Early Psychosis Intervention and its Implications for Mental Health Counselors, Advocates and Supervisors: Lessons and Outcomes From the EAST Program

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Early Psychosis Intervention & its Implications for Mental Health Counselors, Advocates & Supervisors

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Early Assessment and Support Team
Clinical Supervisor
Today’s Presentation

- What is early psychosis intervention?
- Identification
- Prevention
- Intervention
Mission of the Early Assessment and Support Team (EAST)

- Keep young people with the early signs of psychosis on their normal life paths, by:
  - Building community awareness and
  - Offering easily accessible, effective treatment and support
    - Network of educated community members & highly skilled clinicians
    - Most current evidence-based practices
Early Psychosis Programs

- First programs began around 1990

- Early psychosis intervention “standard of practice” in Australia, Great Britain, Canada, & Scandinavia

- Early psychosis intervention came to Oregon in 2001, with Mid-Valley Behavioral Care Network’s Early Assessment and Support Team (EAST)

- 2007 Oregon legislature allocated $4.3 million to disseminate EAST; the Early Assessment and Support Alliance was created in 2008.

- 2010 California decides to use CIMH funds to implement statewide efforts.
Early Assessment and Support Alliance Counties 2010
EAST

- We serve Individuals who have had a first episode of schizophreniform or bipolar psychosis within the last 12 months
  - EAST provides earlier services to “high risk” individuals with symptoms that are not yet acute

- IQ over 70

- Referrals can come from anyone; insurance is not a barrier
We try to prevent the biopsychosocial consequences of major mental illness associated with psychotic disorders.

Why psychotic disorders?

- WHO says bi-polar and schizophrenia are leading causes of disability worldwide.
- Early intervention has been shown to help reduce symptoms and reduce costs.
- One of the leading causes of disability.
Since March 2001

- **EAST:**
  - 450 served
  - 1200 referred & assisted
  - 100+ currently in service
- **EASA (non-EAST): Since 2007**
  - 200 served
  - 500+ referred
  - 153 currently in service
- 74% symptom remission or only mild disruption by 1 year
- 95% maintain strong family support & involvement
Vocational & Hospital Outcomes prior to Service Enhancements
(Intensive Staffing Standards & Universal Access to SE)

- In school or working
- Hospitalized in last 3 months

Months in EAST Program:
- < 3 mos
- 3 to 6
- 10 to 12
- 16 to 18
- 22 to 24
Components of Prevention and Detection of Mental Illness

- Community Awareness
- Engagement
- Evidenced based developmentally appropriate treatment
Mental illness and substance use disorders account for 60% of the non-fatal burden of disease amongst young people aged 15-34 (Public Health Group 2005)

- 75% of mental health problems occur before the age of 25 (Kessler et al 2005)
- 14% of young people aged 12-17, and 27% of young people aged 18-24 experience a mental health problem in any 12 month period (Sawyer et al 2000, Andrews et al 1999)
Symptoms of Acute Psychosis

- Hallucinations
- Delusions
- Speech & movement problems
- Cognitive & sensory problems
- Inability to tell what is real from what is not real
Describe what each of these things mean; give examples
Tamara Sale, 3/24/2008
What is Psychosis?

- 3 in 100
- Usually starts in teens or early adulthood
- Devastating without the right help
This is lifetime prevalence for psychosis

Tamara Sale, 3/24/2008
West Salem High, 1620 students

49 likely to develop psychosis

Almost 1 in every classroom!
What Can Cause Psychosis?

- Genetic vulnerability
- Thyroid
- Frontal lobe epilepsy
- LOTS of medical conditions
- Schizophrenia
- Bipolar disorder
- Depression
- Anxiety disorder

- Steroids
- Stimulants
- Methamphetamine
- Brain tumors
- Sleep deprivation
- Severe stress
- Sensory deprivation
- And others….
Goal here is to emphasize anyone can develop psychosis, many causes
Tamara Sale, 3/24/2008
MRI Changes from pre-psychotic -> psychosis

- Orbito-Frontal
- Medial & inferior temporal lobe

Pantelis et al 2003 Lancet
Why is early intervention so important?

- It’s effective!!
- School success vs. failure & drop-out
- Self advocacy vs. inability to care for self
- Empowerment vs. trauma
- Family understanding vs. conflict
- Avoids self medication through drugs
- Reduces suicide risk!
- Reduces risk of accidental death or harm

- Keep identity in life versus forming around psychosis
- Insight still preserved
- Can use lower doses over shorter periods
- Better, faster recovery
- Cut symptom progression short
- Avoid homelessness
- Avoid legal involvement
- Avoid hospitalization
- Increased likelihood of keeping job & being successful adult
The Trauma of Late Intervention

Early intervention group

Late intervention group
Cognitive Deficits
Affective Sx: Depression
Social Isolation
School Failure

