Overview of Clinical High Risk for Psychosis (CHR-P)

Jason Schiffman, Ph.D., Professor & Director of Clinical Training, University of California, Irvine

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November 19, 2024

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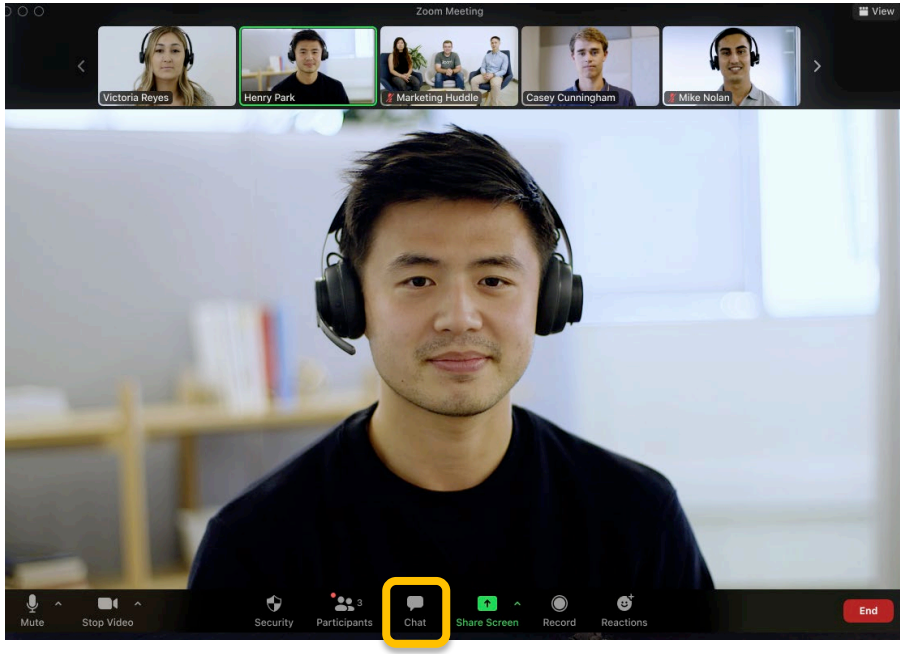
Housekeeping Notes

- This presentation will be recorded.
- During the presentation, submit questions and feedback in the chat.
- You will receive a link to the presentation slides and recording via email.



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Webinar Overview

I. Overview of Clinical High Risk for Psychosis (CHR-P)

II. Panel of CHR-P Program Staff

III. Q&A

IV. Closing Remarks

ESMI TTA CENTER

SAMHSA's National Training and Technical Assistance Center for Early Serious Mental Illness

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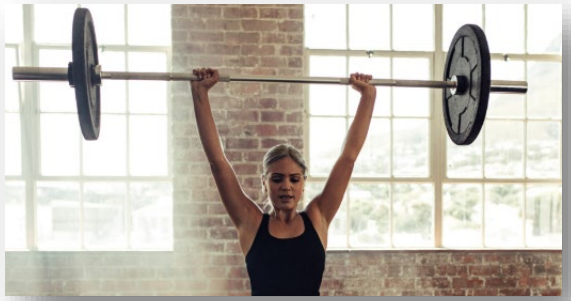
What Is CHR-P?

Jason Schiffman, Ph.D.
Professor & Director of Clinical Training
University of California, Irvine

Revolution



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Outline

- Overview of Psychosis and Risk
- Signs of Risk
- Screening Tools
- What You Can Do for Treatment

Outline

- Overview of Psychosis and Risk
-
-
-

The Smith Family

In your role, what services or supports could you offer Jane or connect her with?

The Smith Family

In your role, what services or supports could you offer Jane or connect her with?

Connect and wrap her & family with care
Do so as early as possible

Schizophrenia, Psychosis, & Psychosis Risk

- Schizophrenia is the hallmark disorder with psychosis
- Psychosis is a broader term specific to symptoms
- **Risk for psychosis is the time preceding threshold levels of psychosis**
- Early psychosis ages 15-25
- Understanding schizophrenia and psychosis helps in understanding risk

Positive Symptoms

Delusions: false and fixed beliefs

- “I think people are talking about me”
- “Someone is following me”
- “People are talking about me to plot against me”
- “Aliens are sending me messages through the TV”

Hallucinations: perception/sensory abnormalities

- Auditory, visual, or tactile
- Auditory or “hearing voices” is most common

Impact of Psychotic Disorders

Approximately 1%-3% develop a psychotic disorder (lifetime)

100,000 adolescents and young adults develop a first episode each year
(Heinssen, Goldstein, & Azrin, 2014)

Heavy impacts

- Mortality - reduced life expectancy by 20 years (Laursen et al., 2014)
- Risk of suicide
- Quality of life
- Family functioning & distress
- Independent functioning and educational attainment
- US $155 billion per year (Cloutier 2016)

