

First Episode Psychosis: Identification and Treatment

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Objectives

1. Attendees will learn to identify common signs and symptoms of early onset psychosis
2. Attendees will learn common treatment approaches to psychosis and schizophrenia
3. Attendees will explore program components which assist individuals successfully manage their illness

**What do you
think of when
you hear the
words...
“PSYCHOTIC
BREAK”**

The phrase generally carries a negative and scary meaning.

**Perception of a
harsh and abrupt disconnect
from reality...**

“Psychotic break” is more accurately described as “an episode of psychosis”.

What is Psychosis?

- * A condition in the brain that affects a person's ability to know what is real vs. what is not real.
- * DSM

Combination of 'risk factors':

A. Genetic vulnerability (high prevalence)

B. Environmental vulnerability

C. Unknown

D. Drug abuse (not generally considered the root cause)

*Schizophrenia is a biological disease of the brain

Prevalence

- * Approximately 1% of all people in the world have schizophrenia
- * Approximately 1.1% of the people in the US (3.2 million) are diagnosed or have the disorder. (NIMH)
- * About 3% of all people will experience psychosis at some point in their lives.
- * Approximately 100,000 adolescents and young adults in the US experience First Episode Psychosis each year. *Ra1SE (NIMH August 2015)
- * Peak Onset - 15-25 years of age



What happens...

- * **Prodromal Phase** – onset of symptoms, ‘something seems a bit different’ can be subtle and look like a minimal change.
- * **Acute Phase** – characteristic symptoms are most noticeable – typically when treatment begins. (First Episode Psychosis)
- * **Recovery/Residual Phase** – less intense symptoms but symptoms may linger into recovery phase.

Signs and Symptoms

- Withdrawal
- “weird” behavior
- Acting fearful or suspicious
- A sudden decline in personal care and/or self-care
- Confusion. Trouble thinking clearly or concentrating.

- Sensory issues: hear, see, taste, smell or feel things that others do not.
- May complain about 'noises' or be seen 'talking' to someone that no one else sees.
- A change of emotional stability. Very reactive and show strong emotional reactions to situations
- Lack of emotion or emotional reaction does not match the affect



- * Unusual thinking
- * Confusion about what is real or imaginary
- * Suspiciousness or paranoid thinking
- * Feelings of outside forces controlling thoughts and/or actions
- * Unrealistic ideas of special identities or abilities
- * Preoccupation with the supernatural



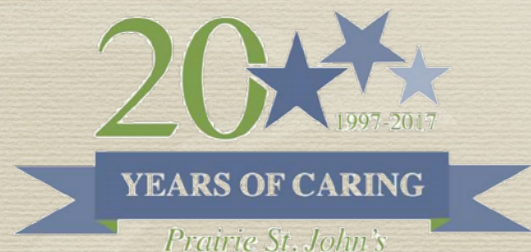
Acute Phase Symptoms ~ positive and negative ~

- * Hallucinations (+)
- * Delusions (+)
- * Thought Disorders (+)
- * Movement Disorders (+)
- * Flat affect (-), Lack of pleasure (-)
- * Lack of ability to begin and sustain planned activities (-)
- * Speaking/interacting very little (-)
- * Poor executive functioning (-), Problems with working memory (-)

Residual Phase

~ongoing treatment~

- * Emphasis on stabilization and normalization
- * Integration into education/employment/training
- * Some residual symptoms of the acute phase may continue
- * Individuals may continue to experience strange beliefs (paranoia, e.g.)
- * Importance of continuing medications and/or therapy
- * Continuation of “wrap around services”



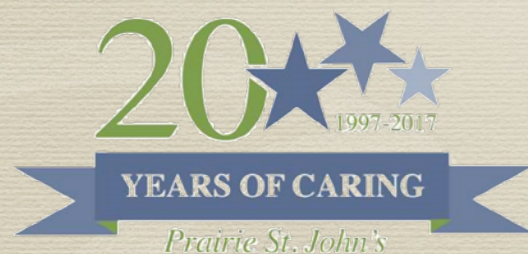
Early Intervention is Key

- * Research has shown the benefits of seeking treatment as early as possible after symptoms appear
- * "Critical period" for optimal treatment is within the first year
- * Reduced secondary problems and work/school disruption
- * Retention of social skills and support
- * Decreased need for hospitalization
- * More rapid recovery and better prognosis
- * Reduced family disruption and distress
- * Less treatment resistance, lower risk of relapse



NAVIGATE

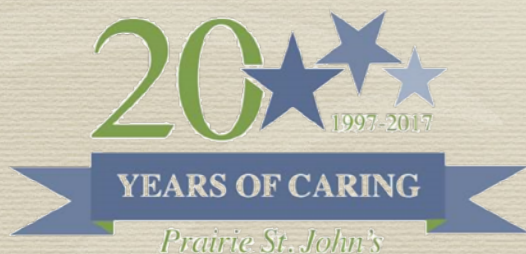
- * Comprehensive, evidenced based, program designed to provide early and effective treatment to individuals who have experienced a first episode of psychosis
- * SAMHSA approved option for implementing Coordinated Specialty Care (CSC) for early psychosis



Prairie St. Johns NAVIGATE Team

NAVIGATE Team Members:

- Program Director
- Needs Assessment
- Therapist
- Medical/Prescriber
- Individual Resiliency Trainer (IRT) - who helps individuals identify and work towards their goals, teaching them strategies and skills to build their resiliency in coping with psychosis while staying on track with their lives
- Case Manager
- Community Options** to assist/direct educational and/or employment goals (school and employer assist)



Resources

- * nimh.nih.gov
- * navigateconsultants.org
- * raiseetp.org
- * earlypsychosis.ca
- * samhsa.gov

