First Episode of Psychosis

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Training Objectives

- Discuss the effects of psychosis on adolescent development
- Identify signs and symptoms of psychosis
- Identify goals and benefits of early intervention/treatment
- Identify multicultural consideration and stigma
Tasks to adolescent psychosocial development
(Manning 1997)

- To achieve a sense of identity
- To individuate from parents and become an independent decision maker
- To establish close, lasting friendships with peers
- To establish a set of realistic and practical life goals including education, work and social aims
- To come to terms with the physical reality of self
- To establish a set of moral, ethical and spiritual principles
Elements of psychosocial development; Integration v. Individuation

(Hurrelmann, 1994)

- Formation of identity
- Self-concept
- Self-esteem
- Vocational identity
- Psychosexual identity
- Personal ideology
Cognitive Development

- Development of abstract reasoning, or formal operations (Inhelder & Piaget, 1958)
- Decision making is enhanced, but does not necessarily make decision making easier in new or stressful situations (Leffert & Petersen, 1995)
- Lack of experience can reduce their ability to apply existing cognitive/decision-making abilities (Crockett & Petersen, 1993)
Attention and achievement at school might be affected during the prodromal period, possibly as a result of inherent neurological deficits (Erlenmeyer-Kimling & Cornblat, 1978).

A history of developmental difficulties prior to adolescence, which is present in some young people with psychosis, can adversely affect progress through the stages of growth and development (Hsu & Hersen, 1989).

Social withdrawal during and after an episode of psychosis can jeopardize the formation of peer relationships (Hsu & Hersen, 1989).

Psychosis may delay and even prevent the completion of education and attainment of vocational identity (Kessler et al, 1995).
Stigma and self-stigma in the wake of a first episode of psychosis can have a detrimental impact on the development of a healthy self-concept. Immaturity or pseudomaturity may be evident as the young person is unable to tackle the developmental tasks of adolescence and tries to circumvent them (e.g. choosing younger playmates) (Weiner, 1992)

Late adolescence to early adulthood may be a period when individuals are particularly sensitive to traumatic experience of psychosis and its impact on personality organization, leading to identity diffusion (Jackson & McGorry, 1996)

The process of emancipation from parents and other adults is delayed as the young person becomes more dependent on the family for dependable and secure environment (COPE Manual, 1998)
Causes of Psychosis

- Genetic Vulnerability
- Thyroid
- Frontal Lobe Epilepsy
- Cushing's
- Wilson's
- Schizophrenia
- Bipolar Disorder
- Depression
- Anxiety Disorder
- Steroids
- Stimulants
- Methamphetamine
- Brain Tumors
- Sleep Deprivation
- Severe Stress
- Sensory Deprivation
- Many other medical conditions
The Biology of Illness

Source: www.brainwaves.com
Acute Symptoms of Psychosis

- Hallucinations
- Delusions
- Speech & Movement problems
- Cognitive & Sensory problems
- Inability to tell what is real from what is not real
Positive & Negative Symptoms

- **Positive Symptoms**: added to usual mental function*
  - Hallucinations
  - Delusions
  - Thought disorder

- **Negative Symptoms**: normal functions that are lost*
  - Anhedonia
  - Alogia
  - Apathy
  - Motivation and attention deficit
  - Flatness of feeling

*generally responsive to antipsychotic medications

*family may mistakenly attribute to character flaws
Performance Changes

- NEW trouble with
  - Reading or understanding complex sentences
  - Speaking or understanding what others are saying
  - Coordination in sports (i.e. throwing/hitting a ball)
  - 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 or hygiene
- Sleep (sleep reversal, sleeping all the time, not sleeping)
- Dramatic changes in eating
Perceptual Changes

- Fears others are trying to hurt them
- Heightened sensitivity to sights, sounds, smells or touch
- Statements like, “I think I’m going crazy,” or “My mind is playing tricks on me”
- Hearing voices or sounds that others don’t
- Visual changes (wavy lines, distorted faces, colors more intense)
Prodromal features of Schizophrenia

(Yung and Jackson, 1999)

