

Early Intervention in Psychosis

2015 Community of Practice – Webinar 1

May 14, 2015 | 12pm-1pm EDT

Presenters:

Dr. Kate Hardy

Dr. Steven Adelsheim

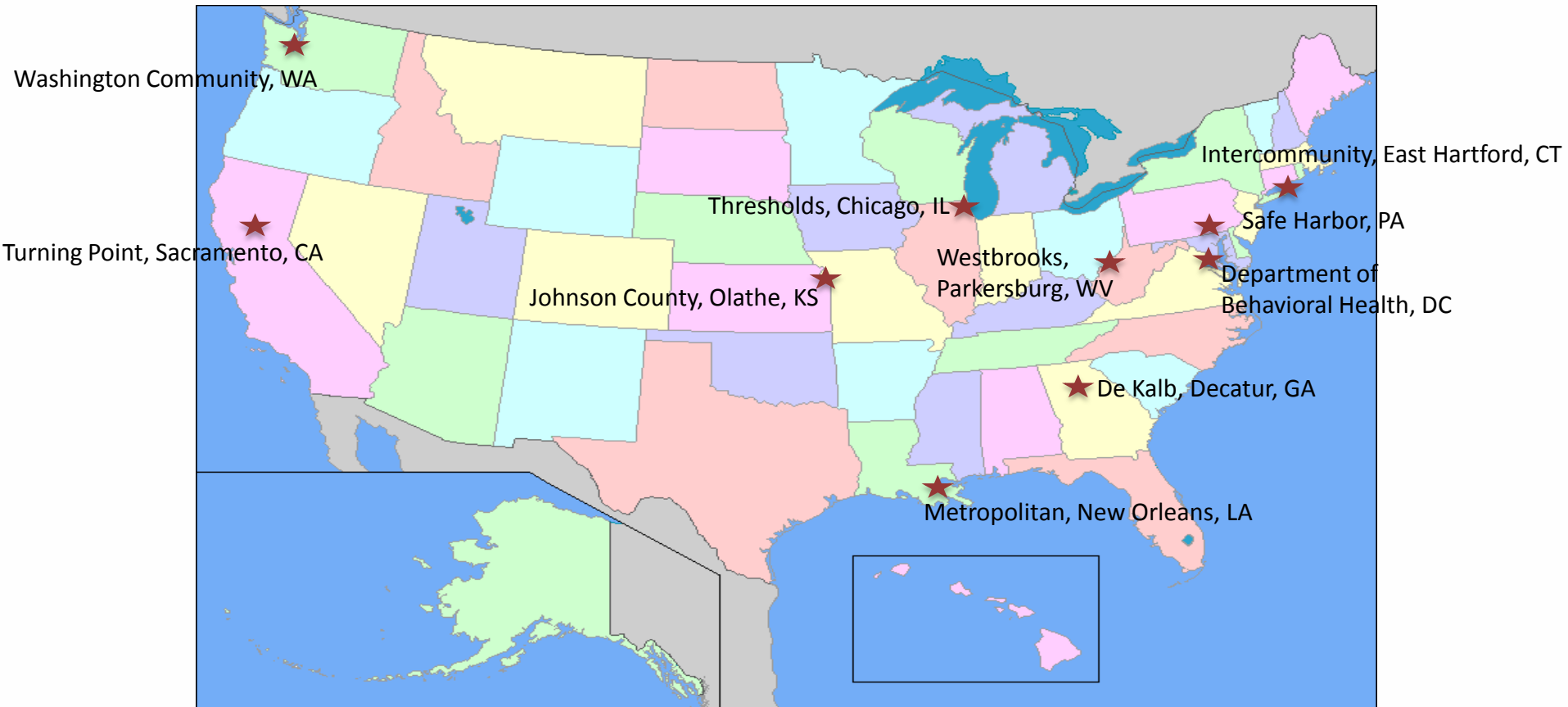


Introductions

- **Adam Swanson**, National Council
- **Mohini Venkatesh**, National Council
- **Dr. Kate Hardy**, Stanford
- **Dr. Steven Adelsheim**, Stanford



Community of Practice Partners



2015 National Council CoP

Participating Agencies

<i>Organization</i>	<i>State</i>
DC Department of Behavioral Health	DC
Dekalb Community Service Board	GA
InterCommunity, Inc.	CT
Johnson County Mental Health Center	KS
Metropolitan Human Services District	LA
Safe Harbor Behavioral Health	PA
Thresholds	IL
Turning Point Community Programs	CA
Washington Community Mental Health Council	WA
Westbrook Health Services, Inc.	WV

1. Identify 1 spokesperson from your agency.
2. Introduce your team:
 - *City?*
 - *Who's on the line?*
3. What is 1 thing you are hoping to learn from the CoP?