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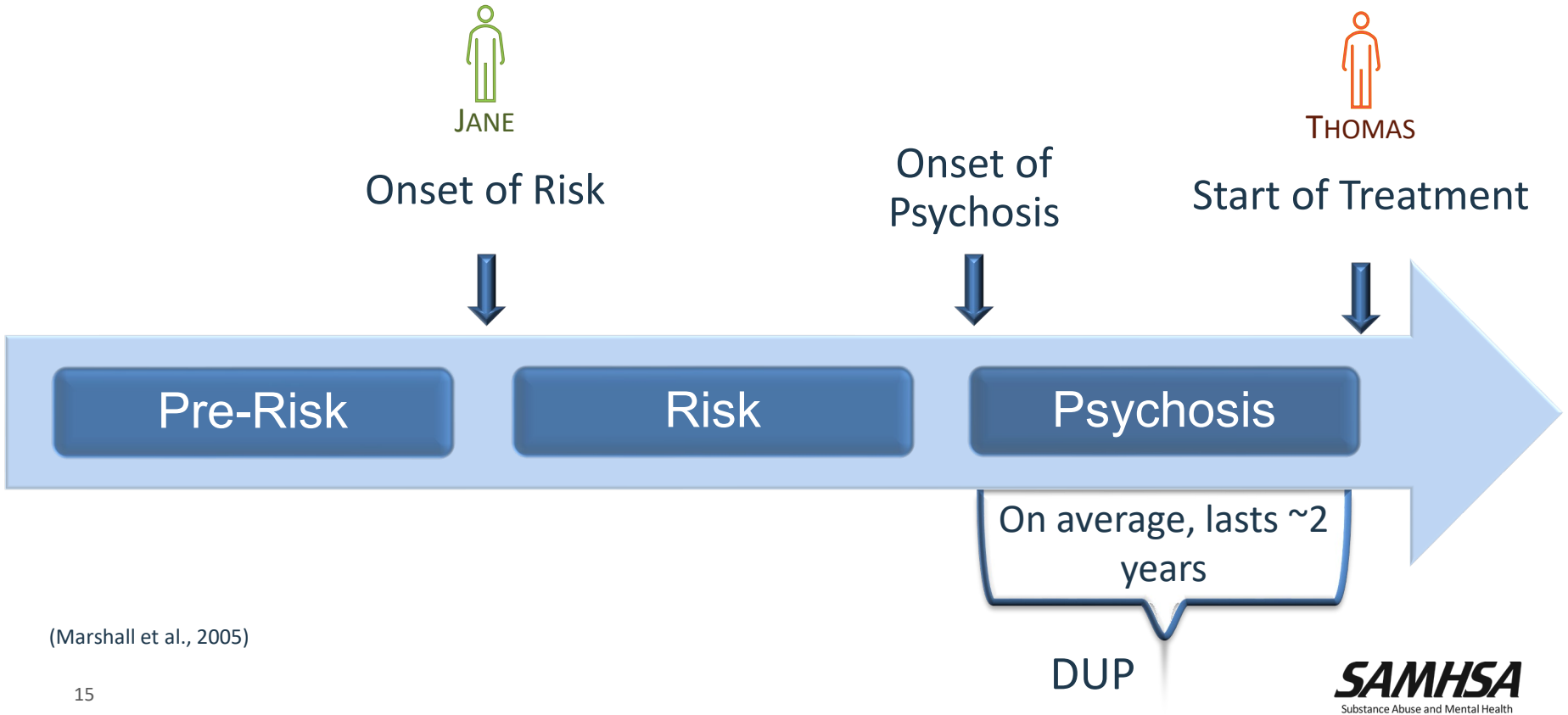
Many individuals who experience psychosis can and do lead full and successful lives and report positive changes as a result of their experiences.

Who Experiences Symptoms of Early Psychosis?

- Onset generally occurs between the ages of 15-25
  - Men typically present late teens to early 20s
  - Women early 20s to early 30s
- Transition Age Youth (TAY) and Emerging Adulthood

Duration of Untreated Psychosis



(Marshall et al., 2005)

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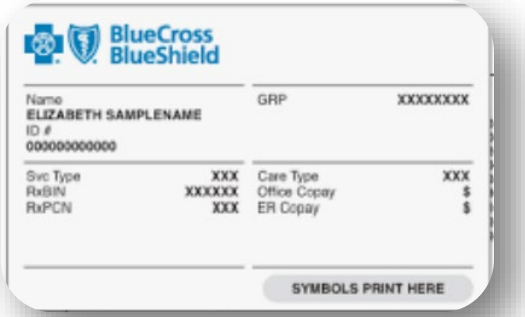
Longer Duration of Untreated Psychosis Is Bad

- Worse long-term outcomes
- More intensive services
- More negative symptoms
- More social impairment
- More educational/occupational impairment
- More distress
- Likely increased costs/burdens to the system

What Happens Without Early Intervention?

- Obstacles to enter system
  - Lack of motivation, insurance
- Bad first experience with treatment
  - Police, high dose meds
- Miscommunications
  - Discouraging, not fostering hope

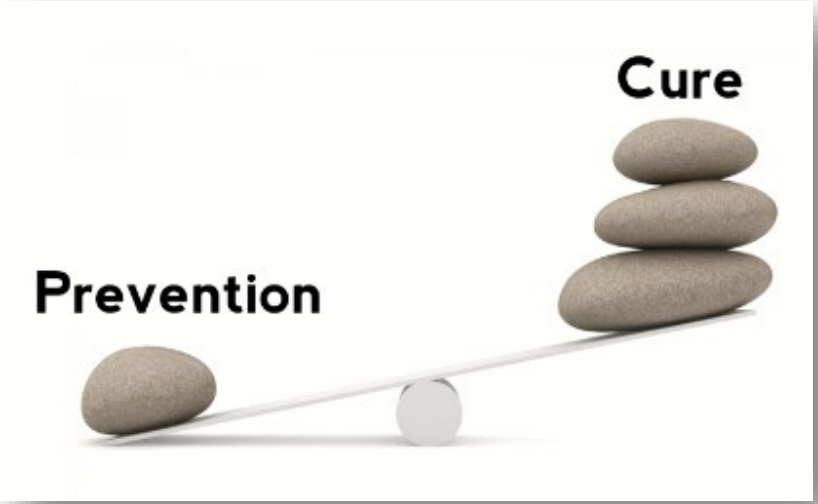


Proximal Factors Relating to Long DUP

Factors	Solutions
Unfamiliar with psychosis	→ Going to talks like this
Not probing for psychosis	→ Screening questionnaires
Clients choosing not to disclose symptoms due to stigma	→ Creating an inclusive climate
Professionals feeling unequipped to help	→ Using existing skills
Specialized services not integrated into the right settings	→ Increase access to specialty care

