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RAISING EARLY AWARENESS: EARLY DETECTION OF PSYCHOSIS SYMPTOMS IN ADOLESCENTS

Michelle R. Burlyga, M.S. OTR/L, MHRS
December 8th, 2016
3-4pm (EST)

Outline

• Introduction (Learning Outcomes & Summary)
• Recognizing the Prodromal Phase
• Early Detection -Outreach
• Early Detection –Assessment
• TAY Program Service Development
• Future Development
• Summary/Q&A
Learning Outcomes

1. State the primary warning signs or “red flags” identified during the educational outreach component of early detection.

2. Identify the 4 main SIPS assessment categories and criteria aspects for prodromal symptom detection.

3. Demonstrate knowledge of both strengths and limitations of implementing and running this model within the TAY population among various socioeconomic status and cultures.

Presentation Summary

This course will focus specifically on the progression and current innovative work of early detection for prodromal psychosis symptoms within the Transitional-Aged Youth (TAY) populations.

The use of the PIER (Portland Identification and Early Referral) Model’s outreach and assessment aspects will be discussed, including both strengths and challenges with program implementation.
What is the “Prodromal Phase”?  

Prior to Symptoms | Early Symptoms | Psychotic Symptoms | Treatment & Recovery | Relapse?  

Typical Intervention: After onset of psychosis  
Early Detection & Intervention: In the at-risk phase  

An ounce of prevention can make all the difference with the knowledge we have today.  
Dr. William McFarlane

International Prodromal Research  
PIER Model Based Research  
British Early Intervention Study Buckingham, United Kingdom It appears to help to identify people “at risk” for serious mental illness.  
Personal Assessment and Crisis Evaluation (PACE) Clinic, Melbourne, Australia; EPPIC Program Early identification and intervention appears to lead to better prognosis  
Rogaland Psychiatric Institute –Treatment and Intervention in Psychosis (TIPS) Stavanger, Norway It’s possible to reduce the duration of untreated psychosis  
PACE/TIPS and PRIME, New York United States – It is possible to identify people in a pre-psychotic state
Prodromal Research

PIER (est. 1999) Portland Identification and Early Referral
- 34% decrease in first psychiatric hospitalizations for psychotic disorders (6 year research study)
- Less than 15% of clients decreased function toward a psychotic symptom level (compared to 30-40%)

EDIPP (est. 2006): Early Detection and Intervention for the Prevention of Psychosis Program
- 6 nation-wide sites replicating PIER
- 3 million community members outreached
- 1,221 young people referred, 29% joined program
- 6.3% conversion (34% decrease in Greater Portland)
- 83% remained at same functional baseline 24mo. later

Prodromal Research Programs

California, Oregon, Michigan, New York, Maine, New Mexico, Delaware
Symptom Categories of Prodromal Psychosis

Positive Symptoms
- Unusual Thoughts, Delusional Ideas
- Suspiciousness, Persecutory Ideas
- Grandiose Ideas
- Hallucinations, Perceptual distortions
- Disorganized Communication

Negative Symptoms
- Social Anhedonia
- Avolition
- Decreased Emotional Expression/Experience of self
- Impaired Occupational Functioning

Disorganized Symptoms
- Odd Behavior or Appearance
- Bizarre Thinking
- Focus & Attention Difficulty
- Personal Hygiene Impairment

General Symptoms
- Sleep Disturbance
- Dysphoric Mood
- Motor Disturbance
- Impaired Tolerance to Normal Stress

Catching Early Symptoms “Red Flags”

- Performance
  - Comprehension
  - Speech
  - Orientation
  - Physical skills
  - Attendance

- Perception
  - Sensory sensitivity
  - Visual changes

- Behavior
  - Self-care
  - Social Withdrawal

Susceptiousness
- Feels unsafe at the mall, thinks people are thinking of hurting her
- Refuses to leave the house, knows a friend is going to hurt her

Auditory Hallucinations
- Hears whispers, odd sounds that nobody else hears/unable to ignore
- Real male voice, not his own, clearly telling him to kill himself
**EARLY DETECTION: OUTREACH EFFORTS**

- Empower family and community members
- Establish community network
- Develop & maintain relationships with community members
- Educate key audiences
- Establish community network

**Primary Outreach Locations**

- Schools
- Medical Clinics
- Counseling Services
- Hospitals
- Community Centers
Outreach Educational Topics

