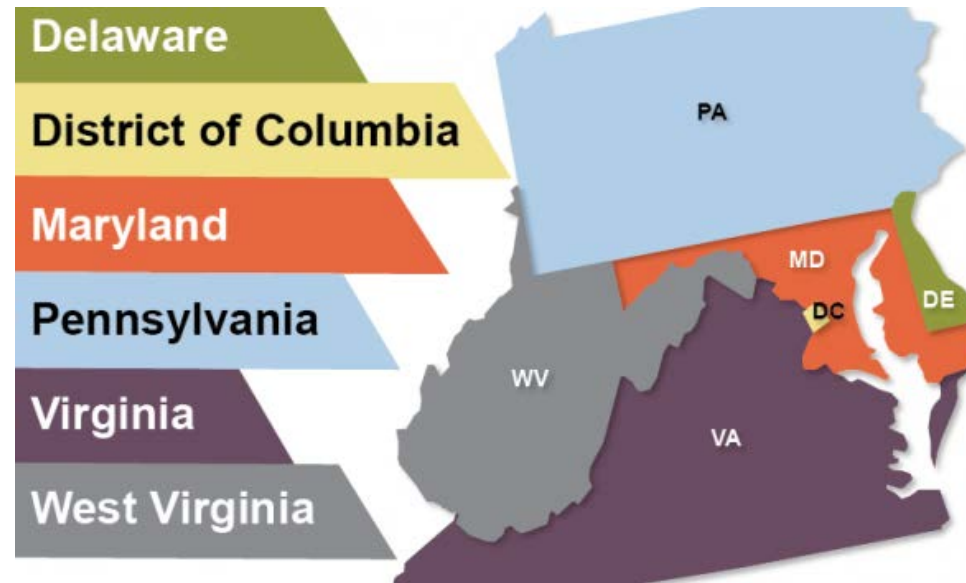


Central East MHTTC Goals

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



Central East (HHS Region 3)

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At the time of this presentation, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use and Administrator of SAMHSA. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by SAMHSA/HHS, or the U.S. Government.

Evaluation Information

As part of receiving funding through SAMHSA to provide this training, the Central East MHTTC is required to submit data related to the quality of this event. At the end of today's presentation, please take a moment to complete a brief survey about today's training.

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. Define psychosis and early-stage psychosis
2. Discuss screening tools and review cultural considerations
3. Describe the components of evidence-based early psychosis treatment
4. Identify specialized referral sources for early-stage psychosis
5. Summary and Q&A

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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

Psychotic symptoms

- Two types of psychotic symptoms (DSM-5 'Criterion A')

1

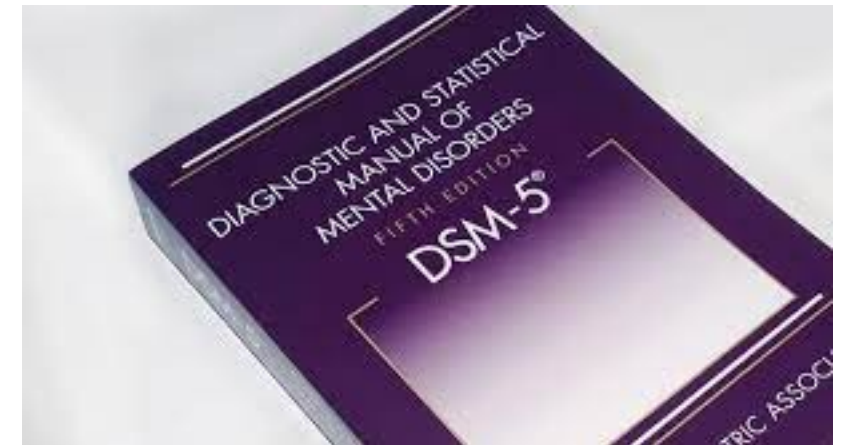
Positive symptoms
(Behavioral excess)



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

2

Negative symptoms
(Behavioral deficits)



Positive symptoms

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”