One Way to Reduce Duration of Untreated Psychosis…

Find folks BEFORE they develop psychosis



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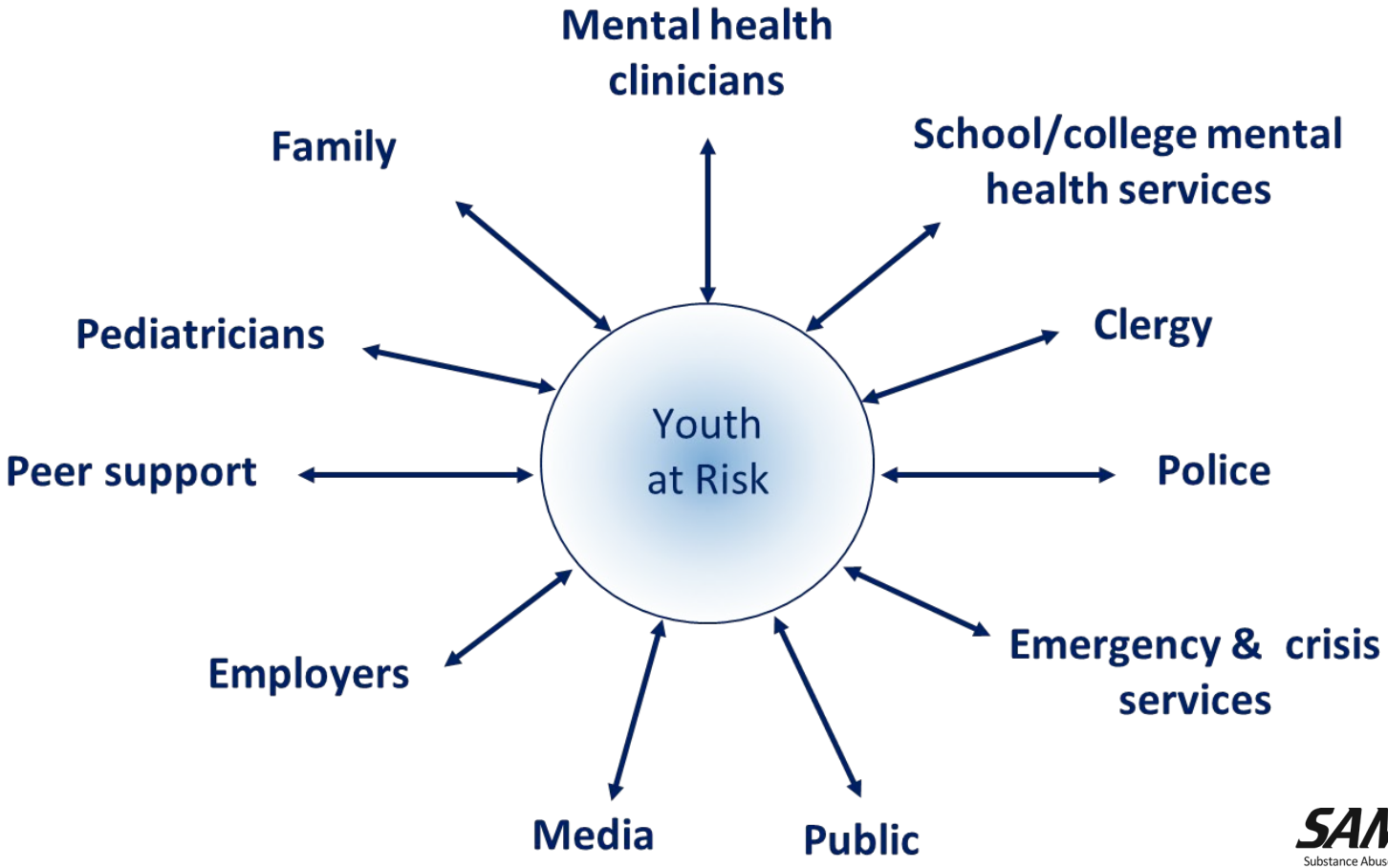
Partners in Early Identification



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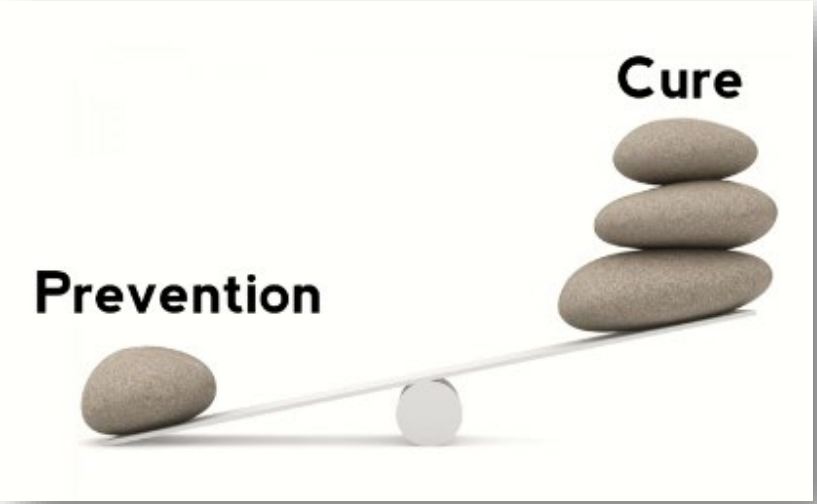
What Happens with Early Intervention?

- ✓We can identify those at risk for psychosis
  - ✓Better overall prognosis
  - ✓Decrease in suicidal ideation
  - ✓Decrease involuntary hospitalization
  - ✓Increased functioning

Early Intervention May Be Helpful…

Implementation requires the right strategies, community involvement, and tools supporting early *identification*



