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Overview of Early Intervention Services for Schizophrenia

Module C: Continuing Treatment in CSC

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Outline

Key Concepts:

1. STEP Care: Structure, Processes and Outcomes
   a. Overview of 6 core elements of care
   b. Intra- and Inter-team communication/coordination (Huddle, team rounds, SBAR)
   c. Core outcomes and standards for best practice EIS

2. STEP Care: Culture

   a. Phase-specific care: How to adapt and present care to emerging adults and their families

   b. Workplace culture: How to empower clinicians towards autonomy and mastery and prevent burnout

What is 'Early Intervention' for Psychosis?

- Early Detection
  - Shortening the Duration of Untreated Psychosis (DUP)
  - Community outreach, detailing of referral sources, rapid access to care

- Intensive Treatment in the first 2-5 years ('EIS' or 'CSC')
  - Focus on reducing relapse and maximizing functioning
  - Interventions adapted from chronic SMI to younger patients
  - Goal of 'phase-specific" interventions
    - Acute
    - Stabilization
    - Recovery

Does 'Early Intervention' for psychosis work?

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- Yes, psychosis is TREATABLE, treatment works!

- Multiple *observational* studies
  - Higher rates of Sx remission & social/voc recovery

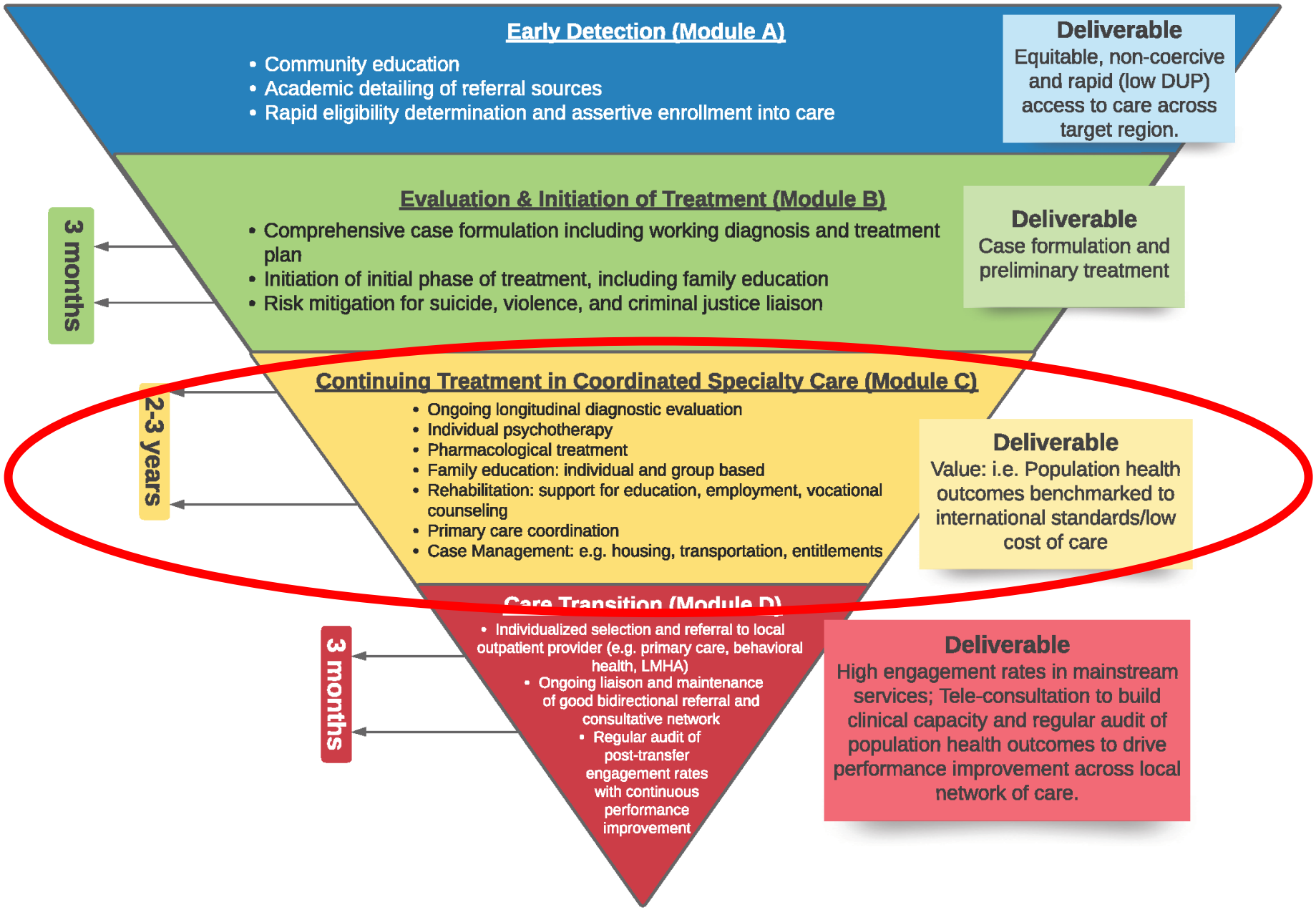
- Large *randomized controlled trials* with favorable outcomes
  - Relapse, re-admission, medication adherence, and suicidal ideation
  - Social and vocational functioning, treatment satisfaction, quality of life
  - Shortened DUP

