



Overview of Early Intervention Services for Schizophrenia

Module C: Continuing Treatment in CSC

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Key Concepts:



1. STEP Care: Structure, Processes and Outcomes

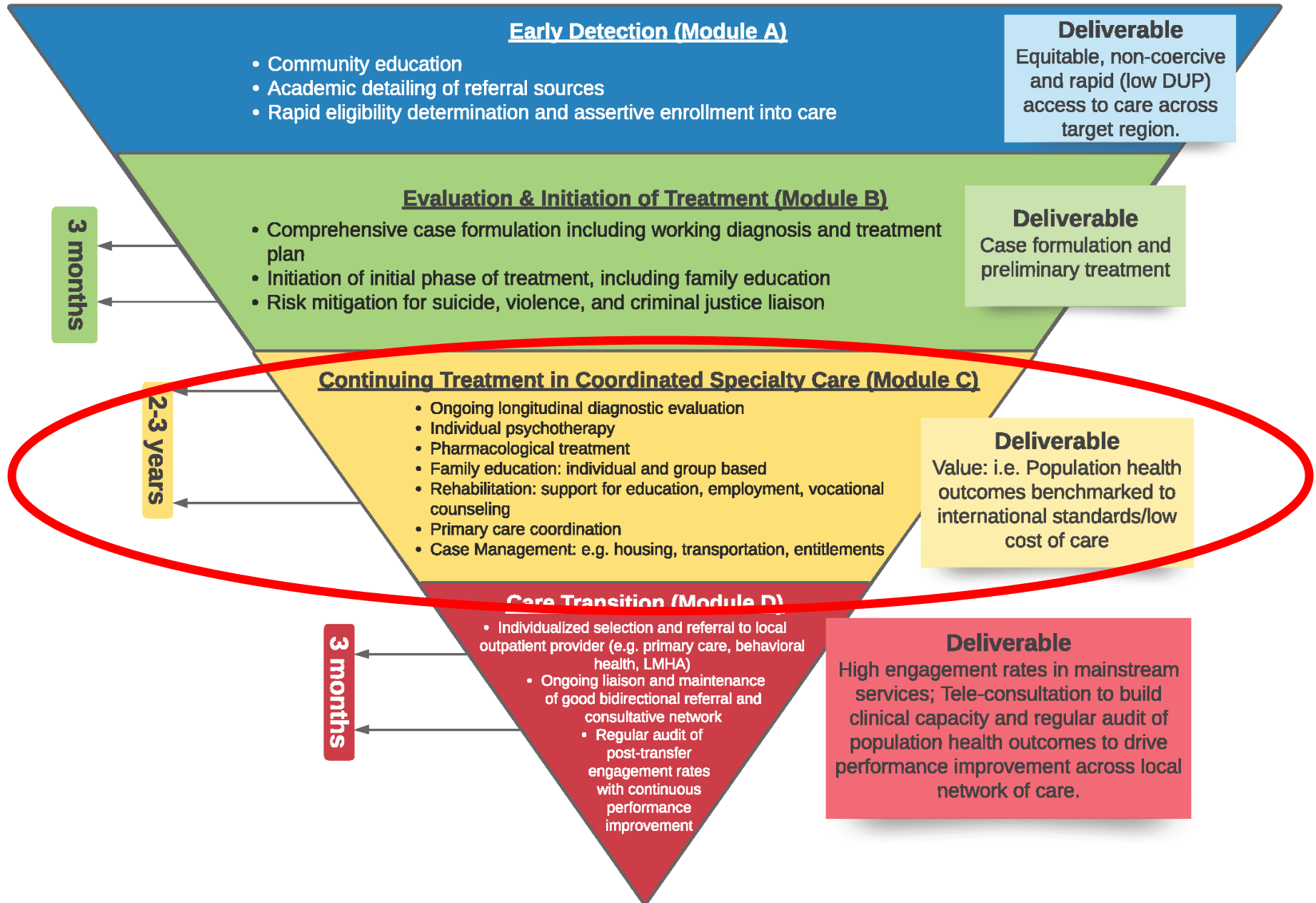
- a. Overview of 6 core elements of care
- b. Intra- and Inter-team communication/coordination (Huddle, team rounds, SBAR)
- c. Core outcomes and standards for best practice EIS

