

EASA Introductory Training

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EASA Center for Excellence

Purpose: To provide a basic orientation to EASA services

Learning objectives:

1. Understand why EASA exists, its core philosophy and approaches.
2. Develop familiarity with EASA's practice guidelines and transdisciplinary structure.
3. Introduce core knowledge and skills.
4. Clarify what the next steps are in your learning process.
5. Establish and build relationships across the EASA network



Today

- Understand EASA goals, structure, history and resources
- Review EASA tasks and how transdisciplinary teams function
- Review core knowledge about psychosis and onset
- Review community education goals and processes
- Review standards and processes related to access and engagement



Introducing Ourselves

Your name, role, where you work

(As we go, type questions/ areas for further learning into chat)



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KL, 12:20

With and Without Early Psychosis

- Read each scenario
- Think about what is different between the 2 scenarios.
- Next, type in the chat box: Identify 1-2 things that are different in the 2nd scenario.



Problems remedied by EASA

- **Delays in receiving care:** Understand causes of delays and eliminate them (identification, referral, internal barriers)
- **Family isolation:** Rapid access to education, problem solving, partnership and support
- **Push onto disability system:** Rapid access and ongoing support for developmentally-tailored psychosocial support & careful prescribing; career-oriented education and employment
- **Lack of appropriate support and evidence-based care:** Integrate evidence-based approaches & intensive support
- **Negative attitudes and outcomes:** Strengths-focused, holistic recovery orientation; continue to develop approaches based on data and expectation of positive outcomes



Our vision: Uniting the strengths and voices of young adults and their allies to create a thriving community and revolution of hope!

- EASA Young Adult Leadership Council



The mission of EASA is to

Keep young people with the early signs of psychosis on their *normal life paths*, by:

- Building community awareness and
- offering easily accessible, effective treatment and support
- through a network of educated community members & highly skilled clinicians,
- using the most current evidence-based practices



EASA State Structure

- Oregon Health Authority contracts to local county mental programs as well as EASA Center for Excellence (Jean Lasater)
- EASA Center for Excellence (OHSU-PSU School of Public Health)
 - Staff and contracted experts
 - Young Adult Leadership Council; forming Family Council
 - Iterative practice guidelines (download under professionals section on website)
 - Ongoing training and fidelity review; certification process with continuing ed credits attached; routine and as needed consultation
 - Data system through RedCap
 - Targeted program development and research based on priorities
 - Website: www.easacommunity.org