- Reduced concentration, attention
- Depressed drive, motivation, energy
- Depressed mood
- Sleep disturbance
- Anxiety
- Social withdrawal
- Suspiciousness
- Deterioration in role functioning
- Irritability
Predisposing Factors

- Male gender (during earlier adolescence)
- Single status
- Social isolation
- Depression or hopelessness
- Unemployment
- Substance use
- Experiencing a significant recent loss
- Personal history or suicide attempts
- Family history of suicide
Everyone is susceptible

Varying levels of vulnerability

Some people have to manage stress as an ongoing condition like blood pressure or diabetes
Factors Affecting Psychosis Vulnerability

**Decrease Vulnerability**
- Healthy Lifestyle
- Social support
- Avoiding alcohol & street drugs
- Using antipsychotic medicines

**Increased Vulnerability**
- Teen brain development
- Genetics
- Drugs
- Medical Conditions
- Lack of Sleep
- Stress
- Isolation
Staging of the Illness
McGorry et al. (2006)

0. Increased risk of psychotic D/O; no symptoms currently
1a. Mild or non-specific symptoms, including neurocognitive deficits of psychotic D/O; mild functional change or decline
1b. UHR: moderate but sub-threshold symptoms, with moderate neurocognitive changes and functional decline
2. 1st episode of psychotic D/O: full threshold disorder w/ moderate-severe symptoms, neurocognitive deficits & functional decline
3a. Incomplete remission from first episode of care
3b. Recurrence or relapse of psychotic D/O, which stabilizes with treatment @ GAF, residual symptoms, or neurocognition below the best level achieved following remission from first episode
3c. Multi relapse, provided worsening in clinical extent and impact of illness is objectively present
4. Severe, persistent or unremitting illness as judged on symptoms, neurocognition and disability criteria
Group Activity
Specific features of psychosis can include persecutory ideas, suspiciousness, social withdrawal and lack of insight.

Young people may have difficulty understanding and interpreting psychotic experiences and mental health problems, and have adolescent perceptions of invulnerability.

There is a lack of knowledge in the general community about psychosis combined with the stigma associated with seeking care for mental health problems.

Comorbid problems such as substance use and homelessness may interfere with an individual’s or care’s ability to recognize the need for assistance and to access mental health services.
The incidence of a first episode of psychosis is relatively low, making it difficult for primary care clinicians to maintain a high ‘index of suspicion’ and specific clinical expertise.

Clinicians are often faced with a dilemma of when, and how assertively, to intervene. This is a particular problem when young people with prodromal features are suffering considerable distress and disability but do not yet fulfill the criteria for psychotic illness.

Historically, even when psychosis is apparent and intervention is clearly warranted, there are often delays. Emerging first-episode psychosis might not be regarded as ‘serious’ enough, or young people might be considered too difficult to engage or not in need of monitoring or follow-up.
Psychological Interventions

- Explain the benefits and side effects of medication and provide an acceptable rationale for its use
- Provide reassurance and emotional support
- Provide an opportunity for the individual to talk about depressing experiences and be listened to
- Provide some simple strategies to assist in coping and dealing with psychological stress
- Engage the young person through addressing issues of concern
- Develop a clear picture of the individual’s experience of being psychotic and any traumatic procedures (e.g. being sedated or secluded)
- Introduce a “normalizing” model of psychosis
- Psychoeducation
Underlying principles for the use of antipsychotic medication

(Kulkami and Power, 1999)

- Inform the young person (and family) about the goals of the antipsychotic treatment
- Inform about any risks of acute and long-term side effects
- Monitor side effects closely
- Give repeated psychoeducation about efficacy, tolerability and safety of the antipsychotic
- Use new ‘atypical’ antipsychotics as first-line treatment
- Use the minimal effective dose
- Use of more than one antipsychotic should generally be avoided
Overall aims of Intervention

- Ensure the safety of the individual and others
- Reduce symptoms of psychosis and disturbed behavior
- Build a sustainable therapeutic relationship with the individual and familial support members.
- Develop a management plan to aid recovery from the acute episode and reduce risk of relapse and promote long-term well-being
Specific Aims

