

What is Psychosis?



THE TERM "PSYCHOSIS"
DESCRIBES CONDITIONS THAT
AFFECT THE MIND, CAUSING A
LOSS OF CONTACT WITH
REALITY OR TROUBLE
DECIDING ON WHAT IS REAL
AND WHAT IS NOT REAL.
(PSYCHOSIS IS A CLUSTER OF SYMPTOMS NOT A DIAGNOSIS.)

Psychosis...



- Often begins in late teens to mid-twenties
- · Is unfamiliar and highly disturbing
- Involves a lack of understanding about what is happening
- Common Symptoms:
 - Hallucinations
 - Delusions
 - · Cognitive impairment
 - Disorganization
 - · Odd speech
 - · Unusual or bizarre behavior
 - Trouble with social interaction
 - Difficulty carrying out daily roles & activities

PSYCHOSIS OF ALL PEOPLE WILL EXPERIENCE PSYCHOSIS IN THEIR LIFETIME. IS NOT: Some Facts About Made up Psychosis One specific mental illness THAT'S OVER Caused by bad parenting 11,300,000 AMERICAN PEOPLE: Permanent - symptoms change over time Just being "eccentric" Untreatable Violent by nature Having multiple personalities **MORE THAN** A choice THE ENTIRE A sign of weakness POPULATION OF GREECE.3 A character flaw

Psychosis In Various Mental Health Disorders

Schizophrenia Spectrum Disorders

Bipolar Disorder

Major Depressive Disorder

Obsessive-Compulsive Disorder (OCD)

Autism Spectrum Disorders

Substance Use Disorders

Medical Illnesses

Trauma and Post Traumatic Stress Disorder (PTSD)

(Mueser & Gingerich, 2006)

More Facts About Psychosis

Psychosis is the 3rd
most disabling
condition in the
world

The average duration of untreated psychosis in the U.S. is more than 2 years.

Untreated psychosis ____ can lead to:

- · Increased substance
- More hospital Visits
- · Leaal trouble
- · Risk of homelessness
- Premature death*

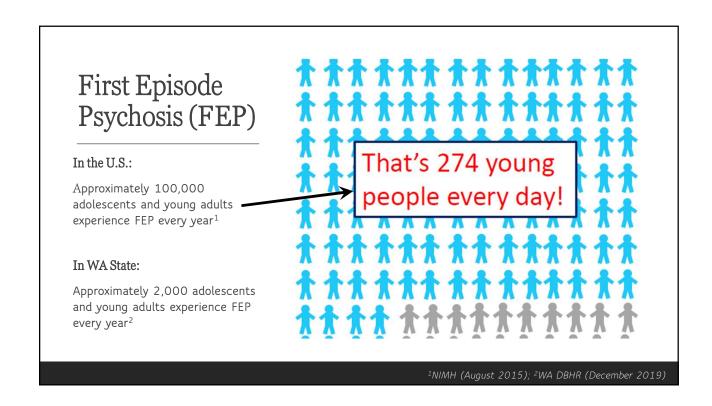
*1 in 10 individuals with psychosis will take their own lives.

What Is...

"First Episode Psychosis (FEP)" The 1st time a person experiences a psychotic episode.

Psychotic symptoms are present for <u>at least one week</u> but <u>no more than two years</u>.

IN SHORT: FEP = $Sxs \ge 1$ week & ≤ 2 years



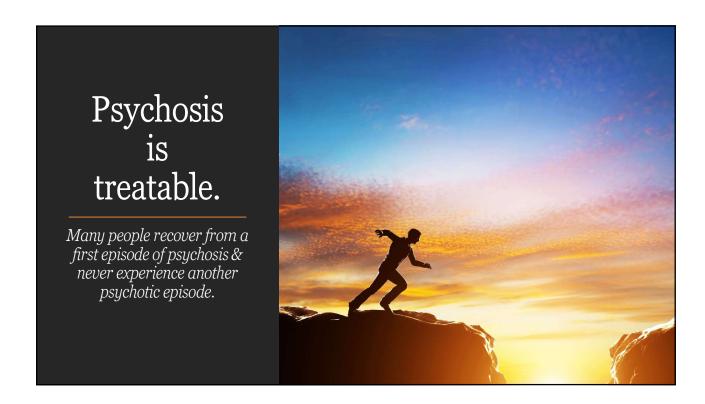
Early Warning Signs Before Psychosis Starts