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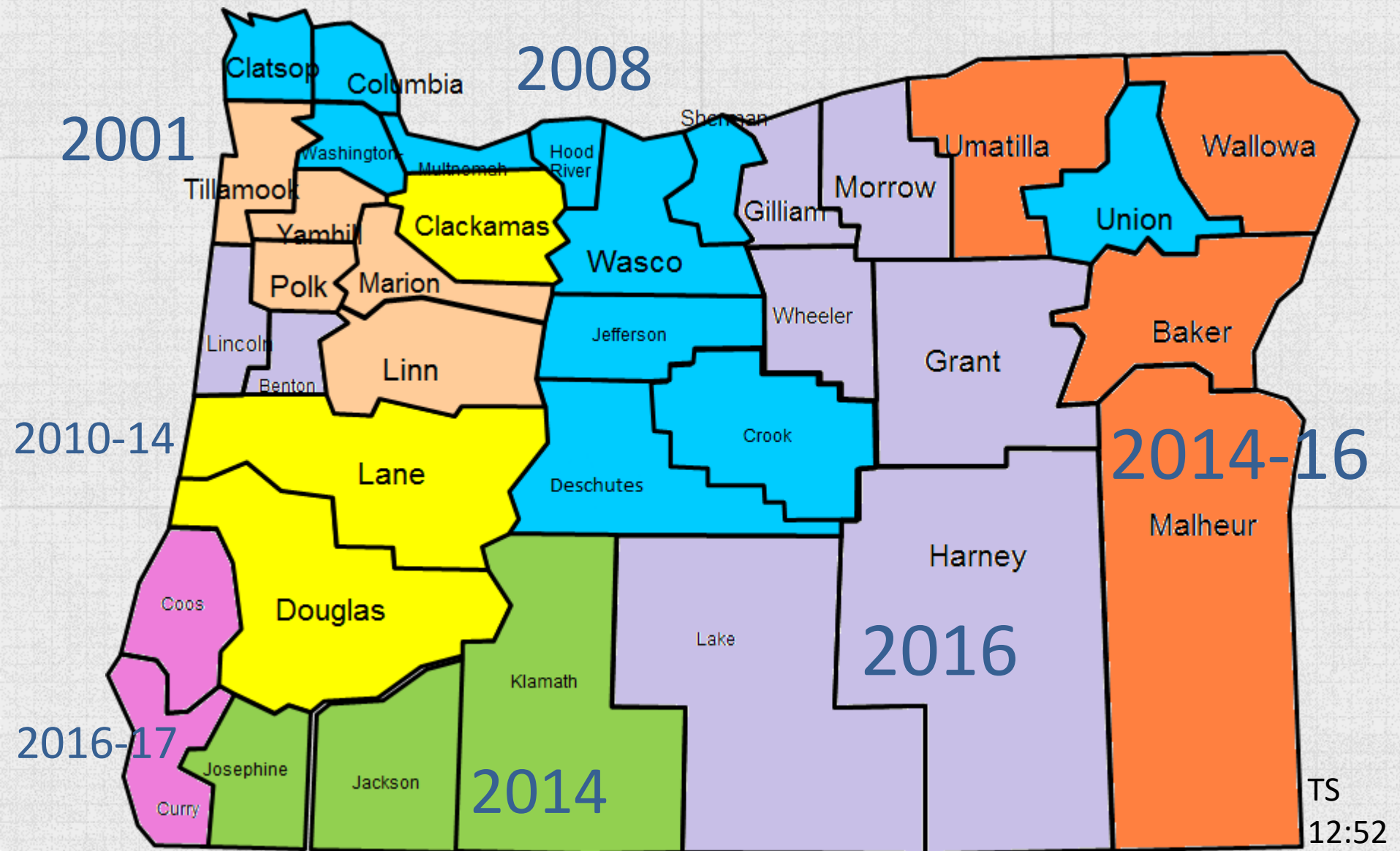
EASA community website

- Practice guidelines
- Program listings
- Psychoeducation Resources
- Professional resources (training, clinical forms, etc.)
- Young Adult Leadership Council (resources and information)





Early Assessment and Support Alliance (EASA)