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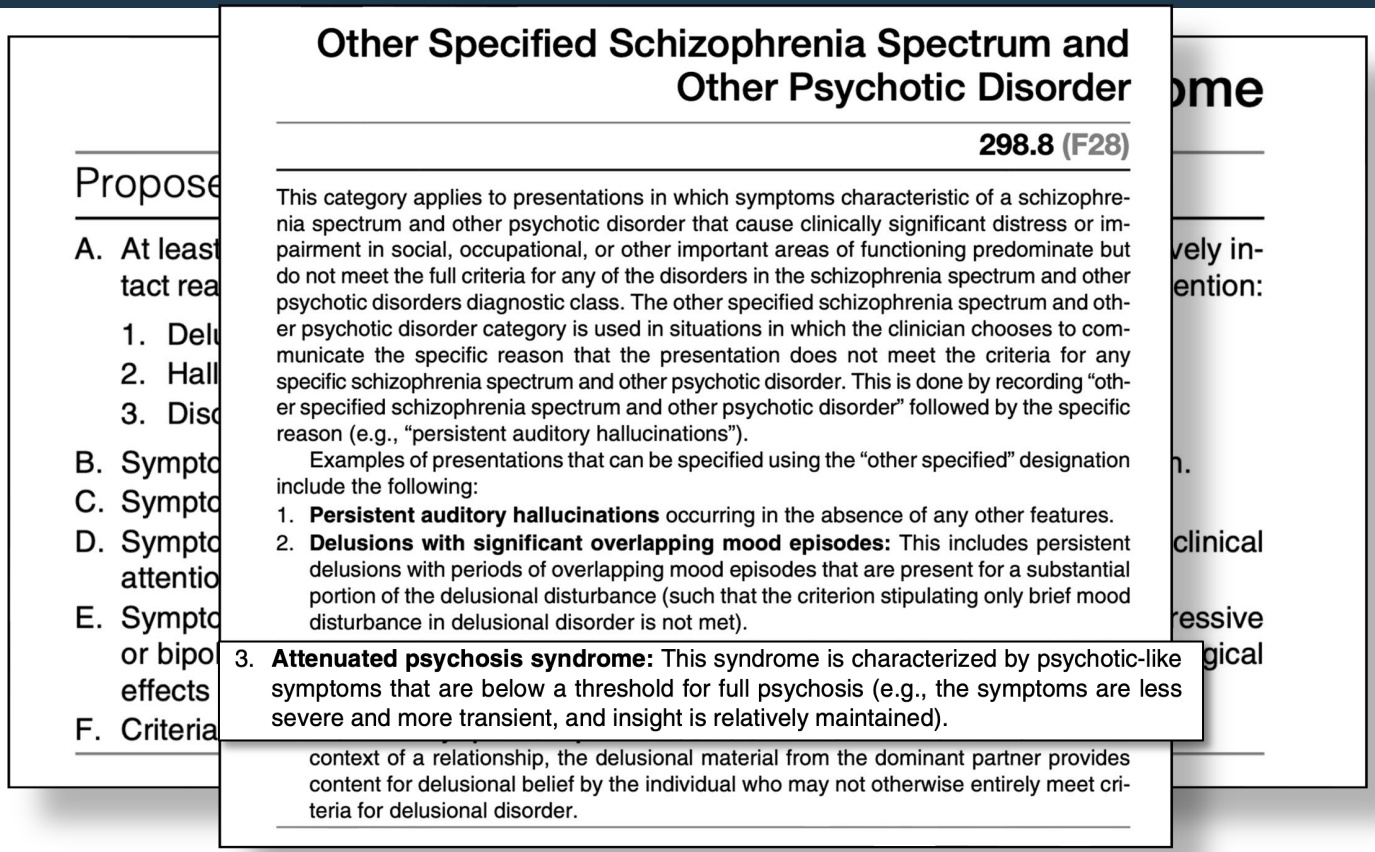
Outline

Signs of Risk

At-Risk Phase: The DSM



Other Specified Schizophrenia Spectrum and Other Psychotic Disorder

298.8 (F28)

This category applies to presentations in which symptoms characteristic of a schizophrenia spectrum and other psychotic disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the schizophrenia spectrum and other psychotic disorders diagnostic class. The other specified schizophrenia spectrum and other psychotic disorder category is used in situations in which the clinician chooses to communicate the specific reason that the presentation does not meet the criteria for any specific schizophrenia spectrum and other psychotic disorder. This is done by recording "other specified schizophrenia spectrum and other psychotic disorder" followed by the specific reason (e.g., "persistent auditory hallucinations").

Examples of presentations that can be specified using the "other specified" designation include the following:

1. **Persistent auditory hallucinations** occurring in the absence of any other features.
2. **Delusions with significant overlapping mood episodes:** This includes persistent delusions with periods of overlapping mood episodes that are present for a substantial portion of the delusional disturbance (such that the criterion stipulating only brief mood disturbance in delusional disorder is not met).
3. **Attenuated psychosis syndrome:** This syndrome is characterized by psychotic-like symptoms that are below a threshold for full psychosis (e.g., the symptoms are less severe and more transient, and insight is relatively maintained).

context of a relationship, the delusional material from the dominant partner provides content for delusional belief by the individual who may not otherwise entirely meet criteria for delusional disorder.

Source: https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890425596
American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.).

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At-Risk Phase

Conceptualized as:

1) The earliest form of psychosis

2) A heightened vulnerability to developing psychosis

Perceptions

Distortions, Illusions, Hallucinations

- Are your thoughts so strong sometimes that you can almost hear them?
- Have you ever seen things that others don’t see, and you find this distressing?
- Do you sometimes get distracted by distant sounds that you are not normally aware of?

Perceptions

Gina reported that beginning three months ago she began to see wispy figures out of the corner of her eye, but when she would turn to look nothing would be there. She also reported that occasionally she sees someone sitting in the rocking chair in her room, and at the time it is happening the person appears very real to her. She additionally reported hearing sounds that no one else can hear like the door slamming or muffled conversations. She'll often look to see if someone could be making the sounds, but no one is ever around when she does. She reports that these incidents are distressing to her and do frighten her. She will often keep the light on to help with her fears.

McGlashan, Walsh, &Woods, 2010

Perceptions: Experience

Gina reported that beginning three months ago she began to see wispy figures out of the corner of her eye, but when she would turn to look nothing would be there. She also reported that occasionally she sees someone sitting in the rocking chair in her room, and at the time it is happening the person appears very real to her. She additionally reported hearing sounds that no one else can hear like the door slamming or muffled conversations. She'll often look to see if someone could be making the sounds, but no one is ever around when she does. She reports that these incidents are distressing to her and do frighten her. She will often keep the light on to help with her fears.

McGlashan, Walsh, &Woods, 2010

Perceptions: Intense/Distress/Behavior

Gina reported that beginning three months ago she began to see wispy figures out of the corner of her eye, but when she would turn to look nothing would be there. She also reported that occasionally she sees someone sitting in the rocking chair in her room, and at the time it is happening the person appears very real to her. She additionally reported hearing sounds that no one else can hear like the door slamming or muffled conversations. She'll often look to see if someone could be making the sounds, but no one is ever around when she does. She reports that these incidents are distressing to her and do frighten her. She will often keep the light on to help with her fears.