Aims

- Provide an overview of the history of Early Intervention (EI) for Psychosis
- Describe the national state of EI development
- Review different EI service models



Summary of the COP Phone Calls

Main themes that emerged	How the COP will address these
Passion and commitment	Maintain the momentum!
Funding and sustainability	Webinar to address funding issues Office hours with experts in this area
Difficulties choosing the 'right' model	Review of different models Exploration of 'best fit' for agency
Training staff in practice change	Webinars on training Connecting to current TA Peer to peer phone calls
How to identify the 'right' clients	Webinar on outreach Office hours with experts in this area
Isolation/limited support	Peer to peer phone calls Office Hours



Early Intervention in Psychosis

Definition:

- The identification of individuals experiencing a recent onset of psychosis and subsequent intervention to reduce the likelihood and/or severity of future psychotic episodes.



The Critical Period (Birchwood, 2000)

First three years following onset of psychosis:

- i. Clinical and social functioning deteriorate during this period.
- ii. Biological, psychological and cognitive changes occur during this period.
- iii. Plateau occurs three years after onset of psychosis.



Duration of Untreated Psychosis (DUP)

- Duration of time from first fully psychotic symptoms to onset of treatment.
- Suggested that psychosis has toxic effect on the brain resulting in:
 - Less complete recovery.
 - Increased chance of relapse.
 - Compromised functioning.



DUP

- DUP affects long-term illness severity, social and occupational functioning ***over and above*** subsequent treatment, illness severity, substance use or other factors (Marshall et al 2005).
- Reduced DUP results in faster amelioration of psychotic symptoms (Norman and Malla, 2001).
- Reduced DUP leads to need for less medication, fewer relapses, and fewer hospitalizations.
- Ethically and morally justifiable to identify at earliest possible point.



Early Intervention Around the World

- **Australia**
 - Early Psychosis Prevention and Intervention Centre (EPPIC)
- **Norway**
 - TIPS
 - Innovative outreach efforts to decrease DUP
- **United Kingdom**
 - Department of Health (2004) backed development of EIS across England



Early Intervention in the U.S.

- U.S. has been late to get involved with EI.
- Several sites developed own models based on Australian and European structures.
- NIMH has led funding and research efforts through the RAISE pilots.
- 5% block grant funding will drive site expansion.
- Development of EPINET data base will support clinical site expansion and outcomes review.



Current EI models in the U.S.

- Early Assessment and Support Alliance (EASA).
- Recovery After an Initial Schizophrenia Episode (RAISE).
 - RAISE Early Treatment Program (ETP): Navigate
 - RAISE Connection: *OnTrackNY*
- Prevention and Recovery in Early Psychosis (PREP) Felton Institute.



EI Service Delivery Models

- **Specialist Team Model**
 - Suited to urban setting
 - Stand alone team
 - All staff co-located
- **Dispersed Model**
 - Staff trained and placed in existing services
 - Least expensive model to implement
- **Hub and Spoke Model**
 - Cross over of above two models
 - Services provided in 'spokes' where staff located
 - Hub provides leadership, specialist skills and support
 - Suited to rural setting



Benefits and Deficits of EIP Service Models

	Specialist	Dispersed	Hub & Spoke
Evidence base	Y	N	N
Team Approach	Y	N	N
Promotes EIS philosophy	Y	N	?
Consistency	Y	N	Y
Staff retention	Y	?	?
Promotes training	Y	N	?
Strong local presence	N	Y	Y
Benefit other teams	?	Y	Y

Adapted from Dodgson & McGowan (2010)



Early Intervention Vs. Early Detection

- **Early Intervention Services**
 - Recent onset psychosis.
- **Early Detection Services**
 - Individuals at risk of developing psychosis.
- **Which comes first?**



Discussion/Considerations

- Which existing models would work well for your agency?
- Implementation of full model or hybrid?
- Obstacles/barriers to implementing?
- Which EI service model would fit your agency and why?



COP: Next Steps

- **Peer to peer phone calls.**
 - Indicate your interest in today’s post-webinar survey.
- **May office hours with Dr. Hardy.**
 - Selections must be made by COB 5/20.
- **Webinar 2:**
 - Thurs., 6/11, 12-1pm EDT.
 - “Referral, Outreach, and Early Detection”



Webinar Dates Reminder

- ~~Thurs., May 14; 12pm-1pm EDT~~
- Thurs., June 11; 12pm-1pm EDT
- Thurs., July 16; 12pm-1pm EDT
- Thurs., August 13; 12pm-1pm EDT
- Thurs., September 10; 12pm-1pm EDT
- Thurs., October 15; 11am-12pm EDT



Additional Questions?

