EARLY PSYCHOSIS UPDATE: WHAT IS EPINET AND HOW CAN RESEARCH INFORM YOUR PRACTICE?

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Agenda

• What is early psychosis?
• Breaking down evidence-based treatment for early psychosis
• What is EPINET?
• The role of the EPI-Minn network in Minnesota
• Recognizing early psychosis
  • Helpful tools and strategies
What is Psychosis?

• **Psychosis** is a symptom. It refers to a condition of the mind described as involving a "loss of contact with reality."

• People experiencing psychosis exhibit problems with one or more of the following:
  - Hallucinations
  - Delusions
  - Thought disorder.
What is Psychosis? Cont’d

• Some people describe it as “dreaming while you are awake”

• Depending on its severity, psychosis may be accompanied by unusual or bizarre behavior, as well as difficulty with social interaction and impairment in carrying out daily life activities.

• Psychosis (symptom) Occurs in 3/100 people at some point in their lifetime.
Psychosis can be caused by many things

- Drugs
- Alcohol
- Stress
- Environmental deprivation
- Sleep deprivation
- Damage to the brain
- Mental illnesses (such as schizophrenia, bipolar disorder, borderline personality disorders)
• NAVIGATE programs are Designed to Help a Specific Kind of Psychosis: One Related to a *Schizophrenia* Diagnosis

• Schizophrenia
• Schizoaffective Disorder
• Schizophrreniform (less than 6 months of symptoms)
Symptoms of Schizophrenia

- Delusions
- Hallucinations
- Disorganized speech
- Disorganized or catatonic behavior
- “Negative symptoms” such as lack of interest, energy, initiative or sense of pleasure
- Cognitive difficulties—problems with focus, attention, and memory

Medications tend to be most helpful for the items in purple and less effective for the items in green.
Most Common Signs of Emerging Psychosis

- Performance in school, work, or family life is rapidly dropping
- Spending a lot of time alone, in their room
- Doing or saying things that seem strange, even bizarre
- Depression
- Irritability
- Having problems sleeping
Additional Signs of Emerging Psychosis

- Social withdrawal
- Hostility or suspiciousness
- Decline in personal hygiene
- Flat, expressionless gaze
- Inability to cry or express joy
- Inappropriate laughter or crying
- Oversleeping or insomnia
- Odd or irrational statements
- Forgetful; unable to concentrate
- Extreme reaction to criticism
- Strange use of words or way of speaking
YOU PROBABLY NOTICED THAT MOST OF THESE EARLY SIGNS CAN LOOK A LOT LIKE NORMAL ADOLESCENCE
IT IS NOT EASY TO RECOGNIZE A FIRST EPISODE OF PSYCHOSIS?
Early Treatment Program

NAVIGATE is an evidenced based approach that is being implemented in Minnesota and across the country.
• Participants received treatment at 34 community facilities. The facilities were randomly assigned
  • 17 NAVIGATE sites
  • 17 Community Care sites (control sites)
• People who joined the study were treated and assessed for at least 2 years
Compared to clients getting customary care treatment, Early Treatment Program clients:

- Were more likely to stay in treatment
- Had greater reductions in symptoms
- Had greater improvements in quality of life
- Had greater rates of participation in work or school
SPECIFIC NAVIGATE INTERVENTIONS

Medication Management
Family Education Program
Supported Employment and Education (SEE)
Individual Resiliency Training (IRT)
Case management and/or peer specialist services
### Treatment that addresses developmental stage

- Younger age, many living with parents
- Peer relationships & opinions very important
- Involved in school and/or early job experiences
- In process of separating from families
- Developing romantic relationships
- Extra sensitive to being told what to do
- High rate of substance use
- Often feel invincible (e.g., “What I’m experiencing can’t be anything serious”)
Treatment that addresses the trauma of psychosis

- Experience of psychosis traumatic for individual & relatives
- Posttraumatic stress disorder (PTSD) reactions are a common response to psychotic symptoms & treatment experiences
- PTSD reactions to first episode psychosis are related to increased distress & decreased functioning
WHAT IS EPINET?
EPINET
Early Psychosis Intervention Network

Accelerating advances in early psychosis care, recovery outcomes, and scientific discovery through a national early psychosis learning health care partnership
EPINET WEBSITE

• https://nationalepinet.org/
Framework for EPINET

Clinical

Quality

Discovery
AIM 1: ENDCC Planning & Infrastructure Development

AIM 2: Measures & Data Harmonization

AIM 3: Establish Data Infrastructure

AIM 4: Develop the EPINET Analyst Zone

AIM 5: Public Website & Dissemination Efforts
THE ROLE OF EPI-MINN NETWORK IN MINNESOTA
Aim 1: Can stakeholders benefit from structured and individualized feedback?