McGlashan, Walsh, &Woods, 2010

Perceptions: New

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McGlashan, Walsh, &Woods, 2010

Risk vs. Psychosis

Psychotic Risk State vs. Psychosis

- **Conditions are often differentiated by:**
  - Intensity and severity of symptoms
  - Degree of conviction
    - Doubt, question and insight

- "I'm pretty sure the man in the black suit is following me, but that doesn't make any sense, right?"

- "I think I hear footsteps at night, but no one else does. I don't see anything when I go and check, so I don't know."

Suicide Statistics in CHR-P

- Elevated suicidality in CHR-P
  - 18% lifetime attempt
  - 66% current ideation
- Elevated trauma in CHR
  - ~80% Trauma (3-14% PTSD)

Assessment

In terms of general functioning, look for:

- Client's goals, strengths, and interests
- Family strengths and goals
- Previous interventions
- Family concerns
- Concerns of other team members

Outline

Screening Tools

Screening Can Be Very Good

- Helps find people not in services
- Reduces DUP
- Monitoring
- Assessment is treatment

- PQ-B
- PRIME Screen

Two-Item Screening

1. Do you ever hear the voice of someone talking that other people cannot hear?
2. Have you ever felt that someone was playing with your mind?

Phalen et al., 2018

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For Those Who Score High…

- Have a conversation
- Create a plan

EXAMINE OUR MINDSET

Cultural Humility

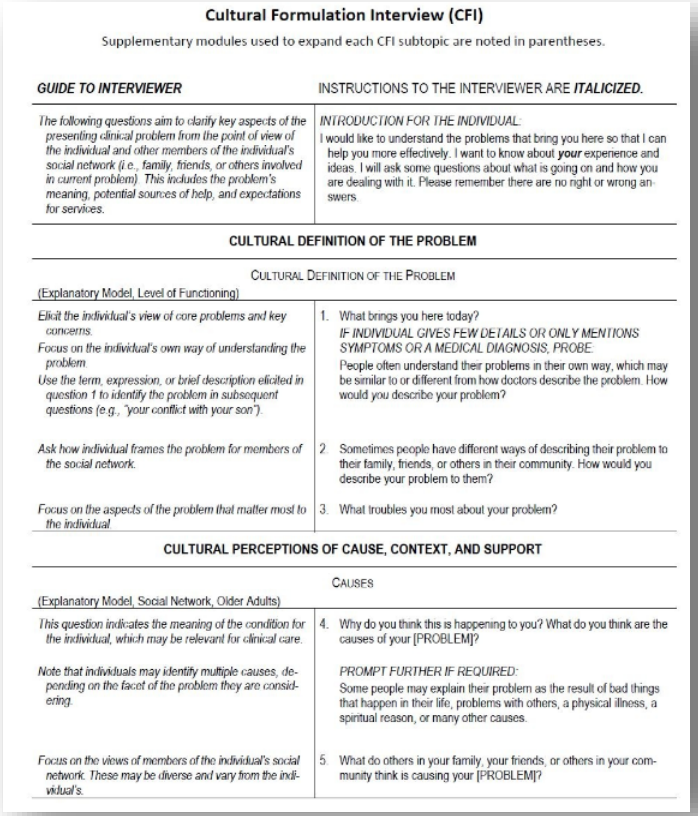
‘Committing to an ongoing relationship with patients, communities, and colleagues that requires humility as individuals continually engage in self-reflection and self-critique’

(Tervalon & Murray-Garcıa, 1998)

OVER-PATHOLOGIZING vs ACCURATE IDENTIFICATION

DSM-5 Cultural Formulation Interview

- Process for resolving diagnostic uncertainty
- Increase shared understanding of meaning



Cultural Formulation Interview (CFI)

Supplementary modules used to expand each CFI subtopic are noted in parentheses.

GUIDE TO INTERVIEWER	INSTRUCTIONS TO THE INTERVIEWER ARE ***ITALICIZED.***
The following questions aim to clarify key aspects of the presenting clinical problem from the point of view of the individual and other members of the individual's social network (i.e., family, friends, or others involved in current problem). This includes the problem's meaning, potential sources of help, and expectations for services.	*INTRODUCTION FOR THE INDIVIDUAL:* I would like to understand the problems that bring you here so that I can help you more effectively. I want to know about ***your*** experience and ideas. I will ask some questions about what is going on and how you are dealing with it. Please remember there are no right or wrong answers.
CULTURAL DEFINITION OF THE PROBLEM	
CULTURAL DEFINITION OF THE PROBLEM (Explanatory Model, Level of Functioning)	
Elicit the individual's view of core problems and key concerns. *Focus on the individual's own way of understanding the problem.* *Use the term, expression, or brief description elicited in question 1 to identify the problem in subsequent questions (e.g., "your conflict with your son").*	1. What brings you here today? *IF INDIVIDUAL GIVES FEW DETAILS OR ONLY MENTIONS SYMPTOMS OR A MEDICAL DIAGNOSIS, PROBE:* People often understand their problems in their own way, which may be similar to or different from how doctors describe the problem. How would you describe your problem?
Ask how individual frames the problem for members of the social network.	2. Sometimes people have different ways of describing their problem to their family, friends, or others in their community. How would you describe your problem to them?
Focus on the aspects of the problem that matter most to the individual.	3. What troubles you most about your problem?
CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT	
CAUSES (Explanatory Model, Social Network, Older Adults)	
This question indicates the meaning of the condition for the individual, which may be relevant for clinical care. *Note that individuals may identify multiple causes, depending on the facet of the problem they are considering.*	4. Why do you think this is happening to you? What do you think are the causes of your [PROBLEM]? *PROMPT FURTHER IF REQUIRED:* Some people may explain their problem as the result of bad things that happen in their life, problems with others, a physical illness, a spiritual reason, or many other causes.
Focus on the views of members of the individual's social network. These may be diverse and vary from the individual's.	5. What do others in your family, your friends, or others in your community think is causing your [PROBLEM]?