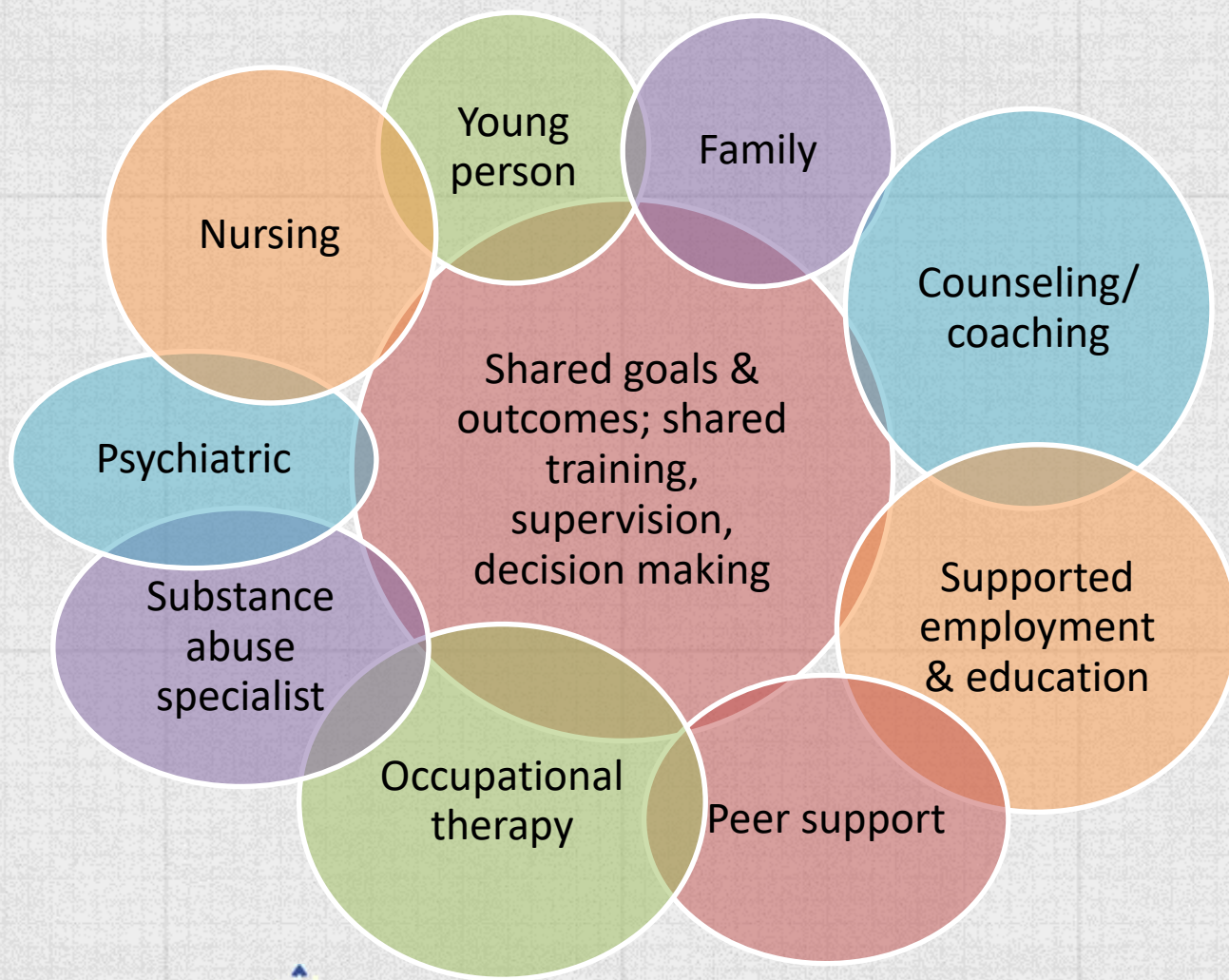


Timeline

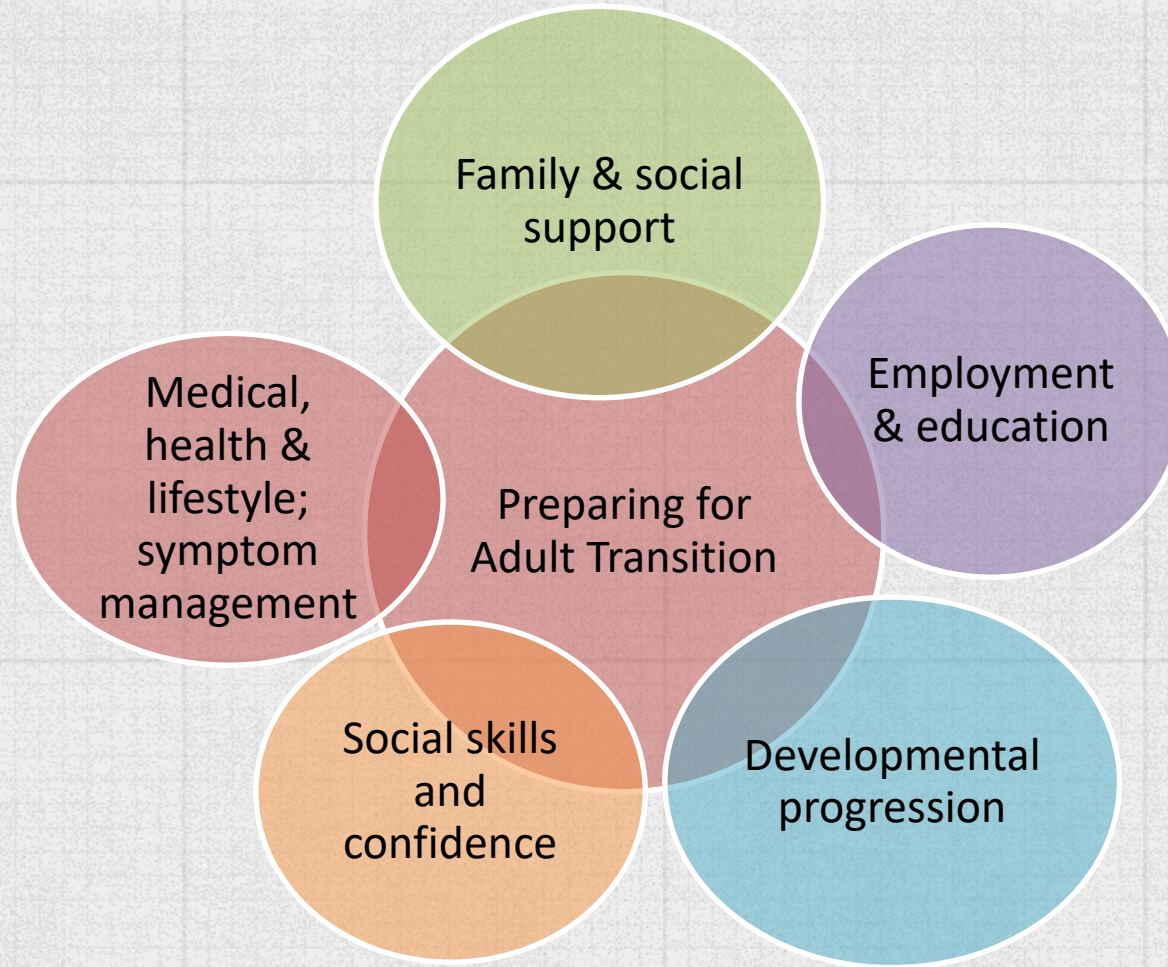
- International evolution
 - DUP research!
 - EPPIC (Orygen), Australia- 1990s- basis of EASA
 - OPUS, Scandinavia
 - UK- Birchwood, Davidson; 2004 national dissemination
 - Canada- national pilots in early 2000s
- EASA- 5 counties 2001 (Mid-Valley Behavioral Care Network)
 - Significant movements in Commonwealth countries and Scandinavia
 - Research-based programs in U.S. universities
 - First dissemination & EDIPPP study 2007
 - Second rounds 2013, 2016
- RAISE study 2010; results 2014
 - RAISE Connections (Critical Time Intervention, OnTrack New York)
 - RAISE Early Treatment Program/NAVIGATE (RCT using Individual Resiliency Training based on IMR, TMAP, modified IPS)
 - National EBP: COORDINATED SPECIALTY CARE
 - Congressional action 2014, 2015, 2016
 - Programs now in almost every state; national efforts toward standards and data sharing
- IEPA & PEPPNET: free memberships!
 - <http://iepa.org.au/> (Boston 2018!)
 - <https://med.stanford.edu/peppnet.html>



EASA Roles and Tasks



EARLY PSYCHOSIS COORDINATED SPECIALTY CARE TEAMS ADDRESS



Raising Teens

Ten Tasks of Adolescent Development

Five Basics of Parenting Adolescents

Abuse of Teens: First Do No Harm

Parenting Adolescents in Developing Countries

About the Raising Teens Project

CONTACT

DOWNLOAD PDFS



Ten Tasks of Adolescent Development

In order to help parents influence healthy adolescent growth, the Raising Teens Project identified 10 critical developmental tasks that teenagers need to undertake to make a successful transition to adulthood:

- ▶ Adjust to sexually maturing bodies and feelings »
- ▶ Develop and apply abstract thinking skills »
- ▶ Develop and apply new perspective on human relationships »
- ▶ Develop and apply new coping skills in areas such as decision making, problem solving, and conflict resolution »
- ▶ Identify meaningful moral standards, values, and belief systems »
- ▶ Understand and express more complex emotional experiences »
- ▶ Form friendships that are mutually close and supportive »
- ▶ Establish key aspects of identity »
- ▶ Meet the demands of increasingly mature roles and responsibilities »
- ▶ Renegotiate relationships with adults in parenting roles »

- » For more detailed parenting information and strategies, see the [Five Basics of Parenting Adolescents](#).
- » For more information about brain changes in adolescence, visit the [MIT Young Adult Development Project](#).

During the teen years, adolescents grow in size, sexual maturity, emotional development, and thinking capacity. The developmental changes during adolescence rival those of infancy and early childhood. Research indicates that the human brain does not reach full maturity until at least the mid 20s.

Most milestones occur gradually, with frustrating starts and stops along the way. Each task depends on others to be fully accomplished, and all are part of underlying developmental forces propelling adolescents toward maturity.

In addition, many researchers see human development as a lifelong process, with parents developing alongside their adolescents.

Transdisciplinary teams (guideline #8)

- Proactive support and partnership with person and family
- Comprehensive assessment
- Strengths-based, individualized plan
- Ability to provide intensive services (limited overall caseload)
- Everyone serves under and over 18
- Meet weekly to review all people being served
- Cross-training & double-teaming are the norm





EASA CORE PROCESSES

- ✓ Proactive community education
- ✓ Flexible outreach and engagement
- ✓ Family support and partnership
- ✓ Strengths and person-centered
- ✓ Careful risk assessment
- ✓ Attention to school and work
- ✓ Introduction to others who have had similar experience
- ✓ Psychoeducation
- ✓ Medical & wellness support
- ✓ Finding meaning, making sense of experience, developing mastery
- ✓ Developmental progress
- ✓ Relapse planning
- ✓ Transition

Practice Guidelines Section 1

- Guideline 1:
 - Senior support & organizational context
 - Structure/multiple disciplines/intensity
 - Personnel support (job descriptions, flexibility, etc.)
 - Over/under 18 and continuity/linkages



The System, we are



Participatory decision making (guideline 2)

- Participants, graduates, family members
- Participation on hiring committees
- Feedback-informed treatment (SRS/ORS)
- Surveys, focus groups
- Feedback on written materials, groups, physical space, etc.
- Decision making committees and boards
- Look for ways to recognize and compensate



EASA Young Adult Leadership Council

- Welcome letter and materials for new participants
- Resource for local programs and graduates
- Ongoing feedback and participation in statewide development
- Goal: Local hubs throughout state connected into state level





CREATING OPPORTUNITIES

for young people who have experienced psychosis

[About EASA](#) [About Psychosis](#) [For Families, Allies, and Young Adults](#) [For Professionals](#) [Get Help Now](#)



About Psychosis

- What is Psychosis?
- Assessment Process
- Path to Recovery

Need Help Now?

Call 911, go to the emergency room, or call the local crisis line services if you need them.

24/7 Suicide Prevention & Crisis Hotline: 1-800-273-8255

National Suicide Prevention Lifeline

[Local Crisis Lines](#)

[Find Help in Oregon](#)

Psychosis video resources

- Kristen Cadenhead description (short and long versions):
<https://www.youtube.com/watch?v=qtUZvsVI56o>
- On Track New York Recovery Video series:
<https://vimeopro.com/user23094934/voices-of-recovery/page/1>
- TED Talks (Elyn Sachs and others):
[https://www.ted.com/playlists/9/all kinds of minds](https://www.ted.com/playlists/9/all_kinds_of_minds)



Psychosis Symptoms

- Hallucinations (seeing, hearing feeling or tasting things that other people don't)
- Feeling overwhelmed by sensory information (lights seem too bright, noises too loud)
- Difficulty filtering stimulation from the environment
- Delusions (false personal beliefs based on incorrect inferences about reality which are inconsistent with culture and previous beliefs, and which are firmly sustained in spite of evidence or proof to the contrary)
- Confused thinking or speech
- Difficulty doing ordinary things (often includes problems with memory, attention, putting thoughts together)



What causes psychosis?