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

Early Intervention Service Care Pathway

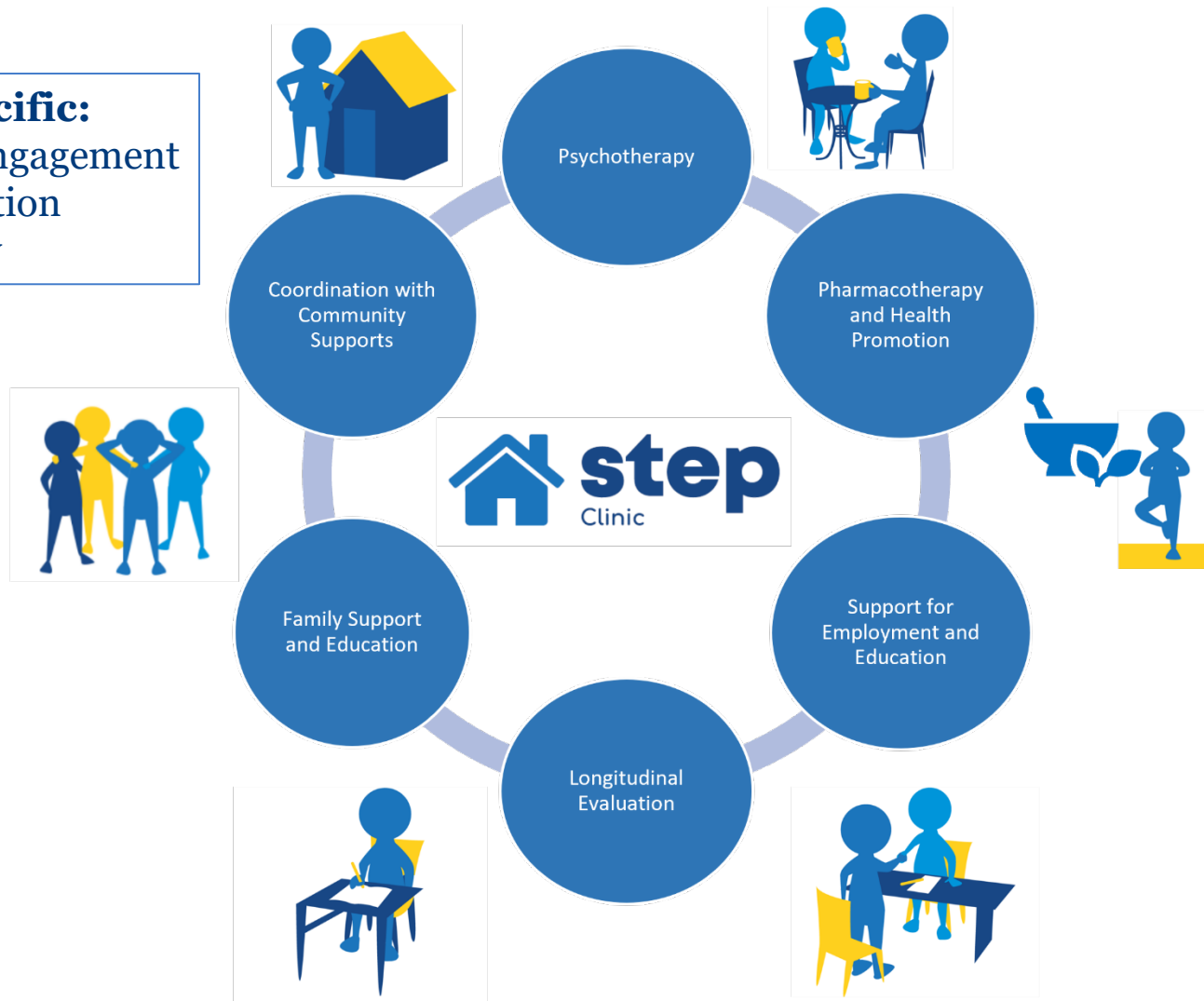
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STEP Elements of Care

Phase Specific:

