Hope FIRST: An Innovative Treatment for First Episode Psychosis

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The word psychosis is used to describe conditions that affect the mind and involve some loss of contact with reality. When someone has these experiences it is called a “psychotic episode.” Psychosis is most likely to occur in young adults and is quite common. (Penn & Meyer, 2014)

Around 3 out of every 100 people experience a psychotic episode, making psychosis more common than diabetes. (Penn & Meyer, 2014)

A First Episode of psychosis is used to refer to the first time an individual has lost touch with reality. (Penn & Meyer, 2014)
What is a first episode of psychosis?

- About 100,000 adolescents and young adults in the US experience first episode psychosis each year.
- Psychosis often begins when a person is in their late teens to mid-twenties, though in rare cases both early and late onset of symptoms has been observed.
- During a First Episode, individuals usually lose touch with reality and may see or hear things that are not there.

Symptoms of a Psychotic Disorder

Positive Symptoms

- **Hallucinations**
  - Hearing, seeing, feeling, smelling, or tasting something that is not there.

- **Delusions**
  - Having a strong belief that is firmly held in spite of contrary evidence or believing that something or someone is referring to you.

- **Paranoid thoughts**
  - Believing someone/something is purposely working against you, or seeking to hurt/kill you

- Increase in emotional reactivity
Symptoms of a Psychotic Disorder

**Negative Symptoms**

- Lack of energy, motivation, pleasure, or emotional expression
- Decline in Social Functioning
  - Less time socializing, problems at school or work
  - Difficulty in making sense of other’s speech
- Confused Thinking and Other Cognitive Difficulties
  - Difficulty with thinking clearly and expressing oneself clearly. Problems with concentration, memory, and reasoning.
- Disorganized Behavior
  - Unpredictable movements or remaining motionless
Symptoms of a Psychotic Disorder

- High co-morbidity with other mental illness symptoms, such as…
  - Depression
  - Anxiety
  - Suicidal Thoughts
- The onset of schizophrenia often entails dramatic shifts in lifestyle and relationships, effected not only by the emergence of symptoms, but also social stigma.
- Consider that symptoms most commonly begin to be recognize in people’s late teens or during their twenties, around the time most are finishing school and beginning to formulate a plan for their future.
- The onset of schizophrenia often involves a significant sense of loss for many, whether it be in inability to function, or the delay of life goals.
Symptoms of a Psychotic Disorder

Many potential reasons for psychosis symptoms to emerge

- Stress
- Lack of sleep
- Unsafe environment
- Street Drugs
- Viral & bacterial illnesses
- Brain Trauma
How a Diagnosis Is Made

- A process of elimination...

- Before arriving at a diagnosis of schizophrenia, doctors must make a thorough psychiatric evaluation, including:
  - Medical Evaluation
  - Physical Exam
  - Mental Status Exam
  - Appropriate tests
    - MRI, CAT/CT Scan, EEG, Drug Screening, Blood Tests
How a Diagnosis Is Made

- A full history of the illness is taken, including any changes in thinking, behavior, movement, mood, or sensory perceptions.
- Often involves interviewing or gathering information from family, friends, teachers, etc.
- Other diagnoses must be excluded:
  - Bi-polar disorder, major depression, substance abuse, and other medical illnesses.
- Duration of symptoms is a major deciding factor:
  - For a diagnosis of schizophrenia, there must be at least six months of some positive or negative symptoms.
  - Also, within those six months, there must be at least one month of positive or negative symptoms for most of the month.
How a Diagnosis Is Made

- Even after other potential causes of psychotic symptoms have been ruled out, there still might be some questions regarding diagnosis...

- Schizophrenia vs. Schizoaffective Disorder
  - Schizoaffective entails both psychotic symptoms as well as significant mood symptoms
  - Must be differentiated from Bi-Polar disorder, which is done by determining if psychotic symptoms occurred in the absence of any mood symptoms, thereby ruling out that mood symptoms are the primary cause/concern
What Happens After a First Episode?
Early Intervention Treatment and Outcomes

*Early intervention is critical.*

*Psychosis can lead to homelessness, suicide, injury, legal involvement, poverty, unemployment, disability*

Schizophrenia costs the U.S. billions of dollars in treatment and millions of productive lives each year, yet effective early treatment is not generally available.
“Patients with a longer delay in treatment of psychosis show a significant reduction in overall grey matter volume with specific reductions in the interior-orbital region”
Schizophrenia Research 2011; 125 (1) 13-20

Intensive efforts to intervene early after the onset of psychosis (within 2-5 years) can disproportionally alter the trajectory of schizophrenia spectrum illness in comparison to the usual paradigms of care.
Birchwood, 1998
Studies show that young people experiencing first episode psychosis have a much higher death rate than previously thought.

