What is Early Psychosis?

Danny Sosa Peer Support Specialist, OnTrackNY and Chantel Garrett Founding Director, Strong 365

May 5, 2022





Housekeeping Information



Participant microphones will be muted at entry



If you have questions during the event, please use the chat

This session is being recorded and it will be available by the next business day. If you have questions after this session, please e-mail: <u>newengland@mhttcnetwork.org</u>.

Acknowledgment

Presented in 2022 by the Mental Health Technology Transfer Center (MHTTC) Network.

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the view of TTC Network and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Presented 2022

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED AND HOPEFUL

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR

OWN JOURNEYS

PERSON-FIRST AND

FREE OF LABELS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

CONSISTENT WITH

OUR ACTIONS,

POLICIES, AND PRODUCTS

HEALING-CENTERED AND TRAUMA-RESPONSIVE

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf



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Healtheknowledge Subgroup of

the MHTTC Early Psychosis Working Group

Catherine Adams, Michelle Friedman-Yakoobian, Kate Hardy, Amanda Lipp, Ann Murphy, Laura Yoviene

and the New England MHTTC Region 1

Raquelle Mesholam-Gately, Courtney Spitzer, Vanessa Wronski

BASICS OF COORDINATED SPECIALTY CARE COURSE

- Designed to help orient new staff and providers
- Evidence-based care model for early psychosis care
- Each 45-min session includes
 - 1) Introduction to area by professional
 - 2) Co-presentation by individuals with lived experience
 - 3) Time for audience questions
- Sessions are recorded and will be included in an upcoming asynchronous course that is freely available via healtheknowledge.org





Healtheknowledge.org





Date	Торіс	Topic Overview Presenter	* Lived experience presenter
Feb 3	Peer specialist services	Patrick Kaufmann	Jacobi Nabors
	Culturally responsive CSC for Early		
Mar 3	Psychosis	Iruma Bello	Drew Musa
April 7	Individual therapy	Raelyn Elliott-Remes	Jacob Halmich
May 5	What is early psychosis?	Chantel Garrett	Danny Sosa
	Family psychoeducation and		
Jun 2	support	Susan Gingerich	Kathy and Kurt
Jul 7	Medication management	Matcheri Keshavan	Nate Schwirian
Aug 11	Supported employment	Shirley Glynn	Coming soon!

CSC BASICS SESSION 3: WHAT IS PSYCHOSIS?

Danny Sosa and Chantel Garrett



Learning objectives for today

1

Understand what psychosis is, and how it is commonly experienced from first-person/ family member perspectives



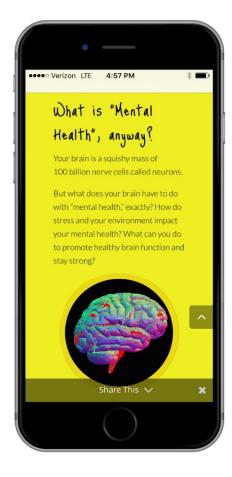
Identify early signs



Distinguish between clinical high-risk and first-episode psychosis



Understand the basics of screening, and helpful ways to engage young people as they interact with a CSC team for the first time



What is psychosis?



A term that encompasses a broad range of symptoms (it is not a diagnosis)



Typically marked by changes in a person's thoughts, perceptions, or beliefs; experiences such as hallucinations or delusions; and social withdrawal



Sometimes a signal of the start of a mental health condition



Psychosis is more common than many think

100,000

people in the U.S. experience a first episode of psychosis each year.

Psychosis affects about 3 in 100 people during their lifetimes.

Source: National Institutes of Mental Health (NIMH)

What causes psychosis?

We're still learning about why psychosis develops, but it's thought to be the result of a mix of factors, including genetics and environmental factors during adolescence - a critical stage of brain development.

Examples of environmental factors:

- psychological or physical trauma
- physical illness
- substance use

Medical factors such as drug interactions, neurologic disorders, and nutritional deficiencies can also cause psychosis and are important to rule out early on.



Psychosis can happen to anyone, through no fault of their own



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Psychosis is episodic, although some people may only experience it once. Regaining quality of life and self-determination is the expectation

The psychosis spectrum

	Mild (Common reaction to stress)	Moderate (Clinical high-risk for psychosis)	Significant (First-episode psychosis)
What is happening?	Unusual thoughts and/or perceptions that are fleeting and slight	Recurrent unusual thoughts and/or perceptions	Persistent unusual thoughts and/or perceptions
How is it perceived?	Recognized as unreal and unfamiliar	Experienced as possibly real, uncertain	Experienced as definitively real, no doubt with increased intensity
What is the impact on daily life?	Generally no disruption to daily functioning in school, work, or relationships	Can cause cognitive impact and present challenges with school, work, or relationships	Often causes cognitive impact and disrupts daily activities, including school, work, or relationships
What to do about it?	No action recommended	Requires support and monitoring	Requires substantial support and intervention



"I wish I'd known the warning signs earlier... Just so I could have prevented it from getting so bad. It just would have been nice to know."