RAISE
Recovery After an Initial Schizophrenia Episode

(Henry et al., 2010; Petersen et al., 2005; Garety et al, 2006; Srihari et al.,)

Early Intervention Service Care Pathway

www.step.yale.edu



Principles of STEP Care

1) **Safe:**
   - Focus on suicide prevention, medications side effects (short-term acute EPS; Long-term: CV morbidity/mortality)
2) **Effective:**
   - empirically supported
3) **Patient-centered:**
   - Menu of psychosocial services
   - Anticipate variable insight, flexibly (re-) engage, work on alliance
   - Anticipate stigma; active inclusion/coordination of family, supports, other community resources (providers, educators, law enforcement)
4) **Timely:**
   - quick, flexible, community-based access
5) **Equitable:**
   - blind to insurance, immigration status
6) **Optimistic/Hopeful:**
   - recovery oriented, foster independence, return to premorbid goals

Phase Specific

- STEP's FES is comprised of six main elements, all tailored to the individual based on their presentation, individual preferences, goals, and phase of recovery (engagement, stabilization, recovery).

- **Phases of Recovery:**

  - **Engagement/Acute:** entering or re-entering care after an interruption

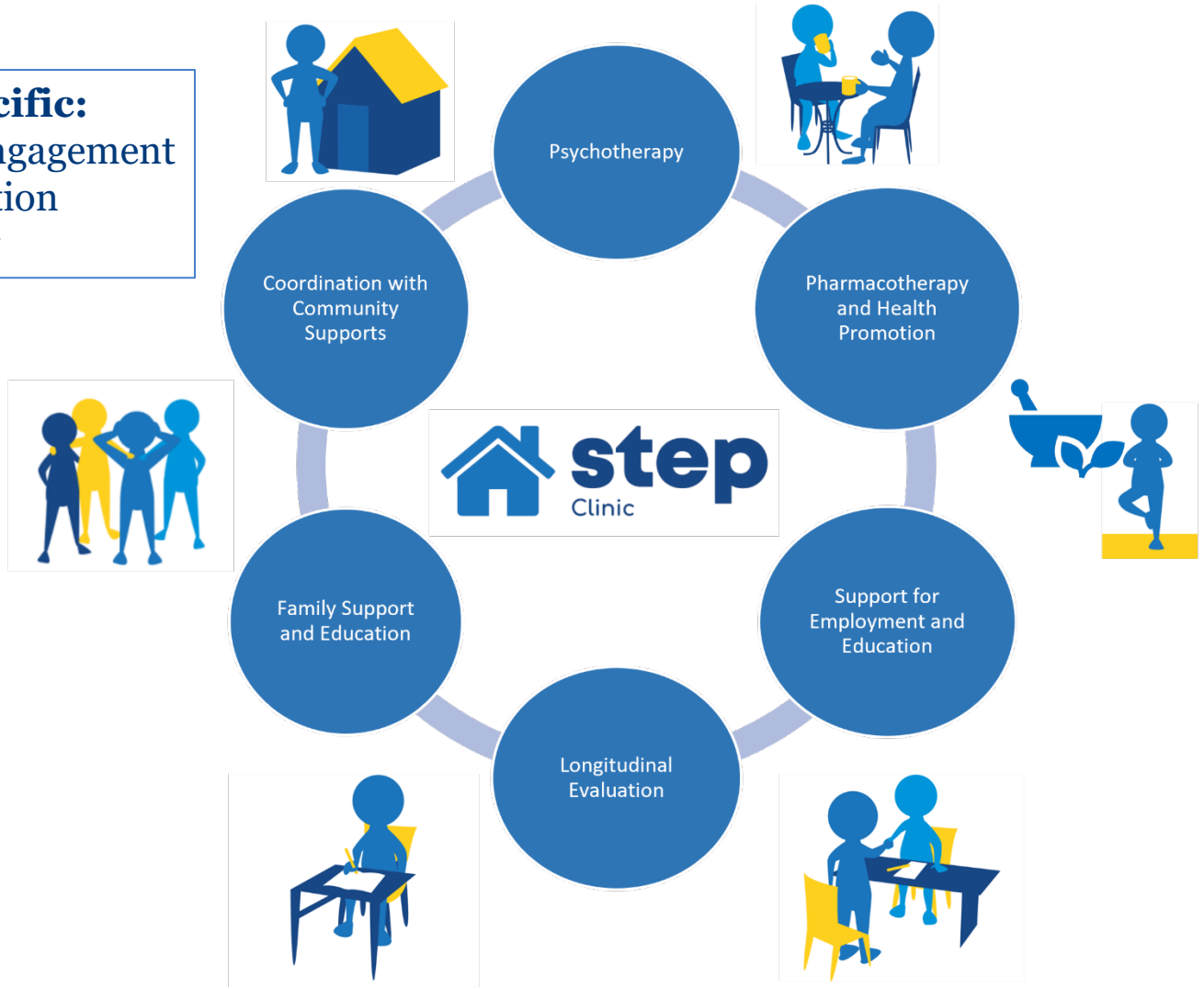
  - **Stabilization:** impairments related to symptoms have been minimized

  - **Recovery:** patient is working on social, educational, work-related goals; is learning coping strategies for self-management of illness.