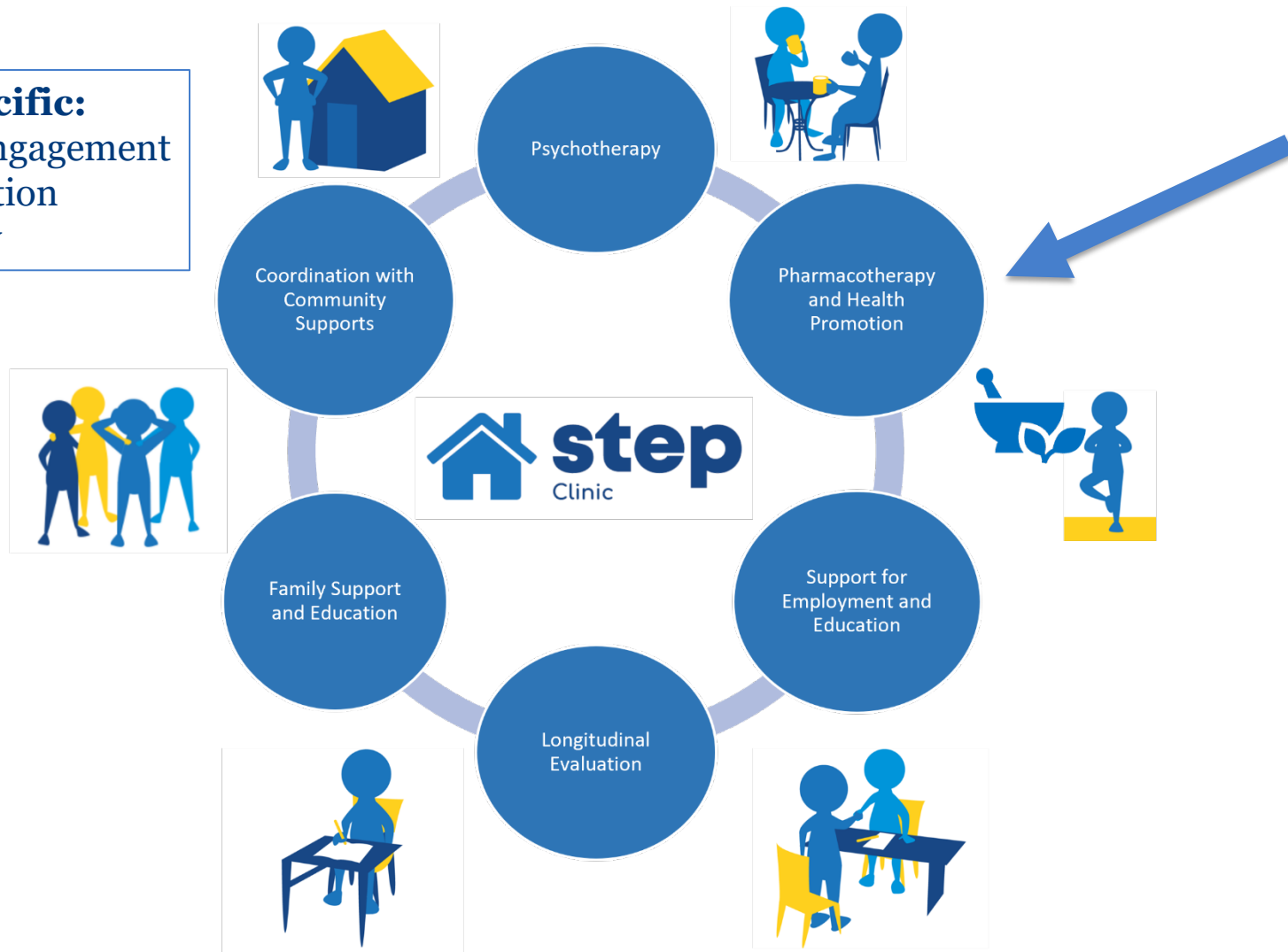
- Acute/Engagement
- Stabilization
- Recovery



STEP Elements of Care

Phase Specific:

- Acute/Engagement
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Targets of Medication Treatment

1. 'Positive' symptoms: 'Psychosis'