Source: https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf
Adeponle, Groleau and Kirmayer, 2015

Outline

-
-
-
- **What You Can Do for Treatment**

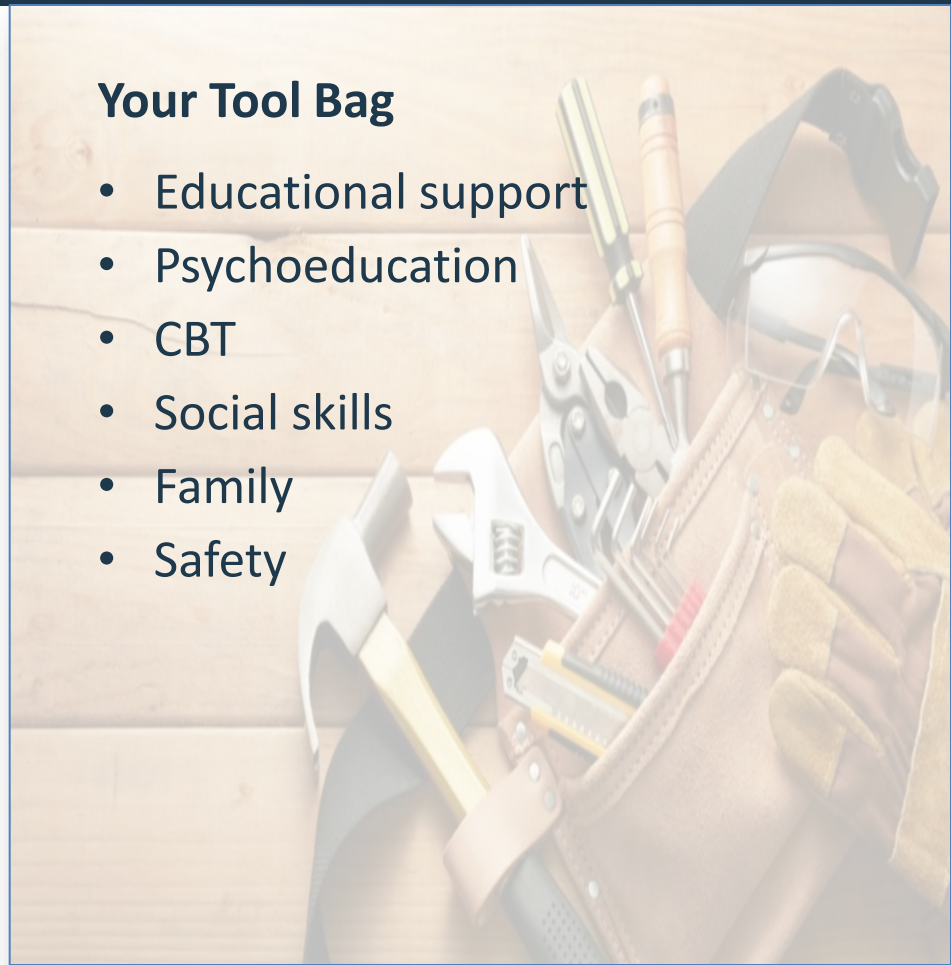
Treatment Considerations

We're all more similar than different

- Client (and family) driven
- Know your client
  - Create an individualized approach
  - Strengths, what's worked in the past, goals
  - Culturally responsive

Your Tool Bag

- Educational support
- Psychoeducation
- CBT
- Social skills
- Family
- Safety



Use the Tools You Have

- Use your tools
- Monitor symptoms
- When your tools aren't enough, consult/refer

- Kindness…
  - Belief and belonging

PRACTICAL

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Revolution

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PRACTICAL


PRACTICAL

SUPPORTING WELLNESS FOR ADOLESCENTS AND YOUNG ADULTS (SWAY)

A SAMHSA-funded program for Clinical High Risk for Psychosis (CHR-P)

Elaina Montague, PhD (she/her)

Team Leader, Site PI (SWAY)

Staff Psychologist, Early Treatment Program (ETP)

Assistant Professor, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell

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Agency & Community Context

- SWAY is a SAMHSA-funded stepped-care program based at Zucker Hillside Hospital in Queens, NY, serving a diverse community of 2.3 million people.

- SWAY is part of a renowned early psychosis treatment network (OnTrackNY), and the Recognition & Prevention (RAP) CHR-p research program.

Zucker Hillside Hospital
Northwell Health®

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OnTrackNY
My health. My choices. My future.

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Our Team & Staffing

Team Member	Role
Doron Amsalem, MD	Principal Investigator (PI) / Program Director*
Michael Birnbaum, MD	Site PI (year 1) / Staff Psychiatrist (Child)*
Elaina Montague, PhD	Site PI (year 2) / Team Leader / Program Coordinator
Timothy Michaels, PhD	Clinical Coordinator / Staff Psychologist
Sajini Cherian, LMSW	Supported Employment & Education Specialist (SEES)
Moein Foroughi, MD	Staff Psychiatrist (Adult)
Amanda Harris, MD	Staff Psychiatrist (Child)
Mitchell Arnovitz, MD	Physician in Charge / Staff Psychiatrist (Adult)
Nicole Germano, LMSW	Outreach & Recruitment Coordinator (ORC) / Clinical Evaluator

*Affiliated with OnTrackCentral/Research Foundation for Mental Hygiene (state agency partner)

Intervention Model & Guiding Principles

- Person-centered & strengths-oriented
- Shared decision making
- Assertive outreach & engagement
- Promote hope & address stigma
- Trauma-informed
- Culturally responsive care
- Committed to equity & inclusion
- Community participation
- Prevention focused (e.g., crisis, conversion)
- Youth & family friendly

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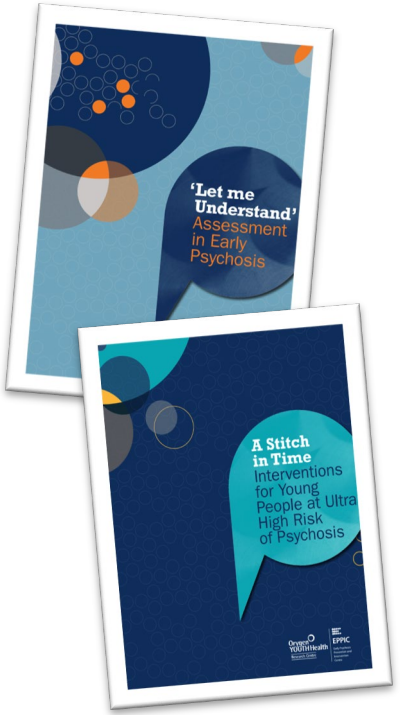
Workforce Development