  - It is not uncommon for patients to move in and out of these phases or cycle through them several times before getting to a more sustained recovery phase

STEP Elements of Care

Phase Specific:
- Acute/Engagement
- Stabilization
- Recovery



STEP Elements of Care

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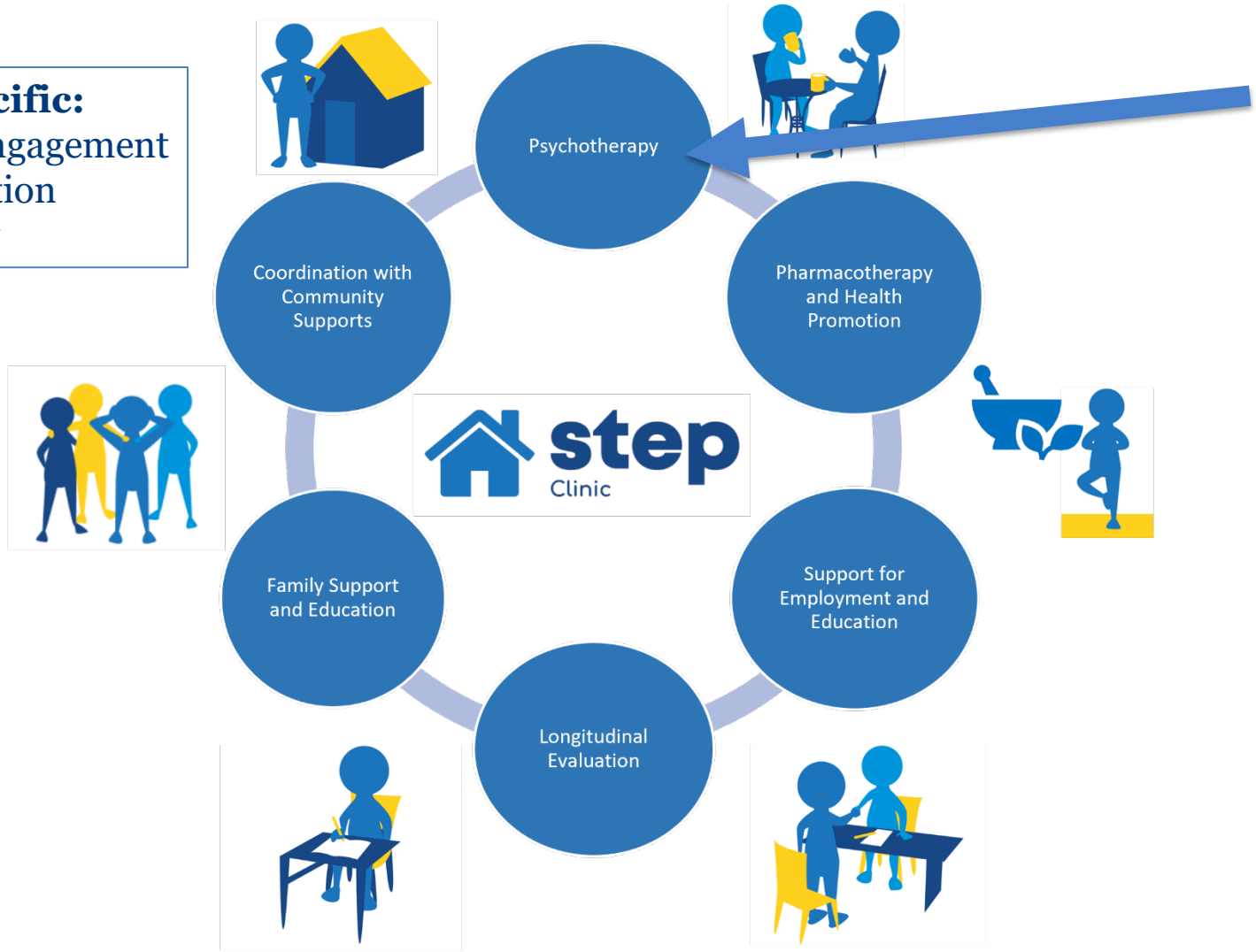
Phase Specific:
- Acute/Engagement
- Stabilization
- Recovery



Individual Psychotherapy Practices

- **Engagement and developing a shared understanding of experiences and goals**
  - Befriending
  - Stress bucket analogy, other shared formulations (e.g., CBT)
  - Values exploration and goal setting

- **Promoting skills** (CBT, DBT, ACT, FFT, SST, SCIT)
  - Stress management, distress tolerance, and grounding strategies
  - Reality testing
  - Social skills, Problem-solving, decision-making
  - Coping Cards

- **Changing relationship to internal experiences**
  - CBTp approach (curious/Socratic questioning, normalizing, collaborative)
  - Cognitive restructuring
  - Acceptance-based and compassion-focused approaches

- **Cultivating a life worth living**
  - Exploring values, goals; therapeutic topics (Processing episodes, identity, autonomy)