- Evaluate participants at baseline and every 6 months
- Provide stakeholders with personalized feedback reports
- Designed to promote autonomy and participatory decision making
- Data can contribute to future trajectory analyses to deepen our understanding of treatment response patterns
Aim 2: Can cognition and motivation improve with a 12-week mobile intervention?

After 12 weeks of stabilization, participants are invited to join a 12-week cognitive/mobile intervention or Treatment as Usual (TAU)

30 hours of remote cognitive training

PRIME smartphone-based app to enhance motivation (participants work towards goals with a remote motivation coach and a virtual community of peers)

Enhanced Individual Resiliency Training (IRT) clinicians trained in cognitive adaptation strategies and integrate them during goal setting and treatment
IDENTIFYING EARLY SIGNS OF FIRST EPISODE OF PSYCHOSIS AND CHALLENGES IN PROVIDING ACCURATE DIAGNOSIS
Early Signs

• Individuals often do not have the language for what they are experiencing

• Therefore need to look at behavior:
  • Change in school or work performance
  • Change in family life
  • Spending time alone
  • Doing things that seem out of character, maybe even bizarre
  • Signs of anxiety or depression; sometimes irritability
  • Sleep problems
First Elicit More Information to Determine if a Psychosis Might Present

- Convey interest and lack of judgement
- Ask questions, give time for the responses
- Ask follow-up questions
- Check for understanding (for example, ”It sounds like you have been getting into more arguments with your parents than usual. Have I got that right?”)
Once You have Determined That Psychosis is Present

• Work on narrowing down the source of the psychosis:
  • Substance-induced?
  • Trauma-related
  • Medical problem?
  • Brain injury?
  • Extreme stress? Lack of sleep?
  • Mental process related to autism?
Mental Illnesses with Element of Psychosis

- Depression with psychotic features
- Bipolar disorder
- PTSD
- Borderline personality
- Delusional disorder
- Schizophrenia or schizoaffective disorder
You May Need to Get to Know the Person Better to Make Accurate Diagnosis

- Individuals often do not tell you everything at first
- “Tip of the iceberg” phenomenon
- Also need to talk to parents and other supporters about their observations
- Individuals gradually develop more trust, and begin to tell you more
HELPFUL FEP TREATMENT STRATEGIES
People Who Are New to the Mental Health System

• May have never had contact with a mental health agency
• Don’t know “who does what”
• Feel very alone; do not know that other young people have similar experience with psychosis
• Family members may also be unfamiliar with mental health symptoms and with the mental health system
When talking about treatment remember that individuals can be sensitive to stereotypes and stigma

- Don’t want to be different than their peers
- Worried what classmates or work colleagues will think
- See plenty of stereotypes in the media (TV, movies, YouTube, social media)
- Aware that general population tends to stigmatize people with mental health problems
Different Response to Medications

- First episode clients are more responsive to antipsychotics: aim for symptom remission, not just improvement
- Lower doses are effective (and optimal)
- Medications take longer to work (e.g., 2-4 months)
- Highly susceptible to side effects
Medications in First Episode

- Prescribers need more time to do their job and build rapport with clients (aim for 30 minute sessions each month)
- Clients should have vital signs, weights, symptoms and side effects measured at each visit
- Regular labs should be done
Medications in First Episode

- Prescribers advised to use antipsychotics that have data from use with first episode clients
- Prescribers advised to consider long-acting injectable antipsychotics for all first episode clients
- Clients have a very strong inclination to stop taking their medication (even more than multi-episode clients)
High Rate of Substance Use

- Primarily marijuana and alcohol
- However, will often experiment with whatever is available and affordable (synthetic marijuana, crack, meth, heroin and other opioids)
- Strong peer pressure to drink and use drugs
- Often use substances to deal with symptoms
But...
There is HOPE

- Still have their hopes and dreams
- Interested in school
- Interested in work
- Living with or close relationships with family
- Very interested in friendships and romantic relationships
# Overall Approach

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<tr>
<th>Be</th>
<th>Be alert to early signs of psychosis</th>
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<tbody>
<tr>
<td>Utilize</td>
<td>Utilize gentle curious questioning</td>
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| Engage | Continuously engage individual  
  • help them with what they want help with |
| Encourage | Encourage completing education, and maintaining employment |
| CONVEY | CONVEY HOPE AND OPTIMISM |
Conclusions

• Understand how to recognize the early signs of psychosis
• NAVIGATE is an evidence-based approach to treatment that is available in Minnesota
• EPINET is new research opportunity to improve feedback and utilize cognitive training approaches
• Connect with NAVIGATE and Strengths programs in Minnesota to get help
Minnesota NAVIGATE Programs

- M Health-NAVIGATE (SLP)
  - Melissa Dalhoe
  - (612) 273-8710

- Strengths program-M Health (Riverside)
  - Jewels Lindholm
  - (612) 273-8710

- Human Development Center-NAVIGATE
  - Kayla Wilson
  - 218-302-8734

- HHC-HOPE program
  - Marielle Demarais
  - 612-873-5692