- Reality distortion (delusions, hallucinations)
- Disorganization (thought, behavior, expression of feeling)

2. 'Negative' symptoms

- lack of motivation (*avolition*)
- reduction in spontaneous speech (*alogia*)
- social withdrawal (*apathy*)

3. Cognitive deficits

- Memory (working and long term)
- Attention, processing speed
- Executive functioning
- Social cognition

4 & 5. Affective dysregulation

- Depressive symptoms
- Manic symptoms

Phases of Illness - Medication Targets

1. ACUTE

Safety: aggression/hostility

Symptoms: **remission** of 'positive' , mood/anxiety symptoms

Suicide, cognitive losses, substance use, -ve sx

2. STABILIZATION

Prevent **relapse**

Support rehabilitation

Proactively address side effects (e.g. sexual, wt gain, cognitive)

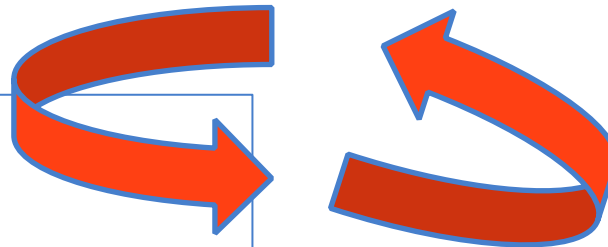
Work/school, relationships

3. RECOVERY

Prevent **relapse**

Maintain functioning

Cardiovascular risk



- Principles of Prescribing

- Shared decision making
- Empirical studies in humans > theoretically based > clinical experience
- Minimum effective dose “*start low, go slow*”
- Limit combination treatments
- Regularly re-assess for response to interventions d/c ineffective medications
- Monitor adherence and address non-adherence (barriers, VNAs, LAIs)
- Treat to remission
- Maximize *tolerability*
- Address Cardiovascular Risk (wt gain, lipids, glucose dysregulation)
- Integrate with rehabilitation and personal priorities

Medication Guide for Primary Non-Affective Psychotic Illness

Stage 1: 'First-episode' Psychosis
Trial of a single SGA (except Olanzapine) toward remission

Consider Clozapine for suicidality/violence

Stage 2: Second trial of SGA or FGA (*toward remission*)

Consider long acting (IM) medications at all stages for (a) non-adherence or (b) dose related side effects or (c) convenience or (d) inadequate response

Stage 3: Clozapine

Stage 4: Clozapine + ??

Stage 5: ECT or enroll in clinical trial

Opportunities for Quality Improvement / EBP implementation across a statewide learning collaborative



