

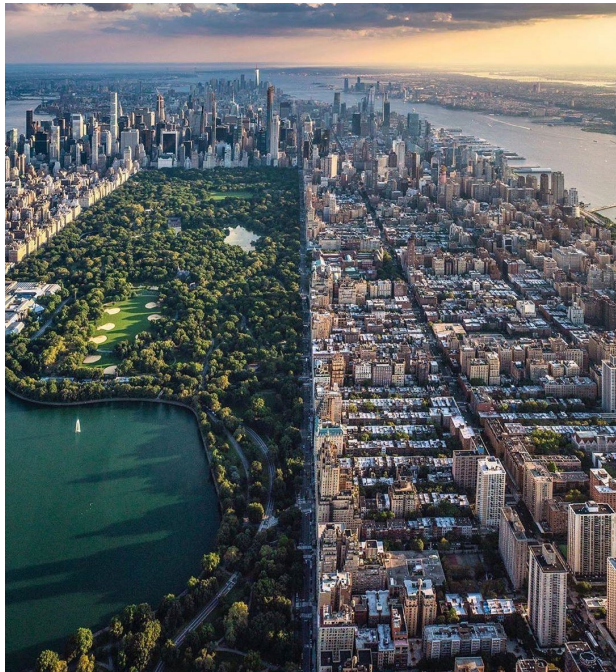
Early Stage Psychosis: The Basics and Best Practice Updates

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Department of Psychological and Brain Sciences
Fairfield University

February 29, 2024



Background



- Clinical psychologist by training, specializing in youth mental health, early serious mental illness, and stigma.
- Assistant Professor at Fairfield University, and Assistant Clinical Professor at Mount Sinai's School of Medicine (*Psychosis-Risk program*).
- Passionate about mental health education (particularly around psychosis), stigma reduction, and equitable, culturally responsive, evidence-based care.

Agenda

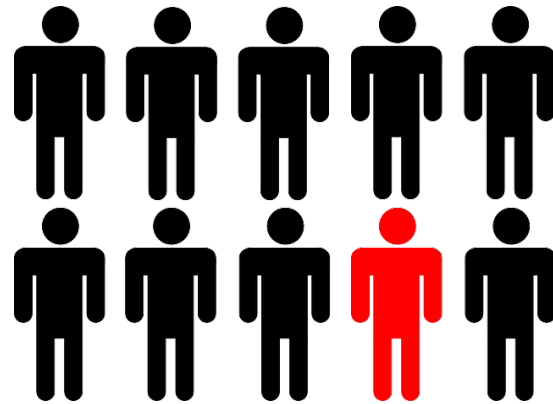
1. Define psychosis and early-stage psychosis.
2. List two common screening tools for early-stage psychosis experiences, as well as important cultural considerations.
3. Identify specialized referral sources for early-stage psychosis.
4. Understand newly published research in this area.
5. Summary and Q&A

Agenda

- 1. Define psychosis and early-stage psychosis.**

Psychosis: Big picture

- Prevalence of schizophrenia-spectrum disorders
- Estimated economic burden and individual impact



- Stigma & recovery

Psychosis



- Not a diagnosis
- 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

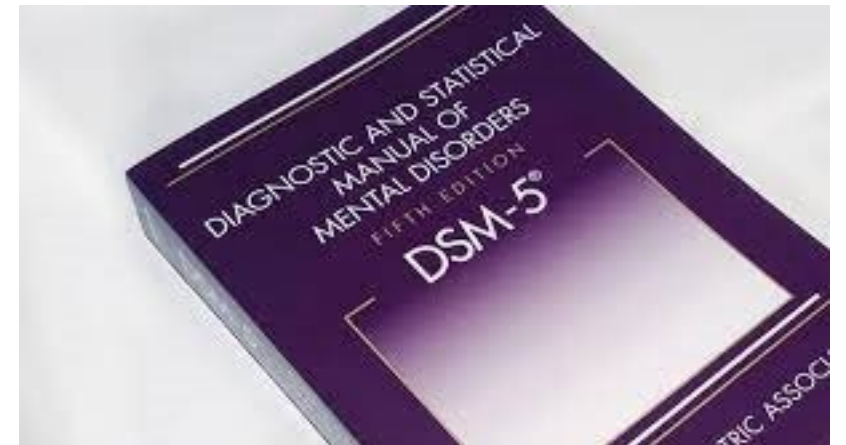
Positive symptoms
(Behavioral excess)



