Henderson Behavioral Health

Co–Occurring Services in a First Episode of Psychosis Program
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First Episode Psychosis Program
Did you know…

- Approximately 100,000 youth and young adults experience an episode of psychosis each year—that’s 274 young people each day.¹

- The average duration of untreated psychosis in the US is more than 2 years. Systems of care wait for patients with the illness to come to them.²

- 3X as many young people who have experienced psychosis will drop out of school compared to their peers.³

Did you know...

- The most common violent act by someone with psychosis is suicide. At least 10% of people who experience schizophrenia will die by suicide compared with 1% for the general population.

- The World Health Organization ranks psychosis as the 3rd most disabling condition in the world.
Did you know...

- Treatment works! 77% of those experiencing first episode psychosis will have a remission of symptoms with medication. 

- However, at present, 2/3 of those individuals will experience very limited functional recovery (e.g. social, school, work)

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Welcome to a New Era in the Treatment of Schizophrenia

- The NAVIGATE program is a Coordinated System of Care (CSC) for individuals who are first experiencing the symptoms of psychosis.

- By providing early, effective, and coordinated treatment, it helps to build the best possible foundation for these individuals to experience recovery, and to live full, rewarding lives.
Psychosis refers to a condition of the mind described as involving a "loss of contact with reality." People experiencing psychosis may exhibit some personality changes and thought disorder (hallucinations, delusions, odd speech). Depending on its severity, this may be accompanied by unusual or bizarre behavior, as well as difficulty with social interaction and impairment in carrying out daily life activities. The experience of psychosis can be very frightening.

- Like “dreaming while you are awake”
- Occurs in 3/100 people
Psychosis Can Be Caused by Many Things

- Drugs
- Alcohol
- Stress
- Environmental deprivation
- Sleep deprivation
- Damage to the brain
- Mental illness

With time and the elimination of the causal factor (if possible), many episodes of psychosis end spontaneously.
Substance use/abuse and First Episode Psychosis.

- Substance abuse, which includes alcohol and street drugs, is common among first-episode psychosis (FEP) clients, but the prevalence of cannabis abuse is particularly high.
- Estimates of the prevalence of cannabis abuse among patients with FEP range from 13.0% to 75.0%.
- Cannabis is the most commonly abused substance among younger people with FEP.
- In contrast, alcohol is the most commonly abused substance among older people with chronic schizophrenia.
Schizophrenia—a type of psychosis
Schizoaffective Disorder—psychosis blended with mood symptoms
Schizophreniform (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 blue 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
So, what is the NAVIGATE Program?
In 2009, National Institute of Mental Health (NIMH) launched the RAISE Initiative, and awarded contracts to two teams to develop early treatment programs for persons with first episode psychosis.

--The Connection Program (now OnTrackUSA) at the Research Foundation for Mental Hygiene at Columbia University in NYC
--The Early Treatment Program (now NAVIGATE) at the Feinstein Institute for Medical Research in Manhasset, NY (www.navigateconsultants.org)

• HBH has implemented NAVIGATE in our First Episode Psychosis Program.
Early Treatment Program (NAVIGATE)

- 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

- The study is still ongoing and will compare the results of treatment of the two groups at five years
They conducted a randomized controlled trial to compare NAVIGATE with the typical kind of care available in local community mental health agencies to individuals recently diagnosed with psychosis.

A special emphasis of the study was not just making sure participants in NAVIGATE went to the hospital less—they wanted to see if they could also help them get back to work or school and have a better quality of life.
What is First Episode Psychosis Program (Navigate)?

- First Episode provides treatment, education, support and guidance when psychosis first appears in young adults between the ages of 16 to 35.

- Research shows that when the general public, educators and health professionals have information about the early warning signs of psychosis, young adults who are at risk of developing psychosis get help early. Consequently their chances greatly improve for staying in school, working, maintaining friendships and planning for the future.

- First Episode provides a team based approach, the team ensures all services are integrated.
Services offered with First Episode

- Medication Management
- Family Program
- Supported Employment and Education (SEE)
- Individual Resiliency Training (IRT)
- Case management
- Peer specialist services
Medication Management

- Medication strategies available to assist the prescriber in treating early phase clients
- Striving for lowest possible effective dose
- Use of a questionnaire to monitor client adherence, symptoms, and side effects
- Assessment of physical factors such as weight and BMI is an important component
Family Program

- Provides family (including participant) with education about psychosis, coping strategies, skills for communicating and solving problems

- Goals of the program:
  - Shore up family relationships for the long haul
  - Change the trajectory of the illness by supporting resumption of role functioning and social pursuits
  - Reduce stress and burden in family members
The goal of SEE is to help people develop and achieve personally meaningful goals related to their careers, their education and their employment.

