

EASA Introductory Training Session 3

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This session:

You will learn more about EASA practices and several key interventions

- Debriefing from homework
- From occupational therapy, and peer support to transition--more core principles and practices surrounding:
 - Sensory assessments
 - Peer support specialists
 - Relapse prevention planning
 - Psychoeducation
 - Clinical supervision
- Feedback for trainers!



Reflecting on Strengths Assessment

- A skill I learned and/or thought about differently
- A skill I would like to know more about and/or strengthen



Guideline #11: Occupational Therapy (OT)

Targeting areas of OT supports the independent living skills that are developing alongside identity development and our understanding of ourselves in relation to the environment.

When a young person experiences psychosis these areas are being newly challenged. If not supported with clear goals or the areas identified specifically, this could compromise development alongside their peers into the next life stage

TK: 8:47



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Role of Occupational Therapy

Purposeful activities to support skill development and holistic wellness through goal oriented participation includes these areas:

Identify routines, roles, habits, and future needs

Understanding of the sensory system and how to identify individual specific needs for work, home and leisure

Activities of Daily Living and Instrumental Activities of Daily living

- hygiene, sleep, medication management, safety, budgeting, home management, transportation, and community resources

Developing positive coping strategies to support participation in activities

Cognition and identifying areas that support occupation

- i.e. attention, problem solving, memory, age appropriate executive functioning

Social skill development including stages of conversation

- **Consultation available with the Center for Excellence when an OT is not present on the team to aide in treatment planning with an OT perspective**



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TK: 8:52

OT and your team: Let's chat!

- **What can you do or have you done to incorporate OT elements into your current practice?**
- **What can OT do to support John?**
 - **Accommodations for the home: (example from the OT assessment)**
 - A knock on the door prior to entering any room that John is in to not startle him, always making sure he is aware of this before starting a conversation.
 - Bulbs in the home put on a dimmer to maintain warmer lighting throughout
 - Could turn on lights in the corner of the room versus any overhead lights
 - Radio only to be put on in the afternoon hours with one source of sound at one time versus radio and TV. With designated quiet time for 2 hours every evening around dinner time.
 - Access to heavy blankets in the living room and for his bed for use to calm his body when he notices he starts to have racing thoughts, feels anxious, or disorganized
 - Aide individual in which blankets that exist in the home are heavier that might work better for bed
 - If blanket not accessible adding a 1\$ rice bag to a pillow to add weight



Peer support specialists

- **What we do and how we're different!**
- With the team:
 - Meet with potential participants before joining EASA, including sitting in on screenings
 - Collaborate with team members through a peer perspective.
- In the community:
 - Community education



Peer Support Roles

- With participants:
 - Engagement and orientation
 - Assessment of strengths and needs
 - Psychoeducation
 - Supporting individual's integration into the community
 - Helping the person to find voice and self-advocate
 - Transition support
 - Encourage participation in feedback mechanisms
 - Mentoring around developmental issues and symptom management (*we don't really use this word it's up to the individual to define their experience!*)
 - **CHAT BOX TIME: What verbiage do you like to use?**



Guideline # 10: Counseling

- Counseling tasks can be covered by anyone on EASA team.
- Therapeutic interventions with evidence for best outcomes:
 - Goal setting & family psychoeducation
 - Individual psychoeducation
 - Cognitive Behavioral Therapy (CBT)
 - Motivational Interviewing
 - Mindfulness
 - Emotional regulation
 - Reality testing
 - **Relapse prevention planning**
 - “Wellness toolbox”

KHL: 9:07



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Psychosis Relapse Prevention Planning (RPP) (Guidelines # 9, 10, & 13)

- What is a relapse?
- How does a relapse prevention plan work?
- Who's involved?
- **CHAT BOX TIME: What's your practice?**

KHL: 9:13



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Schizophrenia: early warning signs

Max Birchwood, Elizabeth Spencer
& Dermot McGovern

Relapse in schizophrenia remains common and cannot be entirely eliminated even by the best combination of biological and psychosocial interventions (Linszen *et al*, 1998). Relapse prevention is crucial as each relapse may result in the growth of residual symptoms (Shepherd *et al*, 1989) and accelerating social disablement (Hogarty *et al*, 1991). Many patients feel 'entrapped' by their illnesses, a factor highly correlated with depression (Birchwood *et al*, 1993), and have expressed a strong interest in learning to recognise and prevent impending psychotic relapse.