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

2

Negative symptoms
(Behavioral deficits)



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

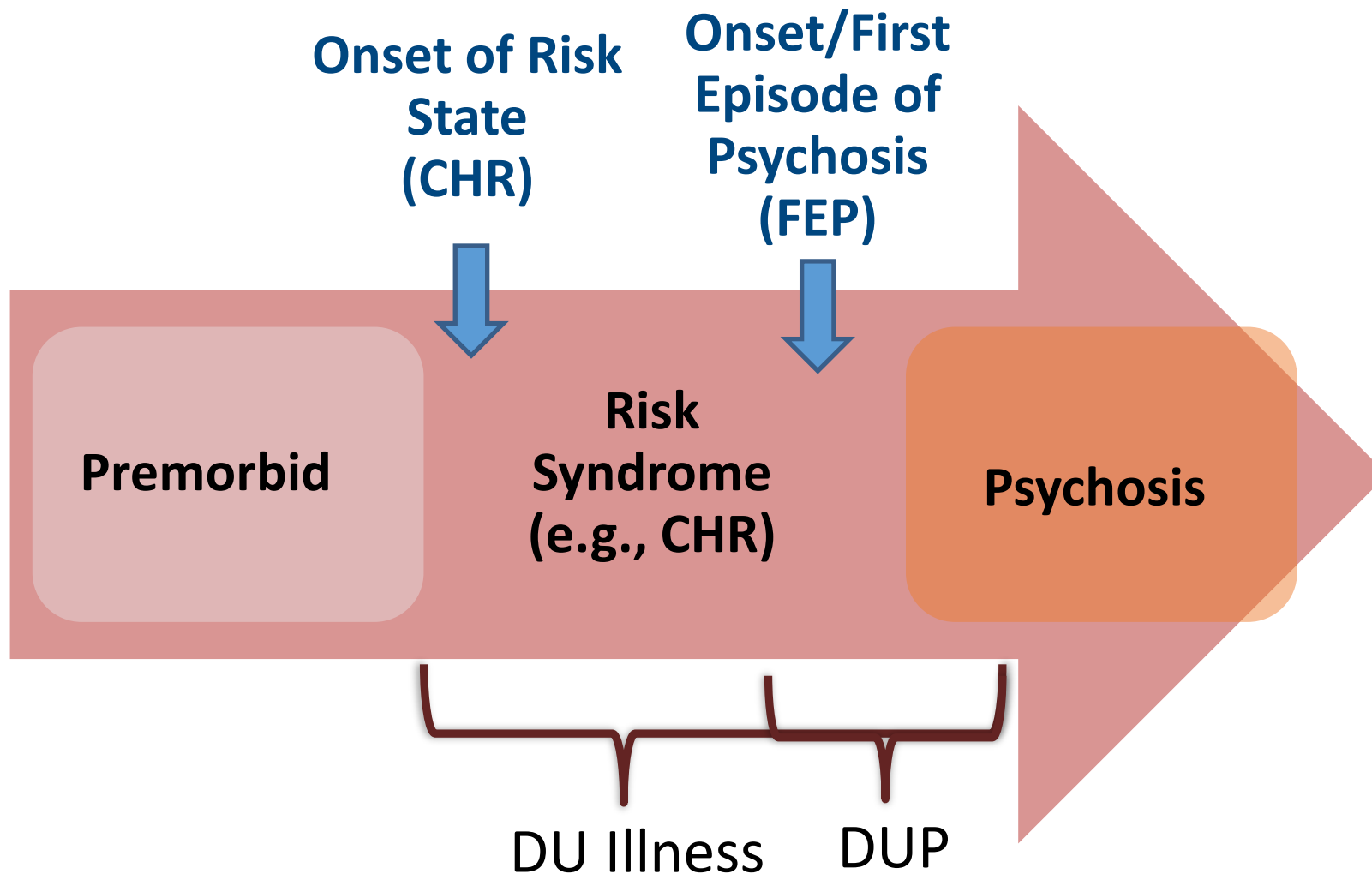
- **Psychosis-risk/CHR**
 - *(aka Clinical High Risk [CHR] for psychosis, or... ultra-high risk... “prodrome” ... etc.)*
- **First-Episode Psychosis (FEP)**