Hallucinations: perception/sensory abnormalities

- Auditory, visual, or tactile
- Auditory or “hearing voices” is most common

Positive symptoms

Disorganized speech: difficult to follow

- Disjointed monologues
- Idiosyncratic use of words

Disorganized behavior: unpredictability/agitation

- Dressing in unusual manner
- Unpredictable emotional response

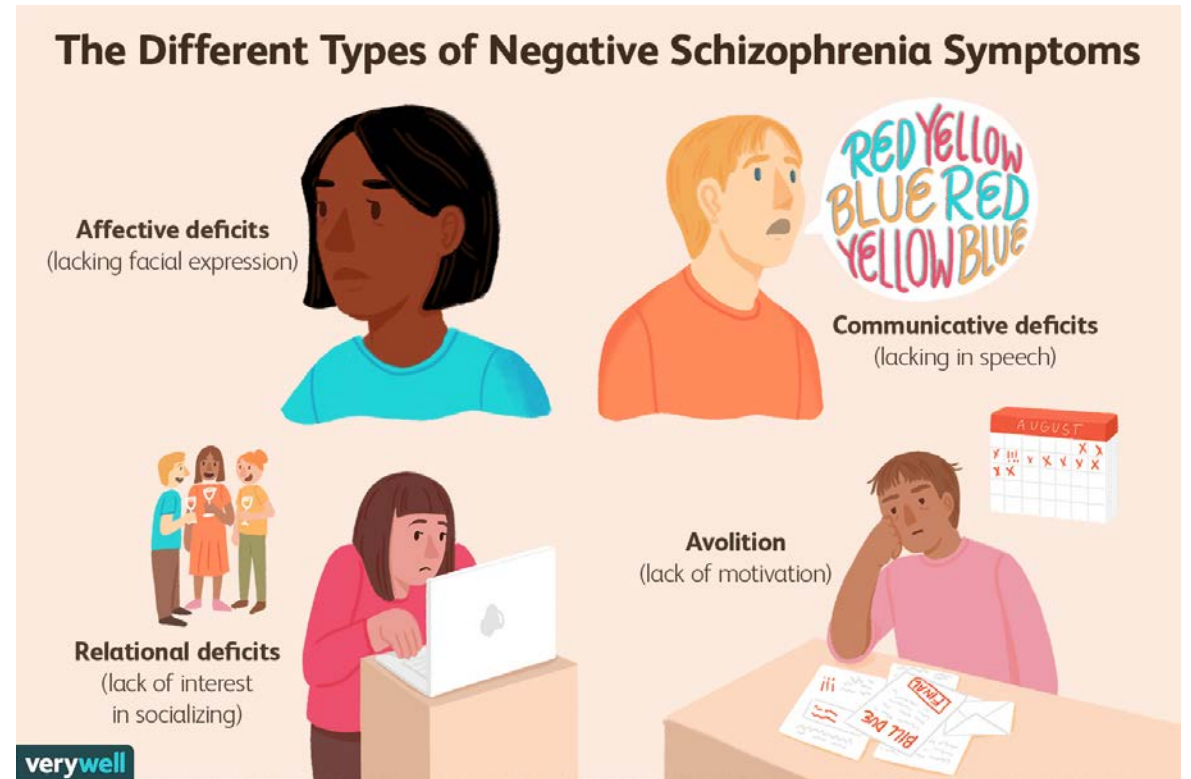
Disorganized movement: unusual movements



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

Negative symptoms

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



[Source](#)

Negative symptoms

- “In schizophrenia, primary evidence suggests symptoms of low mood, suicidal ideation and pessimism have more specificity for depression whereas alogia and blunted affect may have more specificity as negative symptoms. Anhedonia, anergia and avolition may be common to both” (Krynicky et al., 2018)

We view psychosis on a spectrum

Hallucinations: Perceptual/Sensory Abnormalities



e.g., seeing indistinct
shadows out of the
corner of your eye

e.g., seeing a person
hovering on top of your
house

Psychological Medicine (2018), 48, 229–244. © Cambridge University Press 2017
doi:10.1017/S0033291717001775

REVIEW ARTICLE

The slow death of the concept of schizophrenia and the painful birth of the psychosis spectrum