- **Identifying Early Warning Signs / Wellness Planning**

Normalization in Psychosis

- Normalization through psychoeducation
  - Experiences occur on a continuum
  - Psychosis and prevalence of symptoms is more common than you might think, provide statistics
  - Can impact any age, ethnicity, gender, SES
  - Instill hope, discuss recovery trajectories

- Connect to others with lived experience
  - Peers
  - Online forums, support groups

- Normalizing, not dismissing

"Normalization is the antidote to stigma"

STEP Elements of Care

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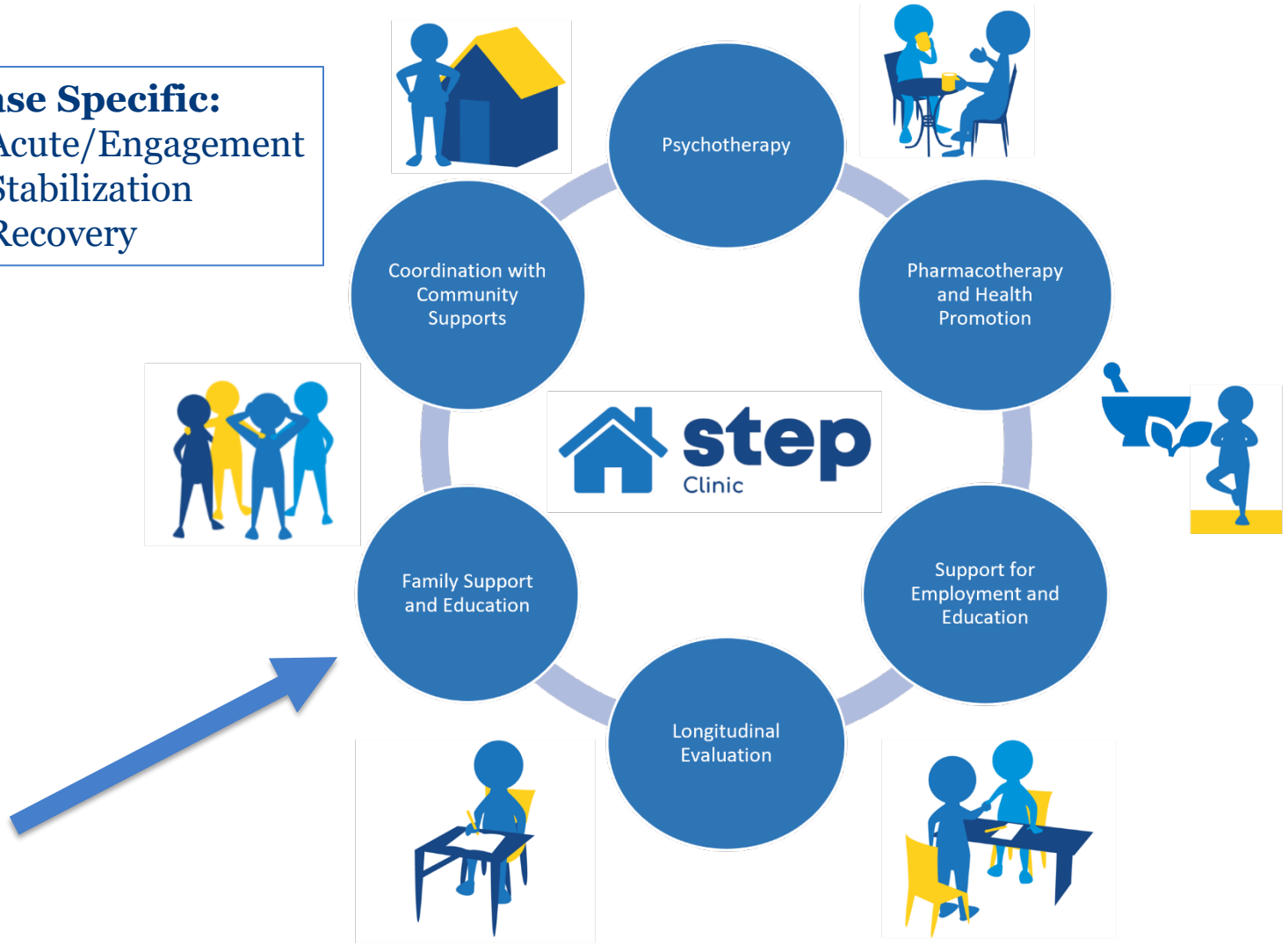


How can we empower families?

- Engage right away… *don't "waste" a crisis*
- Be responsive and offer practical help

- Strategies to reduce stress and manage difficult situations at home
  - *orient to crisis services, teach skills: problem-solving, communication*
- Provide education about psychosis, orient to treatment
- Teach them to monitor symptoms and communicate with the team

- Encourage them to support young person's goals
- Reduce stigma and blame…normalize, connect to others
- Help reduce stress in the home
- Instill hope …recovery is an expectation

How can we empower families?