Early warning signs and the 'relapse signature'

The 'early warning signs' approach to relapse prevention seeks to identify the earliest signs of impending psychotic relapse and to offer timely and effective intervention to arrest their progression towards frank psychosis.

What are the 'early warning signs' of psychotic relapse?

Investigations (e.g. Herz & Melville, 1980; Birchwood *et al*, 1989; Jørgensen, 1998) have consistently determined that subtle changes in thought, affect and behaviour precede development of frank psychosis.

'Dysphoric' symptoms (depressed mood, withdrawal, sleep and appetite problems) are most commonly reported, while psychotic-like symptoms (for example, a sense of being laughed at or talked about) are less frequent. Furthermore, these symptoms generally occur in a predictable order, with non-psychotic phenomena occurring early in the illness, followed by increasing levels of emotional disturbance and, finally, by the development of frankly psychotic symptoms (Docherty *et al*, 1978). The progression occurs, most frequently, over a period of less than four weeks (Birchwood *et al*, 1989; Jørgensen, 1998).

Although these symptoms have sometimes been referred to as the psychotic 'prodrome', they are more accurately conceptualised as 'early warning signs' of psychotic relapse, since the concept of a 'prodrome' (a term derived from the medical literature) implies a disease progression that cannot be interrupted. However, investigators have found that people with psychosis actively use coping strategies to intervene in the onset of psychosis (McCandless-Glimcher *et al*, 1986). Furthermore, strictly speaking, 'prodromal' symptoms of psychosis include only those non-specific symptoms that may signal the onset of a variety of illnesses. However, attempts to predict the onset of psychosis from non-specific or dysphoric prodromal symptoms alone have yielded poor sensitivities and/or specificities (e.g. Jolley *et al*, 1990), but results have been more promising when low-level psychotic symptoms are included in the predictor variables.



Relapse prevention planning

- Common that symptoms are vulnerable to worsening: particularly under too much stress.
- Early indicators, also known as "prodromal" or pre-symptom indicators exists.
- Each person has a unique "relapse signature".
- Relapse prevention plans support medical providers shared decision making and monitoring of medication decisions.



Stress Bucket



RPP...

- Early warning signs often recognizable in: behaviors, thoughts, feelings, sensory experiences that precede acute and significant symptom increases.
- Identification, planning, and practice leads to development of specific action steps to reduce the severity of a relapse
 - *And can work to prevent a relapse altogether.*



Relapse Prevention Plan

Reminder of events or situations that triggered relapses in the past:

- 1.
- 2.
- 3.
- 4.

Reminder of early warning signs that I experienced in the past:

- 1.
- 2.
- 3.
- 4.

What I think would help me if I am experiencing an early warning sign:

- 1.
- 2.
- 3.
- 4.

Who I would like to assist me, and what I would like them to do:

- 1.
- 2.
- 3.
- 4.

Who would I like to be contacted in case of an emergency?

- 1.
- 2.
- 3.
- 4.



John's relapse prevention plan

- What are the first three steps you might take to help John and his family develop a relapse prevention plan?
- What do you need to know?
- Who will you work with?
- How often will you and John update his plan?
- WHAT IF WE DON'T ALL AGREE ABOUT THE WORD RELAPSE?