- 5,000 individuals aged 16-30 who had received a new psychosis diagnosis, were followed for 12 months.
- They found that the group had a mortality rate at least 24 times greater than the same age group in the general population, in the 12 months after the initial psychosis diagnosis.

History of First Episode Psychosis programs in US

**RAISE Study**

- In 2008, the National Institute of Mental Health launched the [Recovery After an Initial Schizophrenia Episode](https://www.nimh.nih.gov/health/publications/recovery-after-an-initial-schizophrenia-episode-raise/index.shtml) (RAISE) project.

- A large-scale research study

- Examined if First Episode Programs worked better than typical treatments available in the community for those experiencing a first episode of psychosis

- Examined best practices for clinics to start using First Episode programs
History of First Episode Psychosis programs in US

RAISE Study

- Found First Episode Programs are:
  - More effective than usual treatment approaches
  - Patients feel like the treatment is helping them
  - Cost Effective
- In 2014, after publication of RAISE research on the effectiveness of this treatment, Congress increased federal funding to create First Episode treatment programs

Program Implementation at Trilogy

- Program was found effective in the state of Ohio, through the BeST Center
- Grant Funded
  - 11 Agencies selected throughout the state of Illinois
- A partnership of
  - Trilogy Behavioral Healthcare
  - IDHS Division of Mental Health
  - Northern Illinois University
  - Best Practices in Schizophrenia Treatment (BeST) Center at Northeast Ohio Medical University (NEOMED)
    - Receive consulting through the BeST Center
Program Implementation at Trilogy

- Part-time staff, with full-time project developer
  Team attends meeting once a week
- Training and ongoing consultation
- Marketing and Outreach with providers in the community
- Implementation within the agency
Implementation and overview of First Episode Psychosis Program at Trilogy

Hope FIRST treatment is a manualized team-based approach:

- **Psychiatric Care**
  - Focuses on providing medications and interventions
  - Emphasis on shared decision-making

- **Individual Resiliency Training**
  - Helps clients gain insight into their illness and develop tools for coping
  - Focuses on strengthening problem-solving abilities
Implementation and overview of First Episode Psychosis Program at Trilogy

- **Supportive Employment/Education**
  - Focuses on rapid return to or initiation of employment or education
  - Takes place at community sites
  - Is driven by clients’ needs and preferences

- **Family Psychoeducation**
  - Provides education about psychotic illnesses and assists families with problem-solving and communications
Implementation and overview of First Episode Psychosis Program at Trilogy

- **Case Management**
  - Assists with coordination of medical and mental health care
  - Educates clients on community resources and assists with integration into the community
  - Provides feedback to the psychiatrist regarding clients’ medication adherence, side effects or symptoms
  - Provides crisis management as needed

**The duration for treatment is typically three to five years, depending on clients’ needs and preferences.**
Qualifications

- Between 14-40 years of age
- Diagnosed with schizophrenia, schizoaffective disorder, schizophreniform disorder or other specified/unspecified schizophrenia spectrum and other psychotic disorder;
- Experiencing no more than 18 months of psychotic symptoms, whether treated or untreated;
- And willing to consent to participate in at least two of the five treatment modalities
Qualifications

Individuals who would not qualify:

- Those with psychotic symptoms that are known to be caused by the temporary effects of substance abuse or another medical condition
- Those with an intellectual disability that impairs their ability to understand all of the treatment components
Challenges and successes of program implementation

- Program Challenges
  - Referral Sources
  - Funding
  - Insurance
  - Location of clients in Chicago area
Challenges and successes of program implementation

- **Client Challenges**
  - Limited Insight
  - Acceptance
  - Misdiagnosis
  - Engagement
  - Lack of understanding about medications
  - Recovery/Life Balance
  - Frustration about progress
Challenges and successes of program implementation

- **Program Successes**
  - Funded through FY ‘18
  - 15 engaged clients
  - Program sustainability
  - Only 1 hospitalization over the past year – 88% of clients had been hospitalized previous to joining program
  - 73% seeing psychiatrist
  - Increased knowledge of best practices for first episode treatment
Challenges and successes of program implementation

- Client Successes
  - Jane
  - Christina
Importance of community and family involvement

- Family involvement is key
  - When symptoms develop, many times the family notices first
  - Getting help early can prevent an episode from becoming “full blown”
  - Family involvement includes making sure individuals make appointments
  - Family psychoeducation
Implications for future development

- Understand that progress is slow
- Increased collaboration between systems
- Community Engagement
- Continued funding and research for FEP programs
Any Questions?
References