S. Guloksuz^{1,2} and J. van Os^{1,3,4*}

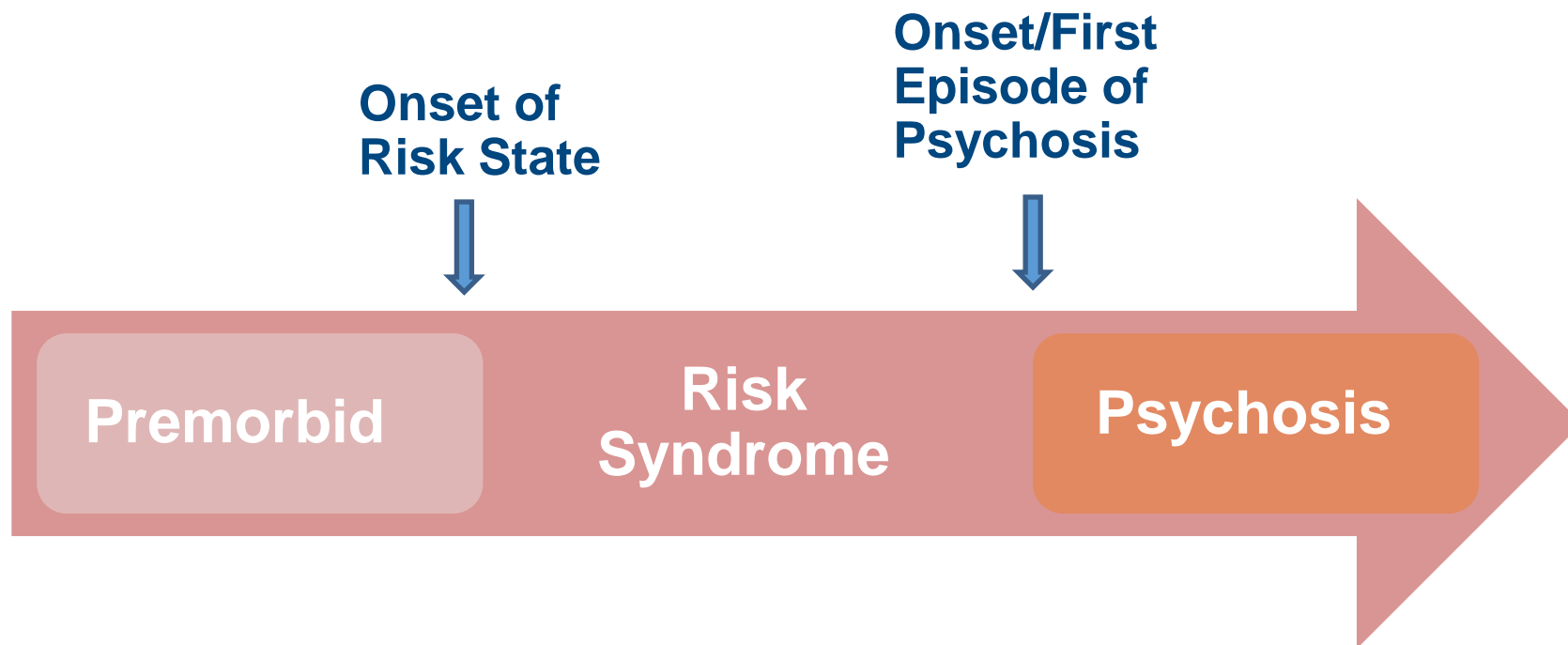
Early-stage psychosis

- **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
- **First-Episode Psychosis (FEP)**
 - first signs of a threshold/full psychosis (e.g., DSM-5 criteria) psychotic episode

Early-stage psychosis

- Onset generally occurs between the ages of 15-25
- Onset may begin in adolescence and continue into young adulthood
- Occurs slightly more in males than females





Psychosis-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

Psychosis-risk v. First episode psychosis

Conditions are often differentiated by:

1. Intensity and severity of symptoms
2. Degree of conviction
3. Doubt, question and insight

Examples:

“I’m pretty sure the man in the black suit is following me, but that doesn’t make any sense, right?”

“I think I hear footsteps at night, but no one else does. I don’t see anything when I go and check, so I don’t know.”