Early-stage psychosis

- Onset
- Gender differences





Lasts on average over 1-2 years (Cooper et al., 2023; de Pablo et al., 2023)

Psychosis-risk v. First episode psychosis

Conditions are often differentiated by:

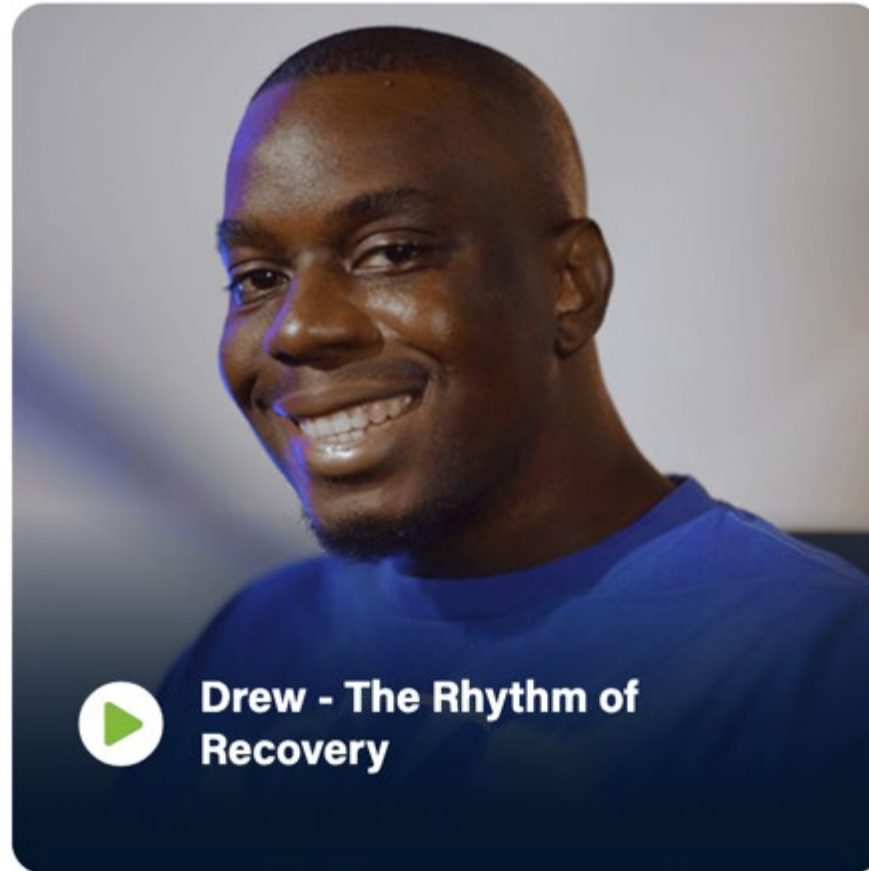
1. Intensity and severity of symptoms
2. Degree of conviction
3. Doubt, question and insight

Example:

“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.”

Patient video: FEP



A film by Amanda Lipp
([Learn more](#))

Prevalence

- **DSM-5 psychotic disorders = 1-3% lifetime prevalence**
- **Psychosis-risk/CHR in general population = 3.3%** (Woods et al., 2019)
- **Psychosis-risk/CHR in clinical samples = 20%** (Woods et al., 2019)

Conclusions = not rare & likely under-detected

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

Agenda

- 2. List two common screening tools for early-stage psychosis experiences, as well as important cultural considerations.**

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  

Show more 

<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 screening (cont.d)