Feeling	Feeling "something's not quite right"
Having	Having unusual thoughts and confusion
Experiencing	Experiencing fear for no good reason
Hearing	Hearing sounds/voices that are not there
Declining	Declining interest in people, activities and self-care
Having	Having trouble communicating and understanding

Signs of Emerging Psychosis

MOST COMMON		
Spending a lot of time alone, in their room		
Depression		
Irritability		
Sleep problems		
Diminished performance in school, work, or family life		
Doing or saying things that seem strange, even bizarre		

ADDITIONAL SIGNS				
Social withdrawal	Odd or irrational statements			
Hostility or suspiciousness	Flat, expressionless gaze			
Decline in personal hygiene	Extreme reaction to criticism			
Oversleeping or insomnia	Inability to cry or express joy			
Inappropriate laughter or crying	Forgetful; unable to concentrate			
Strange use of words or way of speaking				





Early Psychosis
Intervention
(EPI) with CSCFEP Programs
Is Associated
With...

Multiple systematic reviews & meta-analyses attest to the value of early intervention for improving symptoms & restoring adaptive functioning in a manner superior to standard care.*

- · Decreased positive & negative symptoms
- Increased functioning at work & school
- · Increased quality of life & subjective well-being
- · Decreased need for medications
- Decreased relapse & hospital readmissions
- · Increased treatment engagement
- Decreased trauma secondary to psychosis onset and/or hospitalization

*Bird et al., 2010; Nordentoft et al., 2014; Norman et al., 2011; Penn et al., 2005

Early Intervention is Associated with:

More rapid and complete recovery

Preservation of brain functioning

Preservation of psychosocial skills

Decreased need for intensive treatments

Preservation of supports, especially family and friends

Less or no stigma and rejection

The shorter the Duration of Untreated Psychosis (DUP), the better the outcomes are.*

(i.e., the sooner individuals w/ FEP receive CSC-FEP treatment, the greater the improvements)

*Kane et al., 2016

The Goal of CSC-FEP Treatment:

TO
FUNDAMENTALLY
CHANGE THE
TRAJECTORY AND
PROGNOSIS OF
SCHIZOPHRENIA &
RELATED
DISORDERS.

What is...

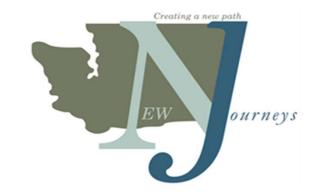
New Journeys (NJ)?

The State of Washington's Coordinated Specialty Care First Episode Psychosis Program



In short...
NJ is WA's CSC-FEP Program

Key Partners of WA's NJ Programs:



Washington State Health Care Authority

Division of Behavioral Health and Recovery

University of Washington

Department of Psychiatrist and Behavioral Sciences, UW School of Medicine (NJ Implementation Team)

Washington State University

Behavioral Health Innovations Program at Elson S. Floyd College
(NJ Research & Evaluation Team)

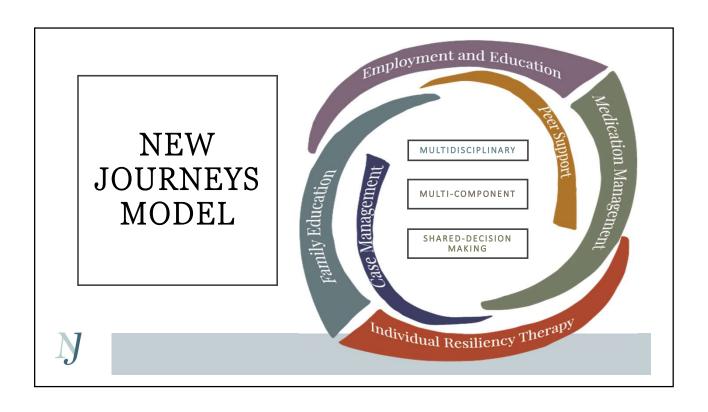


FBH's NJ FEP Program



2118 E. SPRAGUE SPOKANE, WA 99202





FBH New	IRT Clinician: (Brennan Champagne)	Individual Resiliency Training (IRT)/ Individual Psychotherapy
Journeys Program:	Psychiatric Provider: (Jason Vestal)	Medication Management
Service	SEE Specialist: (Danielle Smith)	Supported Employment and Education (SEE) Services
Components	PSS Specialist: (Caitlyn Baker)	Peer Support Services
	Case Manager: (Caitlyn Baker)	Assertive Case Management
	FES Specialist: (Lauren Renard)	Family Education Program/ Single-Family Psychotherapy
	All NJ Team Members:	Address substance use & impact on wellness, to a degree