- Monitor the individual’s status
- Prevent harm
- Minimize trauma
- Reduce delay in effective treatment
- Provide optimal medication to control positive symptoms and disturbed behavior
- Instill realistic hope
- Support the family to relieve their distress and improve family functioning
- Promote continuity of care and adherence with treatment
- Promote adjustment and psychosocial recovery
- Prevent or treat negative symptoms and co-existing problems such as depression, mania, anxiety or panic attacks and substance abuse
- Provide an acceptable explanatory model with education about psychosis and its treatment
- Promote functional recovery
- Promote early recognition of further episodes, and identify factors that precipitate of perpetuate episodes
- Facilitate access to other services (health & social)
Benefits of Early Interventions

- It’s effective
- School failure v. success
- Self advocacy v. inability to care for self
- Family understanding v. conflict
- May help to avoid self-medication with illicit drugs
- Reduces suicide risk or accidental death or harm
- Avoid hospitalization
- Avoid homelessness
- Avoid legal involvement
- Cuts symptom progression short

- Saves money$$$
- Early intervention with medication means lower doses and less side effects
- Insight still preserved (less sustained malfunctions of the prefrontal cortex)
- Faster recovery
- Overall, better long-term prognosis
- Increases likelihood of keeping a job & being a successful adult
Preventing Relapse

- Stress management
- Adherence to medication regimens
- Avoid illicit drugs, particularly cannabis and amphetamines
- Recognize early warning signs
- Harness social supports
- Develop effective coping strategies
- Develop rewarding social and vocational roles
- Promote understanding of the disorder
- Develop a relapse prevention management plan
Misconceptions & Stigma

- Schizophrenia is a chronic, deteriorating illness
- All first episode individuals need to be hospitalized
- Individuals with psychosis have no insight when acutely psychotic
- Drug intoxication is a common cause of psychosis
- “split/multiple” personality
More Misconceptions

- Violent thoughts/behavior
- Communication is impossible with a person experiencing psychosis
- Individuals experiencing psychosis should be isolated/need to be isolated
- Low achievement
- Cannot live independently and are irresponsible
Be aware of the language you use, and what language you accept of those around you in regards to mental illness

Help educate those you influence about mental illness, it’s prevention and how there is treatment like any other illness
Complicating Factors to the young person seeking help

- High incidence of substance abuse
- Minimal prior experience of health professionals in general –especially mental health- which can add to the uncertainty of the situation
- Negative stereotypes of mental illness
- Fear of hospitalization
- The use of denial as a protective strategy against an illness
- A strong belief of young people in their own invulnerability and poor acceptance that they are unwell and need treatment
Jill’s Story, Age 17

(From Trips & Journeys: Personal accounts of early psychosis)
Culture can be defined as any group that shares beliefs, values, norms and experiences.

Cultural Competency is the ability to provide services in a manner that is culturally significant to those being served.

Consider this:
- We tend to see the world through our own cultural experience
- Cultural values guide our thinking, feeling, perception, judgment, and behavior
- Culture values influence our daily life functioning
Working with young people of differing cultures

- Assess comfort level with using English
- Never underestimate the emotional intelligence of young people or their families
- Speak slowly when necessary
- Use simple terms
- Repeat information when necessary
Other considerations when communicating

- Consider non-verbal gestures, movements and use of space
- Greetings/signs of respect may be different (eye contact, use of formalities, etc)
- Awareness of tone of voice
- Orientation of time differs among different cultures (some punctual, some more spontaneous)
Questions/Discussion
Internet Resources

- www.eppic.org.au
- www.eastcommunity.org
- www.preventmentalillness.org
- www.wfmh.org/PDF/schizophreniayoungadults.pdf
- www.namioc.org
Contact Us

- The Health Care Agency will be introducing a program for First Episode Psychosis later this year and will be accepting referrals from the community at that time.
- If you have questions regarding this program please contact:
  - Hilary Peralta: hperalta@ochca.com or
  - Gerry Aguirre: gaguirre@ochca.com
  - Both Hilary and Gerry can also be reached at (714) 480-4678