Psychosis-risk

- A substantial minority (~22%) of individuals determined to be at *psychosis-risk* develop a psychotic disorder within three years (Fusar-Poli et al., 2020)
- Often comorbid psychological and behavioral challenges such as depression, anxiety, impaired social and role functioning, and a history of trauma

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)

Conclusions = not rare & likely under-detected

- ***& earlier identification leads to best treatment outcomes!***

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Early-stage psychosis screening



Schizophrenia Research
Volume 158, Issues 1–3, September 2014, Pages 11–18



Psychosis risk screening: A systematic review

Emily Kline, Jason Schiffman  

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<https://doi.org/10.1016/j.schres.2014.06.036>

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Abstract

Despite the wealth of evidence linking duration of untreated psychosis to critical illness outcomes, most clinicians do not utilize any formal evaluation tools to identify attenuated or emerging psychotic symptoms. Given the costs associated

Early-stage psychosis screeners

Screeners (two that are commonly used):

1. **Prime-Revised with Distress** (12 items; Miller, 2004)
2. **Prodromal Questionnaire** (e.g., PQ-16; Ising et al., 2012; Loewy et al., 2005)

Prime-Revised with Distress (items 1-4)

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

Prime-Revised with Distress: Cultural Considerations

- Race, age, and contextual factors influence responding and scoring on the Prime
- Research continues in this area

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. DeVlyder, 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.

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,*}

Associations between Race, Discrimination, Community Violence, Traumatic Life Events, and Psychosis-Like Experiences in a Sample of College Students

Pamela J. Rakhshan Rouhakhtar, Steven C. Pitts and Jason Schiffman *

Community Psychosis Risk Screening: An Instrument Development Investigation

Lauren M. Ellman^{1,*}, Jason Schiffman^{2,3}, Vijay A. Mittal⁴

Prodromal Questionnaire-16 (items 1-6)

THE 16-ITEM VERSION OF THE PRODROMAL QUESTIONNAIRE (PQ-16)

		If TRUE: how much distress did you experience?			
		None	Mild	Moderate	Severe
1. I feel uninterested in the things I used to enjoy.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. I often seem to live through events exactly as they happened before (déjà vu).	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. I sometimes smell or taste things that other people can't smell or taste.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. I often hear unusual sounds like banging, clicking, hissing, clapping or ringing in my ears.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. I have been confused at times whether something I experienced was real or imaginary.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. When I look at a person, or look at myself in a mirror, I have seen the face change right before my eyes.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

[Credit](#)

Prodromal Questionnaire: Cultural Considerations

REVIEW ARTICLE

- "It is unclear whether different thresholds may be appropriate for different cultures given that some of the items may be indicative of cultural differences rather than positive symptomology" (Savill et al., 2018, p. 11)
- Research continues in this area, too

Psychosis risk screening in different populations using the Prodromal Questionnaire: A systematic review

Mark Savill¹  | Jennifer D'Ambrosio¹ | Tyrone D. Cannon² | Rachel L. Loewy¹

Racial discrimination is associated with distressing subthreshold positive psychotic symptoms among US urban ethnic minority young adults

Deidre M. Anglin · Quenesha Lighty ·
Michelle Greenspoon · Lauren M. Ellman

Measurement Invariance of the Prodromal Questionnaire–Brief Among White, Asian, Hispanic, and Multiracial Populations

David C. Cicero¹, Alexander Krieg¹, and Elizabeth A. Martin²

Overall: More work to be done...

- Cultural factors remain understudied in psychosis-risk screening and assessment research. Some practical suggestions include considerations of:
 - 1. Culture and context**
 - *Culturally-sensitive interview techniques (allowing time to discuss contextual factors such as discrimination, social deprivation, trauma, etc.); assessing cultural competence of clinicians*
 - 2. Comorbidity**
 - *Graduate training and continuing education; re-training; validity check-ins*
 - 3. Developmentally-informed conceptualization**
 - *Stay current on early-stage psychosis literature and youth norm literature; acknowledge dynamic nature of adolescence and young adulthood*

**Individual Differences and Psychosis-Risk
Screening: Practical Suggestions to Improve
the Scope and Quality of Early Identification**