1. Prodromal Questionnaire-Brief (PQ-B; Loewy et al., 2010; 21 items)
2. Prime-Revised with Distress (PRIME; Miller et al., 2004; 12 items)
3. Behavior Assessment Scale for Children-Third Edition* (BASC-3 *Atypicality Scale*; Reynolds & Kamphaus, 2015; ~10 items)
 - *not validated since BASC-2

Please indicate whether you have had the following thoughts, feelings and experiences **in the past month** by checking “yes” or “no” for each item. **Do not include experiences that occur only while under the influence of alcohol, drugs or medications that were not prescribed to you.** If you answer “YES” to an item, also indicate how distressing that experience has been for you.

1. Do familiar surroundings sometimes seem strange, confusing, threatening or unreal to you?

YES NO

If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

Strongly disagree disagree neutral agree strongly agree

2. Have you heard unusual sounds like banging, clicking, hissing, clapping or ringing in your ears?

YES NO

If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

Strongly disagree disagree neutral agree strongly agree

3. Do things that you see appear different from the way they usually do (brighter or duller, larger or smaller, or changed in some other way)?

YES NO

If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

Strongly disagree disagree neutral agree strongly agree

4. Have you had experiences with telepathy, psychic forces, or fortune telling?

YES NO

If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

Strongly disagree disagree neutral agree strongly agree

5. Have you felt that you are not in control of your own ideas or thoughts?

YES NO

If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

Strongly disagree disagree neutral agree strongly agree

Prodromal Questionnaire: Cultural Considerations

- *”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

REVIEW ARTICLE

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

Disparities in Psychosis Risk Symptoms for New Zealand Māori May Be Explained by Systemic Stressors and Inappropriate Conceptualization of Culturally Normative Experiences

Rebecca E. Grattan^{*,1}, Aleesha Mehta¹, and Amanda Clifford²




¹School of Psychology, Te Herenga Waka, Victoria University of Wellington, Wellington, New Zealand; ²Department of Psychology, University of Otago, Dunedin, New Zealand

*To whom correspondence should be addressed; Easterfield Building, Kelburn Parade, Wellington, New Zealand; tel: +64 4 886 4565, e-mail: rebecca.grattan@vuw.ac.nz,

EVIDENCE-BASED PRACTICE IN CHILD AND ADOLESCENT MENTAL HEALTH
<https://doi.org/10.1080/23794925.2022.2042874>



Equity in Mental Health Services for Youth at Clinical High Risk for Psychosis: Considering Marginalized Identities and Stressors

Joseph S. DeLuca ^a, Derek M. Novacek ^{b,c}, Laura H. Adery^c, Shaynna N. Herrera ^a, Yulia Landa^{a,d}, Cheryl M. Corcoran^{a,d}, and Elaine F. Walker^{e,f}

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Early-stage psychosis screening

(source: [Screening for Psychosis](#))

Positive screen? Now what?

- What is the experience like? Is it odd and not explained by the patient's cultural, medical, or developmental context?

- ***Culturally-sensitive care***

(see Bridgwater et al., 2023; DeLuca et al., 2022; Deriu et al., 2018; DeVlyder et al., 2013; Schiffman et al., 2019)

Assess/Rule out:

- Developmental and/or cultural explanations
- Family history + past dxs
- Other mental health problems
- Substance use
- Medical conditions
- Etc.

Early-stage psychosis screening

- Is it impacting?
- Is it recurring or progressing?
- Safety concern?



Consultation & Referral

Agenda

3. Identify specialized referral sources for early-stage psychosis.

Treatment works!