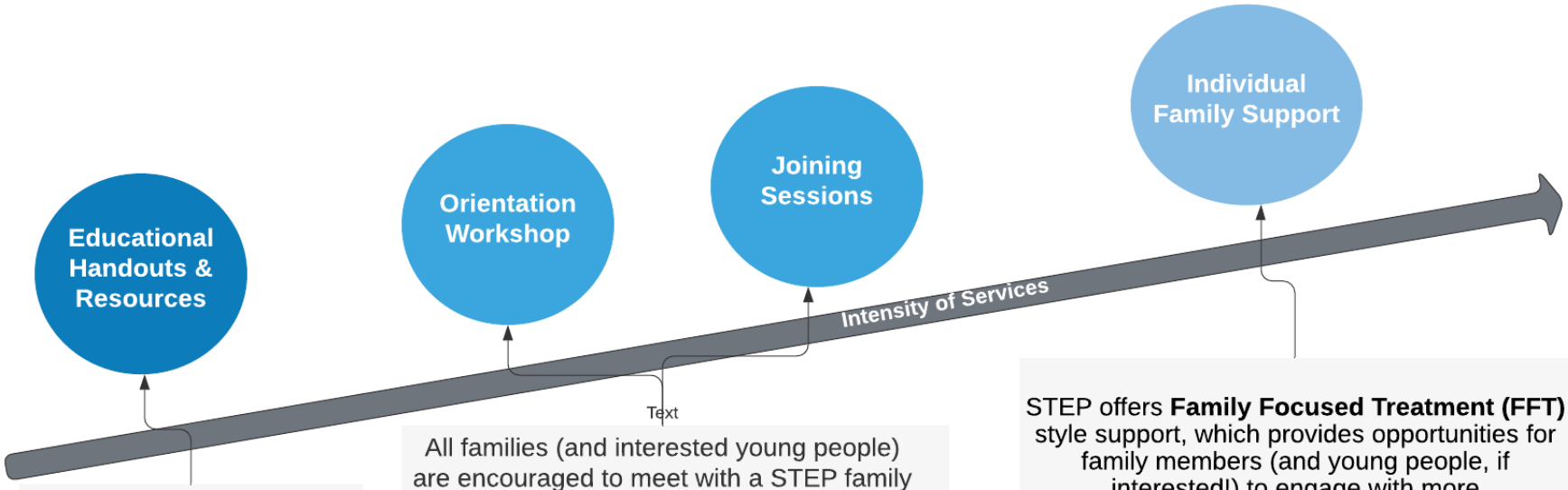
- Family support and education is an important part of early psychosis care and is recommended for all families and support people.

- Engaging in family support and education can have a variety of benefits including fewer symptoms and hospitalizations, improvements in overall functioning, more effective family communication, and decreased caregiver stress.

- STEP offers a variety of supportive and educational opportunities for family/support people, based on an individual family's needs, interest, and the young person's preference. Such opportunities include:
  - Education about psychosis, treatment, recovery, and other important topics
  - Communication, problem-solving, and crisis-management skills
  - Connection to local and virtual resources
  - General support

- Download the STEP Family Information Packet

STEP Family Services Offerings



All families will have access to our **"Family Information Packet"** and other helpful resources

Look for an email upon intake into the clinic!

All families (and interested young people) are encouraged to meet with a STEP family clinician for 1-3 **joining sessions** and/or attend a **group Orientation Workshop** with other families to learn how to take advantage of STEP services and understand the basics on first episode psychosis

*Look out for a call from our team in the **first month** of treatment!*

STEP offers **Family Focused Treatment (FFT)** style support, which provides opportunities for family members (and young people, if interested!) to engage with more psychoeducation and to practice important skills such as communication and problem-solving to help families best support their young person's recovery. Individualized support is also available to help you navigate your family's unique needs.

*Individual family support is available, **as needed,** throughout treatment*

Educational Workshops

All families are welcome to attend our **periodic Educational Workshops** on topics of interest, such as: Cannabis and Psychosis, Navigating Community Crises, Estate Planning

Ask your clinician about upcoming offerings or visit: www.ctearlypsychosisnetwork.com

Family Information Packet

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TIPS FOR COMMUNICATING WITH SOMEONE WHO IS EXPERIENCING PSYCHOSIS

When a person experiences an acute psychotic episode, it can be frightening, confusing, and distressing to both the individual and his or her family and friends. Here are some things you can do to make their experience easier.

1. If they are having difficulty concentrating:
- Keep your statements short
- Give one message at a time
- Don't give too many choices at once

2. If they are expressing delusions and are 100% convinced:
- Don't argue, don't say "You're crazy," or " That's not happening"
- Accept this is their reality. Be true to yourself. You might say, "I can't see them know you can."

3. If they are expressing delusions AND have previously been open to discussing ther
- You might gently remind them, "These thoughts come up sometimes" or " You' learned not to give those thoughts too much attention."
- They might check out their interpretations with someone they trust. You can as respectfully, "How might that be/happen?"

4. If the person's behavior is frightening you:
- Give the person space. Move gently to quieter, more open surroundings. Don't crowd or rush the person.
- Try to speak and act calmly. Ask what might help.
- Try to stay calm and communicate simply and clearly.
- If there are warning signs of a relapse, reassure them that you are seeking help them.