- Young person living with psychosis

Common signs of psychosis

Unfamiliar Thoughts or Feelings Sensory or Perceptual Changes

Changes in Typical Routine

Unfamiliar thoughts or feelings

- Believing that ordinary things in the environment have special meaning
- Having difficulty organizing thoughts or finding the right words
- Having ideas that seem strange, grandiose or illogical
- Believing that others can read their mind or know what they are thinking



Sensory or perceptual changes

- Seeming confused about which events are real and which are imaginary
- Thinking that other people are watching them or talking about them
- Hearing or seeing things that others do not, such as voices, shadows or images
- Thinking they are not control of their own thoughts, ideas or actions



Changes in typical routine

- Withdrawing from and avoiding social activities and friends or family
- Having difficulty concentrating, listening or reading
- Losing interest in previously held activities or hobbies

Screening tools overview

Self-report screening tools can help elicit initial disclosure of experiences.

These include:

- Psychosis Questionnaire Brief (PQB) 21 Items
- Prime Screen (Revised) 12 items
- Prodromal Questionnaire (PQ-16) 16 Items
- Youth Psychosis At-Risk Questionnaire (YPARQ-B) 28 Items

Self-report screening is generally followed by a more in-depth, clinician administered assessment for psychosis risk, such as the **Structured Interview for Psychosis Risk Syndromes (SIPS)** (McGlashan, 2014).

Helpful resource with links to all screeners: psychosisscreening.org/asking-about-psychosis

Assessing for psychosis: questions to ask

Recently, have you been feeling:

- confused at times about what is real or imaginary?
- that there or odd or unusual things going on?
- like you can hear or see things that other people do not?
- like you're not in control of your own mind?



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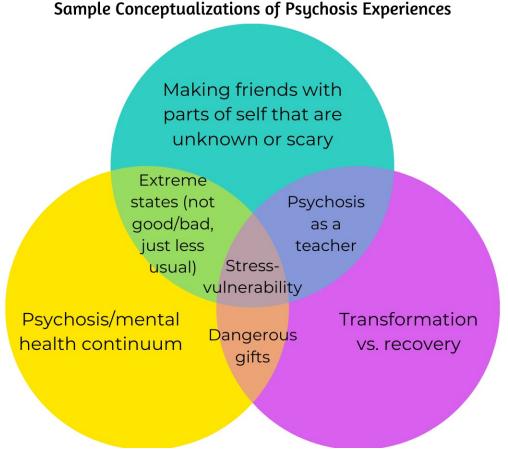
How much are these experiences disrupting your daily life?

When did these experiences begin?

A complex human experience

As supporters, we can:

- Meet a person where they are in their conceptualization; use of their language
- Offer a range of terminology to see what "fits" as they make sense of their experience, find a concept consistent with their world view
- Hold space for unknowns/ uncertainties, where we can continue to be curious together
- Understand that language or ideas that are empowering to one person may not be to another



Finding connection, building trust

It can be helpful to shift our mindset from what is 'pathological' or 'broken' to a mindset of:

- Hope, promise, human potential, and working toward the person's goals together
- What behaviors were once adaptive, and now may no longer serve
- Identifying which tools and resources are helpful in each individual's wellness toolbox



Tips for introducing your team & services

Don't focus on symptoms or psychosis

When psychosis symptoms begin, the person affected may be unaware. Don't try to convince them. Instead, try to find common ground.



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It's possible it will take a few tries to motivate a young person to take action. In these discussions, genuinely ask why they're hesitant or nervous or scared. This can help frame the next conversation.



Additional resources for Understanding Psychosis

- strong365.org/resources-we-love
- Social community @strong365community
- psychosisscreening.org
- ontrackny.org/Learn-Train
- **Course**: Caring for People with Psychosis and Schizophrenia futurelearn.com/courses/caring-psychosis-schizophrenia
- Video: Understanding Psychosis: A guide for young people and their supporters (British Psychological Society) youtu.be/vIZcAi_g8q4
- YT Channel: Living Well with Schizophrenia youtube.com/channel/UCENqBB_xNax3mLX_WGLf2Lg

Thank you!





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* Every first Thursday at 2PM EST,

UPCOMING SESSIONS

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Jun 2	Family psychoeducation and support	Susan Gingerich	Kathy and Kurt
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Contact Information

Danny Sosa dsosa2@northwell.edu

Chantel Garrett chantel@strong365.org



The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

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