SEE services are individualized for each person based on their preferences, goals and values.

SEE services are provided based on the person’s choice to pursue employment, or education, or both.

Different from vocational counseling that people may be familiar with.

Vast majority of services takes place OUTSIDE THE OFFICE.
Case Management

- Assists participant in accessing a variety of resources such as housing, medical care, transportation, parenting classes, insurance

- Case management needs can be high for early treatment participants as they begin services

Change from the original Navigate Research Project
Peer Specialist Services

- Assist participants by sharing their experiences (as indicated) to decrease participant’s sense of aloneness, providing examples that increase participants sense of hope and optimism and helping them take active steps towards achieving their personal goals (e.g., help set up area in apartment for doing homework)

Peer services was introduced to Navigate by HBH
IRT is a modular– based intervention for individuals recovering from a first episode of non–affective psychosis. Its primary aims are to promote recovery by identifying client strengths and resiliency factors, enhancing illness management, teaching skills to facilitate functional recovery and to achieve and maintain personal wellness.
IRT Program

- Foundation = Building strengths and resiliency
- Help people learn the information, strategies and skills to manage their illness and get back on track with their life
- Based on Modules that address specific topics
- Tailored to the individual client
  - Responsive to client choice
  - Depends on client’s goals
  - Adjusted to meet client’s needs
Strength, Recovery and Resiliency

Strength
IRT focuses on client strengths, recovery and resiliency factors, including all how to capitalize on them and make them stronger in order to help clients meet their personal goals and overcome their problems.

Recovery
Using the term recovery

What does it really mean?
Wellness, back on track, Doing things I used to do, happy, healthy life and having fun again.

Resiliency
What do you think of when you hear the term resiliency?
The ability to move forward toward your goals in the face of adversity or a major life stressor.
The IRT program is organized into a series of “modules” or topic areas.

- 7 Standardized Modules
- 7 Individualized Modules
1. Orientation – Overview of the IRT program

2. Assessment/Initial Goal Setting – Developing a plan to help you take steps toward your goal.

3. Education about Psychosis – Learning facts about your illness, medications, and coping with stress.
IRT – Standardized Modules cont’d

4. Relapse Prevention Planning – Learning about early warning signs and triggers of relapse. Developing a relapse prevention plan

5. Processing the Psychotic Episode – Discussing and coming to an understanding of what happened to you. Learning strategies for addressing negative, self-stigmatizing thoughts.

6. Developing Resiliency – Learning about your strengths and resources (and how they can help you achieve your goals).

7. Building a Bridge to Your Goals – Evaluating the progress on the goals you have set or setting new goals. Deciding on next steps in terms of IRT
IRT – Individualized Modules
(determined by need and interest)

8. Dealing with Negative Feelings – Learning strategies to overcome depression, anxiety, and other distressing feelings

9. Coping with Symptoms – Learning strategies to cope with symptoms that may be upsetting to you

10. Substance Use – Learning about the effects of drugs and alcohol on psychosis. Deciding whether to cut down or stop using substances. Learning strategies to cut down on substance use
11. Having Fun and Developing – Good Relationships, Discovering new ways to have fun, Developing closer and more rewarding relationships

12. Making Choices About Smoking. Evaluate benefits and concerns about quitting smoking. Weighing pros and cons of smoking and of quitting, Developing a personal plan for tobacco reduction or abstinence

13. Nutrition and Exercise – Learning how to stay healthy, Managing one’s nutrition, exercise and weight

14. Developing Resiliency – Individualized Sessions. Increase your knowledge about your strengths and resources ((and how they can help you achieve your goals).
How the Team Works Together

- Clients (and usually families) meet all team members at the beginning of treatment
- Team strives to have each client receive the benefits of each intervention
- Team members continually share information and strategies
- Team members “piggyback” appointments
- In dealing with challenges, team member with strongest rapport is utilized
- Whole team meets together weekly
This is an exciting time for people interested in the treatment of schizophrenia and the lives of people who experience its symptoms.

With early intervention, we have even more reasons to be hopeful about recovery.

First episode treatment programs offer an opportunity to change the trajectory of the illness.

Instead of people getting oriented to the life of a mental health patient, they will be getting help to stay on track with education and employment goals, and to develop rewarding relationships.
Where is First Episode Located?

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