- Early Warning Signs and Symptoms
- Stress & Bullying
- Psychosis versus other diagnoses
- Stigma
- MH General

**EARLY DETECTION: SIPS**
**ASSESSMENT**
(PRIME CLINIC: YALE UNIVERSITY)
Structured Interview for Psychosis-risk Syndromes (SIPS)

- **Symptom Categories:**
  Positive (Diagnosable), Negative, Disorganized, General

- **Rating Scales (0-6) for all 4 Categories**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
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<tr>
<td>1</td>
<td>Questionably Present</td>
</tr>
<tr>
<td>2</td>
<td>Mild</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
</tr>
<tr>
<td>4</td>
<td>Moderately Severe</td>
</tr>
<tr>
<td>5</td>
<td>Severe but NOT psychotic OR Severe</td>
</tr>
<tr>
<td>6</td>
<td>Severe and psychotic OR Extreme</td>
</tr>
</tbody>
</table>

A 6 rating in the Positive category that is disorganized or dangerous OR occurs 1hr per day, 4x/wk over 1 month can be diagnosed as Psychotic (not prodromal)

**Global Assessment of Functioning (GAF):** Psychological, Social and Occupational functioning (30% drop in last month)

A GAF score of 91-100 is normal high function in all areas of life

When a psychotic episode occurs it can cause a major decline in functioning
Structured Interview for Psychosis-risk Syndromes

**Genetic Risk and Deterioration**
First-degree relative
Genetic plus GAF 30% decrease meets program criteria

**Diagnosable Criteria:**
Onset in past year or worsened
Occurred once per week in the past month (4x/mo)
Causes distress
Not better accounted for by another diagnosis or substance
Maintains insight

TAY Program Development

<table>
<thead>
<tr>
<th>Program Criteria</th>
<th>Provided Services</th>
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<tbody>
<tr>
<td>Age 10-25</td>
<td>Case Management</td>
</tr>
<tr>
<td>County Resident</td>
<td>Clinical Therapy</td>
</tr>
<tr>
<td>Insurance Requirements</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Pass SIPS Assessment</td>
<td>Education and Employment Specialist</td>
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<tr>
<td></td>
<td>Peer Mentor/Family Advocate</td>
</tr>
<tr>
<td></td>
<td>Psychiatrist</td>
</tr>
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<td></td>
<td>Multi-Family Groups</td>
</tr>
</tbody>
</table>
TAY Program Development: SocioEconomic Adaptations

- Cultures
- Religions
- Languages
- Family structures
- Financial Stability
- Hierarchy of basic needs

TAY Program Development

**Strengths**
- Transdisciplinary service team
- Community education emphasis
- Focus on “skills before pills”
- Multi-cultural team
- Family support
- Incorporates food/social rapport
- Community-based services

**Challenges**
- Case management over MH rehab/therapy
- Reliant on community-based services
- Expectation to “fix” youth
- Minimal “wrap” services after discharge
- TAY population inconsistency
- Funding for adolescent MH
- Community perception of Psychosis
### Future Development

- Gain financial grants and support for expansion from community
- Strengthen awareness and integration of peer/advocate services within clinical team
- Improve post-discharge success strategies
- Incorporate improved screening/assessments for prodromal identification
- Develop stronger continuity across county programs

### Learning Outcomes & Summary

- Programs for Early Intervention in Psychosis
- Prodromal Phase and Warning Signs
- Assessment Categories and Criteria
- Strengths and Challenges for TAY population program development and future progress
Resources

- National Institute of Health: Brain Imaging During the Transition from Psychosis Prodrome to Schizophrenia
  https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4414922/

- Robert Wood Johnson Foundation (RWJF): Early Detection and Intervention for the Prevention of Psychosis in Adolescents and Young Adults
  http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2014/rwjf40848.pdf

- PIER Training Institute
  http://www.piertraining.com/

- PIER Program Conference May 2016 (Program PowerPoints)

- RWJF: Preventing the Onset of Severe Mental Illnesses (Video)
  https://www.youtube.com/watch?v=5AA54ujxiCc

- Partners for StrongMinds (Collaborative website for education, research and program links)
  http://partners4strongminds.org/

- National Association of State Mental Health Program Directors
  http://www.nasmhpd.org/content/information-providers

THANK YOU!

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