— *That's alright!!!...*



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KHL: 9:22

Relapse prevention planning

- **To recap:** EASA team works with young person and family to identify relapse signature, make a plan on what to do if and/or when they present, and decide who will help and what each individual will do.
- How might this empower family members and supporters?
 - Reduce conflict caused by uncertainty of what to pay attention too and what to safely ignore
 - Take agreed upon action to intervene and support in the event of increased stress and/or worsening of symptoms
- How might this empower young people?
 - Develop the ability to be involved and oftentimes, direct their relapse prevention care
 - Be their own advocate
 - Communicate to the team, family members, and other people in their life what is helpful and not helpful when they are under stress and vulnerable to—or experiencing an increase in symptoms

KHL:9:25



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Psychoeducation

- NOT the same as community education. It is a core treatment method.
- All team members provide this, at all phases
- Education: Introducing new knowledge and skills
- “Psycho”:
 - Exploring and establishing personal relevance
 - Integrating knowledge and skills
 - May use various techniques such as motivational interviewing, CBT, homework, role playing, in vivo practice, etc.
- Structured and individualized; iterative; use different formats



Reflections

- What are the most important things EASA teaches individuals and families?

TS: 9:35



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Psychoeducation in Practice!

- Focus on both individuals and family members
- EASA, who team members are, treatment and EASA philosophy, decision making, resources, rights
- Create shared understanding of symptoms, diagnosis, and recovery/healing process.
- Teach and develop competence in skills: recovery, communication, developmental concerns, and topic areas early intervention identifies as helpful.
 - EASA Practice Guidelines (page 15) on recommended topic areas
 - Tailor to meet young person and family's emerging needs, likely change over time and need to repeatedly share information
 - Psychoeducational materials on www.easacommunity.org
 - Other on-line resources (Individual Resilience Training-IRT www.navigateconsultants.org).

TS: 9:39



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Guideline #15: Multi Family Groups (Structured family psychoeducation—multi- and single family problem-solving groups)

- Joining (2-3 sessions)
- Education (intensive workshop or series of meetings)
- Socialization/Forming (if group)- strengths, experience with condition
- Ongoing structured problem solving & targeted education for entire time in EASA
- Alumni attendance ok and encouraged (up to agency)