- Across 10 randomized clinical trials with 2000+ patients, early psychosis intervention services were associated with better outcomes (v. TAU), such as engagement in treatment, functional outcomes, and symptom severity (24-month follow-ups)

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](#)

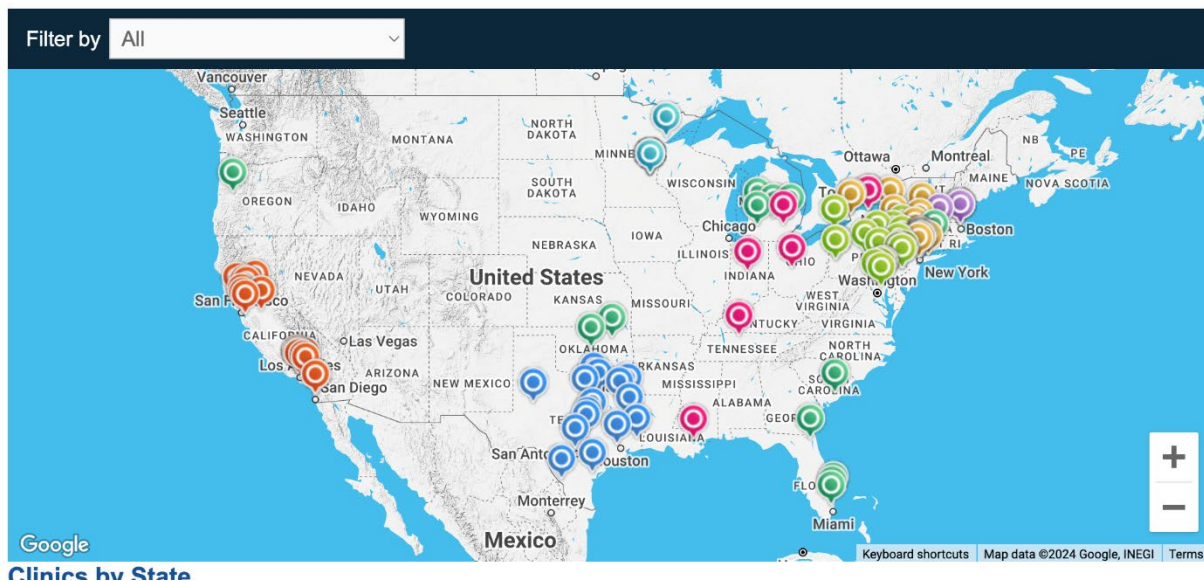
[» Author Affiliations](#) | [Article Information](#)

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

How and where do I refer?

- Start by checking out IEPA, SAMHSA, EPINET...

To find EPINET clinics offering early psychosis care near you, see our interactive map below.



The screenshot shows the Stanford Medicine PEPPNET website. The browser address bar displays 'med.stanford.edu/peppnet'. The navigation bar includes links for 'Health Care', 'Research', and 'Ed'. The main header features the Stanford Medicine logo and 'PEPPNET'. Below the header, there are four navigation tabs: 'About Us', 'Directory', 'Workgroups', and 'PEPPNET Webinars'. The main content area features a large, colorful network diagram with nodes of various sizes and colors (blue, purple, red, orange, yellow, green) connected by lines. A dark grey banner at the bottom of the network diagram contains the text 'Join PEPPNET's Growing Network' and a smaller red banner below it that says 'Membership is free! →'.

Two local resources (examples)



EARLY INTERVENTION PROGRAM

A collaborative for the early identification and treatment of mental illness with psychosis



A screenshot of the HeadsUp website homepage. The background is dark blue. At the top left is the "HeadsUp" logo with a white silhouette of a head. To the right of the logo are navigation links: "For Me", "For Friends & Family", "For Clinicians", and "For Patients", each with a small downward arrow. In the top right corner, there is a "Select Language" link. The main heading in the center is "Changing Minds, Empowering Lives" in a large, white, serif font. At the bottom, there are two pink buttons: "Supporting Early Psychosis Care in Pennsylvania" on the left and "Find a Center" on the right.