If you feel you need support from first responders due to an acute safety issue, pleas make sure to do the following:
- When calling 911, it is helpful to say to the operator that your call is regarding a mental health crisis and you require assistance. If your family member/friend h diagnosis, let the 911 operator know what it is. Advocating for your family member/friend's treatment and care can help ensure that their illness is taken i account by the police and other first responders during their interactions with them.
- If appropriate, request a mobile crisis team to come to your home instead of police. When speaking with the 911 operator and/or police, provide as much information about your family member/friend's mental illness, prior contact wi the law, and any concerns you have about the situation.
- Be prepared to repeat this information once police or other first responders arr
- If you must vacate the premises to call the police, stay close enough so that you identify yourself and speak with officers when they arrive.

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TEAM DIRECTORY

Affiliated Staff

FAMILY GUIDELINES FOR SUPPORTING A YOUNG PERSON WITH PSYCHOSIS

Families can play an important role in supporting recovery, reducing stress, and helping to prevent the onset or worsening of symptoms.

CONSIDER:
- Psychotic illness are influenced by **both biological and environmental factors**
- **Reducing stress** within family relationships, schedules, and daily interactions can make it easier for someone to manage day-to-day life
- Family support can also **buffer** against outside stressors.
- *People experiencing psychosis may be particularly sensitive to the following:*
  - **Warmth, structure, support, space:** help them recover at their own pace
  - **Criticism:** negative comments and interactions can lead to increased symptoms
  - **Over-involvement:** intrusiveness or doing too much can overwhelm people
  - **Complex, unclear communication:** is hard to process and can worsen symptoms

IDELINES:
- ***Take one step at a time.*** Go slow. Progress may be gradual. Recovery takes time.
- ***Lower expectations for the short term.*** Compare this month to the last month rather than last year. Increase expectations only after a period of improvement or stability.
- ***Use symptoms as a guide.*** If they worsen, slow down, simplify, reach out, and ask for more professional help. If they improve, continue forward gradually.
- ***Know and watch for early warning signs.*** If you notice subtle changes in behavior or increases in symptoms, slow down or take a break. Ask for help early, when a little may go a long way.
- ***Keep it cool.*** Enthusiasm is normal. Disagreement is normal. Just tone it down.
- ***Give each other space.*** It's okay to offer. It's okay to refuse.
- ***Observe your limits.*** It's okay to say "no." A few good rules keep things clear and safe.
- ***Ignore what you can't change.*** Pick your battles. Let some things slide.
- ***Don't tolerate violence or threatening.*** Contact your clinician or emergency services immediately if you notice any behaviors suggesting risk for suicide or violence.
- ***Keep it simple.*** Keep sentences short and to the point. Stay calm and positive
- ***Keep or re-establish family routines.*** Stay connected to friends and family.
- ***Solve problems step by step.*** Work on one thing at a time. Consider alternatives.
- ***Support the reduction of cannabis (and other drug use).*** They make symptoms worse, can cause relapse, and prevent recovery.
- ***Consider therapy for yourself.*** if you experience changes in mood, sleep, capacity to cope
- ***Stay Hopeful.*** You are not alone. Recovery is possible. Treatment can help.

NNECT: Educate *yourself and connect with family support networks, such as:*

- **NAMI Connecticut** – offers virtual family support groups (namict.org)
- **FAVOR Connecticut** – family and youth support and advocacy (www.favor-ct.org)