Activity	Description	Frequency
Team-Based Training	Multi-day training on the OnTrackNY team-based care model.	First 1-2 months
SIPS Certification	Two-day remote SIPS certification with Dr. Jason Schiffman, PhD.	First 1-2 months
Mini Certification	Self-paced, online mini-SIPS training from Yale.	First 1-2 months
Care Consultations	CHR-focused consults covering topics like school/ work support, risk prevention, family work, etc.	2x monthly; ongoing & ad hoc
Suicide Prevention	Two-day training on YST with Drs. Cheryl King and Jason Schiffman.	Mid-year
Self-Paced Learning	Online training modules through the Maryland Early Intervention Program and OnTrack resources.	First few months; ongoing
Manuals & Literature Review	Reviewing CHR treatment guides by Orygen and other sources; building a team resource library.	First few months; ongoing
Ad Hoc Consultations	Consultations from SAMHSA CHR programs and experts.	As needed



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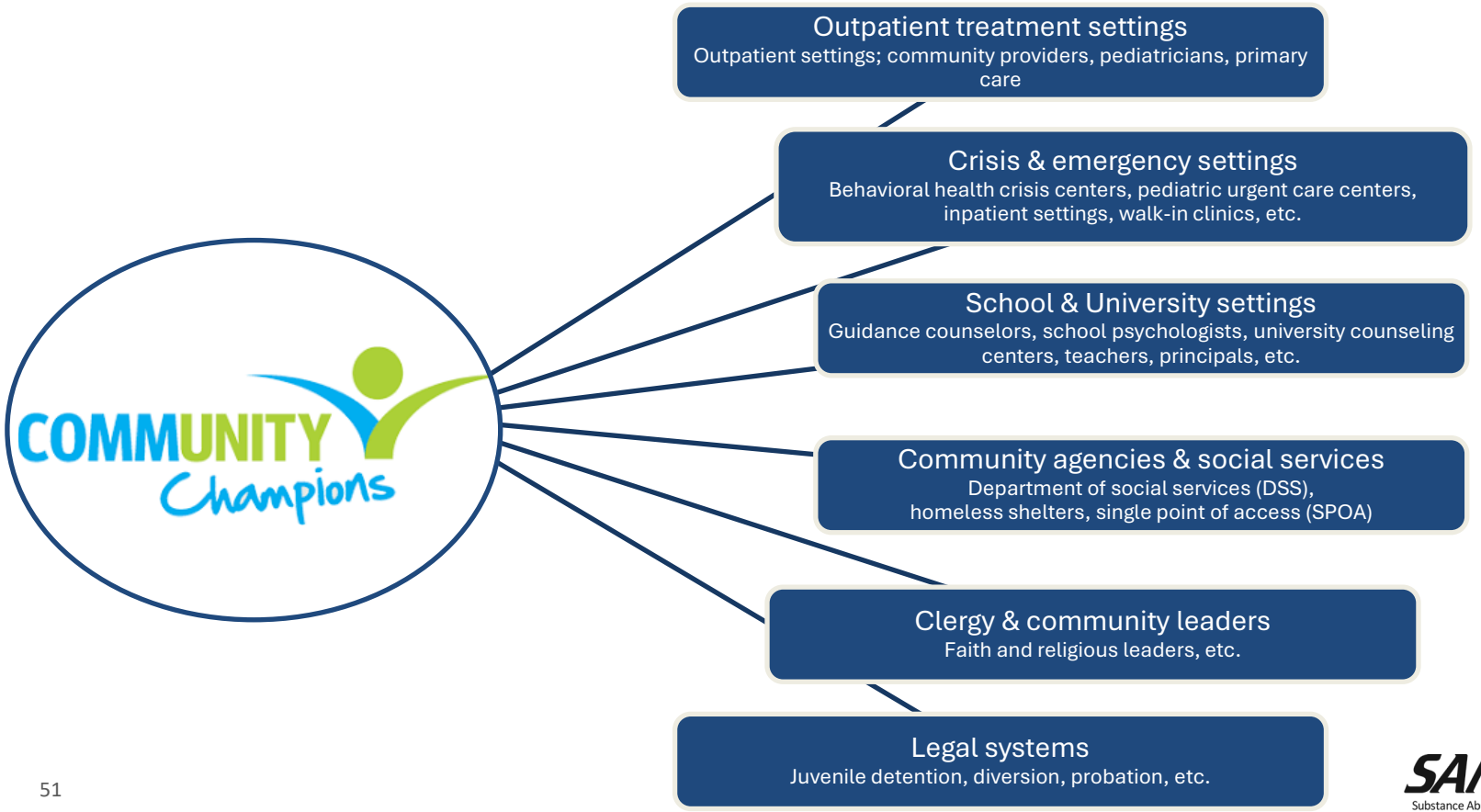
Community Outreach