- Your brain creates its own reality!
- Many things can cause psychosis- Just a few of them:
 - Becoming blind
 - Many medical conditions
 - Infection
 - Medicines (steroids, stimulants, etc.)
 - Developmental conditions (epigenetic, in utero, abnormal pruning)
 - Sleep disorder
 - Mood disorders
 - Schizophrenia (the condition EASA targets)
 - Trauma

A bit about psychosis research

- Not just caused by “too much dopamine”; complex circuitry (.)
- Bio-psycho-social-developmental dimensions
- Strong evidence linking in utero effects (i.e. flu season), late teen/early 20s brain pruning
- Twin studies- clearly genetic but not 100% inherited
- Ongoing research- epigenetics, biomarkers, inflammation/immunological responses related to pruning
- Negative symptoms (N-methyl-D-aspartate-receptor (NMDAR) modulators (glycine and D-serine) associated with significant reduction in negative symptoms in recent studies)
- Cognitive remediation research promising
- Lots of research showing many approaches which can help; team is most impactful



Psychosis Cycle

- Prodrome
 - Often subtle, misunderstood
 - Can last for extended period
 - Cognitive changes may affect learning and communication
 - Suicidality more common
 - Family conflict normal
- Acute symptoms
- Recovery (early and late)



Gradual Onset

- Cognitive changes
- Affective changes
- Social withdrawal
- Increasing symptoms



Clinical High Risk

- PQ-B: community screening tool
- SIPS: clinical assessment tool



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Early Signs & Symptoms

- Performance
- Perceptual
- Behavioral



TS, 2:18

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Performance Changes to Watch for

- New trouble with:
 - reading or understanding complex sentences
 - Speaking or understanding what others are saying
 - Coordination in sports (passing ball, etc.)
 - 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 and hygiene
- Sleep (sleep reversal, sleeping all the time, not sleeping)
- Dramatic changes in eating



Perceptual Changes



- Fear others are trying to hurt them
- Heightened sensitivity to sights, sounds, smells or touch
- Statements like, “I think I’m going crazy” or “My brain is playing tricks on me”
- Hearing voices or sounds others don’t
- Visual changes (wavy lines, distorted faces, colors more intense)
- Feeling like someone else is putting thoughts in your brain or taking them out



Goals of Community Education

- Rapid identification and referral
- Partnership development around common goals



Section 4: Community Education Planning

- Build on your existing networks
- Frequent and proactive
- Learn from pathway to care
- Use glossy paper and color
- Be visible (signage, web presence, etc.)
- Pay attention to underserved communities and groups



Planning your Approach: Priority Audiences

- ☐ Internal gatekeepers/
referents
- ☐ Crisis system & hospitals
- ☐ Parents (media)
- ☐ Schools
- ☐ Primary care doctors
- ☐ Clergy...
- ☐ Network of people referred;
 - ☐ Missed opportunities
- ☐ Funders/policy makers



Resources

- Presentation checklist (on the website!)
- Planning sheet (based on Spitfire Strategies Smart Chart,
http://smartchart.org/content/smart_chart_3_0.pdf)



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Thinking through your approach

- What is your relationship?
- What do you want them to do?
- Who is the best messenger?
- How will you measure success?



Constructing your message:

- Value: What does this audience care about?
- Misconception: What misconceptions might prevent this audience from acting?
 - Why should they refer if you may screen them out?
- Action: What will you ask them to do?
 - Describe symptoms specifically
 - Make sure they know how to reach you
- Vision: What will you accomplish together?