*Look for this guide in the Family Welcome Packet

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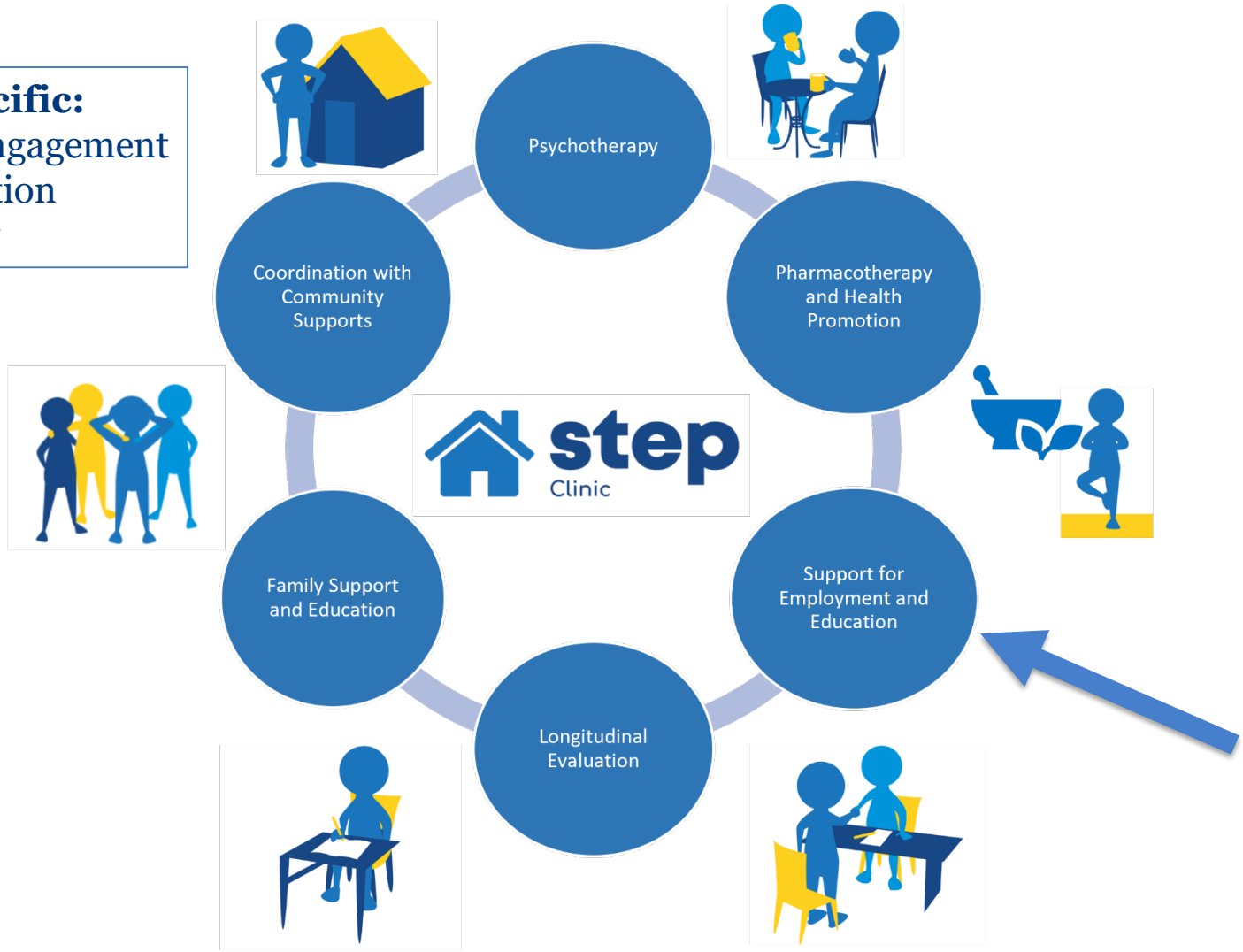

Support for Education and Employment

- Re-engagement with important 'instrumental' and 'expressive' roles (e.g., school, work)
  - Supported Employment and Education (IPS)
    - Focus on competitive employment
    - Engagement not determined by work readiness or symptoms

(Drake, Bond, & Becker, 2013)

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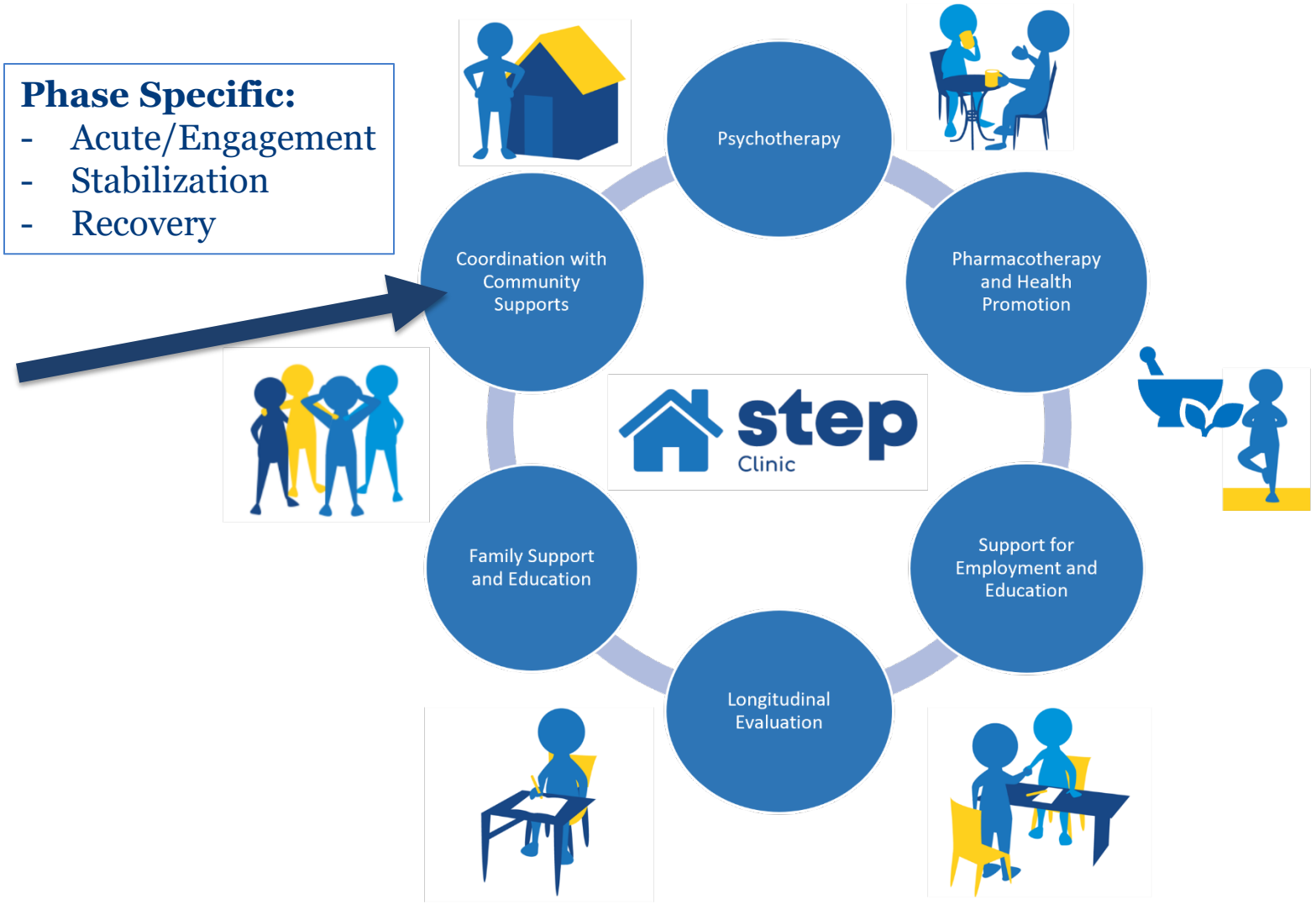