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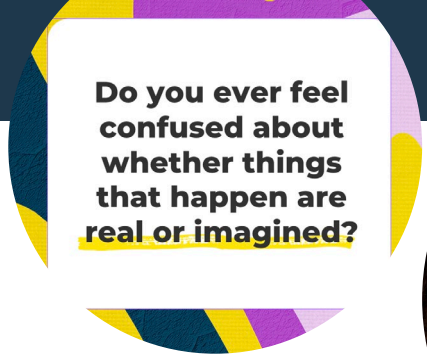
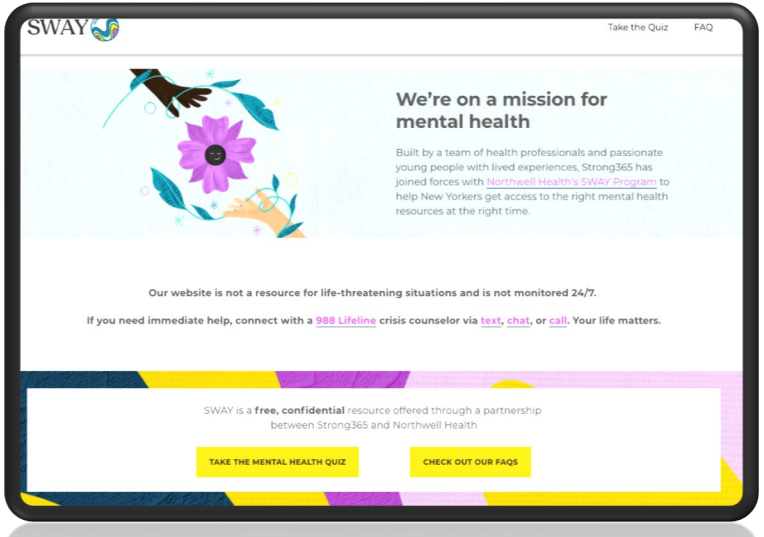
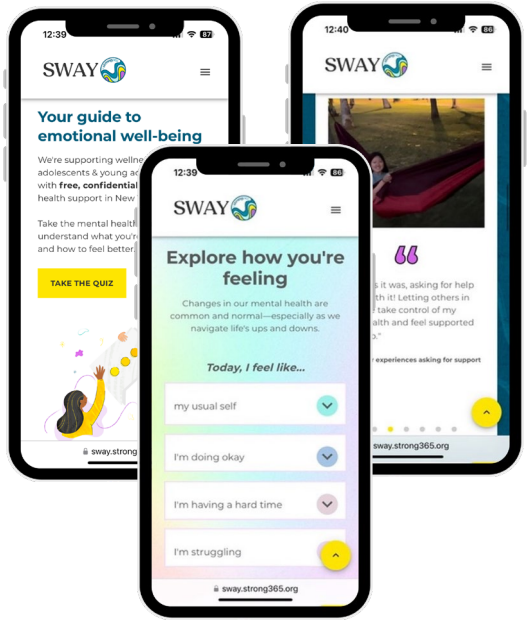
Youth Advisory Council

- Developing psychoeducational guide on emerging mental health concerns, as well as a digital outreach campaign







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THANK YOU!

ACKNOWLEDGEMENTS:

- *Our small, mighty team*
- *SWAY Youth Advisory Council*
- *SAMHSA & the eSMI TTA Center*
- *OnTrack Central Training Team*
- *Strong365 Inc (Campaign website & ads)*
- *Modern Epic (Video design & production)*
- *Recognition & Prevention Program (RAP)*
- *Consultants (Drs. Jason Schiffman)*
- *Other CHR-P grantees*

Early Psychosis Care at Alliance Healthcare Services

Kaelin Large, LMSW
Early Psychosis Programs Coordinator

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Alliance Healthcare Services – Memphis, TN

- Alliance Healthcare Services
  - Located in Memphis, TN. Private nonprofit CMHC offering outpatient mental health services, intensive outpatient treatment teams, substance abuse services, and local mobile crisis services. Largest CMHC in Shelby county.
- OnTrackTN: October 2016
  - Funded through TN Department of Mental Health and Substance Abuse Services grants as part of mental health block grant (MHBG) funds
- RiseUp: October 2022
  - Subcontractor of the TN Department of Mental Health and Substance Abuse Services on SAMHSA's Clinical High Risk for Psychosis (CHR-P) grant

Integration of Early Psychosis Services

- OnTrack and RiseUp team overlap
  - Therapist, Team Lead, Family Support Specialist, Outreach Coordinator, and Physician Assistant- Certified (PA-C) shared between both programs
  - All team meetings occur as a unit and support is given across teams when coverage is required

- Bidirectional referral relationship
  - Screening and assessments
  - All referrals receive PRIME screening, evaluations are scheduled for enough time to complete a SIPS

Lessons Learned: Staffing

- Strengths
  - Certified Young Adult Peer Specialist
  - Certified Family Support Specialist
  - Dedicated Outreach and Recruitment Coordinator

- Struggles
  - Splitting team members across two programs

Lessons Learned: Screening/Assessment

- Universal screenings built into agency intake battery
  - Barriers: training large volume of staff
    - Solution: Providing training video from Dr. Schiffman about the what/why of the PRIME
    - Outcome: greatly increased numbers of referrals and potential clients
- PRIME responses
  - Importance of post-screen pre-assessment to ask more questions about PRIME responses
    - Example: “I may have felt that there could possibly be something interrupting or controlling my thoughts, feelings, or actions.” Frequently responded positively due to intrusive thoughts that are not psychotic-like experiences (PLEs).

Upcoming ESMI TTA Center Webinars

- **Clinical High Risk for Psychosis (CHR-P) Screening, Diagnosis, and Risk Assessments**

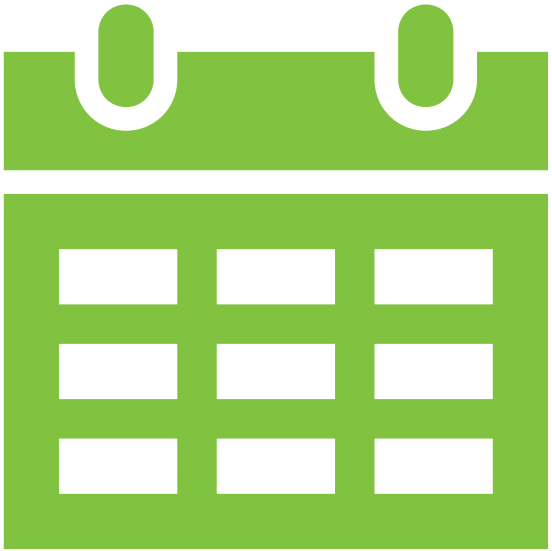
  Date & Time: December 17, 2024 @ 12 PM EST

  Presenter: Barbara C. Walsh, Ph.D.

- **Clinical High Risk for Psychosis (CHR-P) Stepped Care**

  Date & Time: January 21, 2025 @ 12 PM EST

  Presenter: Nicholas Breitborde, Ph.D.



https://tinyurl.com/chrp-overview

Your feedback on today's webinar is greatly appreciated!

Thank You

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

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www.samhsa.gov/esmi-ta-center

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