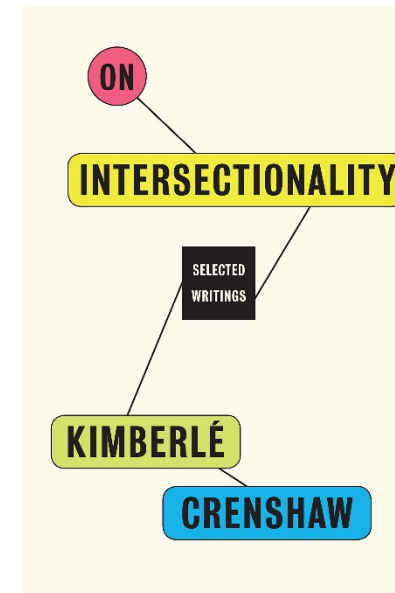
Frameworks and cornerstones

Frameworks

- Intersectionality (Crenshaw, 1990)
 - “ADDRESSING” Model (Hays, 1996)
 - Age and generational influences
 - Developmental or other
 - Disability
 - Religion (or spirituality)
 - Ethnic and racial identity
 - Socioeconomic status
 - Sexual orientation
 - Indigenous heritage
 - National origin
 - Gender identity

Addressing the Complexities of Culture and Gender in Counseling

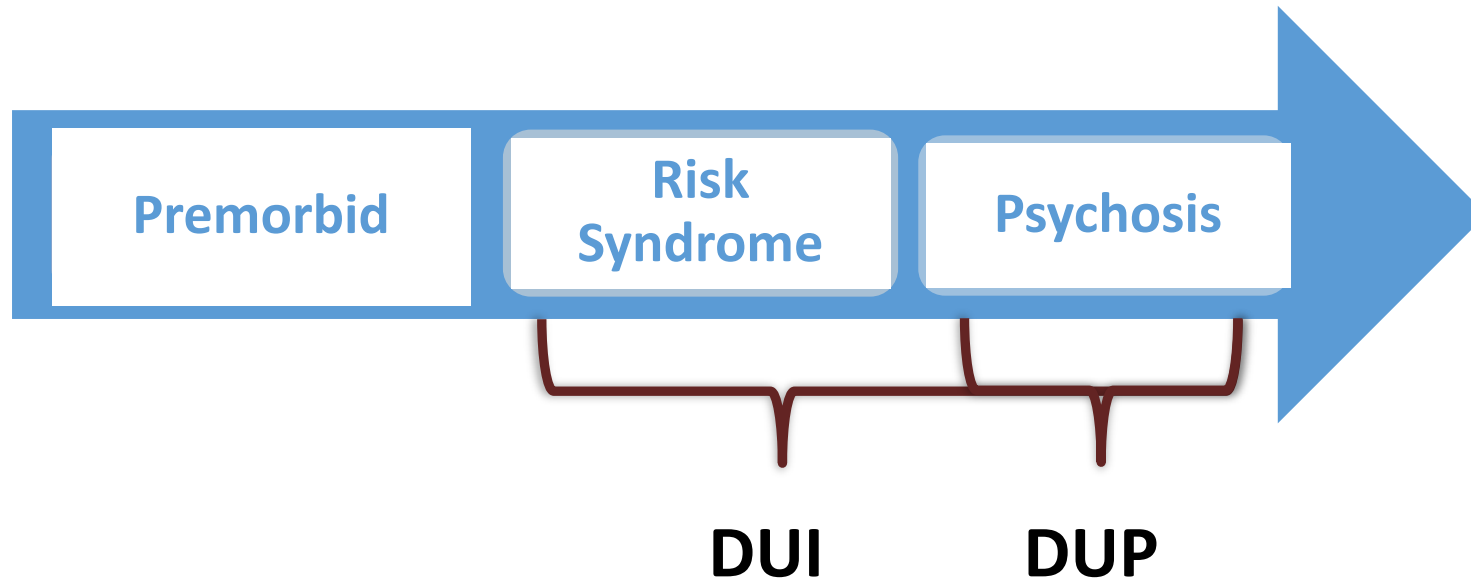
Pamela A. Hays



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Duration of Untreated Illness (DUI) and Psychosis (DUP)



Shorter DUI/DUP is good

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

Psychosis-risk services



Annual Research Review | [Open Access](#) |

Annual Research Review: Prevention of psychosis in adolescents – systematic review and meta-analysis of advances in detection, prognosis and intervention

Ana Catalan, Gonzalo Salazar de Pablo, Julio Vaquerizo Serrano, Pierluca Mosillo, Helen Baldwin, Aranzazu Fernández-Rivas, Carmen Moreno, Celso Arango, Christoph U. Correll ... [See all authors](#) ✓

First published: 14 September 2020 | <https://doi.org/10.1111/jcpp.13322>

Psychosis-risk services (continued)

- Outreach, screening, monitoring, treatment
- Transdiagnostic, modular models (Pozza & Dèttore, 2020; Thompson et al., 2015; Weintraub et al., 2020)
- Group and Family-Based CBT (GF-CBT) (Landa et al., 2015)
 - weekly CBT skills group and individual sessions for adolescents, and a weekly CBT skills group for family members
 - Goal-setting
 - Psychoeducation
 - "ABC" model"
 - Cognitive biases
 - And more!



