



Connections Conference 2024

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An Introduction to First Episode of Psychosis

Agenda

- Introduction
- Understanding First Episode of Psychosis
- The Road to Recovery
- Where we are Now
- Conclusion





Introductions

Understanding First Episode of Psychosis



- First Episode of psychosis (FEP) is the first time a person experiences a combination of symptoms that indicate a break from reality.
 - Medical condition that disrupts a person's thinking, feeling, mood and ability to relate to others, and daily functioning
 - Seeing, hearing, or feelings things that others don't (hallucinations)
 - Believing things that aren't true (delusions)
 - Feeling suspicious or paranoid
 - Having disorganized thoughts or speech
 - Withdrawing from family and friends
 - Losing interest in activities they once enjoyed
 - Can affect anyone regardless of age, race, ethnicity, socioeconomic status, education level, religion or sexual orientation

5 Characteristic Symptoms of Psychotic Disorders

1. **Positive**
(does not refer to good – rather presence)
2. **Negative**
(does not refer to bad – rather absence)
3. **Disorganized speech, thoughts, or behavior**
4. **Cognitive impairments**
5. **Affective symptoms**





How Do Symptoms Appear in Daily Life?

- Decline in Academic or Work Performance
- Unusual Behavior
- Disruptions in Interpersonal Relationships
- Decline in Caring for Self
- Increased Social Isolation
- Increased Substance Use
- Impairment in Concentration and Attention

Understanding First Episode of Psychosis

- Genetics

Common in families

Genetic vulnerability

No schizophrenia gene

Stress/Trauma

Abuse, extreme violence, significant loss, serious threats of harm or safety

Adolescence have more stressors (positive and negative) makes this an especially vulnerable time

Understanding First Episode of Psychosis

The slide features several decorative geometric shapes: a yellow triangle in the top right, a green triangle in the top right corner, a teal triangle in the middle right, a yellow parallelogram on the left side, a green triangle in the bottom left, and a teal triangle in the bottom center.

FEP often occurs during the teenage years or early adulthood and can be confusing and frightening experience for both the person going through it and their loved ones.

The most important thing to remember is FEP is a treatable condition, and with the right support and care, most people can and do recover and lead fulfilling lives.

Understanding First Episode of Psychosis

Adolescents and young adults aged 15-30 who are experiencing:

- thoughts or behaviors that seem strange to themselves or others
- becoming fearful or suspicious
- hearing voices or seeing things others don't
- withdrawing from family and friends
- a desire to recover from psychosis to help achieve their life goals for school, work, family, and relationships



The road to Recovery

Key components of FEP programs



- Multidisciplinary team (psychiatrists, psychologists, case managers, etc.)
- Coordinated care and treatment planning
- Individual and family therapy
- Medication treatment – if the member and their doctor decide it is needed
- Psychoeducation and Work shops
- Vocational and educational support

THE ROAD TO RECOVERY

Key components of FEP programs

- Recovery Coach
- Peer Support
- Team Specialist
- Individualized goal setting
- Family education and support
- Medication Treatment, if a member and doctor decide it is needed



The road to Recovery Role of FEP programs Recovery Coach

- Individual, Group, and Family Therapy
- Cognitive Enhancement Therapy, Cognitive Behavioral Therapy
- Motivational Interviewing, Harm Reduction, Trauma Informed Care





- Lived experience
- Increases the importance of shifting language and culture
- Brings hope and advocacy
- Embeds the peer point of view into the clinical aspect of treatment
- Co-creates support and wellness tools