Biological Vulnerability: CASIS

Brain Abnormalities
Structural
Biochemical
Functional

Early Insults
Social and Environmental Triggers

Increasing Positive Symptoms

After Cornblatt, et al., 2005
Performance Changes to Watch For

- New trouble with:
  - Reading or understanding complex sentences
  - Speaking or understanding what others are saying
  - Coordination in sports (passing ball, etc.)
  - Attendance or grades
Behavior Changes

- Extreme fear for no apparent reason
- Uncharacteristic, bizarre actions, statements or beliefs
- Incoherent or bizarre writing
- Extreme social withdrawal
- Decline in appearance and hygiene
- Sleep (sleep reversal, sleeping all the time, not sleeping)
- Dramatic changes in eating
Perceptual Changes

- Fear others are trying to hurt them
- Heightened sensitivity to sights, sounds, smells or touch
- Statements like, “I think I’m going crazy” or “My brain is playing tricks on me”
- Hearing voices or sounds others don’t
- Visual changes (wavy lines, distorted faces, colors more intense)
- Feeling like someone else is putting thoughts in your brain or taking them out
Core Values of Engagement

- Hope & relationship are essential!
- The individual is the expert in his or her own experience of symptoms.
- Personal choice for the individual and family is paramount.
- Practitioners are not “experts” but collaborators.
- Respect
Typical Mental Health Assumptions

- You must be 100% compliant and 100% abstinent from illicit drugs.
- You must accept your illness and make the effort to attend your appointments.
- You must never work harder than your client.
- Close clients that do not show for appointments.
- A clear exit from the system is never a goal.
- Stability is the goal.
- You can lead a horse to water but you can’t make them drink.
- Therapists should not do case management.
- Maintain strict boundaries with your client.
- Some people just can’t be helped.
- Adults and Children should be in different systems.
- Families are a barrier to treatment.
I’M Sorry but you need to go back through intake!
Engagement

- Put person at ease.
- Meet in a location that is comfortable for the client.
- Not face-to-face but side-by-side.
- Use collaborative empiricism.
- Non-threatening body posture despite what is said.
- Be flexible, active and helpful.
- Spend time socializing, focus on interests, especially those you have in common. Identify common ground or create it.
- Explain procedures & write things down with clear instructions.
- Worry about assessment at later time, it is recommended to gather information gradually and in the form of story telling (aids in memory and identifying negative cognitions and stigma.)
- Try to stay up on the times.
Do you know...

- The rift between Gaga and Perry?
- If you are typeractive?
- Team Edward vs. Team Jacob?
- How to interpret...
  - BRB
  - 831
  - PAW
  - BCNU8R
  - ADIEM
Why Focus on Engagement?

- Anosognosia
- Stigma
- Side effects
Stigma in Media and Culture

- Eating Disorder
- Attention-Deficit Hyperactivity Disorder
- Depression
- Anxiety
- Obsessive Compulsive Disorder
- Schizophrenia
“Real” People with Mental Illness

Can you name any well-known people who have a mental illness?

- Artist
- President
- Author
- Actor
- Nobel Prize Winner
- Musician
Stigma and Discrimination

- Less access to health care & education. More likely to be singled out based on stigma that under estimate their abilities.
- Cannot ask for help without others assuming they will need help with everything.
- Can expect to pay more for cars, homes and furniture due to increased risk of being exploited or mislead.
- Less likely to be taken seriously and more likely to be treated like children or considered violent.
- More likely to segregated into living, education, work and sport programs, less likely to have access to accommodations necessary.
Family-aided Assertive Community Treatment (FACT):

- Clinical and functional intervention:
  - Rapid, crisis-oriented initiation of treatment
  - Psycho-educational multifamily groups
  - Case management using key Assertive Community Treatment methods
    - Integrated, Trans-disciplinary team; outreach PRN; rapid response; continuous review, and accountability
  - Supported employment and education
  - Collaboration with schools, colleges and employers
  - Cognitive assessments, completed by OT used in school or job
  - Substance abuse treatment, as indicated
  - Counseling (CBT, Strength’s based/solution focused)
Biosocial Causal Interactions in Symptom Development

Early signs
- Social & functional deficits
- Perceptual distortions
- Pervasive anxiety

Late signs
- Critical comments
- Demands
- Anxiety
- Illusions
- Dread
- Insomnia
- Withdrawal
- "Oddness"
- Functional deterioration

Acute onset
- Panic
- Misattribution
- High EE

Psychosis

Critical comments
Demands
Anxiety

Illusions
Dread
Insomnia

Withdrawal
"Oddness"
Functional deterioration

Social & functional deficits
Perceptual distortions
Pervasive anxiety
In Short…

- Early on there is distress in family and social environments.

- The longer the symptoms last, the more we see a decrease in warmth, and an increase in protection, fusion, and rejection by both parents and the symptomatic family member.

- Counselor educators are at the forefront of getting this message to students!
Working together…

- The devastation caused by untreated psychosis will become less and less common.

- These young people will have a future as contributing, healthy members of society.

- Don’t wait! If in doubt, call!

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- www.Eastcommunity.org