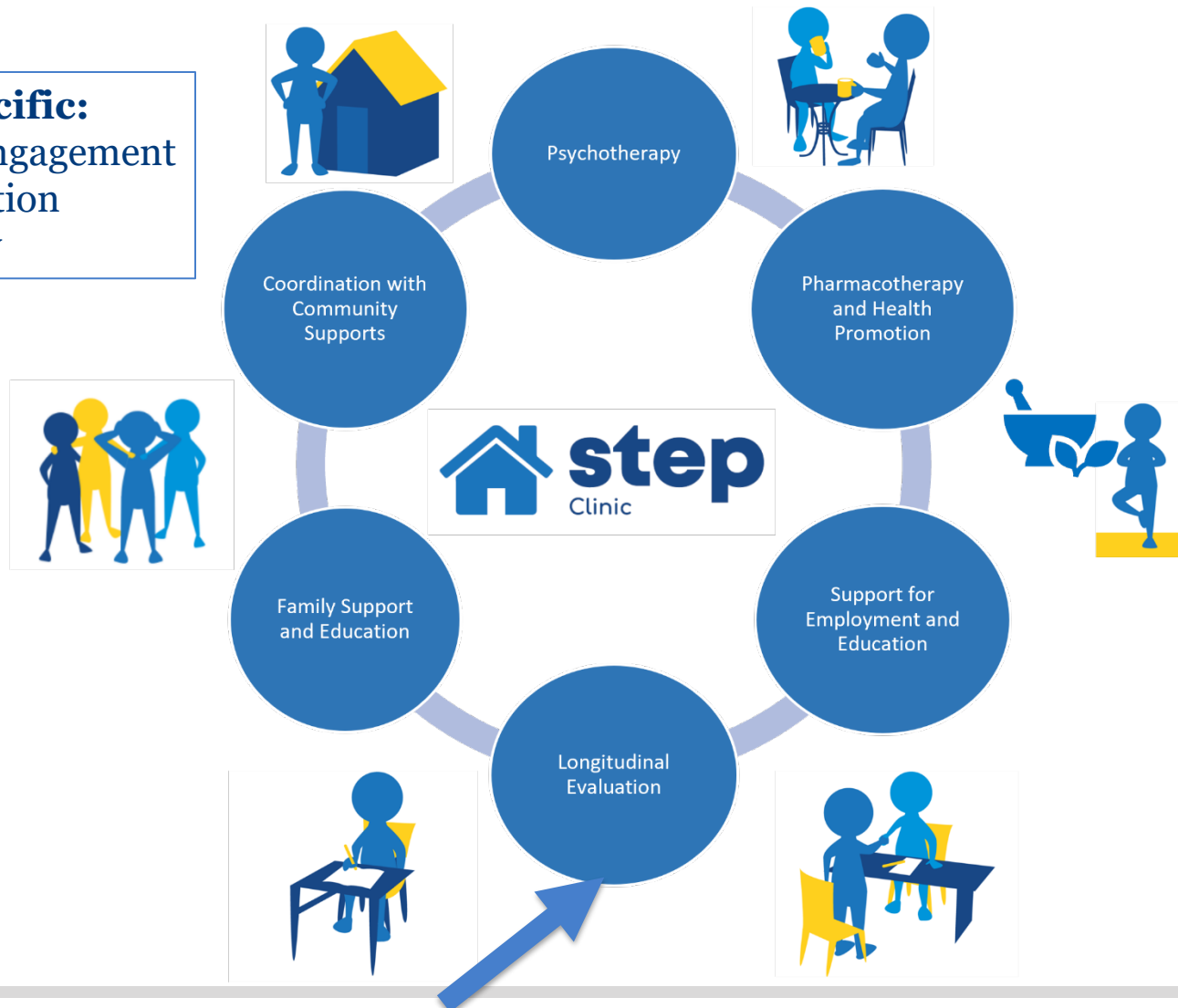
- **Negative symptoms:** differential diagnosis, systematic and iterative evaluation and treatment of multiple causes
- **Adherence:** use of visiting nurses, collaborate with local pharmacy, pill counts, working with family, empowering patient, LAIs
- **CV Risk:** proactive workflows to increase monitoring and response, collaboration with primary care
- **Shared Decision Making:** educational materials to help patients/families/prescribers communicate effectively about risks and benefits of APDs and areas of uncertainty
- **Clozapine underutilization:** shared tools for screening and monitoring for myocarditis/cardiomyopathy/VTE/ agranulocytosis and shared decision making (e.g. tools to communicate rare but serious risks like pulmonary embolus, Myocarditis/agranulocytosis)
- **LAI underutilization:** complicated pharmacokinetics, complicated insurance authorization

Integrate & collaborate with non-prescriber clinicians and rehab staff !

STEP Elements of Care

Phase Specific:

- Acute/Engagement
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- Recovery



Evaluation is a core element throughout STEP Care:

- Module A - Rapid assessment for eligibility
 - Outreach and admissions coordinator: DUP, Pathways to Care, family concerns, capabilities
- Module B - Evaluation and initiation of treatment
 - Learning as much as we can, as quickly as we can: Differential Diagnosis, Pluralistic case formulation
- Module C - Repeated assessments and evaluation of diagnostic possibilities
 - regular outcomes assessments take place (~ every 3-6 months), as well as continuous updating of diagnosis and case formulation as more information is gathered through working with the patient and family and other sources of collateral.

STEP: Culture is essential for Process innovation within Structure of service



- **Huddle** – in addition to being an essential process to coordinate care amidst the team, also opportunity for peer supervision and support
- **Informatics** - Empower with data, but not overwhelm or burden
- **Professional development/growth opportunities**