Road to Recovery

Mindfulness

Chats and Crafts

Personal Medicine

Art Workshop

Employment

Safe Driving

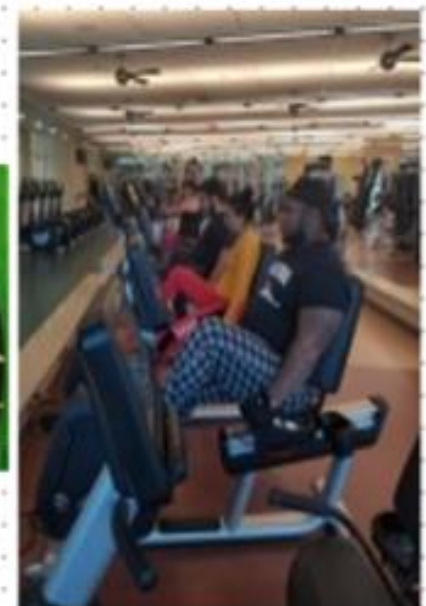
Vocational Rehabilitation

Kroc Center

Expressive Thoughts



What is
Personal Medicine?



Wellness Recovery Action Plan (WRAP)



5 KEY CONCEPTS

- ❖ Hope
- ❖ Education
- ❖ Personal Responsibility
- ❖ Self Advocacy
- ❖ Support

- Wellness Toolbox
- Daily Maintenance Plan
- Triggers and Action Plan
- Early Warning Signs and Action Plan
- When Things are Breaking Down and Action Plan (Avoiding a Crisis)
- Crisis Planning
- Post Crisis Planning

Personal Medicine

When a young person chooses to discontinue medications, we work with them on a plan of to discuss what their personal medicine will be!

We teach them that once they stop taking psychotropic medications, they **MUST** begin to be diligent in **DOING** their personal medicine.



Continued Engagement of Natural Supports

After the initial break, many natural supports disengage when they began to see improvements in their loved ones.

It is imperative to engage natural supports very often to continue to educate them on the importance of continued assessment of behavior changes.

Many natural supports are able to notice changes in their loved ones that may never be seen by the clinical team until the relapse or acute phase has begun.



Road to Recovery

How is Psychosis treated?



- Validated Treatments
 - Therapy
 - Education about diagnosis, symptoms, expectations
 - Supported Education/Employment
 - Medications

Ultimate goal is to enhance access to care for youth in need of mental health services

- To change many lives!

<https://youtu.be/qL2oFxx-zNU>



The road to Recovery: Success stories

The Road to Recovery: FEP how to access FEP programs

Valleywise Community Health Center – Avondale

First Episode Center

950 E. Van Buren Street Avondale, AZ 85323

(623) 344-6860

Monday – Friday 8:00 am – 5:00 pm

Mesa First Episode Center

1201 S. Alma School Rd., Ste. 5100, Mesa, AZ 85210

Phone: (602) 655-6242

Fax: (602) 655-9624

Monday – Friday 8:00 a.m. – 5:00 p.m.



Road to Recovery: Referral Criteria



Person is in agreement with referral

Age 15-25

Person who has displayed psychotic symptoms, suggestive of recently emerged schizophrenia (prodrome, positive, negative, cognitive symptoms), onset within the last 2 years.

- Brief Psychotic Disorder
- Schizophreniform Disorder
- Delusional Disorder
- Schizophrenia
- Schizoaffective Disorder
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

No primary diagnosis of:

- Substance Abuse Disorder
- Traumatic Brain Injury
- Personality Disorder
- Autism/Intellectual Disability (ex: IQ below 70)

No history of sex offenses

Person has a natural support willing to participate in care

Geographically reasonable for person to engage in services at the center

The road to Recovery

Role of FEP programs

- Use a road map visual to illustrate the journey of recovery, with FEP programs as a key milestone along the way.
- Highlight the importance of early intervention and how FEP programs provide rapid, comprehensive support.
- Use icons or illustrations to represent the various types of support offered, such as therapy, medication management, and case management.



Recovery Outcomes

Improved quality
of life

Reduction of
symptoms and
DUP

Reduction in
hospitalizations
and lengths of
stay

Reduction in
utilization of
emergency, legal,
and crisis services

Increase in
desired
independent daily
living skills

Increase in
education and
employment

Where are we Now

Avondale is at 88 members.