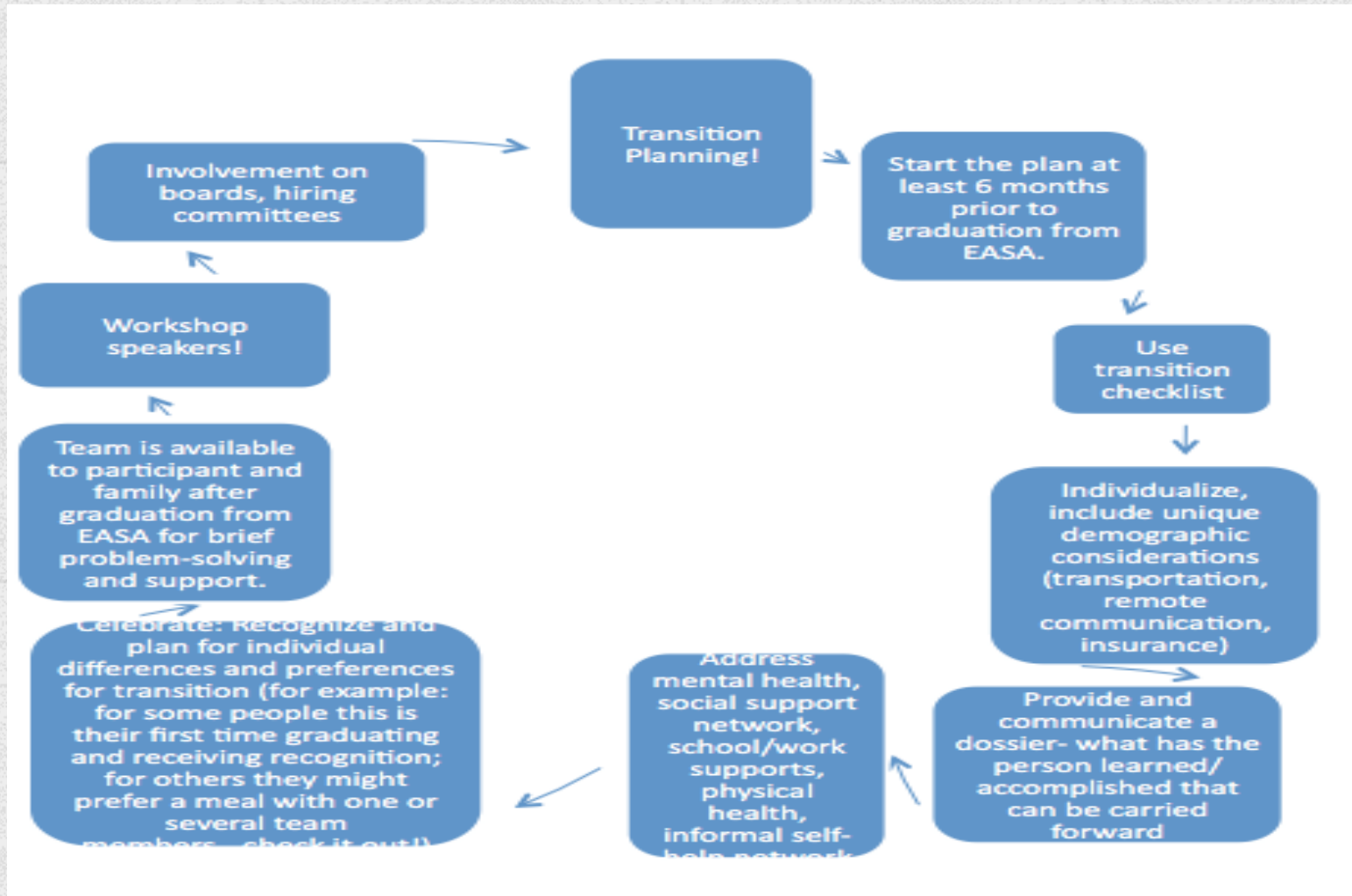
Guideline #16: Transition Planning

EASA is a transitional program!

- Typically lasts 2 years.
- Important to share during screening, intake, and possibly over course of time that EASA is transitional.
- Treatment planning should reflect the shifting nature of needs and the length of program
- *Transitions create risk for relapse (immediately when the person leaves & later); ASSESS and PLAN*
- On an EASA team, the team is largely responsible for keeping the momentum of treatment going.
- Focus on what's next!



Transition Planning Guideline #16



Clinical Supervision

- Essential function for teams
- Professional skill development specific to early intervention
- Early intervention informed support for complex situations
- Recommended participation in FACT team meetings
- Flexible format: individual, group, length of time etc.
- Buffering, problem solving and advocating around agency administration requirements to promote capacity to provide EASA services
 - (for example: productivity, human resources, flexibility restrictions, coordination across different supervisors and organizational functions, facilitating transitions, quality improvement, training, organizational agreements)
 - EASA clinical supervisor training May 7 & 8 2018!

KHL: 9:57

Center for Excellence technical assistance

- As a team we strive to provide the most informed and up to date technical assistance (TA) about EASA and early intervention to your EASA program and clinicians.
- Our team offers clinical and administrative consultation to your sites and clinical teams.
- We do this in regional, or multi-county, group consultation platforms AND site specific pre-arranged consultation.
- There are current consultation meetings and groups accessible to every EASA team in the state.
- Please go to the EASA website for the schedule, call-in numbers, web-based platforms, and descriptions of the purpose of the consultation meetings as well as recommendations on who should attend those calls.
- GOBHI requires their sites to report TA involvement on a quarterly basis.
- Opportunities: Young Adult Leadership Council, upcoming Family Council



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/>



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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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