Agenda

4. Understand newly published research in this area.

Review Article

Cite this article: Salazar de Pablo G *et al* (2023). What is the duration of untreated psychosis worldwide? – A meta-analysis of pooled mean and median time and regional trends and other correlates across 369 studies. *Psychological Medicine* 1–11. <https://doi.org/10.1017/S0033291723003458>

Received: 10 May 2023
Revised: 1 November 2023

What is the duration of untreated psychosis worldwide? – A meta-analysis of pooled mean and median time and regional trends and other correlates across 369 studies

Gonzalo Salazar de Pablo^{1,2,3,4} , Claudia Aymerich⁵, Daniel Guinart^{6,7,8,9}, Ana Catalan^{2,5}, Luis Alameda^{10,11,12}, Giulia Trotta¹⁰, Alvaro Armendariz^{13,14}, Estrella Martinez Baringo¹⁵, Joan Soler-Vidal^{16,17,18}, Jose M. Rubio^{6,7,8}, Nathalia Garrido-Torres¹², Sandra Gómez-Vallejo¹⁹, John M. Kane^{6,7,8}, Oliver Howes^{10,20}, Paolo Fusar-Poli^{21,22,23,24} and Christoph U. Correll^{6,7,8,24}

Table 1. Meta-analysis mean duration of untreated psychosis (in weeks)

Group, subgroup	No. of Studies	Sample size	DUP (in weeks)	
			Mean	95% CI
Overall	283	41 320	42.6	40.6–44.6
Africa	11	1508	70.0	51.6–88.4
Asia	73	12 223	48.8	43.8–53.9
North America	36	5838	48.7	43.0–54.4
Europe	145	19 389	38.6	36.0–41.3
South America	11	1159	34.9	23.0–46.9
Australia	6	1203	28.0	20.9–35.0

DUP, duration of untreated psychosis.

Development and Validation of the Negative Symptom Inventory-Psychosis Risk

Gregory P. Strauss^{*1}, Elaine F. Walker^{2,○}, Andrea Pelletier-Baldelli^{3,○}, Nathan T. Carter⁴, Lauren M. Ellman⁵, Jason Schiffman⁶, Lauren Luther¹, Sydney H. James¹, Alysia M. Berglund¹, Tina Gupta⁷, Ivanka Ristanovic⁷, and Vijay A. Mittal^{7,○}

Table 2. Item-level Descriptive Statistics

Item

- 1 Avolition behavior role
 - 2 Avolition internal experience role
 - 3 Avolition behavior recreation
 - 4 Avolition internal experience recreation
 - 5 Asociality behavior
 - 6 Asociality internal experience
 - 7 Asociality behavior social media
 - 8 Asociality internal experience social media
 - 9 Anhedonia past week intensity
 - 10 Anhedonia past week frequency
 - 11 Anhedonia affective forecasting
 - 12 Lack of transitional distress
 - 13 Blunted facial affect
 - 14 Blunted vocal affect
 - 15 Gestural expression
 - 16 Alogia
-



Targeting Internalized Stigma in First-Episode Psychosis Services: Treatment Strategies from an Intersectional Perspective

Joseph S. DeLuca · Philip T. Yanos

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Check out:

- [NECT Global](#)
- [Welcome to Psychosis Equity](#)

Free access to the internalized stigma of mental illness scale (ISMI)

- [Free access here.](#)

Internalized Stigma of Mental Illness Inventory (ISMI)

We are going to use the term "mental illness" in the rest of this questionnaire, but please think of it as whatever you feel is the best term for it. For each question, please mark whether you strongly disagree (1), disagree (2), agree (3), or strongly agree (4).

	Strongly disagree	Disagree	Agree	Strongly agree
1. I feel out of place in the world because I have a mental illness.	1	2	3	4
2. Mentally ill people tend to be violent.	1	2	3	4
3. People discriminate against me because I have a mental illness.	1	2	3	4
4. I avoid getting close to people who don't have a mental illness to avoid rejection.	1	2	3	4
5. I am embarrassed or ashamed that I have a mental illness.	1	2	3	4

Dr. Jennifer Boyd

Agenda

5. Summary and Q&A

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
- Keep an eye on emerging research/practice trends...

THANK YOU!

Acknowledgments

- Clients/patients & their loved ones
- Mentors and colleagues
- Many others!

Relevant Grant Support

- American Psychological Association Early Career Grant (PI: DeLuca)
 - Fairfield University
 - R34MH122500 (PI: Yanos)

Selected references

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****Additional references available upon request***

****All pictures used in this presentation were “free for use” from PixaBay website, unless otherwise noted***

Questions



Appreciation



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a program managed by



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