Mesa Towers opened September 2023
and has 39 members.

Age Range:15-33

Court-Ordered Members:
> 50% have been converted from COT

SMI GMH T19 NT19

Employment & Education Statistics

- Currently employed: **>50%**
- Currently enrolled in college and/or GED programs (including Job Corps): **>20%**
- Actively engaging with the Employment/Education Specialist: **>20%**
- National rate for Supported Employment is around **42%**



Hospitalization Rates

Less than 10% readmission rate




On call crisis support 24/7 minimizes emergency room visits



Minimal physical health hospitalizations due to coordination of primary care services

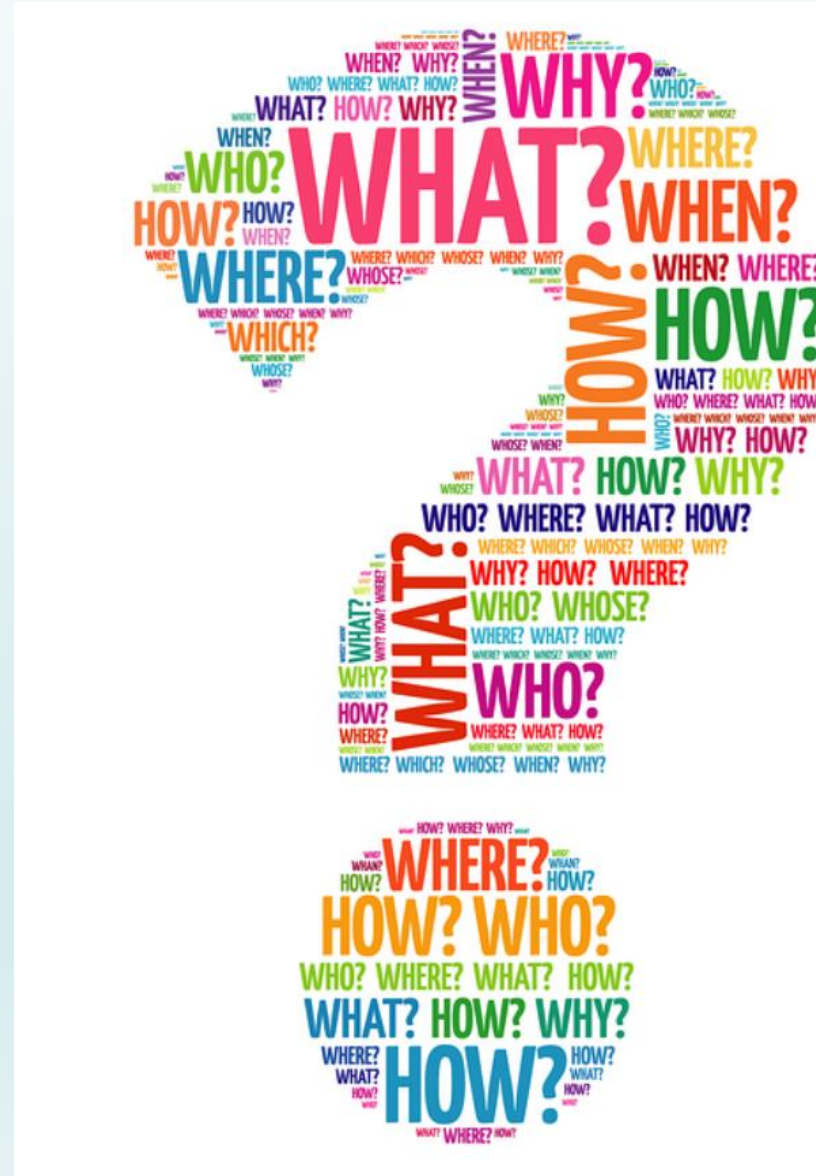


Safety planning and care planning post initial hospitalization reduces readmission rates



Family education and support minimizes hospitalization rates as well

Questions/Comments



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