First-episode services

Original Investigation

FREE

June 2018

Comparison of Early Intervention Services vs Treatment as Usual for Early-Phase Psychosis

A Systematic Review, Meta-analysis, and Meta-regression

Christoph U. Correll, MD^{1,2,3,4}; Britta Gallig, MD^{1,2,4}; Aditya Pawar, MD¹; [et al](#)

[» Author Affiliations](#) | [Article Information](#)

JAMA Psychiatry. 2018;75(6):555-565. doi:10.1001/jamapsychiatry.2018.0623

- Across 10 randomized clinical trials among 2176 patients, early intervention services (EIS) were associated with better outcomes (v. TAU)
 - Treatment discontinuation
 - Psychiatric hospitalization
 - School/work involvement
 - Positive and negative symptom severity
- Superiority of EIS evident at 6, 9 to 12, and 18 to 24 months of treatment (except for general symptom severity and depressive symptom severity at 18-24 months)

What do these services look like?

- **Multidisciplinary Treatment**
 - Comprehensive assessment
 - Psychotherapy
 - Pharmacotherapy
 - Family education/support
 - Case management
 - Supported education/employment
- **Core Functions/Processes**
 - Individualized
 - Team based approach
 - Specialized training
 - Client and family engagement
 - Mobile outreach and Crisis intervention services
 - Shared decision-making
 - Community outreach

Curr Treat Options Psych (2019) 6:1–16
DOI 10.1007/s40501-019-0164-6

Schizophrenia and Other Psychotic Disorders (J Csernansky, Section Editor)

Multidisciplinary Treatment for Individuals at Clinical High Risk of Developing Psychosis

Jean Addington, PhD^{1,2,*}

Daniel J. Devoe, BA, MSc^{1,2}

Olga Santesteban-Echarri, PhD^{1,2}

RAISE
Recovery After an Initial
Schizophrenia Episode

Evidence-Based Treatments for First Episode Psychosis:

Components of Coordinated Specialty Care

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April 14, 2014

Frameworks

- Intersectionality (Crenshaw, 1990)
 - “ADDRESSING” Model (Hays, 1996)
 - Age and generational influences
 - Developmental or other
 - Disability
 - Religion (or spirituality)
 - Ethnic and racial identity
 - Socioeconomic status
 - Sexual orientation
 - Indigenous heritage
 - National origin
 - Gender identity



Primary Clinician’s Manual



Delivering Culturally Competent Care in FEP

IV. Main Themes and Best Practices	
A. Theme: Religion and Spirituality	
1. Sub-themes, Scenarios and Best Practices..	
B. Theme: Family Culture.....	
1. Sub-themes, Scenarios and Best Practices:..	
C. Theme: Language Barriers	
1. Sub-themes, Scenarios and Best Practices..	
D. Theme: Gender and Sexuality.....	
1. Sub-themes, Scenarios and Best Practices..	
E. Theme: Youth Culture	
1. Sub-themes, Scenarios and Best Practices..	

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How?

- *“Know the signs”*
 - E.g., signs and symptoms discussed; also consider family history
- *“Find the words”*
 - E.g., what is the experience like? Is it distressing? Is it impacting functioning? Is it recurring or progressing?
 - May use PQ-16 or another tool

How? (continued)