New Journeys (NJ) Program:

Team Core Competencies Psychoeducational Skills

Illness Self-Management

Target Self-Stigmatizing Beliefs

Positive Psychology

Motivational Enhancement Skills

Cognitive Behavioral Therapy Teaching Skills

Involve and Collaborate with Family and Other Natural Supports

FBH New Journeys Program:

General Info

Program Capacity:	25-30 individuals/clients
Financial Eligibility:	Public, Private, & Uninsured
Program Duration:	Approx. 2 years
Monthly Admission Rate:	2-3 individuals & their loved ones per month

FBH New Journeys Program:

Program Eligibility

County of Residence: Age Range:	Spokane 15-40
Eligible DSM-5 Diagnoses:	 Schizophrenia Schizoaffective Disorder Schizophreniform Disorder Delusional Disorder Brief Psychotic Disorder Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
Duration of Illness/Psychotic Symptoms:	 Greater than or equal (≥) to 1 wk & Less than or equal (≤) to 2 yrs

FBH New Journeys Program:

Exclusion Criteria

Psychotic symptoms are NOT known to be caused by:

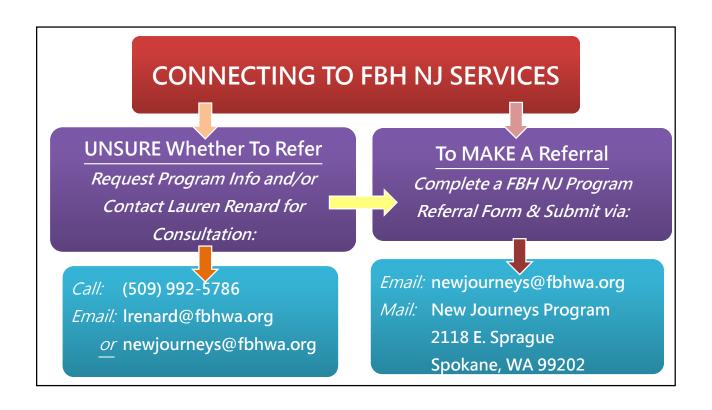
- A mood disorder w/ psychotic features (e.g., Bipolar Disorder w/ Psychotic Features)
- The effects of alcohol or drug use (i.e., Substance/Medication-Induced Psychotic Disorder)
- A medical or neurological condition (i.e., Psychotic Disorder Due To Another Medical Condition)

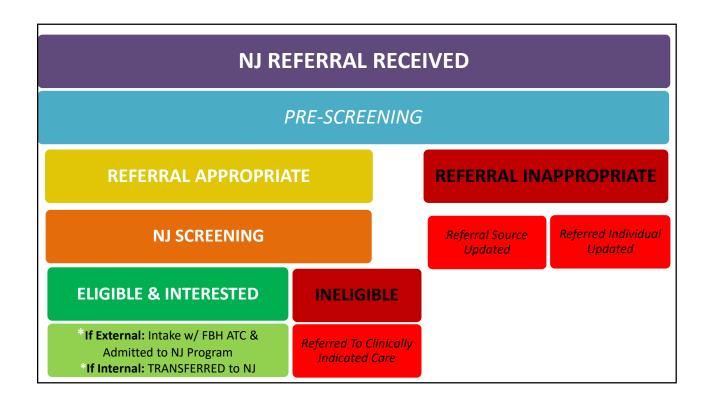
Autism Spectrum Disorder

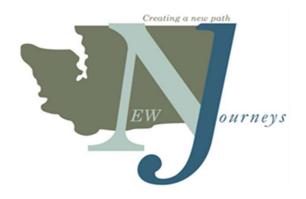
 Previously separated into Autistic Disorder, Asperger's Syndrome, Pervasive Developmental Disorder NOS, & Childhood Disintegrative Disorder (i.e., pre-DSM-5)

Intellectual Disability

- Significant impairments of general mental abilities that impact adaptive functioning in conceptual, social, & practical domains
- Previously called Mental Retardation, w/ approx. IQ<70







Check out the WA New Journeys website!

WWW.NEWJOURNEYSWASHINGTON.ORG





Thank You for Your Time!

Questions? Comments? Please contact me!

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