Coordination with Community Supports

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- Frequent communication / coordination **within** team
  - Primary clinician report on sx, distress, adherence, etc
  - With young person and family/carers

- And liaison with **existing community supports**…
  - Schools (IEP /PPT), employers, PCPs
  - Crisis services, ER, inpatient
  - Jail Diversion
  - **Peers**

- Practical/Case management:
  - Transportation (Veyo, bus training, Uber)
  - Benefits, insurance, disability
  - Housing
  - Food insecurity – food stamps
  - Access to technology… and treatment

- Reintegration with age-appropriate supports that are not tied to institutional offerings

Coordination Overview

Within Team

- Primary clinician and prescriber
- Other non-clinical team members, voc/edu support

With Family and Patient

- Questions, concerns
- collateral, early warning signs
- Med side effects

Community Supports

- schools, employers
- PCPs, visiting nurses
- Crisis services, ER, inpatient
- Jail Diversion

Case Management

- Transportation
- Benefits, insurance, disability
- Housing
- Food insecurity
- Access to technology

Communication Within the Team

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- **Huddle:** more detailed, real-time, back-and-forth, input from multiple team members
- Sharing calendars
- **Office drop-ins:** open door policy (if the door is open, come consult/ask/brainstorm/update), curbsiding
- **Phone calls:** more urgent, when working remotely
- **Text:** general/non-specific questions (e.g. "hey, did you submit that lab requisition we talked about last week?")
  - NO PHI!!!
- **Email:** less urgent, when one or both parties are out of the office (e.g. refills, scheduling, follow-up question, consulting)
  - REFRAIN FROM USING PHI, AND CONFIRM THE EMAIL IS GOING TO THE CORRECT RECIPIENT!!!
- **Remember to be considerate!**
  - Try to check someone's schedule to see whether they are available before you send a flurry of texts while they are in the middle of an important meeting!

‘Huddle’

- Daily morning meeting, which serves to promote efficient team communication, clinical care coordination, and team cohesion.

- **Purpose:** Huddle is a structured opportunity for team members to communicate and collectively strategize about managing daily client needs and workflow, including collective consultation and strategizing about treatment for clients with special or complex needs for that day, and following up on remaining items or issues from the previous day.

- **Agenda:**
  - Hospitalizations/acute symptoms
  - Coordination needs (need to be seen by a psychiatrist, need coverage, need help with transportation, other providers, refills, family clinician coordination)
  - Consultation within the team on clients with complex needs
  - Discussion of new clients
  - Administrative, announcements (e.g., periodic tracking of transfer of care; family services)
  - MIA; Wellness Checks/possible mobiles
  - Check in – what went well?
  - Team and individual wellness pulse /sense of self-efficacy; How are we doing?

SBAR

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Handover with SBAR

SITUATION

Identify current concern/risks

BACKGROUND

State concisely and in client-centered terms why the client is receiving care and the client's treatment goals

ASSESSMENT

Provide information about what did and did not happen during your shift

RECOMMENDATION

Inform receiving staff about what tasks need to be continued/followed up

SITUATION	"What is happening right now!" S	• Client name • Age • Allergies • Diagnosis -psychiatric & medical • Legal Status and forms (expiry dates) • CPR status • Immediate concern - Prn's given
BACKGROUND	"What has happened" B	• Reason for hospitalization • Risks* (self-harm, suicidal, violence, falls, AWOL, infection, fire setting, substance use) • Needs – IPOCs initiated, safety and comfort plan • Medical issues • Family/SDM situation
ASSESSMENT	"What I found/what I believe the problem is" A	• Current assessment – pain level, VS, labs • Behaviour – MSE/ FMI • Risks* – current DASA, SRA, Falls • Strengths/Interventions used and outcomes • Utilization of passes • Progression towards goals/ IPOCs
RECOMMENDATION	"What I would like done/ suggest" R	• Orders to clarify/receive/ follow-up • Status today – any new/urgent risk • Client advocacy needs • Approach with family/SDM • Continuation of Care - Treatment due, reconcile medication, outstanding tasks

SBAR Example (Abela-Dimech & Vuksic, 2018)