MAKE THE CONNECTION

Path 1: Reassure & Redirect

Path 2: Monitor & Educate

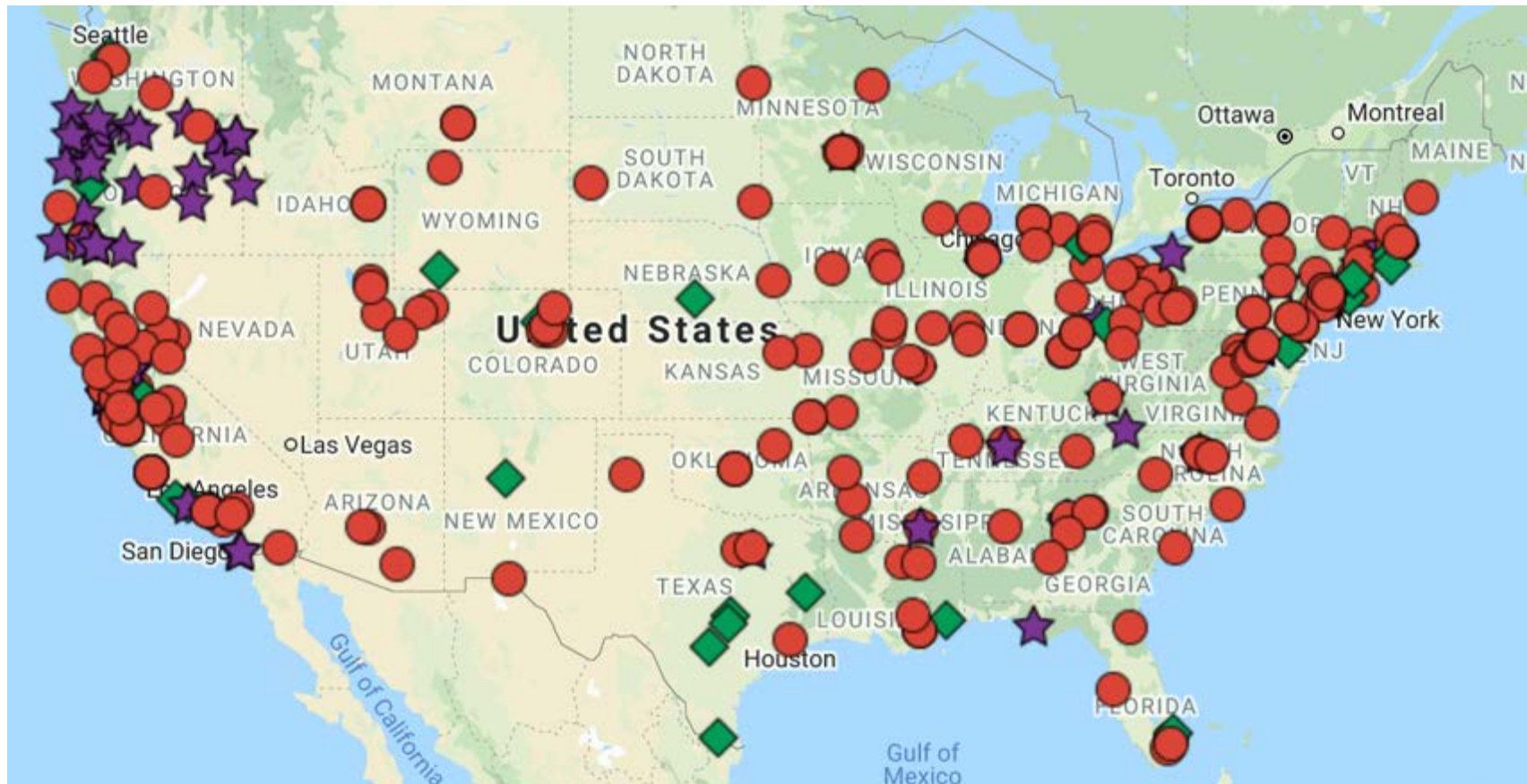
Path 3: Specialized Assessment & Treatment

Path 4: Same-Day Assessment

- *“Make the connection”*
 - E.g., if experiences are impacting, recurring, or progressing, then
 - refer the patient to specialized assessment of psychosis and/or psychosis risk (**when in doubt, reach out**)
 - Seek consultation/specialized treatment options, including medical work-up
 - When speaking with caregivers: listen, highlight strengths, combat stigma

Where can I refer?

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



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Summary

- Psychosis exists on a spectrum
- Early-stage psychosis is under-detected and undertreated
- Early-stage psychosis screening is necessary for early intervention
- Cultural factors must be considered
- Early treatment can save lives and recovery is possible! Check out the resources to find local resources in your community

THANK YOU!

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Questions



Appreciation



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