Guideline #5: Access and Screening

- Rapid response with strong connection to crisis services
- Direct, flexible access to team; problem solve and strategize
- When screened out continue to provide support & help connect to care
- Follow up with referent
- Educate and partner with family/ referents; reach out to family members who aren't present
- Rapid access to psychiatry (within 1 week)
- Go to the person, listen, focus on strengths & and be persistent



Guideline # 7: Family Partnership

- ONE OF THE MOST IMPORTANT CONTRIBUTORS TOWARD OUTCOMES
- Family conflict INCREASES rather than decreases the benefits of family engagement; assumption should be involvement vs. not
- From first contact
- Reach out to include all family members (exception abuse)
 - Where person won't allow contact, explore reasons
- Explore family understanding and needs
- Transparency and shared decision making
- Critical source of information and support
- Review strengths, needs, goals, and progress routinely (in beginning, every 90 days); involve in transition planning



Orientation to Early Psychosis Services

- Address immediate needs and concerns
- What to expect (short-term and long-term): engagement/assessment, phases of treatment
- Who is on team & how to access them
- What team members do and how they work together (coordination, assessment, treatment planning, family engagement, harm reduction)
- Basic psychoeducation
 - Crisis resources
 - Family guidelines
 - Relevant illness education: impact of gradual onset, symptoms
 - Communication and normal family reactions
 - How relevant system(s) work (HIPAA, FMLA, 504/IEPs/college disability services, legal, crisis, etc.)



Orientation resources

- Multnomah/Lane materials
- Family guidelines
- Website:
 - Family and friend & path to recovery section
 - What is psychosis & assessment
 - EASA services/phases of treatment
 - Crisis handout
- Make sure they have 24 hour crisis line, your number, rapid/routine access to you



Chat box time!

- What does it take to successfully engage a young person who is experiencing psychosis?



Engagement Strategies: (Xavier Amador: LEAP)

~convey respect without judgment~

- ☐ Listen
- ☐ Empathize
- ☐ Agree
- ☐ Partner

“I’m not sick, I don’t need help!”



Engage!



- Choose a comfortable location.
- Try side-by-side.
- Acknowledge viewpoint despite what is said.
- Be flexible, empathic, active and helpful.
- Socialize, focus on interests/strengths, especially those you have in common. Identify common ground or create it.
- Explain procedures & write things down with clear instructions.
- Gather assessment information gradually and in the form of storytelling (aids in memory and identifying negative cognitions and stigma.)
- Learn about family and youth culture.
- Use simple sentences.
- Say one thing at a time.
- Allow plenty of time for response.



Homework

- Review practice guidelines and website
- Optional: Read Amador's book and/or watch his video
- Community education:
 - Identify a person or audience you will reach out to
 - Use worksheet to plan approach
 - Send worksheet and/or recording by January to Katie or Tamara



Unprecedented opportunities for connection and learning

- Prodrome and Early Psychosis Network (PEPNET):
<http://med.stanford.edu/peppnet/whoweare.html>
- International Early Psychosis Association: www.iepa.org.au
- National Association of State Mental Health Program Directors portal:
<http://www.nasmhpd.org/content/early-intervention-psychosis-eip>
- NAMI National: <https://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Psychosis/First-Episode-Psychosis>
- National Council on Behavioral Health:
<http://www.thenationalcouncil.org/topics/first-episode-psychosis/>
- Partners 4 Strong Minds (national education effort):
<http://partners4strongminds.org/>

TS, 4:20; q&a



Some Technical Assistance Resources

- RAISE study resources:
<http://www.nimh.nih.gov/health/topics/schizophrenia/raise/coordinated-specialty-care-for-first-episode-psychosis-resources.shtml>
 - Navigate (RAISE Early Tx Program manuals & consultation):
www.navigateconsultants.org
 - RAISE Connections/ OnTrack USA (implementation and treatment manuals & consultation):
<http://practiceinnovations.org/OnTrackUSA/tabid/253/Default.aspx>
- EASA (practice guidelines, training materials, psychoeducation resources, consultation): www.easacommunity.org
- Commonwealth programs: Orygen (formerly EPPIC) <https://orygen.org.au/Campus>, IRIS <http://www.iris-initiative.org.uk/>
- PIER Training Institute (EDIPPP lead): <http://www.piertraining.com/>



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