

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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PROMOTING RECOVERY
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WHY EARLY INTERVENTION?

Duration of Untreated Psychosis: median of 74 Weeks

Medications: lower dose, longer time, less side effects

Family Involvement: Increase supports and education

Proactive with self medicating with alcohol, illicit drugs, tobacco

(RAISE)

PRODROME AND PSYCHOSIS

Prodromal Symptoms/Clinical High Risk:
Occurs before first episode of psychosis
Subtle changes that are affecting functioning, such as:
changes in mood, sleep or appetite
changes in concentration
changes in thought

Psychosis
The experience of loss of contact with reality, and is not part of the person's cultural group belief system of experience. Psychosis typically involves hallucinations and/or delusions (NAMI).

10-20% of people who are at clinical high risk for schizophrenia or psychosis actually develop the illness (Fenn)

Key Difference: In active psychosis, insight is limited (Compton & Broussard, 2008)

RECOVERY

Recovery is a process of change through which involved individuals improve their health and wellness. Recovery does not mean a cure. It is a process, not a destination.
Recovery is individual to each person and means working toward management of symptoms as well as areas of life that are the most important to an individual's overall well-being (SAMHSA, 2014)

Hope: The foundation of recovery

Resilience: Ability to adapt to challenges and change

Health: Exercise, substance, tobacco

Home: Safety and shelter, basic needs are met

Community: Support by peers, family, co-workers. Foundation of trust and stigma reduction

Purpose: Job, work, school, structure, "get up and go" (SAMHSA, 2014)

SHARED DECISION MAKING

Recovery based
Assumption that there are multiple experts in the room, consumers being one of the experts
Enhances the quality of care and informed decisions. Consumers are taking a part in their treatment, being accountable for themselves

Relationship and trust with providers is key (Adams & Drake, 2006)

"Collaborative process in which the consumer and the team member share knowledge and information and actively participate and treatment decisions, resulting in agreement on a preferred treatment approach" (OnTrack NY, Recovery Coach Manual)

CONSUMER FEEDBACK

"You guys have helped me learn a lot and get into the adult world"

"PROPs has greatly surpassed my expectations. PROPs has provided me with care and support. They are friendly and particularly helpful"



REFERRALS

Total referrals since February 2015: 47

Current Roster: 12

Discharges: 2 moved, 1 inappropriate dx, 2 inappropriate fit, 1 suicide death

Why were these referrals not appropriate?

Other dx, personality disorder dx or substance use dx: 8

Trauma related psychosis: 2

Too Young: 3

Didn't engage in outreach process: 11

Psychotic symptoms < 3 years: 4

At least 3 consumers who did not engage were most likely appropriate, the other 9 consumers declined formal assessment

DIAGNOSTIC CHALLENGES

Substance use and abuse complicating factor

Previous providers do not want to use dx of schizophrenia or psychosis (stigma)

Previous dx of schizophrenia

Lack of research resources and funds to use structured assessments

Trauma-based symptoms look remarkably similar to psychosis

MEDICATION TREATMENT

Just ONE of the important components of coordinated specialty care

Low dose monotherapy with antipsychotic medication

Risperidone, aripiprazole, ziprasidone, lurasidone

Perphenazine, loxapine

Common side effects:

Sedation

Restlessness

Weight gain

Routine monitoring

PARENTS AND FAMILY

Primary supporters

Understanding of change in functioning

Consumers trust their parents

Need Support

Parent Group

Family Therapy

WORK/SCHOOL/HOSPITALIZATIONS

Consumers working:

- full time: 2

- part time: 1

Consumers enrolled in school (n=12):

- high school: 5

- college: 3

Consumer hospitalizations (n=18):

- hospitalizations before admission: 29

- hospitalizations post admission: 9

RESOURCES

- Adams, J.R. & Drake, R.E. (2006). Shared Decision-Making and Evidence-Based Practice. *Community Mental Health Journal*, 42 (1).
- Cohn, J. (2015) "Stop the Madness". <http://highline.huffingtonpost.com/articles/en/stop-the-madness/>
- Compton, M. T. & Broussard, B. (2009). *The First Episode of Psychosis: A Guide for Patients and Their Families*. Oxford University Press.
- Heinssen, R.K., Goldstein, A. B., & Azrin, S.T. (2014). Evidenced-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care. RAISE.
- Navigate. [Navigateconsultants.org](http://navigateconsultants.org)
- OnTrack New York. Center for Practice Innovations. Unpublished, available online <http://practiceinnovations.org/OnTrackUSA/tabid/253/Default.aspx>
- Prevent and Recovery in Early Psychosis. Prepwellness.org
- Promoting Recovery from Onset of Psychosis. PropsJourneymhc.org
- Recognition and Prevention Program, RAP.org

